<u>AGREEMENT</u>

THIS AGREEMENT (hereinafter referred to as "Agreement"), made and entered into this the day of July 2017, by and between the LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT, an urban county government pursuant to KRS 67A, (hereinafter referred to as "Government"), 200 East Main Street, Lexington, Kentucky 40507, on behalf of its OFFICE OF HOMELESSNESS PREVENTION AND INTERVENTION (hereinafter referred to as "OHPI"), and HABITAT FOR HUMANITY RESTORE, 451 Southland Drive, Lexington, Kentucky 40503 (hereinafter referred to as "Restore").

RECITALS

whereas, the Government, through OHPI, and Restore desire to implement a program that provides furniture vouchers to individuals/families who have experienced homelessness and now have been permanently housed though the Coordinated Entry system;

WHEREAS, the Government, through OHPI, and Restore, wish to support the development of Restore's, Welcome Home Project, afurniture voucher program;

WHEREAS, Restore submitted a proposal to the OHPI Board, which was deemed by the Government, through OHPI, to best serve the goals of the Government and the OHPI.

WITNESSETH

NOW THEREFORE, for and in consideration of the mutual promises and covenants herein expressed, the Government and Restore agree as follows:

- (1) The above recitals are incorporated herein by reference, as if fully stated.

 This Agreement shall include the following additional document, which is attached hereto as Exhibit A and incorporated herein by reference as if fully stated:
 - (a) Exhibit "A" Restore Furniture Voucher Program Guidelines;

In the event of a conflict between and among the provisions of these documents, the provisions of this Agreement shall prevail, followed by Exhibit A.

- Thousand and 00/100 Dollars (\$4,000.00), to be used exclusively for the provision of furniture voucher assistance to eligible participants. OHPI shall refer eligible participants to Restore for receiving vouchers, pursuant to Exhibit A. Restore shall help identify, select, and assist participants in accessing vouchers, along with providing all services enumerated within Exhibit A. The services required by this Agreement, said services being more particularly described in Exhibit A, shall be provided over the term of this Agreement. Payment shall be made in full upon execution of this agreement and Restore shall submit program reports quarterly indicating number of individuals served. Reports shall reflect the services directly related to the funding provided by the Government. Forms for program reports will be provided to Restore by OHPI.
- (3) The term of this Agreement shall be for a period of twelve (12) months. This Agreement shall begin upon execution and continue for a period of twelve (12) months or until all funds provided to Restore by OHPI have been expended. Notwithstanding the above, the Government may terminate this Agreement at any time

and for any reason by providing Restore with at least thirty (30) days advance notice of termination.

- (4) The terms and conditions of this Agreement may be extended or amended at any time by mutual agreement of the parties in writing. Modifications to the Agreement shall be in compliance with the Notice section of this Agreement.
- (5) Restore shall perform and provide the duties and services included in Exhibit A faithfully and satisfactorily at the time, place and for the duration prescribed herein. Compensation paid pursuant to this Agreement shall be used exclusively for the services set forth in said Exhibit and for no other purpose. Any alteration in the nature of such services and duties constitutes an amendment to this Agreement and must be in writing signed by both parties.
- (6) The parties agree that each shall remain, independent contractors with respect to all services performed under this Agreement. Nothing is intended or should be construed in any manner as creating or establishing the relationship of co-partners between the LFUCG and Restore, or as constituting either party as the agent, servant, representative, or employee of the other for any purpose or in any manner whatsoever.
- (7) Restore agrees to defend, indemnify, and hold the Government, its officers, agents, and employees harmless from any and all losses or claims, of whatever kind that are in any way incidental to, or connected with or that arise or alleged to have arisen, directly or indirectly, in whole or in part, from the execution, performance or breach of this Agreement. This indemnity agreement shall in no way be limited by any financial responsibility and shall survive the termination of this agreement;

(8) **NOTICES.** All notices allowed or required to be given hereunder must be in writing dispatched by United States mail, or hand delivered to the parties at the following:

FOR GOVERNMENT:

FOR HABITAT FOR HUMANITY:

LFUCG
Phoenix Building
101 East Vine Street, Ste. 175
Lexington, KY 40507
Attn: Polly Ruddick

Habitat for Humanity-Restore 451 Southland Drive Lexington, KY 40503 ATTN: Jim Kreiner

IN WITNESS WHEREOF, this Agreement is executed as of the day first written above.

LEXINGTON-F	AYETTE	URBAN
COUNTY GOV	RNMEN	hand

Jim Gray, Mayor

HABITAT FOR HUMANITY RESTORE

BY: Hull

Title:

EXHIBIT A

HABITAT FOR HUMANITY RESTORE - WELCOME HOME FURNITURE PROGRAM GUIDELINES

MISSION

Welcome Home Furniture Cards will provide access to affordable home furnishings for households experiencing homelessness who are entering permanent housing through the OneDoor Lexington Coordinated Entry process. Each household may, upon execution of a lease and with approval from the referring program manager and the Office of Homelessness Prevention and Intervention (OHPI), receive one \$50 gift card from the Lexington Habitat for Humanity ReStore that can be used toward the purchase of any items sold in that store. The cards must be used for purchases in the store for that household and may not be sold, reassigned, or used to purchase items for another household.

ELIGIBILITY

In order to be eligible for the program, the individual must:

- Must enter permanent housing through referral from the OneDoor Lexington Coordinated Entry system and a participating program or organization;
- Must have no other resources for household furniture as verified by participating program or organization staff;
- Only receive one card within a 12-month period for an individual; and
- Only receive two cards within a 12-month period for a family of 2 or more persons;

PROCESS

- 1. Referring program staff member must complete, sign, and submit to Restore and Office of Homelessness a referral form detailing the participant's name, household size, housing type, date of coordinated entry referral, date and duration of lease/program agreement; and other relevant information. The referral form will be generated and made available by the OHPI staff.
- 2. Restore staff will provide vouchers only upon receipt of with a signed Referral form, confirming entry through the OneDoor Lexington Coordinated Entry system. The Referral Form must be signed by an OHPI staff member.
- 3. Participant and/or referring organization are responsible for transportation to and from the Restore location and for pickup/delivery of any selected items to the participant's residence.
- 4. Restore will report quarterly: number of households served, number of items and type purchased, and funds expended.

HABITAT FOR HUMANITY RESTORE – WELCOME HOME FURNITURE PROGRAM

Referral Form

Name of Referring Case Manager:	<u> </u>
Name of referring organization:	
Participant's Name:	
Household Size: Single individual Multi-person household Number of adults (18+) Number of children:	i:
Housing Type: Rapid Rehousing (RRH) Permanent Supportive Housing (PSI	H) 🛭 Other
Date of coordinated entry referral:	
Lease start/move in date:	
Duration of lease/program agreement:	
Other relevant information (i.e. types of furniture needed):	
I verify that all information on this form is true and correct to the best of my knowledge that the participant and/or referring organization are responsible for transportation to Restore location and for pickup/delivery of any selected items to the participant's residen	and from the
Signature of Referring Case Manager:	Date:
Signature of OHPI staff person:	Date:
Date received by Restore Staff:	