

COUNTY OF WILLIAMSON                   §   AGREEMENT  
  §   BETWEEN THE  
  §   CITY OF GEORGETOWN AND  
  §   SAMARITAN CENTER FOR  
STATE OF TEXAS                         §   COUNSELING AND PASTORAL CARE

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This is an agreement between the City of Georgetown, a Texas Home Rule Municipal Corporation (City), and Samaritan Center for Counseling and Pastoral Care (Samaritan Center) for the fiscal year from October 1, 2021, through September 30, 2022 (Agreement).

The City of Georgetown values partnerships with organizations that are committed to addressing our community’s greatest public challenges, and the purpose of City funding to the non-profit sector is to cultivate and sustain partnerships with 501(c)3 organizations that strengthen the City’s key priorities in the following areas: Public Safety, Transportation, Housing, Parks & Recreation, Veteran Services, and Safety Net, further defined as follows:

***Public Safety.***

- While the City is Georgetown’s Public Safety leader (Fire & Police), public safety also encompasses a broad scope of work that makes this community safe for all.
  - Eligible organizations and programs may include those that contribute to safe neighborhoods such out of school time, youth empowerment, and neighborhood community centers.

***Transportation.***

- Eligible organizations include those that assist in meeting the transportation needs of Georgetown residents unable to access private transportation such as homebound seniors and youth under the age of 16 years.

***Housing.***

- Eligible organizations include those that offer emergency shelter, transitional or temporary housing, and affordable housing.

***Parks & Recreation.***

- Eligible organizations include those that provide affordable, accessible activities that enhance Georgetown residents’ health and well-being, including sports, fitness, and other recreational programs.

***Veteran’s Services***

- Support veteran programs and services within the community.

*Safety Net.*

- The City recognizes its responsibility to support efforts to address this community's most pressing basic needs. Examples of basic needs include food insecurity, emergency financial assistance, mental/behavioral health care, substance abuse, domestic/family violence, and health care. Safety Net priorities will be based on ongoing analysis of unmet existing needs and emerging needs in this community, and may change over time.
1. The City finds that Samaritan Center provides Safety Net and Veterans Services for the community, as defined above; Samaritan Center accomplishes a public purpose and benefits the community of Georgetown, Texas as it enhances the quality of life and the overall economic development of the City per Chapter 380 of the Local Government Code. The City finds that the services Samaritan Center will provide pursuant to this Agreement are services that the City would provide, absent this Agreement, within the vision and limitations otherwise placed upon the City.
  2. In consideration for the services Samaritan Center provides pursuant to this Agreement, the City agrees to pay Samaritan Center an amount not to exceed a total of \$30,000 to be paid in a one-time lump sum payment by October 15, 2021.
  3. As consideration for the funds to be paid by the City, Samaritan Center agrees to provide the following as a condition of this Agreement:
    - A. provide affordable and quality-based mental health services through its Healthy Minds Program to residents of the Georgetown Community regardless of their ability to pay, with priority given to vulnerable populations such as the uninsured, under-insured, members of low-income families, and also veterans and their families;
    - B. coordinate as appropriate with the City and other community service providers in the provision of services to Georgetown residents;
    - C. provide a final report to the City in the format prescribed in the attached Exhibit A to this Funding Agreement on or before October 31, 2022 that specifically identifies and includes:
      1. how the City's funds were used;
      2. an analysis of the goal set forth in the evaluation section of the grant application, including outputs and outcomes;
      3. the total numbers served and the total number Georgetown citizens served;and
    - D. provide to the City a copy of Samaritan Center's annual independent auditor's report based upon its fiscal year (as soon as one has been completed) or the organization's Form 990.

4. As a recipient of a FY 2021-22 Strategic Partnerships for Community Services Grant, Samaritan Center shall also have the ability receive an exemption of certain development related fees in an amount not to exceed \$10,000 should Samaritan Center remodel their current facilities and/or build new facilities in Georgetown **if** the request is made in the fiscal year defined in this Funding Agreement:
  - A. Development related fees are defined as Land Development Processing Fees outlined in the City of Georgetown’s Unified Development Code (UDC) Development Manual which include Building Permits and Inspections Fees and Fire Code Permit Fees;
  - B. These development related fees **do not include**: Electric Connection and Engineering Fees; Water and Wastewater Connection and Engineering Fees; and Impact Fees.
5. This Agreement shall not be altered, waived, amended or extended, without the written consent of both parties.
6. Samaritan Center may not assign this Agreement to another party without the written consent of the City.
7. Either party may terminate this Agreement for any reason with written notice to the other party. Notice of termination shall be hand-delivered or sent by certified mail, return receipt requested, to the following addresses:

David Morgan, City Manager  
 City of Georgetown  
 P. O. Box 409  
 Georgetown, TX 78627-0409

Cindy Long, Executive Director  
 Samaritan Center for Counseling and  
 Pastoral Care  
 8956 Research Blvd., Bldg. #2  
 Austin, TX 78758

All obligations under this Agreement shall cease, and the City shall only fund those expenses that actually were expended, up to the date the notice of termination is received.

**EXECUTED** this \_\_\_\_ day of September, 2021.

THE CITY OF GEORGETOWN

SAMARITAN CENTER FOR  
 COUNSELING AND PASTORAL CARE

\_\_\_\_\_  
 Josh Schroeder, Mayor

\_\_\_\_\_  
 Cindy Long, Chief Executive Officer

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
 Robyn Densmore, City Secretary

\_\_\_\_\_  
 Skye Masson, City Attorney

STATE OF TEXAS

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§ CORPORATE ACKNOWLEDGMENT

COUNTY OF WILLIAMSON

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This instrument was acknowledged before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 2021, by Cindy Long, a person known to me, in his capacity as Chief Executive Officer of Samaritan Center for Counseling and Pastoral Care, on behalf of said organization.

SEAL

\_\_\_\_\_  
Notary Public, in and for the State of Texas

# ORGANIZATION NAME

## COVER PAGE

### CHECKLIST OF ATTACHMENTS

- Budget Information. How were the City's funds used?** Include:
  - Actual Expenditures compared to Planned Budget
  
- An analysis of the goal(s) set forth in the evaluation section of the grant application, including outputs and outcomes.**
  
- The Total numbers served and the total number of Georgetown Citizens served.**

## Organization Information 2021-22 Final Grant Report

Organization Name	
Mailing Address	
CEO or Executive Director (include title if other than "CEO" or "ED")	
Phone Number & Email Address	
Organization Mission	
Organization Vision	
Total Grant Awarded	
Program Name	

## Contact Information

Primary Grant Writer Name, Title	
Email, Phone	

# Evaluation

**GOAL:** What will this funding help you accomplish?

**Inputs:** What resources (human, financial, organizational, and/or community) were committed to this grant request?

**Activities:** What activities supported or accomplished your goal(s)?

**Outputs:** Did your activities produce the expected outputs? Outputs are often quantitative measures (# of participants, # of sessions held, # of encounters).

**Outcomes:** What benefits, impacts, or changes in behavior, knowledge, skills, and/or attitudes for participants resulted from the completion of the activities?

**Performance Measures:** Did you accomplish your goal(s)? How did you measure your result(s)? How did your monitoring methods help you correct errors, remedy problems and/or refine your work?

**GOAL:**

	Proposed in Grant Request	Actual Update/Results
<b>Inputs</b>		
<b>Activities</b>		
<b>Outputs</b>		
<b>Outcomes</b>		
<b>Performance Measures</b>		

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	Proposed in Grant Request	Actual Update/Results
<b>Inputs</b>		
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<b>Outcomes</b>		
<b>Performance Measures</b>		

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	Proposed in Grant Request	Actual Update/Results
<b>Inputs</b>		
<b>Activities</b>		
<b>Outputs</b>		
<b>Outcomes</b>		
<b>Performance Measures</b>		

**Planned Program  
Budget vs. Actual  
Program Expenditures**

*This format is required. Please enter your information into the shaded cells for rows applicable to your grant request. Use the "Other" sections to provide data for other types of revenue or expense in your program or project budget. Show specifically how our grant was used. Include narrative at the bottom to explain your numbers & assumptions, as needed.*

**Name of Organization:**

**Budget Period From:**

**To:**

**Revenue/Support for this Grant Request**

Individual contributions  
Fundraisers & Special  
Events  
Program/Service  
Revenues

**Planned Budget**

**Actual Expenditures**

\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

Government, Foundation, Corporate Grants or Other (list below; describe in narrative/notes if more space is needed)

\$ -	\$ -
\$ -	\$ -

**Total Revenue/Support** (calculated for you or enter your own total)

\$ -	\$ -
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**Expenses for this Grant Request**

Salaries, benefits and related taxes  
Consultants and professional fees  
Professional development including travel, lodging  
Equipment  
Supplies and supporting materials  
Printing, copying, phone, internet, fax, postage  
Mortgage or Rent, and Utilities  
Fundraising Expenses  
Other (list below and describe in narrative/notes if more space is needed)

**Total Amount**

**Grant Request**

\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

**Total Expense** (calculated for you or enter your own total)

\$ -	\$ -
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**Difference (Revenue/Support less Expense)**

\$ -	\$ -
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**Narrative/Notes:** Please use as many lines as needed for further explanation of budget items above.

- 1
- 2
- 3
- 4