COUNTY OF WILLIAMSON	§	AGREEMENT
	§	BETWEEN THE
	§	CITY OF GEORGETOWN AND
	§	WILLIAMSON COUNTY CRISIS CENTER
STATE OF TEXAS	§	DBA HOPE ALLIANCE

This is an agreement between the City of Georgetown, a Texas Home Rule Municipal Corporation (City), and Williamson County Crisis Center dba Hope Alliance (Hope Alliance), 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 Hope Alliance provides Safety Net Services for the community, as defined above; Hope Alliance 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 Hope Alliance 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 Hope Alliance provides pursuant to this Agreement, the City agrees to pay Hope Alliance an amount not to exceed a total of $39,000 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, Hope Alliance agrees to provide the following as a condition of this Agreement:

   A. Provide wrap-around, trauma-informed intervention services in Georgetown to victims and survivors of family violence, sexual assault, child abuse, including a 24 hour hotline, crisis intervention, support services, including emergency shelter, transitional housing, counseling, support groups, community education, and accompaniment to law enforcement, hospital and court; counseling; and legal advocacy including assistance with applying for protective orders and crime victims' compensation funds;
   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 the Hope Alliance'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, Hope Alliance shall also have the ability receive an exemption of certain development related fees in an amount not to exceed $10,000 should Hope Alliance 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. Hope Alliance 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	Dr. Richard "Rick" M. Brown
P. O. Box 409	Chief Executive Officer
City of Georgetown	Williamson County Crisis Center
Georgetown, TX 78627-0409	dba Hope Alliance
	1011 Gattis School Road, Suite 110
	Round Rock, Texas 78664

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   WILLIAMSON COUNTY CRISIS CENTER
                                        DBA HOPE ALLIANCE

_____   _____
 Josh Schroeder, Mayor   Dr. Richard "Rick" M. Brown, Chief Executive Officer

ATTEST: APPROVED AS TO FORM:

_____   _____

Robyn Densmore, City Secretary   Skye Masson, City Attorney

STATE OF TEXAS   §
                                            §   **CORPORATE ACKNOWLEDGMENT**
COUNTY OF WILLIAMSON   §

This instrument was acknowledged before me on this the _____ day of _____, 2021, by Dr. Richard "Rick" M. Brown, a person known to me, in his capacity as Chief Executive Officer of Williamson County Crisis Center dba Hope Alliance, 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
Inputs		
Activities		
Outputs		
Outcomes		
Performance Measures		

GOAL:

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

GOAL:

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

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	**Planned Budget**		**Actual Expenditures**	
Individual contributions	$	-	$	-
Fundraisers & Special Events	$	-	$	-
Program/Service Revenues	$	-	$	-
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)	**$**	**-**	**$**	**-**

Expenses for this Grant Request	**Total Amount**		**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 Expense (calculated for you or enter your own total)	**$**	**-**	**$**	**-**
Difference (Revenue/Support less Expense)	**$**	**-**	**$**	**-**

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

1
2
3
4