

COUNTY OF WILLIAMSON	§	AGREEMENT
	§	BETWEEN THE
	§	CITY OF GEORGETOWN
AND		
	§	WILLIAMSON COUNTY AND
STATE OF TEXAS	§	CITIES HEALTH DISTRICT

This is an agreement between the City of Georgetown, a Texas Home Rule Municipal Corporation (City) and the Williamson County and Cities Health District (WCCHD), for the fiscal year from October 1, 2022, through September 30, 2023 (Agreement.)

1. The City finds that WCCHD 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 that WCCHD 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 WCCHD provides pursuant to this Agreement, the City agrees to pay WCCHD an amount not to exceed a total of \$177,237 to be paid in one annual installment by October 31, 2022.
3. As consideration for the funds to be paid by the City, WCCHD agrees to provide the following as a condition of this Agreement:
 - A. personal health care services which may include, but are not limited to, child and adult immunizations, prenatal care, tuberculosis diagnosis and treatment, HIV counseling and screening and other programs as determined by the Board of Health based on community needs assessment and the availability of resources;
 - B. communicable disease control services, which include, but are not limited to, surveillance and investigation of reportable diseases and conditions;
 - C. social services which include, but are not limited to, operating the Help Line and assisting the public to access health care and social services;
 - D. WIC nutrition services for infants and children and pregnant, postpartum and breastfeeding women;
 - E. environmental health services which include, but are not limited to, on-site sewage facility permitting and inspection, inspection of food establishments, education and registration of food handlers, flood plain management, and environmental complaint resolution;
 - F. other counseling, preventive and educational health services which may be of benefit to the community;
 - G. assessment of community assets and needs, and coordination as appropriate with the City and other community service providers in the provision of services to Georgetown residents;
 - H. operation of a Level II Mosquito Surveillance and Control Program; and
 - I. provide to the City a copy of WCCHD's annual independent auditor's report based upon its fiscal year (as soon as one has been completed) or the organization's Form 990, including statistics regarding the number of Georgetown citizens who are served per the terms of this Funding Agreement.

4. This Agreement shall not be altered, waived, amended or extended, without the written consent of both parties.
5. WCCHD may not assign this Agreement to another party without the written consent of the City.
6. 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

Caroline Hilbert, M.D., M.P.H.
 Executive Director
 Williamson County & Cities Health District
 355 Texas Avenue
 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, 2022.

THE CITY OF GEORGETOWN

WILLIAMSON COUNTY & CITIES
 HEALTH DISTRICT

 Josh Schroeder
 Mayor

 Caroline Hilbert, M.D., M.P.H.
 Executive Director

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 _____, 2022, by Caroline Hilbert, M.D., M.P.H., a person known to me, in her capacity as Executive Director of Williamson County and Cities Health District, on behalf of said organization.

SEAL

 Notary Public, in and for the State of Texas