

MEMORANDUM OF UNDERSTANDING
Between
LAKE COUNTY BEHAVIORAL HEALTH SERVICES
And
LAKE COUNTY CONTINUUM OF CARE
For COLLABORATIVE APPLICANT AND LEAD AGENCY SERVICES

THIS MEMORANDUM OF UNDERSTANDING ("MOU") is entered into this ____ day of _____, 2023, by and between the Lake County Behavioral Health Services, herein referred to as "LCBHS" and Lake County Continuum of Care, herein referred to as "CoC", hereinafter jointly referred to as the "Parties". The purpose of this document is to set forth the types and terms of collaborative services between LCBHS and CoC.

WITNESSETH:

WHEREAS, the CoC designated the LCBHS as the Collaborative Applicant and Lead Agency for the CoC by vote on September 18, 2019; and

WHEREAS, the CoC reestablished the LCBHS as the Collaborative Applicant and Lead Agency for the CoC by vote on September 19, 2022; and

NOW, THEREFORE, in consideration of their mutual covenants and conditions, the Parties hereto agree as follows:

1. PURPOSE

The purpose of this MOU is to confirm agreements between the CoC and LCBHS related to the roles of Collaborative Applicant and Lead Agency and the CoC.

This MOU reestablishes the LCBHS as the Collaborative Applicant and Lead Agency for the CoC, defines general understandings, and defines the roles and specific responsibilities of each Party relating to the positions of Collaborative Applicant and Lead Agency.

Collaborative applicant is defined to mean an eligible applicant (a private nonprofit organization, State, local government, or instrumentality of State and local government) that has been designated by the CoC to apply for grant funding on behalf of the CoC.

2. TERM

The term of this MOU is _____, 2023 through December 31, 2025.

3. FISCAL EXPLANATION

This is a nonfinancial MOU and there are no costs associated with this agreement.

4. RESPONSIBILITIES

The responsibilities of LCBHS and CoC are set forth in Attachment 1, Description of Services, attached hereto and by this reference incorporated herein. These services are being provided with no cost to either LCBHS or CoC.

5. TERMINATION

This MOU may be terminated by either Party upon the giving of sixty (60) days advance written notice of an intention to terminate.

6. NON-ASSIGNMENT

Neither Party shall assign, transfer or sub-contract this MOU nor their rights or duties under this MOU without the prior written consent of the other Party.

IN WITNESS WHEREOF, the Parties hereto, by their duly authorized representative, have affixed their hands on the day and year first above written.

LAKE COUNTY CONTINUUM OF CARE

Kimbralee Guerra, Chair Date
Lake County Continuum of Care

LAKE COUNTY BEHAVIORAL HEALTH SERVICES

Elise Jones, Director Date
Lake County Behavioral Health Services

APPROVED AS TO FORM

Lloyd Guintivano Date
County Counsel