

RESOLUTION NO. 2010-224

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE CHAIRMAN TO EXECUTE A CONTRACT BETWEEN ST. JOHNS COUNTY, FLORIDA AND JACKSONVILLE AREA LEGAL AID, INC., TO PROVIDE LEGAL SERVICES TO INDIGENT PERSONS RESIDING WITHIN ST. JOHNS COUNTY, FLORIDA.

WHEREAS, on October 1, 2000, the Board of County Commissioners of St. Johns County (the "County") renewed a Contract with Jacksonville Area Legal Aid, Inc., ("JALA") (copy attached) to provide legal services to indigent persons residing within St. Johns County, Florida; and

WHEREAS, the Contract between the County and JALA expired on September 30, 2010; and

WHEREAS, the Contract provides that either party may request a one (1) year extension of the Contract by submitting a written request to the other party no later than February 1, 2010; and

WHEREAS, prior to February 1, 2010, JALA requested that the County enter into a new and more comprehensive Contract with JALA for a one (1) year period; and


WHEREAS, it is the desire of the County to enter into a new and more comprehensive Contract with JALA for a one (1) year period, commencing on October 1, 2010.

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida that:

1. The Chairman is authorized to execute a Contract (substantially the same as that attached hereto as an Exhibit) between the Board of County Commissioners of St. Johns County, Florida and Jacksonville Area Legal Aid, Inc. for a period of one (1) year.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida this 5th day of October, 2010.

ATTEST: Cheryl Strickland, Clerk



By: Pam Halterman
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: Ron Sanchez
Ron Sanchez, Chair

Rendition Date: 10/6/10

**CONTRACT BETWEEN ST. JOHNS COUNTY
AND JACKSONVILLE AREA LEGAL AID, INCORPORATED**

THIS CONTRACT (Contract), is entered into between **St. Johns County, Florida (County)**, a political subdivision of the State of Florida, by and through its Board of County Commissioners, whose address is 500 San Sebastian View, St. Augustine, Florida 32084, and **Jacksonville Area Legal Aid, Incorporated (JALA)**, a Florida not-for-profit corporation, whose address is 126 West Adams Street, Jacksonville, Florida 32202-3849.

RECITALS

WHEREAS, this **Contract** implements **County Ordinance No. 2004-41**, which was enacted pursuant to Sections 29.008(3)(a), and 939.185, Florida Statutes (2004) and continues on from that Contract between the Parties on the same topic, entered into on or about January 14, 2005, it being the intent of the Parties that this **Contract** apply and be in effect during the **one-year** period between **October 1, 2010** and **September 30, 2011**; and

WHEREAS, **JALA** is a not-for-profit corporation, whose purpose is to provide legal services to indigent persons in Northeast Florida, including **St. Johns County**, who would not otherwise have the means to obtain legal assistance, and thereby access courts, address injustices, and resolve disputes.

NOW, THEREFORE, in consideration of mutual covenants and promises contained herein, it is agreed by, and between, the parties as follows:

Section 1. The above Recitals are incorporated into the body of this **Contract**, and said Recitals are adopted as Findings of Fact.

Section 2. If any word, phrase, sentence, part, subsection, section, or other portion of this **Contract**, or any application thereof, to any person or circumstance is declared void, unconstitutional, or invalid for any reason, then such word phrase, sentence, part, subsection, or other portion, or the proscribed application thereof, shall be severable, and the remaining portions of this **Contract**, and all applications thereof, not having been declared void, unconstitutional, or invalid, shall remain in full force, and effect.

Section 3. This **Contract** shall be construed according to the laws of the State of Florida. Venue for any administrative and/or legal action, arising under this **Contract**, shall be in **St. Johns County, Florida**.

Section 4. In light of the scope and rationale for this **Contract**, neither the **County**, nor **JALA** may assign, transfer, and/or sell any of the rights noted in this **Contract** without the express written approval of either party. Should either the **County**, or **JALA** assign, transfer, or sell any of the rights noted in this **Contract**, without such prior express approval of the other party, then such action on the part of either the **County** or **JALA**, shall result in the automatic termination of this **Contract**, without further notice or action required on the part of the other party.

Section 5. Both the **County** and **JALA** acknowledge that this **Contract** constitutes the complete agreement and understanding of both parties. Both the **County** and **JALA** acknowledge that any

amendments to this **Contract** shall be in writing, and shall be executed by duly authorized representatives of both the **County**, and **JALA**.

Section 6. The duration of this **Contract** shall run from **October 1, 2010**, through **September 30, 2011**. Either the **County**, or **JALA** may request a one-year extension of this **Contract** by submitting a written request to the other party, **no later than February 1, 2011**. Pursuant to a written request, either the **County**, or **JALA** may approve an extension to the **Contract**, prior to **September 30, 2011**. Subsequent extensions to the **Contract** may be handled in a manner similar to that described in this Section. Should this **Contract** not be extended within the timeframe noted in this Section, then this **Contract** will terminate on October 1, of the year not extended. Under such circumstance, neither the **County**, nor **JALA**, will have to provide any further form of written notification to the other party.

Section 7. This **Contract** may be **terminated without cause** upon either the **County**, or **JALA** giving at least sixty (60) days advance written notice to the other party or such notice of termination without cause. Such written notification shall indicate that either the **County** or **JALA** intends to terminate this **Contract** sixty (60) days from the date of notification. Consistent with other provisions of this **Contract**, **JALA** shall be compensated for any services and/or expenses that are authorized under this **Contract** and that are performed and/or accrue up to the termination of this **Contract**.

This **Contract** may be terminated by either the **County**, or **JALA**, **for cause** upon either the **County**, or **JALA** giving at least fifteen (15) days advance written notice to the other party of such notice of **termination for cause**. Such written notification shall indicate the exact cause for termination, the exact date for termination, and shall result in the termination of this **Contract** on the termination date, **unless**, prior to the termination date, the cause for termination is cured to the satisfaction of the party seeking the termination for cause.

Termination for cause may be for one of the following reasons:

- a) assignment of this **Contract** by either party, without the prior written approval/consent of the other party;
- b) material failure by either party to comply with a term, provision, condition, requirement, or obligation noted in this **Contract**;
- c) failure by the **County** to pay, for a period exceeding seventy-five (75) days, any amounts dues and owing, for authorized services performed by **JALA**;
- d) failure by the **County** to budget for the services and/or expenses noted in this **Contract**;
- e) an exhaustion of funds for the services and/or expenses noted in this **Contract**, without approval of a subsequent increase in the amount of funds budgeted for services and/or expenses noted in this **Contract**; and/or
- f) a subsequent revision/change/amendment to State law that would prohibit the **County**, and **JALA** from entering into or continuing this **Contract**.

Section 8. For the term, and duration of this **Contract**, the maximum amount available as compensation/reimbursable expenses to **JALA** is **Three Hundred Eight Thousand, One Hundred Nineteen Dollars (\$308,119.00)**, or such different amount as may be officially appropriated for this purpose by the Board of County Commissioners in the **2010-2011 County**

Fiscal Year budget, unless the amount and the **Contract** are amended in a manner that is set forth in this **Contract**. It is strictly understood that **JALA** is not entitled to above-noted amount of compensation/reimbursable expenses as a matter of right, except as **JALA's** compensation/reimbursable expenses are based on the provision of services performed by **JALA**.

From October 2010 through September 2011, on a monthly basis, **JALA** shall submit to the **County** an invoice for one-twelfth (1/12) of the maximum annual compensation/reimbursable expense. Such invoice shall be in a form and/or format that is acceptable to the **County**. The **County** shall only pay for those expenses that are reimbursable under existing, or amended, **County** policy. **JALA** must provide receipts or provide documentation reasonably acceptable to the **County**, in order to receive reimbursement for expenses that are permitted reimbursement.

If **JALA** submits an incomplete and/or incorrect invoice, then the **County** will notify **JALA** within fifteen (15) days of submission of the incomplete/incorrect invoice by **JALA**. **JALA** will then have an additional fifteen (15) days, in which to submit a complete and/or correct invoice. If **JALA** submits a complete and/or correct invoice in excess of thirty (30) days from the date that the original incomplete/incorrect invoice was submitted to the **County** by **JALA**, then the **County** has seventy-five (75) days from the date of submission of the complete and/or correct invoice, in which to compensate and/or reimburse **JALA** for such approved services and/or expenses.

Except as noted, once **JALA** submits a complete and correct invoice to the **County**, the **County** shall then have forty-five (45) days from the date of submission of the complete/correct invoice, in which to compensate and/or reimburse **JALA** for such approved services and expenses.

Notwithstanding any other language concerning the amendment of this **Contract**, the **County** may reasonably modify this procedure at any time, upon thirty (30) days advance notice, in order to accommodate the budgetary concerns and/or procedures of the **County**.

It is expressly noted that the **County** will compensate/reimburse **JALA** only from those non-ad valorem tax revenue sources of the **County** that are legally available and appropriated for this purpose in its official **County** budget at the time payment is due.

Section 9. During the term of this **Contract**, **JALA** will maintain at least one Legal Aid office within the geographic boundaries of St. Johns County, Florida. Such Legal Aid office shall be open for services at least forty (40) hours per week, and staffed with at least two (2) full-time attorneys, and two (2) other full-time support staff. **JALA** shall determine the eligibility of persons seeking representation by **JALA**.

As an express condition of this **Contract**, **JALA** may not represent any person, organization, or entity in any administrative and/or legal action (including appellate review) in which the **County** is a party. It is expressly understood that **JALA** must decline representation in such a circumstance, though **JALA** may refer the person, organization, or entity declined, to another law firm, or advocacy organization.

On a quarterly basis, **JALA** will submit a case service Report of all the cases handled in the **County**, together with a brief narrative of outreach and education activities will be submitted quarterly. Such Report will include *pro bono* cases as well. **JALA** will provide a formal live

presentation of such Report to the Board of County Commissioners of St. Johns County, Florida, if such is requested by the County Administrator.

Each year, **JALA** shall provide the Clerk of the Court (or designee), the St. Johns County Health and Human Services Advisory Council, and the **County Attorney** with a true copy of **JALA's** annual line item for the **County**, and a copy of **JALA's** financial report for the preceding year.

Section 10. As a condition of receiving any, or all, of the amount noted in this **Contract**, **JALA** is to utilize the individuals named either in this subsection or elsewhere, herein on a full-time basis for the performance of the work required by this **Contract**; and for **JALA** substitution of any other personnel for such individual(s), **JALA** shall obtain the advanced written approval of the **County**.

For the purpose of this Section, Megan Wall is named and recognized as a Key Individual in this Contract.

It is specifically noted that any Key Individual of JALA have the ability to make employee-related decisions, including those associated with dress of employees.

Section 11. As a condition of receiving any, or all, of the amount noted in this **Contract**, **JALA** authorizes the **County** to examine, review, inspect, and/or audit **JALA's** books and records, in order to determine whether compliance has been achieved with respect to the terms, conditions, provisions, rights, and responsibilities noted in this **Contract**. It is specifically noted that **JALA** is under no duty to provide access to documentation not related to this **Contract**, and/or that are otherwise protected by **County**, State, or Federal law.

Section 12. The access to, disclosure of, non-disclosure of, or exemption of records, data, documents, and materials associated with this **Contract** shall be subject to the applicable provisions of the Florida Public Records Law (Chapter 119, Florida Statutes).

Section 13. To the extent permitted by law, **JALA** shall indemnify and holds harmless the **County**, its officials, agents, servants, and employees from and against, any, and all, claims, liabilities, losses, and/or causes of action which may arise from any negligent act or omission on the part of **JALA**, to the extent such negligent act or omission is connected with the services provided pursuant to this **Contract**.

Section 14. It is expressly noted that **JALA** is an independent contractor and has no agency status with the **County**. As a result, and in particular, no **JALA** employee (full time and/or part-time) shall be considered a **County** employee, and no **JALA** employee (full time and/or part-time) shall be eligible for any **County** employee benefits (including, but not limited to, holidays sick leave, health or life insurance, and retirement), unless such **JALA** employee would otherwise be entitled to such **County** employee benefits, as a result of previous employment with the **County**.

Section 15. All Notices, and other correspondence to the **County** shall be delivered, either by hand (receipt of delivery is necessary), or by U.S. Mail to:

County Administrator

500 San Sebastian View
St. Augustine, Florida 32084

With a Copy to:

County Attorney
500 San Sebastian View
St. Augustine, Florida 32084

All Notices, and other correspondence to **JALA** shall be delivered, either by hand (receipt of delivery is necessary), or by U.S. Mail to:

Michael Figgins, Executive Director
Jacksonville Area Legal Aid, Incorporated
126 West Adams Street
Jacksonville, Florida 32202-3849

With a Copy to:

Megan Wall, Managing Attorney
Jacksonville Area Legal Aid, Incorporated
[doing business as "St. Johns County Legal Aid"]
222 San Marco Ave
St. Augustine, Florida 32084

Section 16. Any amendment to this **Contract** must be made in writing and approved by the Board of County Commissioners of St. Johns County and the Director of JALA.

IN WITNESS WHEREOF, the parties have hereunto set their hand and seal on this day, and year below written.

Board of County Commissioners
St. Johns County, Florida

By: _____
Chair

Date: _____

ATTEST: Cheryl Strickland, Clerk

By: _____
Deputy Clerk

Jacksonville Area Legal Aid, Inc.

By: _____
Michael G. Figgins,

Executive Director

WITNESSES:

