

Memorandum of Understanding

Between

The King County Regional Homelessness Authority

and

The City of Lake Forest Park, Washington

This Memorandum of Understanding (MOU) sets the terms and understanding between The King County Regional Homelessness Authority (hereafter “KCRHA”) and the City of Lake Forest Park (hereafter “the City”). Together KCRH and the City may be referred to as the Parties, and individually as a Party.

Background

The City is considering signing on to an Agreement for Homeless Services between the City, KCRHA, and the cities of Shoreline, Kenmore, Bothell and Woodinville (the “Agreement”), to aggregate homelessness services funds across North King County. Cities that already fund homelessness services will see their current allocations continued during the 2023/2024 biennium. In the past the City has not allocated funds towards homelessness services and wishes to have the opportunity to allocate these new funds to providers of its choice in North King County.

Purpose

This MOU memorializes the commitment from KCRHA to bring to the City potential options for how its contributions to the Agreement could be allocated for the 2024/2025 biennium. These options will be transmitted to the City from KCRHA by **INSERT DATE**. The City will transmit its funding decision to KCRHA by **INSERT DATE**.

KCRHA will make themselves available to discuss and present on these options with both the Executive (Mayor and City Administrator) and Legislative (City Council) branches of the City, at the City’s request.

Duration

This MOU shall become effective once it is signed by the authorized officials from the City and KCRHA. In the absence of mutual agreement otherwise by the authorized officials from the City and KCRHA, this MOU shall end on December 31, 2024. This MOU is at-will and may be modified and extended by mutual consent of the Parties, or terminated by either Party. .

Contact Information

KCRHA
representative
Position
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Fax
E-mail

City of Lake Forest Park
representative
Position
Address
Telephone
Fax
E-mail

Date:
(Partner signature)
(Partner name, organization, position)

Date:
(Partner signature)
(Partner name, organization, position)