

**CONTRACT FOR THE PROVISION OF SERVICES**  
**BY AND BETWEEN THE CITY OF FRANKLIN, INDIANA AND**  
**HELPLINE OF JOHNSON COUNTY**

This CONTRACT, entered into and on the latter of the two dates below stated, by and between the City of Franklin, Indiana (“City”), by and through its Board of Works and Safety, and Helpline of Johnson County, is made upon the following terms and conditions:

1. The City agrees to make a lump sum payment to Helpline of Johnson County in the amount of Three Thousand Dollars (\$3,000.00) on the first day of July 2020, or as soon as practicable thereafter. This agreement is intended to be for a term of one year.
2. As consideration for this payment, Helpline of Johnson County agrees to use the monies received from the City to provide for the needs of the community of citizens of Franklin, Indiana, as described in the attached Exhibit “A” during the course of the year 2020, which include linking resources and people and most frequently requested phone numbers for health and human services.
3. Helpline of Johnson County agrees to provide the City with a certificate of insurance showing and delineating the City as an additional insured for purposes of liability coverage, with said insurance coverage to be no less than One Million Dollars (\$1,000,000.00). Further, Helpline of Johnson County agrees to hold the City harmless upon and to indemnify the City fully against any and all liability, claims, actions, demands, costs, and expenses (including but not limited to attorney fees, litigation costs, and expert witness fees and expenses) directly or indirectly arising from the conduct, operation,

business practice, omissions, or establishment of the Helpline of Johnson County of Franklin.

Agreed this \_\_ day of \_\_\_\_\_, 2019.      Agreed this \_\_ day of \_\_\_\_\_, 2019.

CITY OF FRANKLIN, INDIANA  
by and through its  
Board of Works and Safety

Helpline of Johnson County

By: \_\_\_\_\_  
Steve Barnett, Mayor

By: \_\_\_\_\_  
Signed Name

By: \_\_\_\_\_  
Melissa Jones

\_\_\_\_\_  
Printed Name and Title

By: \_\_\_\_\_  
Bob Swinehamer

By: \_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Printed Name and Title

Attest:

\_\_\_\_\_  
Jayne Rhoades  
Clerk-Treasurer