



Community Health Partners, Inc.
126 S. Main St.
Livingston, MT 59047

MEMORANDUM of UNDERSTANDING

This MOU sets forth in writing the agreement between Community Health Partners, Inc. (CHP) and The Park County Health Department (PCHD) to utilize grant funds from the Montana Healthcare Foundation (MHCF) to collaboratively deliver the Park County Connect Program Services.

The Park County Health Department (PCHD) has been selected to participate in this Project at our discretion. The PCHD may not make any statement or otherwise imply to other donors, media or the general public that it is a direct grantee of the Montana Healthcare Foundation and must clearly state that Community Health Partners is the Foundation's grantee and that the PCHD is a sub-contractor of Community Health Partners.

Community Health Partners, Inc. agrees to:

1. Serve as the fiscal agent for the 2-year grant program, from 7/1/2015 – 6/30/2017.
2. Grant a total of \$61,000 over 2 years, in 6 month installments, as outlined in the project proposal.
3. Make up to an additional \$2,429 of MHCF program grant funds available for reimbursements for travel, supplies, communication and outreach expense.

Park County Health Department agrees to:

1. Complete all designated elements of the project work plan, as attached, in a timely manner, reporting to CHP if changes arise.
2. Contribute narrative and financial updates to project reports every six months throughout the project.
3. Submit appropriate documentation when requesting reimbursement for out-of-pocket expenses by completing the attached expense reimbursement form and attaching receipts evidencing payment.
4. Comply with all the terms and conditions of MHCF Grant Agreement, including:
 - a. Ensuring that in no case will funds provided by MHCF pursuant to this grant be used to supplant governmentally appropriated funds.
 - b. Ensuring that funds provided by MHCF pursuant to this grant shall not be used for any activities or projects not specified in the work plan.
 - c. Making all documents, papers, and records relevant to the work performed available to MHCF for examination, copying, or reproduction.
 - d. Refraining from disclosure or use of information about MHCF for purposes other than performing the work related to this Grant

- e. Refraining from using names, logos, or other marks owned by or associated with MCHF for any purpose without MCHF's prior written consent.
- f. Maintaining adequate records for the Project, during the Grant Term, and for six (6) years after its completion, to enable MCHF to easily determine how the grant funds are expended.
- g. Maintaining complete books and records of revenues and expenditures for the Project, which shall be made available for inspection at reasonable times if deemed necessary by MCHF. Although the grant funds need not be physically segregated, such funds should be shown separately on your books for ease of reference and verification. These records will be required to produce a project budget expense report during the periodic reporting periods as required by this grant agreement.
- h. Maintaining a systematic accounting record of the receipt and disbursement of funds and expenditures incurred under the terms of the grant and retaining the substantiating documents such as bills, invoices, cancelled checks and receipts for at least six (6) years after expiration of the Grant Term.
- i. Submitting records for administrative reviews and investigations, including audits, at MCHF expense, to assure the appropriate administration and performance of the duties required by the Project, and the appropriate expenditure of monies, deliverables, or provision of services pursuant to this MOU.



Heather Jurvakainen, RN Date
Park County Health Department

Lander Cooney, CEO Date
Community Health Partners, Inc.