



Sunshine County Community Health Partnership

Community Partnership Agreement

Our organization is willing to join ***The Sunshine State Community Health Partnership*** for a one-year period, after which membership can be renewed annually. Over the year, we will participate with the growing network of private and public organizations, working to improve the health of Sunshine County, as a member of this partnership; our organization will strive to become an integral part of this partnership.

Our organization agrees to participate in the Partnership in the following ways:

- Provide culturally sensitive and accurate information about our partnership.
- Attend at least six Community Partnership meetings each year.
- Participate in at least one Partnership workgroup.

As a Partnership member, our organization will receive the following benefits:

- Become identified with an extensive network of community-based professionals and community leaders.
- Build an increasingly visible and powerful voice in the Sunshine County Community Health Partnership.
- Enhance communication with the members of this partnership.
- Participate in the promotion of services provided through agencies in the Partnership.
- Be continually alerted to expanded resources and opportunities for marketing our partnership and local services.
- Have access to trainings, information sharing, and program development opportunities.



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Our organization agrees to participate for one year in the Sunshine State Community Health Partnership.

Date: _____

Organization Representative:

Name: _____ Title: _____

Organization: _____

Our organization agrees to review this Partnership Agreement with:

- (1) The organization's Agency Head.
- (2) The organization's staff that will be attending the partnership meetings and a designated alternate if unable to attend.

Our organization designates the following individual staff person to be the primary contact for activities related to the Sunshine County Community Health Partnership:

Name: _____

Title: _____

Alternate representative: _____

Telephone: _____

Email: _____

Fax: _____

Complete this agreement and keep the original for your agency records

Fax or e-mail completed form to:

Project Manager

(555) 123-1234

Project_Manager@agency.org