

Healthy Bytes Initiative Partner Agreement

Partner _____



The **Healthy Bytes Initiative (HBI)** is a networking project designed to engage community partners in distributing health messages across community sectors. This is a project of the Healthy Eating Active Living subcommittee (HEAL) of the Coos County Community Health Improvement Plan (CHIP) 2016-2018. Advanced Health is the administrative fiscal agent. Please read the entire agreement (2 pages, 8 items) before enrolling on the last page.

This document serves as your enrollment form, order form and partner agreement.

1. Mission

The primary goal of **HBI** is to engage community partners to invest in the health and well-being of Coos County residents. The secondary goal is to deliver consistent health messaging across a variety of partners in the region. Ultimately, the overall mission is to improve the health of local residents.

The purpose of this document is to formally describe the role of Advanced Health, HEAL and the community partner in this initiative.

2. Timeline

HBI is a pilot project scheduled to run from Oct 1, 2017 through Sep 30, 2018 but it is hoped that the network of partners created through this partnership will be sustainable by encouraging partners to re-enroll annually. Dates of partner participation _____ through _____

3. Levels of Participation

Please mark at which level(s) your organization plans to participate:

- 1. Electronic only (email, website, Facebook, Twitter, etc)
- 2. You Print (your organization prints the posters, table tents and handouts according to **HBI** guidelines)
- 3. We Print (your organization orders printed monthly materials for use at your site)
- 4. Sponsorship (your organization contributes cash to HEAL to allow other organizations to participate)

4. Fees

- There are no fees to participate at levels 1 and 2.
- If you opt to participate at level 3, please estimate how many of each item you will need each month:
Posters \$.30 ea _____ Table tents \$.15 ea _____ Handouts \$.20 ea _____ Banners \$ TBD _____
- Will your organization need assistance paying for printed materials? Yes No
- Will you be pre-paying for these over a 6-month or 12-month period?
- Will your organization be sponsoring the initiative? Yes (indicate level below) No

Platinum	Pay \$5000	<input type="checkbox"/> 6 mos	<input type="checkbox"/> year
Gold	Pay \$2500	<input type="checkbox"/> 6 mos	<input type="checkbox"/> year
Silver	Pay \$1200	<input type="checkbox"/> 6 mos	<input type="checkbox"/> year
Bronze	Pay \$1750	<input type="checkbox"/> 6 mos	<input type="checkbox"/> year
Other	_____		

Please submit payments to
Advanced Health

- If purchasing or sponsoring, how will you submit your payment?
 Check Money Order (Please contact the Program Coordinator if you have questions)

Sponsors are asked to submit their agreed contribution when enrolling in the initiative.

5. Ending this partner agreement

If at any time, it becomes necessary to discontinue your participation in this initiative, contact the program coordinator at least 30 days before your last date of participation. If you have pre-paid fees for printing, the coordinator can arrange the appropriate refunds.

Shena Holliday, **HBI** program coordinator
shena.holliday@advancedhealth.com 541-269-3215

Please continue to the next page

6. Commitment

The blue box below outlines those responsibilities being undertaken by the HEAL subcommittee, the **HBI** program coordinator and Advanced Health, the fiscal agent.

The green box outlines those responsibilities to which the partner agrees. Please mark all that apply.

HEAL Responsibilities

HEAL agrees to: *(Mark all that apply)*

- Provide **HBI** materials electronically, including poster, table tent, handout and newsletter article to the email of partner contact monthly
- Print materials for partners who order and make them available in convenient pick-up locations before the first of each month
- Provide monthly documentation templates for partners to record participation results
- Monitor monthly participation and impact results of all community partners
- Provide an annual statement of partner in-kind participation or sponsorship donations
- Provide an annual report on **HBI** evaluation results to all participating partners
- Use sponsorship donations responsibly to assist other partners with participation costs
- Address any difficulties in a timely manner

Partner Responsibilities

The community partner agrees to: *(Mark all that apply)*

- Level 1: Circulate materials using electronic media (newsletters, websites, Facebook, email blasts, etc)
- Level 2: Print materials in accordance with **HBI** guidelines for distribution
- Level 3: Purchase printed materials from program coordinator at Advanced Health
- Level 4: Submit sponsorship donation to **HBI** program coordinator
- Hang posters in prominent areas the 1st of the month
- Place table tents in lunch rooms, front desk areas
- Make hard copy handouts available for employees/ consumers to take
- Put handouts directly into consumer hands or place in consumer bags
- Record monthly usage and feedback and submit to **HBI** program coordinator
- Monitor other ways you engage consumers in **HBI** (example: adding the food item to your menu)
- Participate in periodic interviews or evaluations conducted by OHSU medical, dental or nursing students as their 2017-2018 project

7. Customization

HEAL Responsibilities

Partner Responsibilities

8. Enrollment By completing this agreement, your organization agrees to the terms within.

Business Name _____

Address _____

Contact Name _____

Contact Phone _____

Email _____

Date _____

I understand by checking this box constitutes a legal signature confirming that I am an authorized representative of partnering company and acknowledge and warrant the truthfulness of the information provided in this document.

Please type your first and last name with title

Date: _____

Advanced Health

Date: _____