

MEMORANDUM OF UNDERSTANDING
for the Evidence-Based Healthy Aging Programs
Matter of Balance and Chronic Disease Self Management Programs

SECTION I – Parties

This MEMORANDUM OF UNDERSTANDING sets forth the respective plans and agreements regarding the provision of supportive services for the Evidence-Based Healthy Aging Programs, between the Alliance for Aging, the Area Agency on Aging for Miami Dade & Monroe Counties, hereinafter referred to as the Primary Service Provider, and _____, hereinafter referred to as Community Support Provider.

SECTION II – Purpose

The Primary Service Provider and the Community Support Provider desire to create a binding relationship (“Partnership”) through this Memorandum of Understanding to accomplish the program objectives, establish the responsibilities of each entity within the Partnership, and establish the terms and conditions under which the Partnership will operate. The Health Foundation of South Florida (HFSF) and the Administration on Aging (AoA) desire to expand activities of the Primary Service Provider to provide support to community organizations in recruiting and conducting training workshops to older adults related to Evidence-Based Healthy Aging Programs, such as Matter of Balance and Chronic Disease Self Management Programs to increase the overall quality of life for older adults within the communities of Miami Dade and Monroe Counties. The purpose of this MOU is to continue to develop and expand a framework of cooperation between Primary Service Provider and the Community Support Provider to develop mutually beneficial activities within the community to accomplish the goals of Evidence-Based Healthy Aging Programs aforementioned objectives and serve the public.

In consideration of the above shared interests, the Primary Service Provider and Community Support Provider agree as follows:

SECTION III – Services

A. Community Support Provider SHALL (*Please check all that apply under this agreement*):

- Provide and educate older adults with information related to Matter of Balance and Chronic Disease Self Management Programs in accordance to evidence based program protocol.
- Recruit older adults for Matter of Balance and Chronic Disease Self Management Programs in accordance to evidence-based program protocol.
- Complete Training workshops related to Matter of Balance and Chronic Disease Self Management Programs in accordance to evidence based program protocol.
- Complete reporting documentation required for Matter of Balance and Chronic Disease Self Management Programs in accordance to evidence based program protocol.
- Support the Primary Service Provider in developing or conducting outreach and enrollment activities.
- Display or distribute Matter of Balance and Chronic Disease Self Management Programs materials.
- Provide a space at its facility conducive to conduct Matter of Balance and Chronic Disease Self Management Programs in accordance to evidence-based program protocol.
- Provide access to office supplies and equipment to assist with the Matter of Balance and Chronic Disease Self Management Programs in accordance to evidence-based program protocol.
- Maintain fidelity to Matter of Balance and Chronic Disease Self Management Programs pertaining to evidence-based program protocols, following guidance from the Alliance for Aging.
- Provide space at its facility conducive to conducting training both Primary Service Provider and Community Support Provider staff/volunteers.

B. Primary Service Provider SHALL:

- Educate and train staff of the Community Support Provider about Matter of Balance and Chronic Disease Self Management
- Provide highly trained staff, and or coaches to facilitate Matter of Balance and Chronic Disease Self Management Programs

- Promote the partnership and the Community Support Provide whenever possible.
- Reimburse the Community Support Provider for expenses associated with the Matter of Balance and Chronic Disease Self Management Programs.
- Provide workshop materials necessary to conduct Mater of Balance and Chronic Disease Self Management Programs.

C. Mutual Interest and Understanding:

The Community Support Provider agrees that its employees and all other affiliates providing direct application and enrollment assistance will comply with the Health Insurance Portability and Accountability Act of 2009 (HIPAA) Privacy Rule¹ and that any medical records or personal information given to its employees under the arrangements of this MOU shall be kept confidential and not divulged or made available to any individual or organization without the prior written approval of the Primary Service Provider.

D. Location

All services are to take place at locations appropriate to facilitate the successful execution of those services.

Supportive services will be provided at:

E. Frequency

All supportive services must be provided for a term of no less than 12 months from the date of signing. If providing space at its location for routine application and enrollment assistance, the Community Support Provider agrees to provide no less than _____ hours per week at its facility.

F. Non-Fund Obligating Document

This instrument is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures including those for Government procurement and printing. Such endeavors will be outlined in separate agreements.

SECTION IV – Contacts

The principal contacts for this instrument are:

Primary Service Provider: Alliance for Aging, Inc.	Community Support Provider:
Contact Name: Maria Scotto	Contact Name:
Address: 760 NW 107th Avenue, Suite 214, Miami, FL 33172	Address:
Phone: 305-671-6383	Phone:
Fax: 305-222-4110	Fax:
Email: scottom@allianceforaging.org	Email:

SECTION V – Modification/Termination

Modifications within the scope of the instrument shall be made by mutual consent of the parties, by the issuance of a written modification, signed and dated by all parties, prior to any changes being performed. This Partnership is for a term of not less than one year and cannot be terminated within said year. After one year, the Partnership may terminate at the mutual agreement of both parties. Any of the parties, in writing, may terminate the instrument in whole, or in part, at any time before the date of expiration.

SECTION VI – Signatures

¹ To learn more about HIPAA, please visit this website: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>.

The parties agree that this Partnership is mutually beneficial and agree to be bound by the terms specified herein. This instrument is executed as of the date of full signature.

Primary Service Provider: Alliance for Aging, Inc.	Community Support Provider: St. Anne's Garden
By:	By:
Title: Director Healthy Aging Programs	Title:
Date:	Date:

Signature: _____

Signature: _____