



Memorandum of Understanding

MHP Salud and Webb County, on behalf of the Webb County Head Start/Early Head Start Program hereafter referred to as the PARTNER, will collaborate as follows:

MHP Salud agrees to provide the following to the PARTNER (if none, note "none"):

- Provide presentations and flyers of our Navigator services for school Head Start/Early Head Start Program Health Fairs and/or meetings in Webb County.
- Provide Navigator services to consumers referred by the Webb County Head Start/Early Head Start Program.

The PARTNER agrees to provide the following to MHP SALUD (if none, note "none"):

- Jointly establish an agreed upon referral process for MHP Salud - Navigator Services.
- Invite MHP Salud Program to become community representatives on the Policy Council, the Health Services Advisory Committee, or other Head Start/Early Start Program Advisory Committees.

1. Terms and Conditions concerning agreement:

It is expressly agreed by both parties that the collaboration described above will be fulfilled at no cost to either party. Outside of any services described above that MHP Salud will provide to the PARTNER, no additional services will be provided by MHP Salud to the PARTNER as a result of this agreement.

2. Schedule of Services: PARTNER will comply with the following schedule in collaboration described above:

- **Date of Initiation:** 12/1/2020 **Date of Conclusion:** 8/31/2021

3. Communication:

a. The designated point of contact for MHP Salud for this agreement is:

- Name and Title: Yolanda Guzman, MHP Salud Program Manager
- Email and Phone Number: yguzman@mhpsalud.org / 956-205-1336
- The following individuals may also contact the PARTNER in relation to this agreement (list name and title):
Monica Calderon, Community Health Worker, mcalderon@mhpsalud.org, 956-532-4122

b. The designated point of contact for the PARTNER for this agreement is:

- Name and Title: Luz Munoz, Assistant Director
- Email and Phone Number: lmunoz@webbcountytx.gov / (956) 795-0768
- The following individuals may also contact MHP Salud in relation to this agreement (list name and title): N/A

Both MHP Salud and the PARTNER agree to notify the other party in the event of a change in the point of contact during the duration of this agreement.

4. Completion of the services described in this contract:

DOES require access to MHP Salud's data collection platforms, and data is required to be submitted as follows (please describe): _____

DOES NOT require access to MHP Salud's data collection platforms

If access to MHP Salud's data collection platforms is required, the PARTNER agrees to comply with the following:

- Data will be submitted in a timely and accurate manner. All data will be submitted to the designated platform within 24 hours of receipt.
- If MHP Salud identifies errors within data submitted by the PARTNER, the PARTNER will be responsible for remediating any issues within the timeframe established by MHP Salud.
- Any data entered into an MHP Salud instrument or data platform is property of MHP Salud. As property of MHP Salud, all applicable organizational policies and procedures, as well as state and federal regulatory laws apply to this data.

DOES require access to an external data platform, this platform is _____

DOES NOT require access to an external data platform

If access to an external data platform is required, the following will conditions will apply (Please list the responsible party next to each condition):

- The name of the Platform is: N/A and is administered by N/A (Organization name).
 - Management of the external platform, including responsibility for access to the platform is the responsibility of N/A
 - N/A will request access to the external data platform and access must be granted at the time of initiation of services as outlined in this agreement. Failure to provide timely access to the external data platform may result in termination of this agreement.
 - N/A will provide consultation in the development and use of external data platform.
 - N/A requires that data from the external platform is submitted in N/A format on a N/A basis (daily/weekly/monthly/etc.).
 - If N/A identifies errors within the data submitted, it will be up to N/A to remediate the issue within the timeframe established by N/A .
5. Data entered by N/A must abide by all applicable state and federal regulatory laws, as well as applicable organizational policies and procedures.
6. This agreement is supported by the Navigator Program NAVCA 190367-02-00 (Grant Name and Number) from Centers for Medicare & Medicaid Services (Funder Name). In the event that changes to the budget, program dates or other components of the grant occur, this agreement may be subject to termination. Should this occur, MHP Salud will notify the PARTNER to confirm the termination of this agreement.
7. The PARTNER agrees to indemnify and hold harmless MHP Salud for any damages, expenses, costs and disbursements and attorney's fees incurred by MHP Salud as a result of the PARTNER'S actions.
8. PARTNER **agrees to carry and provide upon request proof of** liability coverage for services being provided or facilities being used.
9. PARTNER acknowledges that no actual or possible conflicts of interest currently exist between the PARTNER and MHP Salud, and that any future conflicts of interest that arise during the duration of this contract shall be immediately disclosed to MHP Salud.
10. PARTNER agrees that all content found in MHP Salud materials, including websites, printed materials, photos, graphics or electronic content, unless otherwise cited, credited or referenced, were created by MHP Salud and are the organization's intellectual property. As such, they are not to be used without the permission of MHP Salud and, if permission is granted, is to be cited appropriately with name and/or logo as designated by the permission granted by MHP Salud in addition to any other condition listed in permission.

11. Either party to this MOU may cancel this agreement at any time by giving written notice to the listed contact via email. Cancellation of this MOU is effective ten (10) days after giving notices pursuant to this section.

PARTNER Name: Webb County Head Start/Early Head Start Program

Name: Tano E. Tijerina

Title: Webb County Judge

Address: 1000 Houston St. 3rd Floor, Laredo, Texas 78040

Phone number: (956) 523-4600

Email: webbcountyjudge@webbcountytexas.gov

Signature: _____

Date: _____

Name: Margie Ramirez Ibarra

Title: Webb County Clerk

Address: 1110 Victoria St. Suite 201. Laredo, Texas 78040

Phone number: (956) 523-4266

Email: mibarra@webbcountytexas.gov

Signature: _____

Date: _____

APPROVED AS TO FORM

Webb County Civil Legal Division Director

*By law, this office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval and should seek review and approval of their own respective attorney(s).

*Passed and approved by the Webb County Commissioners Court
On January 22, 2017; Item No.7c.*

MHP SALUD

Moises Arjona

Chief Officer of Programs

3102 E. Business 83, Ste. G

Weslaco, TX 78539

Phone: 956-272-0056

Signature: _____

Date: _____

Brynna Burguard

Chief Allocation and Resources Officer

2142 Washtenaw Ave, Suite B

Ypsilanti, MI 48197

Phone: 956-272-1613

Signature: _____

Date: _____