Memorandum of Understanding

Between

Pondera County Health Department

And

Pondera Medical Center

This Memorandum of Understanding (MOU) sets for the terms an understanding between the Pondera County Health Department and Pondera Medical Center to allow for the mutual pursuit of healthcare related goals in Pondera County.

Background:
Whereas Pondera County Health Department and Pondera Medical Center are healthcare entities in Pondera County which are governed under separate and different administration and yet share the objective of pursuing a healthier environment for the residents of Pondera County; it is recognized as beneficial to both entities to understand that certain goals may be more easily reached together for the benefit of the residents of Pondera County.

Purpose:
This MOU will allow and encourage the development of mutual Community Health Improvement Planning and strategy which results from the Community Health Needs Assessment. As a Needs Assessment is compulsory for the performance of both party’s work plans, the CHNA may be pursued non-competitively and in tandem that resultant strategy may be synthesized and strengthened through collaborative partnership.

Duration
This MOU is at-will and may be modified by mutual consent of authorized officials from Pondera County Health Department and Pondera Medical Center. This MOU shall become effective upon signature by authorized representatives from Pondera Medical Center and Pondera County Health Department and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners) this MOU shall be renewed annually by signature of both parties. This MOU is not a commitment of funds. Each party shall maintain the owness of any expenses incurred resulting from the pursuit of common goals unless separately agreed upon.

________________________Date:_____________________________
Signature Pondera County Health Department Director/ Date

________________________Date:_____________________________
Signature Pondera Medical Center CEO/Date