

La Crescent Area Healthy Community Partnership Partner Programs

New and emerging non-profit programs that support our mission and vision will find it easier to get started with the help of the La Crescent Area Healthy Community Partnership (HCP.)

What all is involved in becoming a Partner Program?

- Review the benefits and responsibilities of HCP Partner Programs listed in the HCP Partnership Agreement below
- Contact an HCP Board Officer (see Board Member tab on HCP website) with any questions you may have
- Contact an HCP Board Officer to get on the agenda of a monthly HCP Board meeting.
 - Bring a proposal for your program to a monthly HCP Board meeting. Include your mission, goals, objectives, budget, funding sources and long term sustainability plan
- HCP Board will evaluate the proposal based on HCP's vision and mission
- HCP Board will vote to approve, not approve, or request more information about the program
- Once the program is approved, the HCP Partnership Agreement (below) will be signed and followed as stated in HCP Policy.

How long does a partnership last?

In the event that a program is no longer viable:

- A Partner Program designee will provide written notice with reasons for resignation to the HCP Board
- A Partner Program designee will be requested to attend an HCP Board exit interview to help improve and strengthen future partnerships
- Any remaining funds of the program remain with the HCP unless determined otherwise by the Finance Committee and Partner Program designee.

**Healthy Community Partnership
Partnership Agreement**

Program Name: _____

Designated Program Representative: _____

Phone number and email: _____

Mailing Address: _____

Committee Members:

Healthy Community Partnership agrees to provide the following benefits:

- 501©3/non-profit status allowing acceptance tax-deductible donations according to state law.
- Partnership in United Way with opportunity to write for grants
- Director & Offices Insurance protecting the governing board members and officers of the organization (see policy for specific coverage).
- General Liability Insurance protecting volunteers and others acting on behalf of the organization (see policy for specific coverage).
- Bookkeeping and accounting services through HCP, including check writing, state and federal tax filings.
- Assistance with start-up and promotion of your program.

_____ **agrees to the following responsibilities:**

- Promote the mission and vision of La Crescent Area Healthy Community Partnership throughout the community
- Pay the administrative fee as determined in the fee schedule per policy
- Submit a quarterly reports to the HCP board
- Be represented at HCP board meetings and functions when available.

Program annual revenue: _____ for calendar year: _____

Program annual fee: _____ for calendar year: _____

Program Designee Signature: _____ **Date:** _____

HCP President Signature: _____ **Date:** _____