



Form Name:

Letter of Agreement/Approval Letter (RHIP Projects)

Deschutes County Health Services
 Drug Free Communities Expansion

FollowUp Snapshot	
Amount Requested	\$200,000.00
Contact Name	Lauren Wood
Contact Phone	541-385-1748
Contact Email	Lauren.Wood@deschutes.org
Organization Address	2577 NE Courtney Dr. Bend, OR 97701
Website	http://cohealthcouncil.org/
Project Lead	
Project Lead email	

RHIP Workgroup:

Future State Measure:

Note: * indicates required questions

Terms & Conditions

Project Name

Drug Free Communities Expansion

Timeline - Project Start Date

The effective date of your contract begins on the project start date that you indicated on your application.

09/30/2023

Timeline - Project End Date

I. Term. This LOA shall commence on the Effective Date and shall terminate on the date indicated below. The COHC may terminate this LOA, without cause, by providing You with written notice at least five (5) business days in advance.

12/31/2026

Amount Requested

The total amount of funds requested from the Central Oregon Health Council for this project.

\$200,000.00

Amount Awarded

\$150,000.00

Invoice*

Please upload an invoice to enable COHC to disperse your funds. If you do not want to invoice us now, please upload an invoice of \$0.

W-9*

Please upload a completed W-9.

ACCEPTANCE OF TERMS & CONDITIONS*

This grant is conditional upon Grantee's acceptance of the terms and conditions set forth herein. By selecting the

Name*

Title*

LOA execution date*

Please enter today's date

FollowUp Files

Applicant File Uploads

No files were uploaded