



**MEMORANDUM OF UNDERSTANDING AND INVOICE (Doc No. 2022-751)**  
**Project: Tenant Improvement (TI): North County Campus -244 NW Kingwood, Redmond**

**Mosaic**

Mosaic Medical, a Federally-Qualified Health Center, LLC  
Steve Strang, CFO  
600 SW Columbia Street, Suite 6210  
Bend, OR 97702  
(541) 408-9567 [Steve.strang@mosaicmedical.org](mailto:Steve.strang@mosaicmedical.org)

**County**

Deschutes County  
Facilities Department  
P.O. Box 6005  
Bend, OR 97708-6005  
(541) 385-1414 [Lee.Randall@deschutes.org](mailto:Lee.Randall@deschutes.org)  
Make payment to "Deschutes County"

**Parties:** This Memorandum of Understanding (MOU) is by and between Deschutes County, a political subdivision of the State of Oregon, and Mosaic Medical, a Federally-Qualified Health Center, LLC, covering the project and costs as stated below.

**Purpose and Project Description:**

Mosaic is a Federally Qualified Health Center and is committed to an ongoing partnership with Deschutes County, a Certified Community Behavioral Health Clinic that relies on its partnership with Mosaic to qualify. Each party intends to enter into this MOU to memorialize the agreed upon Tenant Improvements (TI) to the property located at 244 NW Kingwood Avenue, in Redmond. Further, it is the parties' intent to enter into a Services Contract, and a corresponding Lease for the space and those agreements will be executed as separate documents.

Authorization for MOU is for a lump sum payment of TWO HUNDRED FIFTEEN THOUSAND Dollars (**\$215,000.00**), paid by Mosaic, to "Deschutes County", for the build out of TI space, with approximate calculations of \$156/square foot, for 1,375 square feet of leased County-Owned space. The space will be exclusively occupied by Lessee. Repayment of the TI funds to be considered if the parties fail to enter into a future Services Contract and Lease as intended.

Mosaic to receive Certificate of Occupancy, an accounting summary of the cost of the build out, and if applicable a copy of the final cost summary from the contractor to support booking the fixed asset, for required TI accounting.

IN WITNESS WHEREOF, the Parties have approved and executed this **MOU and INVOICE:**

**BOARD OF COUNTY COMMISSIONER CHAIR  
Of DESCHUTES COUNTY, OREGON:**

**MOSAIC MEDICAL, LLC:**

\_\_\_\_\_  
PATTI ADAIR, Chair

  
\_\_\_\_\_  
MEGAN HASE, Chief Executive Officer

Attest: \_\_\_\_\_  
Recording Secretary Date

9/26/2022  
Date