



Form Name:

Letter of Agreement/Approval Letter (BH Investment)

Deschutes County Health Services
Healthy Schools

| FollowUp Snapshot | |
|----------------------|---|
| Amount Requested | \$391,287.00 |
| Organization Contact | Jessica Jacks |
| Contact Phone | 541-330-4632 |
| Contact Email | Jessica.Jacks@deschutes.org |
| Organization Address | 2577 NE Courtney Dr. Bend, OR 97701 |
| Website | http://cohealthcouncil.org/ |
| Project Lead | Aimee Snyder |
| Project Lead email | aimee.snyder@deschutes.org |

RHIP Workgroup:

Future State Measure:

Note: * indicates required questions

Terms & Conditions

Project Name

Healthy Schools

Timeline - Project Start Date

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

01/01/2026

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.

\$391,287.00

Amount Awarded

\$391,287.00

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