

Central Oregon Regional Childhood Immunization Rate Quality Improvement Project



Central Oregon Immunization Quality Improvement Coordinator (2020-2024 RHIP)

Deschutes County Health Services

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FollowUp Form

Terms & Conditions

This Letter of Agreement (LOA) is being sent to You to memorialize the agreement between the Central Oregon Health Council (COHC), and You, the "grantee."

Project Name

Central Oregon Regional Childhood Immunization Rate Quality Improvement Project

GRANT TERMS

Timeline - Project Start Date

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

03/01/2022

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.

03/31/2025

II. **Scope of LOA.** You have agreed to participate in a Regional Health Improvement Plan (RHIP) project for the purpose of enhancing the quality and experience for Central Oregon communities. This LOA applies to your participation in the RHIP project only and does not impact or alter any other contract you may have with the COHC.

III. **Funding.** As part of your participation in the RHIP, You will receive funds in the amount indicated below in U.S. Dollars. These funds do not represent any other payment due to You under any other contract with the COHC. These funds are being provided solely for the purpose of allowing You to complete Your RHIP project, or to reimburse You for participating in a RHIP project.

Amount Requested

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

\$419,428.00

Amount Awarded

\$419,428.00

IV. **Community Reporting.** The funds provided for in this LOA are being disbursed to You as a result of a collaborative community process to determine how to invest funds for RHIP projects. As a result, You agree to provide the Central Oregon Health Council (or designee) updates on the status of Your RHIP project; such reporting times shall be mutually agreeable to You, and the Central Oregon Health Council. Please adhere to these reporting timelines upon agreeing to receive this funding.

Please complete and upload this LOA to our grant platform as soon as possible. No funds will be disbursed until the COHC receives the executed version of this LOA and an invoice from You.

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 “I Accept Grant Terms and Conditions” below, Grantee agrees to accept and comply with the stated terms and conditions of this grant.

AUTHORIZED SIGNATURE

By typing in your Name, Title, and Date in the spaces below, you confirm that you are authorized to make legal contracts for the Grantee and that you agree to enter into this agreement by electronic means.

Name*

Title*

LOA execution date*

Please enter today's date

File Attachment Summary

Applicant File Uploads

No files were uploaded