

Valley County Opioid Response Project (VCORP)

Letter of Commitment

This Letter of Commitment demonstrates the intent of _____ (Agency Name) to participate in the Valley County Opioid Response Project (VCORP) as a voting member of the VCORP Consortium. Through active participation in the Consortium, we commit to strengthen and expand prevention services in Valley County, break down stigma of treatment and recovery, support the treatment and recovery workforce, support community stakeholder engagement, and improve data identification, sharing and collaboration.

The above named Agency Partner agrees to actively participate in VCORP Consortium activities and adhere to the attached VCORP Bylaws in order to maintain good standing. We also understand that the Agency may withdraw from the Consortium and its activities at any time by providing written documentation to the Central District Health VCORP Project Director.

This Letter of Commitment shall become effective upon signature by an authorized representative of the above named Agency. The signature below indicates agreement with the terms of this letter. Membership does not have an expiration date.

SIGNATURE

Agency:

Representative Name:

Agency Address:

Representative Phone:

Representative Email:

Representative Signature:

Date:

Attachment: VCORP Consortium Bylaws