

## Memorandum of Understanding (MOU)

Partnerships are strongly encouraged to develop a MOU or some other type of written partnership document. Having a written document which records the agreements made by the partnership is an invaluable way to minimize disagreements and can be helpful when bringing new individuals into an established partnership.

Below are sample MOU's that have been used by other community-researcher collaborations. Some of these examples are very detailed and lengthy. This document can be as short and simple as the partners desire. One of the most important pieces can be the process of discussing and developing the document.

For other helpful MOU examples and topics related to CBPR partnerships, access the following websites:

- *Developing and Sustaining CBPR Partnerships: A Skill-Building Curriculum.* Several sections from this curriculum can be used by teams to develop the organizational structure of their partnership [www.cbprcurriculum.info](http://www.cbprcurriculum.info)
- *Community-Campus Partnerships for Health, MOU examples:* <http://depts.washington.edu/ccph/commbas.html#MOU>

### Example MOU #1

Adapted from Project Brotherhood: <http://projectbrotherhood.net/>

This is a Responsibilities Agreement of the xxx Grant provided by xxxx.

Between

**Faculty X of X University (Party A)**

And

**Community Partner X of X CBO (Party B)**

### I. Purpose and Scope

The purpose of this Memorandum of Understanding (MOU) is to clearly identify the roles and responsibilities of each party as they relate to their roles within the xx grant provided by xx and within the details of the proposed project entitled, "xx".

The purpose of this study is to -- *project description/aim/approach (identify the major barriers to xx in xx population in xx geographic area and to gain insight for designing potential interventions to address one or a few specific barriers to xx. This will be done through xx # of focus groups on xx. Each group will consist of approximately xx # of people from xx.)*

Both **Party A** and **Party B** should ensure that program activities are conducted in compliance with all applicable Federal laws, rules, and regulations and ethical principles set forth by Human Subjects Research Safety principles and those set forth by X University and X County Health Systems Institutional Review Boards.

### II. MOU Term

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The term commences xx *date* and terminates xx *date*.

### III. Party A's Responsibilities

**Party A of X University** shall undertake the following activities during the duration of the MOU term:

1. Ensure adherence to applicable federal and state laws and regulations and program guidelines in conjunction with Party B.
2. Review and approve all documentation evidencing **Party B's** performance of services as set forth in the Training and monitor his compliance with the MOU.
3. Learn necessary skills to provide training and technical assistance to **the research team** on focus group transcript analysis, database design and management, and fiscal and programmatic rules and regulations.
4. **Facilitate bi-weekly meetings.**
5. Participation in trainings and meetings as requested by **Party B.**
6. **Work jointly to address IRB and Funder needs and issues as they arise.**
7. **Work jointly with Party B to prepare and present presentations and publications based on our data collection.**
8. **Jointly conduct the focus groups with Party B and the research team.**

Training Aspects:

1. Party A has enrolled in the *X program at X University* to improve skills in statistics, data analysis, study design, epidemiology and public health concepts. Party B will be taking a grant-writing course at *X University*.
2. Party A will attend relevant workshops offered by X such as the poster sessions and the **interactive workshop for community and academic partners, for example, “Practical Guidance for Authors Writing About CBPR”.**
3. Party A will participate in project development meetings and protocol drafting in all of the bi-weekly meetings.
4. During the first 3 months, Party A, in conjunction with Party B, will conduct three interviews of xx to better familiarize himself with the issues of community health education.
5. Party A will also train a medical student and Party A staff to perform data entry, focus group audio transcription, and basic primary database analysis.

#### **IV. Party B's Responsibilities**

**Party B** shall undertake the following activities during the duration of the MOU term:

9. Attend meetings on a bi-weekly basis for the purposes stipulated in the grant for the partnership building and research development (**attached**).
10. Assist in protocol development, IRB submission and administrative components of the protocol and grant reporting needs.
11. Ensure adherence to applicable federal and state laws and regulations and program guidelines in conjunction with Party A.
12. Review and approve all documentation evidencing **Party A's** performance of services as set forth in the Training and monitor his compliance with the MOU.

13. Learn necessary skills to provide training and technical assistance to **the research team** on focus group transcript analysis, database design and management, and fiscal and programmatic rules and regulations.
14. **Facilitate bi-weekly meetings.**
15. Participation in trainings and meetings as requested by **Party A.**
16. **Work jointly to address IRB and Funder needs and issues as they arise.**
17. **Work jointly with Party A to prepare and present presentations and publications based on our data collection.**
18. **Jointly conduct the focus groups with Party A and the research team.**
19. Furnish project management, and needed Party B resources, including but not limited to:
  - a) Adherence to the approved Scope of Work and Budget Justification (attached).
  - b) Return of this MOU, with the required signatures, within 30 days of its receipt.
  - c) Provision of proper access to Party B clinical and meeting areas to facilitate trainings and meetings as requested by **Party A or agreed upon mutually.**
  - d) Retention of all records supporting the contract for one (1) year after the end of the contract term. This requirement applies to fiscal records, reports and participant information. Additionally, **Party B** agrees to make all records relating to the contract available upon request by **Party A**, the *Institutional Review Boards of X University and of X Hospital and Health Systems*, and/or *Funder*. Any costs that cannot be substantiated by source documentation may be disallowed.
  - e) Submission of a copy of audited financial statements for grant-related expenditures to **Funder as requested by their authorized personnel.**

#### Training Aspects:

1. Party B will attend relevant workshops offered by X such as the poster sessions and the **interactive workshop for community and academic partners, for example, “Practical Guidance for Authors Writing About CBPR”.**
2. **Party B will attend CITI Human Subject Research Training and HIPAA training sessions at X University if he has not already done so.**
3. Party B will participate in project development meetings and protocol drafting in all of the bi-weekly meetings.
4. During the first 3 months, Party B, in conjunction with Party A, will conduct three interviews of xx to better familiarize himself with the issues of community health education.
5. Party B will also work with medical students and Party B staff to perform data entry, focus group audio transcription, and learn ground theory principles for basic primary transcript themes analysis.

## 1. Special Terms and Conditions

**Party A and Party B** shall follow all relevant budget allowances as stipulated in the budget submitted to *Funder* with the accepted proposal. These may include, but are not limited to:

- Travel and Parking Reimbursement – unless otherwise specified, Party B representatives and Party A or X University representatives will be reimbursed for travel and food expenses at rates established by the grant budget.

## VI. Funding

1. Expenditures shall be reported by Party B and Party A to Funder at the end of the project at the request of Funder personnel.
2. Funding for each party will be handled separately through our funding intermediaries and administered by Funder.

## VII. Modification and Termination

1. This agreement may be cancelled or terminated without cause by either party by giving (30) calendar days advance written notice to the other party if approved by ARCC. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.
2. Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.
3. If funding for the fiscal year is reduced or deleted by the funder for purposes of this grant, Party A and Party B shall have the option to either cancel this Agreement with no liability occurring to the either party, or offer an agreement amendment to both parties to reflect the reduced amount.

## VIII. Effective Date and Signature

This MOU shall be effective upon the signature of Party A or Party B or authorized officials. It shall be in force from (DATES). Party A and Party B indicate agreement with this MOU by their signatures.

Signatures and dates

[Insert name of Party A signatory]	[Insert name of Party B signatory]
Date	Date

### Example MOU #2

#### **MEMORANDUM OF UNDERSTANDING FOR THE COMMUNITY ORGANIZING PART OF COMMUNITY ACTION AGAINST ASTHMA (1-22-01)**

This is a Memorandum of Understanding between the *University of Michigan School of Public Health, Detroiters Working for Environmental Justice (DWEJ), the Detroit Hispanic Development Corporation (DHDC) and Warren Conner Development Coalition (WCDC)*. For the purposes of this Memorandum, these agencies will be called “host agencies.” This Memorandum of Understanding sets forth the working relationship of these organizations including their roles and responsibilities as a part of their involvement in the community organizing part of Community Action Against Asthma, hereafter called CAAA.

**Philosophy/Principles:** Throughout the term of this partnership, these partner organizations agree to abide by the philosophy and principles spelled out in the Detroit Community Academic Urban Research Center's

"Community-Based Public Health Research Principles" adopted on July 24, 1996, agreed upon by the

Community Action Against Asthma Steering Committee on December 16, 1998, and listed here:

1. Community-based research projects need to be consistent with the overall objectives of the Detroit Community-Academic Urban Research Center (URC.) These objectives include an emphasis on the local relevance of public health problems and an examination of the social, economic, and cultural conditions that influence health status and the ways in which these affect life-style, behavior, and community decision-making.

2. The purpose of community-based research projects is to enhance our understanding of issues affecting the community and to develop, implement and evaluate, as appropriate, plans of action that will address those issues in ways that benefit the community.

3. Community-based research projects are designed in ways which enhance the capacity of the community-based participants in the process.

4. Representatives of community-based organizations, public health agencies, health care organizations, and educational institutions are involved as appropriate in all major phases of the research process, e.g., defining the problem, developing the data collection plan, gathering data, using the results, interpreting, sharing and disseminating the results, and developing, implementing and evaluating plans of action to address the issues identified by the research.

5. Community-based research is conducted in a way that strengthens collaboration among community-based organizations, public health agencies, health care organizations, and educational institutions.

6. Community-based research projects produce, interpret and disseminate the findings to community members in clear language respectful to the community and in ways which will be useful for developing plans that will benefit the community.

7. Community-based research projects are conducted according to the norms of partnership: mutual respect; recognition of the knowledge, expertise, and resource capacities of the participants in the process; and open communication.

8. Community-based research projects follow the policies set forth by the sponsoring organization regarding ownership of the data and output of the research (policies to be shared with participants in advance). Any publications resulting from the research will acknowledge the contribution of participants, who will be consulted with prior to submission of materials and, as appropriate, will be invited to collaborate as co-authors. In addition, following the rules of confidentiality of data and the procedures referred to below (Item #9), participants will jointly agree on who has access to the research data and where the data will be physically located.

9. Community-based research projects adhere to the human subjects review process standards and procedures as set forth by the sponsoring organization; for example, for the University of Michigan these procedures are found in the Report of the national commission for the Protection of Human Subjects of Biomedical and Behavioral Research, entitled "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" (the "Belmont Report").

*Adapted from Schulz, AJ, Israel, BA, Selig, S, and Bayer, I. 1997. Development and Implementation of Principles for Community-Based Research in Public Health. Journal of Community Practice.*

**Program Objectives to be Accomplished:** The following are specific aims and objectives as stated in the grant as it was funded. CONEH refers to the community organizing activities of CAAA.

**Specific Aim 1:** To identify, prioritize and translate the relevant findings of the current CAAA data collection activities, together with proposed, additional CONEH data collection activities, to guide the implementation and evaluation of an expanded, community-wide intervention.

**Specific Aim 2:** To conduct and evaluate a multi-level community-based intervention in order to reduce exposure to physical environmental and psychosocial environmental stressors associated with asthma severity and exacerbations, and to strengthen protective factors (e.g., social support, community capacity) that may modify the effects of these stressors.

**Specific Aim 3:** To examine whether the conducted multi-level, community-based intervention enhances the effect of an intensive household intervention on the health and well being of children with asthma and their caregivers.

**Specific Aim 4:** To increase community awareness and knowledge of factors associated with the environment and asthma through the dissemination of research findings to community residents in ways that are understandable and beneficial to the community.

**Dates for this Memorandum of Understanding:** The grant project period is from 9-18-2000 to 7-31-2005. This memorandum is intended to cover the entire grant period.

**Responsibilities of the University of Michigan, School of Public Health:**

1. Actively support the CAAA partnership.
2. Participate in the CAAA partnership through membership in the Steering Committee. Communicate with the Steering Committee members regarding administrative and programmatic issues related to the community organizing project in Detroit.
3. Provide overall program oversight.
4. Collect data, conduct preliminary analyses of existing and new data, and provide feedback to all partners and to staff as appropriate.
5. Provide financial and programmatic reports to the funder, NIEHS (National Institute of Environmental Health Sciences).
6. Serve as a point of contact with NIEHS.
7. Assist in the staff hiring process.
8. Develop and conduct an orientation to the project for partners and staff.
9. Work with the community organizers and administrative assistant in planning and conducting community forums.
10. Provide co-supervision of community organizing staff with each of the host organizations.
11. Serve as the fiduciary agent for this project. Pay the bills, dispense funds (see "Financial Arrangement" for more details).
12. Assist in providing resources and technical assistance in activities supporting the design and implementation of assessment, data collection, and evaluation systems.
13. Assist in the dissemination of results to the community.
14. Ensure that there is ongoing communication between the host organizations and the University of Michigan by sharing information regularly and frequently.

## **Responsibilities of Detroiters Working for Environmental Justice, Detroit Hispanic Development Corporation, Warren Conner Development Coalition:**

1. Actively support the CAAA partnership.
2. Participate in the CAAA partnership through membership in the Steering Committee. Communicate with the Steering Committee members regarding administrative and programmatic issues related to the community organizing project in Detroit.
3. Develop and conduct an orientation to organization for all community organizing staff.
4. Provide co-supervision of Environmental Policy/Community Organizer and the Administrative Assistant with the University of Michigan School of Public Health.
5. Provide office space for staff assigned to organization.
6. Facilitate communication and linkages between organization and other community organizations and groups.
7. Provide 10% of a staff person's time to serve as the "Host Agency Liaison." The responsibilities of this person will include:
  - Participating in the hiring of the community organizing staff using a process to be approved by the CAAA Steering Committee;
  - Participating in an orientation to the overall community organizing project;
  - Providing an orientation and integration of the Environmental Policy/Community Organizer and the Administrative Assistant to the organization;
  - Providing co-supervision of the Environmental Policy/Community Organizer and the Administrative Assistant. This would include day-to-day supervision to ensure attendance and adherence to the agency's policies, and oversight and assistance in his or her conduct of day to day job responsibilities as per the job descriptions.
8. Assist in providing resources and technical assistance in activities supporting the design and implementation of assessment, data collection, and evaluation systems.
9. Meet deadlines to ensure that the reporting process for the grant is a timely one.
10. Participate in the process of analyzing and translating the data collected to guide the efforts of the community organizers.
11. At all times, assure that the community organizers are carrying out their responsibility to focus on the community, with the goal of seeking ongoing, continuous input from the community.
12. Assist in the dissemination of results to the community.
13. Ensure that there is ongoing communication between the host organizations and the University of Michigan by sharing information regularly and frequently.
14. Provide necessary training on an ongoing basis to community organizing staff and Administrative Assistant.

**Financial Arrangements:** Each of the community partners involved in the Community Organizing part of CAAA: DWEJ, DHDC, and WCDC will receive funds from The University of Michigan, School of Public Health for services rendered as host agencies, as a part of this agreement. For year one, each agency will received \$13,000. There will be a slight increase each year (e.g., \$13,200 for year two, \$13,408 for year three). These funds are for community field costs, which include:

- Liaison – 10% x 3 locations \$15,000
- Facilities Rental x 3 locations 9,000
- Community Organizing Activities x 3 locations 11,100
- Field Ofc. Supplies 1,200

Copying, printing 900  
Telephone 1,200  
Postage, express mail 600  
Total Community Field Costs \$39,000 divided by three = \$13,000 each

To obtain the funding, after staff is hired, each agency will submit an invoice for the first six months of the first year, or \$6,500. An invoice for the second six months will be submitted five months later. It will take approximately one month from the time the University of Michigan receives the invoice for it to be processed and for the agencies to receive the funding. Agencies do not need to keep a detailed track of the expenditures as a part of this agreement. The University of Michigan School of Public Health will also provide a computer at a cost of no more than \$2500 for each of the four staff persons hired.

**Memorandum of Understanding Amendments:**

The agreement shall be renewed annually by the signatories.

**Termination of Memorandum of Understanding:**

This agreement may be terminated by either party provided not less than thirty days (30) written notice of intent to terminate is given and an opportunity for prior consultation is provided. In the event of termination, accounts shall be reconciled as of the date of termination.

**Signatures:**

This Memorandum of Understanding is entered into on \_\_\_\_\_ (date)

(signatures)

\_\_\_\_\_ (for the University of Michigan, School of Public Health)

\_\_\_\_\_ (for Detroiters Working for Environmental Justice)

\_\_\_\_\_ (for Detroit Hispanic Development Corporation)

\_\_\_\_\_ (for Warren Conner Development Coalition)

**Example MOU #3**

**MEMORANDUM OF UNDERSTANDING BY AND BETWEEN THE NATIONAL FRIENDLY ACCESS<sup>SM</sup> PROGRAM OFFICE AND THE FOUNDING PARTNERS & THE COALITION STEERING COMMITTEE OF THE COMMUNITY FRIENDLY ACCESS<sup>SM</sup> COALITION**

**PREAMBLE:**

The purpose of this Memorandum of Understanding (MOU) is to clearly delineate the roles and responsibilities of the Founding Partners, the Coalition Steering Committee, the Coalition and the National Program Office in the achievement of Community Friendly Access<sup>SM</sup> Project activities and as a requisite for receipt of project funds, resources or other benefits associated with participation in the National Friendly Access<sup>SM</sup> Program. This is not a legally binding agreement. In order for the Community Friendly Access<sup>SM</sup> Project to succeed, multiple organizations must fulfill their individual project responsibilities as well as those that require collaboration with other member organizations.

The Founding Partners and the Coalition Steering Committee members are the organizing body of the Coalition. They shall consist of executive level representatives of the community institutions responsible for assuring and providing inpatient and ambulatory maternal and



pediatric (for ages 0-5) health care for the Medicaid eligible population in the community. The Founding Partners and Steering Committee shall be the signatories of the agreement and shall be responsible for collaborating to achieve the project objectives explained in the body of this document. The membership of the Steering Committee may be revised subsequent to the signing of this Agreement according to the by-laws of the Coalition.

*The National Friendly AccessSM Program Office enters into this agreement with the Community Friendly AccessSM Founding Partners and the Coalition Steering Committee to jointly continue to further develop, implement and evaluate a Community Friendly AccessSM Project Model in \_\_\_\_\_, building on the accomplishments of the first year of the Project.*

### **Background:**

The Lawton and Rhea Chiles Center for Healthy Mothers and Babies received a cooperative agreement from the Centers for Disease Control and Prevention to work in partnership with communities throughout the United States to implement the National Friendly AccessSM Program. The mission of the National Friendly AccessSM Program is to change the culture of maternal and child health care delivery systems in ways that improve consumer access, utilization, satisfaction and outcomes.

Access to, utilization of and satisfaction with maternal and child health care are critical ingredients in improving maternal and child health outcomes. A preliminary review of the literature indicates three factors that may preclude a woman from seeking or continuing to use prenatal services: the physical distance that she has to travel; the psychological distance that she may feel from her health care providers, and the confusing and frustrating system itself. Impersonal and sometimes offensive treatment of consumers also contributes to consumer dissatisfaction and under- utilization of important preventive services.

The National Friendly AccessSM Program will partner with Community Coalitions to develop and implement Community Friendly AccessSM Projects in accordance with National Friendly AccessSM Maternal and Child Service Guidelines, mission, values, operating principles and expectations.

### **The National Friendly AccessSM Program has the following objectives:**

1. To create model systems for the delivery of maternal and child health services at the community level in accordance with “Friendly AccessSM Service Guidelines.” Copies of these guidelines are provided in “Building a Friendly AccessSM Program at the Community Level.”
2. To build a maternal and child health leadership development and quality service improvement training program for community-based, interdisciplinary teams of service providers addressing the health of mothers, infants, and young children.
3. To implement a technical assistance program for community coalitions developing Friendly AccessSM demonstration programs.
4. To implement a Friendly AccessSM research program that defines problems based on experience and data, investigates solutions, designs interventions to address the problems, evaluates results in community settings, and disseminates “best practices” nationally. The National Program will attempt to answer two core questions in addition to specific questions that may arise from the community projects:

- Does improving customer service to children and pregnant women increase access to and utilization of health services, both preventive and curative?
  - Does increasing access and utilization improve certain health indicators?
5. To develop a holistic approach to the delivery of maternal and child health services by linking health care providers with social, educational, and economic service providers who work with underserved families.
  6. To build a national dialogue on quality service through national and regional conferences and information exchange on the Friendly AccessSM Website.

## **ROLES AND RESPONSIBILITIES**

The following roles and responsibilities pertain to the signatory partners of this document.

### **The National Friendly AccessSM Program agrees to:**

1. Provide technical assistance to the Community Friendly AccessSM Coalition to develop, implement, and evaluate the project.
2. Assist the Community Friendly AccessSM Coalition in developing and training interdisciplinary teams who will lead the change process within and across their respective agencies and organizations.
3. Assist the Community Friendly AccessSM Coalition in assessing its maternal and child health service delivery systems to determine their effectiveness with regard to outcomes, availability, access, utilization, quality service, health benefits, and customer satisfaction.
4. Facilitate strategic planning focused on determining root causes of problems and implementing strategies based on successful experiences in similar communities.
5. Assist the Community Friendly AccessSM Coalition in designing and implementing maternal and child health service delivery systems and interventions that improve access, utilization, quality service, health benefits, and customer satisfaction.
6. Develop and implement competency-based practice curricula to strengthen the skills of practitioners involved in providing the ten essential public health services in support of healthy mothers, infants and young children.
7. Establish research programs that will assist public and private maternal and child health care programs and providers in the effective delivery of preventive health care services.
8. Create and implement a system for the dissemination of policy and practices emanating from Friendly AccessSM Program research and evaluation.
9. Identify key variables related to quality maternal and child health service delivery and develop tools to evaluate the process as well as intermediate and long term outcomes of the Project.
10. Provide protocols for guiding the Project's research and evaluation studies including a copy of the Data Security Manual of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, University of South Florida
11. Assign a Project Officer to facilitate project implementation and provide technical assistance.
12. Provide National Friendly AccessSM Communications guidance to assure the appropriate use of the Friendly AccessSM name, logo and service mark. The Friendly AccessSM Service mark must be included on all documents made available to the public. The National Program Office will provide communication procedure guidelines regarding press releases and other materials distributed to the public about the program.
13. Provide orientation and training for Coalition chair, and other Coalition members as needed.
14. Provide training for community internal team members as needed.

15. Provide training for a Community Leadership Team of up to seven individuals selected by the Coalition Steering Community. The Team will include the Project Director, the Project Evaluation Coordinator, and five other individuals who will lead and facilitate the community's strategic planning process.

16. Build upon, enhance and establish program partners that will assure ongoing support for the Community Projects as well as the National Program.

17. Collaborate with the Community Coalition to seek and secure resources needed for the continuation of their Community Project and the National Program, as well as expand the program into additional Communities that demonstrate the capacity and desire to do so.

**The National Program Office has created arbitrary labels to distinguish separate structures and processes for assuring critical functions are carried out. It will be the Coalition Steering Committee and the Founding Partners' responsibility to decide if new groups/committee, etc. need to be formed or if existing groups can assume the functions. This document describes the critical functions and responsibilities and the deliverables required.**

**Each Founding Partner, whose organization provides direct maternal and child health care and eligibility services, agrees to:**

- Maintain and support an Internal Friendly AccessSM Team dedicated to the achievement of the project objectives and activities within their respective organizations. (Examples of support include release time for Friendly AccessSM activities, meeting space, direct communication with management and executive leaders, etc.)

The internal teams have the following responsibilities:

1. To facilitate the established process for developing, implementing, and evaluating strategies for improving consumer access, use, and satisfaction by building quality service within their organizations.
2. To facilitate the established process for linking and integrating internal planning and intervention with the strategic plan developed by the Community Friendly AccessSM Coalition.

Internal Friendly AccessSM Teams' Structure

Ideally, Internal teams are comprised of individuals in leadership roles in the following functions within their organizations:

- Human Resources
- Facilities
- Systems/Operations
- Professional Practice
- Communications

Internal Friendly AccessSM Teams' Responsibilities

- Participate in project training provided by the National Friendly AccessSM Program.
- Facilitate the collection of data required for their organization for Friendly AccessSM project evaluation.
- To the extent possible, analyze and interpret primary and secondary data specific to their own institutions to identify opportunities for improving consumer access, use and satisfaction.

- Participate in “thinking like a marketer” training of Community Friendly AccessSM provided by the National Friendly AccessSM Program at the community level.
- Design and implement a quality improvement plan for their organization to address service issues identified in the internal organizational baseline assessment.
- Implement and evaluate the strategies developed in the internal planning process.
- Instill quality service principles and practices in their respective organizations.
- Share with the Community Coalition and the National Friendly AccessSM Program strategies developed for improving consumers' access, use, and satisfaction within their organization.
- Share with the Community Coalition and the National Friendly AccessSM Program activities performed internally within the team and with the Coalition.
- Develop and implement a protocol for linking and integrating internal planning and intervention development efforts with the efforts of the Community Friendly AccessSM Coalition.

**The Coalition Steering Committee agrees to:**

1. Submit required status reports/products to facilitate funds being released to the Administrative Coordinator. All reports and products are to be sent electronically directly to the assigned Project Officer with copies sent to the National Program Office and the Administrative Coordinator.
2. Comply with policies and procedures established regarding the use of the Friendly AccessSM name and logo.
3. Adhere to previously established procedures for hiring, orienting, and supervising Coalition staff.
4. Utilize an Administrative Coordinator for the Coalition with whom the University of South Florida, on behalf of the National Friendly AccessSM Program can contract to receive funding on behalf of the Coalition.
5. Maintain a senior project director, evaluation coordinator, and support staff for data collection and evaluation. The Project Director will report to the Coalition Steering Committee, as distinct from any one of the partners and will have the following functions, at a minimum:
  - Serve as a liaison between the Project and the national technical assistance team.
  - Coordinate the activities of the Coalition partners in support of this agreement.
  - Facilitate the ongoing community maternal and child health data collection for project evaluation and outcome measurement.
  - Document the Project’s progress in meeting its expectations and the expectations of the National Program.
  - Supervise the Community Friendly AccessSM Coalition staff.
  - Comply with communication protocols and guidelines.
  - Participate in staff orientation and training.
6. Assist the National Program Evaluation Team in ongoing community maternal and child health data collection for project evaluation as detailed in the “*Preliminary Master Plan for the Evaluation of the Friendly AccessSM Program.*”
7. Maintain and support the Community Leadership Team to assure the Team’s participation in the seminars conducted by the National Program Office. The Community Leadership Team is an interdisciplinary group selected by the Coalition to participate in the Leadership Seminars. The team will consist of the Project Director, the Project Evaluation Coordinator and five other individuals who will lead and facilitate the community’s strategic planning process.

8. Facilitate the establishment of a data collection process and database to facilitate project research, evaluation and outcome measurement.
9. Collect and report project evaluation data according to established protocols and timelines.
10. Develop and expand the Coalition as needed for project implementation.
11. Continue to implement an action plan developed for the project period that includes:
  - Vision, mission and value statements that are consistent with those of the National Program.
  - Structure and processes for interagency strategic planning to design and implement interventions that will improve access to, utilization of and satisfaction with maternal and child health services in the Project's community.
12. Engage Community Quality Service Team members who attended the *Disney* Program in the development of the Friendly Access<sup>SM</sup> strategic plan.
13. Implement a process to conduct root cause analysis and how it might influence the design of interventions and submit a report on the result of that process.
14. Report on analysis and interpretation of baseline primary data from consumers and providers.
15. Submission of a "community analysis profile" that incorporates analyses of baseline primary data that identifies priority populations and links institutional issues related to service delivery, and detail specific successes and challenges in the access, use, and satisfaction of maternal and child healthcare consumers.
16. Draft research plan to learn more about the community priority populations and the issues they confront in accessing care.
17. Provide regular reports on work-to-date within Community Friendly Access<sup>SM</sup> Coalitions to plan additional research and interventions.
18. Draft strategic plan for addressing changes to the MCH care delivery system at the community and institutional levels.
19. Collaborate with the National Program Office to seek and secure resources needed for the continuation of their Community Project and the National Program, as well as expand the program into additional Communities that demonstrate the capacity and desire to do so.

#### **Data Management:**

Signatories shall agree that all data will be managed in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Founding Partners, the Coalition Steering Committee, and Coalition members and staff will comply with policies and procedures as outlined in the Data Security Manual of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, University of South Florida and in accordance with federal and state regulations. Unauthorized disclosure shall be deemed a breach of this Agreement and Agreement will be subject to termination as detailed below.

#### **Intellectual Property Rights:**

Publishing of results that relate strictly to a Community Friendly Access<sup>SM</sup> Project shall not be subject to approval or restriction by The University of South Florida (USF). However, the Community Friendly Access<sup>SM</sup> Coalition agrees to deliver to USF any analyses or reports prepared on the results of the Project for scholarly publication at least thirty (30) days in advance of the submission of such proposed publication or presentation to a journal, editor, or other third party for review and comment. Such publications or presentations shall not contain any project identified proprietary information. In addition, when the results of the research are published, the Community Friendly Access<sup>SM</sup> Coalition agrees to provide USF with advance copies of the

publication and acknowledge the support received from USF. The parties further agree that upon mutual agreement, employees of USF may co-author publications that relate strictly to the Community Friendly AccessSM Project. Should there be a conflict concerning authorship, final determination shall be made by the Principal Investigator and the National Program Director. Publishing of results that relate to multiple Community Friendly AccessSM Projects shall not be subject to approval or restriction by individual projects. However, USF agrees to deliver to Community Friendly AccessSM Coalition any analyses or reports prepared on the results of the Project for scholarly publication at least thirty (30) days in advance of the submission of such proposed publication or presentation to a journal, editor, or other third party for review and comment. Such publications or presentations shall not contain any project-identified proprietary information. In addition, when the results of the research are published, USF agrees to provide the projects with advance copies of the publication. The parties further agree that upon mutual agreement, persons involved in Community Friendly AccessSM Projects locally may co-author publications that address multiple community Friendly AccessSM projects. Final authority to determine authorship shall be held by the Principal Investigator National Program Director.

#### **Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing in whole or in part, by consensus of the parties. In the event of termination, the Community Partner and any subsidiary partner to the Project may not use the Friendly AccessSM name, logo or affiliation in any of its publications or communications for internal or external consumption.

#### **Required Deliverable Due Dates for the Second Year (August 2003 through July 2004): October 31, 2003**

A summary of project activity for August, September, and October with attachments to include:

- Statement of Project Vision, Mission, and Values developed by the Jacksonville Friendly AccessSM Initiative
- Submit community access and use data statements based on initial examinations of secondary data
- List of individuals who participated in the September Leadership Seminar in Atlanta
- Report on status of ongoing primary data collection, entry, and if applicable local analysis.
- Report on training and technical assistance requested and received from the National Friendly AccessSM Program Team

#### **January 31, 2004**

A summary of project activity for November, December, and January with attachments to include:

- Draft list of critical issues, preliminary root cause analysis, and priority issues
- Draft of interventions and investment strategies – including the logic model
- Draft Strategic Plan
- Report on status of ongoing primary data collection, entry, and if applicable local analysis.
- Report on training and technical assistance requested and received from the National Friendly AccessSM Program Team

#### **April 30, 2004**

A summary of project activity for February, March and April with attachments to include:

- Status of Implementation of Community Strategic Plan

- Status report on Internal Teams Progress – focus on interventions designed to improve consumers’ access and use that are not necessarily included in the Jacksonville Friendly AccessSM Initiative Strategic Plan
- Report as to the structure (new or existing) and processes (new and existing) that will achieve the objectives of the “internal teams”
- Report on status of ongoing primary data collection, entry, and if applicable local analysis.
- Report on training and technical assistance requested and received from the National Friendly AccessSM Program Team

**August 31, 2004**

A summary of project activity for May, June, July and August with attachments to include:

- Progress and analysis report on Implementation of Community Strategic Plan
- The teams, their membership and roles in their institutions, their activities to date, how they relate to the Steering Board and Leadership Committee, how they have begun to integrate the Disney training into their site, and technical assistance needs they may have for the coming year.
- The Leadership Committee’s role in strategic planning, their activities to date, how they relate to the Steering Board and Leadership Committee, how they have begun to integrate the Disney training into the community strategic planning process, and technical assistance needs they may have for the coming year.
- Efforts and accomplishments in engaging and involving pediatric and child care providers and related representatives in the activities of the project.
- New or changed insights about goals and outcomes from the project – a discussion of what the Jacksonville Friendly AccessSM participants and staff learned as well as what they did.
- List of individuals who participated in the Spring Leadership Seminar
- Report on training and technical assistance requested and received from the National Friendly AccessSM Program Team
- Proposed Budget and Work Plan for Year 03
- Recommendations for the National Office for the upcoming year

This Memorandum of Understanding is entered into within the limits of the statutory authority of the parties to the Memorandum

**Understood and Agreed:**

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The following Founding Partners and members of the Steering Committee jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:

**Founding Partners:**

Print Name and Title: \_\_\_\_\_

Print Name of Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

**Example MOU #4**

**On February 14, 2006 the Executive Board of Directors of the Mendocino Cancer Resource Center passed a resolution by majority vote to accept the terms of the proposal to the California Breast Cancer Research Program on ownership of data, handling**

**disagreements, grant award and contract, dissemination plan, and community applicant responsibilities as follows:**

**Ownership of Data:**

We are instituting a Data Sharing Plan, (see [http://www.research.ucsf.edu/cg/cg\\_DataSharing.htm](http://www.research.ucsf.edu/cg/cg_DataSharing.htm)) which will make the data (stripped of patient identifiers) available to any interested community member or researcher, at the conclusion of an embargo period (2 years) designed to allow us to submit articles to peerreviewed journals. Within our research team, during the two-year embargo period, the three co-Principal Investigators by majority vote will make any decisions involving data distribution. We made this decision because we believe that scientific data belongs in the public domain.

**Handling Disagreements:**

We strive first to find consensus amongst ourselves, and through community input and the advice of our colleagues and mentors. If that fails, either one of the co-PIs may request mediation from our mediator Marilyn Johnson of Lake County Dispute Resolution Services. Our decision-making process in case of disagreements is first working toward consensus. However, we have made a commitment to seek mediation for any decision on which we are unable to reach agreement.

**Recipient of Grant Award:**

The grant award will be received by each partner separately. The award will be divided equally between UCSF and the Mendocino Cancer Resource Center. The award will be \$600,000 in full for the grant period of 36 months. It is understood by the Board of Directors of the Mendocino Cancer Resource Center, Inc, that MCRC will hold it's own contract as will UCSF.

**Dissemination Plan:**

The Board of Directors and the Co-PI will prepare quarterly progress reports to members of the community advisory board during the project period, and members have agreed to be available for individual consultations and briefings. Members include: community health leaders; primary care physicians; breast care specialists; members of the public, including past clients; and resource center staff and volunteers. Because this Full Study aims to improve our referral network for breast cancer patients, we will be in constant communication with people in the community to ensure that every person facing breast cancer during our study period is referred to us. These interactions will provide ample opportunities for briefing community members on what we're doing and getting their feedback. In addition to the local dissemination strategies, the partnership will also submit papers to medical journals that have previously published our studies (such as the Journal of Clinical Oncology and the Oncology Nursing Forum), or would be suitable for this topic (e.g. Health Services Research, and Medical Anthropology Quarterly.) The Academic Co-PI will take the lead on preparation of these publications.

**Community Applicant:**

It is understood that the organization, the Mendocino Cancer Resource Center, Inc., if awarded the grant, is the community applicant and has ultimate responsibility for the carrying out of the project plan. In the event that the named Community Principal Investigator will not be able to continue her duties in the capacity of Co-PI, the executive board will appoint a successor and



submit that successor's name and credentials to the California Breast Cancer Research Program Director for approval.

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**Signed (Agency Official)**

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**Date**

***Memorandum of Agreement***  
***For sharing management responsibilities***  
***For the sub contract relationship between***

**Clinical Nutrition Research Program at Weill Cornell Medical College**  
**And**  
**Beaufort-Jasper-Hampton Comprehensive Health Service Centers, Inc.**  
***To conduct clinical research for the study entitled***  
***Garlic and the Prevention of Prostate Cancer***

The purpose of this relationship is to conduct a clinical study that will include twenty African American men with Prostate Specific Antigen (PSA) levels between 1.8 and 8. The purpose of the study is to evaluate the effect of garlic on reducing the PSA levels of the men participating in the study.

The Clinical Nutrition Research Program at Weill Cornell Medical College will be responsible for defining the research parameters of the study and provide funding for the study.

Beaufort-Jasper-Hampton Comprehensive Health Services Centers, Inc. will define the clinical protocols, accrue African American men for the study, evaluate the men in the study in accordance with defined protocols, and collect data at each clinical visit defined in the protocols.

The final report will be jointly prepared and receive joint approval before it released to anyone other than the two entities in this agreement.

Any use of information concerning the research design, recruitment of participants, clinical evaluation procedures, data collection procedures, biostatistical analysis, and final results will require mutual agreement between the two entities.

Roland J. Gardner,  
Principal Investigator and  
Executive Director  
Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.

Richard Rivlin, M.D.  
Co-Principal Investigator and  
Director of Clinical Nutrition research Program  
Weill Cornell Medical College