**MEMORANDUM OF UNDERSTANDING**

**CRISIS AWARD**

 This Memorandum of Understanding (MOU) is entered into as of this \_\_\_ day of \_\_\_\_ 20\_\_ by and between the Association of State and Territorial Health Officials (“ASTHO”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state or territorial agency/ hereinafter referred to as “Recipient”). ASTHO and Recipient are collectively referred to as “Parties”.

***Purpose***

1. The purpose of this Agreement is to create a system between the Parties for the hiring of \_\_\_\_\_\_\_\_ field placements, (collectively referred to in this agreement as “Field Staff”) to support local health departments and \_\_\_\_\_\_\_\_\_ **(project title/description/see attached Scope of Work)**.   This opportunity is made possible with funding provided by grant number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the U.S. Department of Health and Human Services. The CFDA number for this grant is \_\_\_\_\_\_\_\_\_\_\_\_.

***Terms and Conditions***

2. \_\_\_\_\_\_\_\_\_\_ (“Recipient”) will perform the services as described in this MOU. This MOU shall commence on \_\_\_\_\_\_\_\_\_\_\_\_\_ and shall continue until \_\_\_\_\_\_\_\_\_\_\_\_. The timelines set forth in this agreement will be adhered to, with those tasks listed to be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

3. \_\_\_\_\_\_\_\_\_\_ (“Recipient”) will perform the following tasks:

1. Recipient will collaborate with ASTHO and the CDC to develop a job description and scope of work for the field placement;
2. Recipient will identify a manager and provide day to day management and oversight of the field placement;
3. Recipient, along with ASTHO, and CDC are responsible for disseminating the job announcement (if applicable); and
4. Recipient will participate in **monthly conference calls** with ASTHO and CDC and **produce quarterly assessments that reflect progress, identity challenges and propose solutions**;

4. Whereby, ASTHO agrees to perform the following tasks:

1. ASTHO will place **and/or** pay the salary of a locally-hired field placement in the state or local health department for **12 months to 16 months to provide on-site tailored support with the aim of advancing the goals identified in the attached scope of work**;
2. ASTHO will provide Human Resources management, peer-to-peer opportunities, and technical assistance support for and among field placements;
3. ASTHO, the CDC, and other partners will provide: guidance, input, and support specific to the duties and activities to be carried out by field placements;
4. ASTHO, CDC, and Recipient will collaborate to develop a position description and a scope of work, including milestones, goals, and outputs.
5. ASTHO will be responsible for scheduling and communicating with field placements at regular intervals, including technical assistance, programmatic updates, and webinars/virtual learning opportunities with other field placements (state and territorial);
6. ASTHO will develop a peer-to-peer learning group among the placed field staff to encourage knowledge sharing and joint problem solving;
7. ASTHO will share successes and lessons learned among the field placements at regular intervals; and
8. ASTHO will collaborate with CDC to provide technical assistance, with special emphasis on any gaps that may affect field placements’ ability to advance states’ action plans

 5. \_\_\_\_\_\_\_\_\_\_ (“Recipient”) will comply with all applicable laws, and secure all necessary permissions, in acquiring and submitting reports and other materials, documentation and information to ASTHO under this MOU.

 6. \_\_\_\_\_\_\_\_\_\_ (“Recipient”) **is** being directly compensated for its performance of the Services.

 7. This MOU sets forth the entire understanding of ASTHO and \_\_\_\_\_\_\_\_\_\_ (“Recipient”) on the subject matter addressed herein and may not be amended except by further written agreement. The Recipient must return an executed copy of this MOU to ASTHO within 10 calendar days of receipt or the MOU will be cancelled. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions.

 **ASSOCIATION OF STATE AND**

 **TERRITORIAL HEALTH OFFICIALS CONTRACTOR/STATE AGENCY**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMORANDUM OF UNDERSTANDING CONTACT INFORMATION**

|  |  |
| --- | --- |
| **ASTHO Contacts** | **Recipient Contacts** |
| ***For Programmatic Issues & Invoice Submission***Name: Title: Association of State and Territorial Health Officials **National Headquarters:** 2231 Crystal Drive, Suite 450 Arlington VA 22202**Regional Offices:** 600 Peachtree Street NE, Suite 1000 Atlanta, GA 30308Email: Phone:  | **Primary/Programmatic:**Name:Title:Organization: Address:City, State, Zip code: Email:Phone: |
| **For contract and financial issues:**Evangeline CrawfordDirector, Grants and Contracts Association of State and Territorial Health Officials **National Headquarters:** 2231 Crystal Drive, Suite 450 Arlington VA 22202**Regional Offices:** 600 Peachtree Street NE, Suite 1000 Atlanta, GA 30308Email: ECrawford@astho.org Phone: 571-527-3178 | **Contractual/Fiscal:**Name:Title:Organization: Address:City, State, Zip code: Email:Phone: |

**SCOPE OF WORK**

1. **[General Description of Engagement](#Tip1" \o "Include a short description of how the services relate to the accomplishment of specific program objectives. If applicable, tie into ASTHO's strategic map. )**

1. **[Textual Description of Key Tasks](#Tip2" \o "Describe specific services/tasks to be performed and required deliverables. Number & align these with tasks outlined in summary table (part C). Spell out acronyms. If possible, specify page length & required number of drafts for written deliverables. )**

1. **[Summary Table of Tasks, Deliverables, and Due Dates](#Tip3" \o "List specific services/tasks and deliverables to be completed and expected due dates. This list should correspond to the textual description of key tasks located in the section above. Ensure that deadlines are achievable based on period of performance.)**

|  |  |  |
| --- | --- | --- |
| **TASK** | **DELIVERABLE** | **DUE DATE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **[Compensation and Reporting Requirements](#Tip4" \o "This section is optional. Reporting requirements may include periodic conference calls, mid-year and final reports, etc. Compensation requirements may include monthly invoicing. For fixed price contracts, payment schedule should be linked to deliverables.)**

[*Section to be completed by Contracts Dept.*]

***Travel language (is applicable):***

\_\_\_\_\_\_\_\_\_\_\_ (state agency name) shall be reimbursed for reasonable travel expenses up to \_\_\_\_\_\_\_\_\_\_\_\_($ amount) incurred in the performance of Contractor’s obligations under this Agreement upon timely submission of adequate documentation thereof, except that all travel expenses must be approved in advance by ASTHO and must comply with the attached “***ASTHO Travel and Reimbursement Procedures***.”

1. [**Key Personnel**](#Tip5)

The active participation of the following person(s) designated by the Contractor/or Contractor’s organization is a material condition of this agreement: