



Agency Partnership Agreement – Form #1
To be used for agencies receiving Individual Needs Grant

Name of Agency _____

Address _____ City/State/Zip _____

Office Phone _____ Fax _____

501(c)(3)-Qualified? _____ EIN# _____

High Country United Way partner agency? _____

Agency Representative _____ Title _____

Representative Phone/Ext. _____ Email _____

Agency Executive Director (if different from above) _____

Populations served by your agency _____

Please tell us about your agency's mission _____





_____, a selected agency working cooperatively with HCWF, agrees to honor and abide by the following agency partnership agreement:

1. Agency agrees to screen potential clients based on criteria and possible qualifying conditions established by the HCWF.
2. HCWF agrees to keep each client's identity, personal records, and circumstances confidential. This information may only be shared, when appropriate with proper client release, in monthly Inter-Agency Meetings. All agencies present at those meetings will be required to sign an Agency Partnership Agreement. Client must give further written permission for confidential information to be used in any public manner or fashion.
3. Agency agrees to provide HCWF with a monthly report of each client who receives grant/assistance from HCWF. Agency will use the Individual Allocation Report to document the details of how granted money was spent. Agency will track money spent on the Distribution Form. Agency understands that new money will not be granted without forms showing how previously granted money was allocated through proper documentation. This information will be used to track needs in our community, and for fundraising purposes. The Individual Allocation Reports will be kept in a locked file at the High Country United Way office. Recipients' names will only be seen by the HCWF Coordinator and the HCWF Allocations Chairwoman.
4. This agreement is initially valid for one (1) year; renewable for one year periods, on anniversary date of agreement.

Accepted, this the ____ day of _____, 20 ____.

Agency Representative Name (printed)

Title

Agency Representative Signature

Date

HCWF Coordinator Signature

Date

HCWF Allocations Chairwoman Signature

Date