COLORADO
Department of Public Health & Environment

School-Based Health Center Program – Request for Application #1972
Attachment N: Attestation of Memorandum of Understanding (MOU)

Instructions:

- All lines must be answered and this form signed to be considered complete and acceptable.
- Hand signatures from both the Lead Sponsoring Agency and each Contractual Partner's Authorized Signatories are required.
- Save each hand-signed Attestation of Memorandum of Understanding (MOU) in PDF format with this naming schema: Attachment_N_Attestestion_of_Memorandum_of_Understanding_< 1 >, < 2 >, < 3 > and so on.

Name of Lead Applicant Agency:	
SBHC Site Name:	
Contractual Partner Agency:	
MOU Start Date:	
MOU End Date:	
Provide a summary of services to be provided by the Contractual Partner Agency to the SBHC site.	

The signatories below hereby attest to all of the following:

- _____ (*SBHC Lead Sponsoring Agency*) and

  _____ (*Contractual Partner Agency*)
  completed and signed a current MOU for the services summarized above.
- The MOU addresses at a minimum the parties' roles, responsibilities, lines of authority and supervision, payment for services as applicable, and a method of dispute resolution between the parties.
- Each party to the MOU understands that CDPHE funding is contingent upon having a current, signed MOU between the parties that is available for review by CDPHE upon request.

The signatories below, on behalf of their respective organizations, attest that this information is true, accurate, and complete.

Lead Sponsoring Agency Authorized Signatory:	**Contractual Partner Authorized Signatory:**
Name (Printed): _____	Name (Printed): _____
Title: _____	Title:_____
Signature: _____	Signature: _____
Date: _____	Date: _____