



Partnership Agreement

Our Mission: To improve collaboration and community capacity within the preventative health systems for young children and their families.

Partner Benefits

The PHC will:

- 1) Provide partnering organizations resources to build their capacity to serve the region.
- 2) Provide topical community trainings from which partners can increase their knowledge of Comprehensive Preventive Health.
- 3) Host quarterly community meetings creating opportunity for partners and other community organizations to coalesce, increasing their ability to build successful collaboration across sectors.
- 4) Provide a forum for which partner organizations can promote their organization within the community.
- 5) Continually request feedback from partner organizations to improve the activities of the PHC and to better serve our partner organizations.

Partner Expectations

Partners will:

- 1) Attend quarterly collaborative meetings with full participation and representing at least one of the PHC Health or Community Impact priorities.
- 2) Respond to information requests beyond regular meetings, such as completing surveys, forwarding organizational materials, connecting partners, and being open to developing relationships in support of the culture of collaboration. To encourage communication, I agree to share my contact information with the PHC and its Partners.
- 3) Continue to support a comprehensive preventive health movement for Maricopa County through the Preventive Health Collaborative strategic plan, action plan, and community outreach and awareness plan when applicable.
- 4) Participate in professional development, training, and networking opportunities made available to the Collaborative and community members, when applicable.
- 5) Understand that if a Steering Committee seat becomes available, with this signed Partnership Agreement, my organization representative may be eligible for application and appointment to the PHC Steering Committee.

Please fill out the following information about your organization:

Partner Information

My organization would like to partner with the PHC at this level (check only 1 level):

Sign up for Level I: PCH Friend!

You can easily join the PHC as a “Friend of the PHC” by adhering to our vision and joining us through Facebook, LinkedIn, Twitter and signing up to our PHC Newsletter. Partnership Agreement form is not required.

Sign me up for Level II: PCH Partner!

“PHC Partners” will be expected to subscribe to the PHC’s newsletter, follow PHC on LinkedIn and Twitter, represent their organization, attend PHC Meetings and Events, and sign a Partner Agreement Form.

Sign me up for Level III: PCH Systems Builder – Partner!

PHC partners who wish to get more involved by participating in Action Learning Teams, and/or the PHC Steering Committee will be considered “PHC System Builder Partner”. These partners will represent the PHC by wearing the PHC Systems Builder Pin, become a member of the Steering Committee or a member of an Action Learning Team, and sign a Partner Agreement Form.

Sign me up for Level IV: PCH Systems Builder – Organization!

PHC partners who wish to go all in will be considered “System Builder Organizational Partners”. These partner agree to actively work toward improving PHC Early Childhood Wellness Plan, sharing their outcome data, providing the collaborative with insights and lessons learned, and sign a Partner Agreement Form.

Pathway

Please indicate which area your organization would best fit into (mark all that apply):

Medical: Connects children and their families to ongoing healthcare resources.

Early Literacy: Identifies literacy challenges children may experience and refers them to appropriate organizations.

Behavioral: Connects children in need of early childhood mental health services to behavioral health partner organizations.

Family Support: Helps families connect to social services that will promote their child’s success.

Organization Description

Please provide us with a short description about your organization including how it serves families with children, from birth to age eight, within Maricopa County. (Limit 600 characters)

Please list the services your organization provides for families with children, from birth to age eight:

Partnership Acknowledgment

I acknowledge receipt of the Partner Expectations and I understand the purpose of the Preventive Health Collaborative. The signature below represents our agreement, as a Partnering Organization of the Preventive Health Collaborative, to fulfill the member expectations and to promote the preventive health movement for young children and their families to the best of our ability. This partnership will remain in effect until modified or terminated in writing by the partner organization or the PHC.

Organization Name

Address

Phone

Partner Name (Printed)

Partner Title

Email

Alternate Contact

Alternate Contact Title

Email

Signature

Date

Send completed applications and/or questions to AlejandraKisebach@mail.maricopa.gov

*Please allow 48 hours for confirmation of receipt