

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU), dated January 30, 2020 (Effective Date), is made between the **National Recreation and Park Association (NRPA) (Grantor)**, a Virginia-based not-for-profit 501(c)3 with a mailing address of 22377 Belmont Ridge Road, Ashburn, Virginia, 20148, **City of Newport Parks and Recreation**, a provider of park, recreation, and community services in Newport, Oregon (Grantee).

1. Purpose

The purpose of this MOU is to confirm approval of the terms governing the acceptance and use of Six Thousand Four Hundred Dollars (**\$6,400**) made available to the Grantee identified above for the implementation of the **Evidence-Based Physical Activity Referral Pilot: Exploration of Community Connect/Unite Us**, in partnership with Samaritan Health Services.

As part of a larger community integrated health collaboration between Samaritan Health Services and the Newport Parks and Recreation Department, an electronic referral process (that is, [Unite Us platform](#)) will be explored to determine its feasibility in establishing patient referrals from the healthcare setting to community-based organizations (CBOs), like parks and recreation. Currently such referrals are not feasible due to general limited interoperability of EHRs, and because most CBOs do not typically utilize healthcare-like EHRs. Via the electronic referral platform, CBOs like Newport 60+ Center will be able to directly receive HIPAA-compliant patient contact information to follow-up with the referred individuals and enroll them in an Arthritis Appropriate Evidence-based Interventions (AAEBIs) or other community-based programs. This project also leverages ongoing efforts by Samaritan Health Services in collaboration with the Oregon Health Authority's Sustainable Relationships for Community Health Grants to expand clinical-community linkages and referrals to chronic disease prevention and management programs.

This grant opportunity is the result of a partnership between NRPA and the Centers for Disease Control and Prevention (CDC), supported by the Funding Opportunity Announcement (FOA) Number: DP16-1606. The implementation and evaluation of this project will increase the current knowledge of strategies that foster clinical-community linkages, which supports a goal of DP16-1606 to establish environmental supports for the delivery and sustainability of AAEBIs or other community-based programs.

Having been selected as a recipient of funding through this program, Grantee is required to accept the terms contained within this MOU to receive funding as a grant recipient.

2. Project Funding

NRPA will provide payment in the form of a check as follows:

Organization	Payment Amount
Newport Parks and Recreation (60+ Activity Center)	\$6,400 : Within 30 days of MOU execution

3. Project Timeline

Project activities should be completed no later than March 31, 2021.

4. Grant Requirements

A. Collaborate with Samaritan Health Services Regional Health Education Hub (RHEHub) to:

Phase I

- a. Explore RHEHub's EPIC and Community Connect/Unite Us referral process and participate in a site visit to a CBO that is currently using the Community Connect/Unite Us referral process
- b. Identify and determine which community-based programs offered will be included in the referral process, including program facilitators and locations
- c. Complete the Community Connect/Unite Us risk and benefit assessment for the 60+ Activity Center and the parks and recreation department
- d. Develop a plan for maintenance and operational management
- e. Identify resources for financial sustainability for the 60+ Activity Center
- f. Assess transportation limitations on accessibility

Phase II (if Phase I is feasible)

- g. Complete Community Connect/Unite Us training
- h. Define the 60+ Activity Center's programming and activate platform
- i. Develop referral process workflow
- j. Facilitate clinic staff education
- k. Develop referral process workflow and engage referrals

B. Participate in monthly conference calls and webinars, as needed.

C. Track grant use expenditures (see *section 11: Audit and 12: Required Disclosures*).

D. Continue to implement the Walk With Ease & Fit & Strong! Programs at your local park and recreation agency and reach at least 50 participants

E. Submit mid and final reports to NRPA that include the following information: (one combined report should be submitted)

- a. Overview of referral process
- b. Number of patients referred
- c. Forms of patient follow-up (phone, etc.)
- d. Total number of unique participants per program
- e. Number of referred patients attending at least 1 program class
- f. Number of referred patients completing a program session
- g. Program description – dates, times, locations, and frequency of the class
- h. Participant success stories and photos
- i. Successes, challenges and recommendations regarding Community Connect/Unite Us

5. Project Evaluation

NRPA and RTI International (Project Evaluator) may, at its expense, monitor and conduct an evaluation of operations under the Grant, through the facilitation of virtual interviews to better understand and document the Grantees' project procedures and operations. Grantees are expected to participate in the planning and

facilitation of the evaluation activities including but not limited to key personnel interviews, and group discussions.

6. Promotion

NRPA and the CDC may use the Grantees' names, photos, and/or information in connection with the program for promotional or other purposes, in any and all media, without limitation and without further payment, notification, or permission, except where prohibited by law. Whenever possible, recognition should also be provided to "National Recreation and Park Association". Grantees shall provide NRPA an opportunity to review any statement, message or use of NRPA logo related to this grant in advance of its release to the public. In addition, use of the CDC's logo is NOT permitted without the express, written consent of the CDC.

7. Limits of Liability

Neither NRPA nor the CDC nor any of its respective parents, subsidiaries, affiliates, officers, directors or employees shall be liable to Grantees and/or its affiliates for any liability of any kind relating to or arising out of participation in this program hereunder.

8. Confidentiality

During the term of this MOU, the parties may learn certain confidential information of each other. For purposes of this MOU, confidential information means the confidential and proprietary information, not generally known by non-party personnel, used by the disclosing party and which is proprietary to the disclosing party, and includes, without limitation, the disclosing party's trade secret or proprietary personnel, financial, marketing and business information, including strategic, operations and other business plans or forecasts, and confidential information provided by the disclosing party regarding its employees, customers, vendors, sponsors and other contractors. Confidential information shall not be disclosed to non-party personnel.

9. Term

The term of this MOU will commence on the Effective Date and shall continue until March 31, 2021.

10. Use of Grant Funds

The Grantees shall use the full amount of the grant for the purposes set forth in Section 2. Unless otherwise agreed in writing by the Grantor, the Grantees shall return any portion of the grant and the income earned thereon that is not expended for such purposes.

The Grantees agree not to use any portion of the grant or any income derived from the grant for the following:

- A. To carry on propaganda or otherwise attempt to influence legislation within the meaning of Section 4945(d)(1) of the Code;
- B. To influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive within the meaning of Section 4945(d)(2) of the Code;
- C. To provide a grant to an individual for travel, study, or similar purpose within the meaning of Section 4945(g) of the Code, without prior written approval of Grantor. Payments of salaries, other

compensation, or expense reimbursement to employees of the Grantees within the scope of their employment do not constitute "grants" for these purposes and are not subject to these restrictions;

- D.** Except as expressly authorized in the Grant Description, to provide a grant to any other organization without prior written approval of the Grantor; or
- E.** To promote or engage in criminal acts of violence, terrorism, hate crimes, the destruction of any state, or discrimination on the basis of race, national origin, religion, military and veteran status, disability, sex, age, or sexual orientation, or support of any entity that engages in these activities.
- F.** To travel to NRPA's Annual Conference or any other conference travel, without prior written approval of Grantor.

All unspent or uncommitted grant funds shall be invested in highly liquid investments (such as an interest-bearing bank account) with the primary objective being preserving the grant funds availability for the project. Any interest or other income generated by the grant funds must be applied to the purposes described in the Grant Description.

11. Audit

NRPA has the right to audit the grantees' financial records relating to this MOU. Grantees should maintain their financial receipts and must make the records available at any time as requested by NRPA. If as a result of an audit, NRPA determines that funds were not spent in accordance with the purposes of this grant, the grantees may be required to return any funds not substantiated. If NRPA determines that grant funds were used for fraudulent purposes, the grantees may be barred from participation in any further programs.

12. Required Disclosures

Grantees must disclose, in a timely manner in writing to NRPA and the U.S. Department of Health and Human Services Office of the Inspector General (HHS OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting this grant award.

Disclosures must be sent in writing to NRPA and to the HHS OIG at the following addresses:

National Recreation and Park Association

Kellie May, MTA

Director of Health and Wellness

22377 Belmont Ridge Road

Ashburn, VA 20148

Telephone: (703) 858.2176

Email: kmay@nrpa.org (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services

Office of the Inspector General

ATTN: Mandatory Grant Disclosures, Intake Coordinator

330 Independence Avenue, SW

Cohen Building, Room 5527

Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

13. Termination

Any party may terminate this MOU at any time effective upon receipt of written notice by the other party of failure to perform. The non-performing party shall have sixty (60) days to cure its obligation. If the non-performing party fails to satisfactorily cure its obligation within this time this MOU will be terminated.

No party shall be liable to the other by reason of termination of this MOU for compensation, reimbursement or damages for any loss of prospective profits on anticipated sales or for expenditures, investments, leases or other commitments relating to the business or goodwill of any of the parties, notwithstanding any law to the contrary. No termination of this MOU shall release the obligation to pay any sums due to the terminating party which accrued prior to such termination.

These parties have caused this MOU to be signed by their duly authorized representatives as of the date set forth below.

NATIONAL RECREATION AND PARK ASSOCIATION

By:

Kellie May

Printed Name: Kellie May

Title: VP Programs and Partnerships

Date: 03/10/2020

NEWPORT PARKS AND RECREATION

By:

Margaret M. Hawker

Printed Name: MARGARET M. HAWKER

Title:

ACTING City Manager

Date:

3/13/2020

EIN:

Organization	Role	Name	Email	Phone
Newport Parks and Recreation	Interim Director	Mayhew, Judy	J.Mayhew@NewportOregon.gov	
Nepwort 60+ Center	Supervisor	O'Callaghan, Peggy	p.ocallaghan@newportoregon.gov	541-574-5459
Nepwort 60+ Center	Volunteer	McCornack, Bryn	brynnyc@gmail.com	917-881-6880
Samaritan Health Services	Health Education Program Manager	Urrutia, Kacey	kurrutia@samhealth.org	541-768-5602
Samaritan Health Services	Regional Health Education Hub Coordinator	Sedlacek, Erin	esedlacek@samhealth.org	541-768-7397
Samartian Health Services	Clinic Operations Manager II	Snyder, Jennifer	jensnyder@samhealth.org	541-765-3265

NRPA Electronic Referral Exploration Project 12.04.19 through Sept 2020

Language proposed for CDC by NRPA with SHS/60+ edits 12.12.19: As part of a larger community integrated health collaboration between Samaritan Health Services and the Newport Parks and Recreation Department, an electronic referral process (i.e. Unite Us platform [https://www.uniteus.com/platform/]) will be explored to determine its feasibility in establishing patient referrals from the healthcare setting to community-based organizations (CBOs), like parks and recreation. Currently such referrals are not feasible due to general limited interoperability of EHRs, and because most CBOs do not typically utilize healthcare-like EHRs. Via the electronic referral platform, CBOs like local park and recreation agencies (i.e. Newport 60+ Center) will be able to directly receive HIPAA-compliant patient contact information to follow-up with the referred individuals and enroll them in an Arthritis Appropriate Evidence-based Interventions (AAEBIs) or other community-based program. This project also leverages ongoing efforts by Samaritan Health Services in collaboration with the Oregon Health Authority's Sustainable Relationships for Community Health Grants to expand clinical-community linkages and referrals to chronic disease prevention and management programs. The implementation and evaluation of this project will increase the current knowledge of strategies that foster clinical-community linkages, which supports a goal of DP16-1606 to establish environmental supports for the delivery and sustainability of AAEBIs or other community-based programs.

Determine Goal: By September 30th 2020, determine the feasibility of establishing an electronic referral process from identified clinic(s) in the Newport area to the Newport 60+ Center.

Exploration/Feasibility Activities		Responsible	Lead	Timeline/Due	Status
1	Develop and agree to scope of work, goal, activities, leads, budget, timeline. Send to Lesha.	All	Erin		
2	Send CDC language NRPA, Lesha.	All	Erin	12/10/19	
3	Develop budget and send to NRPA, Lesha.(FTE Coordinator, Managers, Clinic Staff...)	All	Kac/Peg/Jen	12/18/19	
4	Determine SHS Newport area clinic(s) commitment/plan for implementing Unite Us/Community C	SHS			In proc
5	Determine which programs offered by 60+ to include in the referral process	60+	Peggy		
6	Identify costs to train staff, additional instructors and locations for implementation	60+	Peggy		
7	Assess options regarding impact of transportation limitations on accessibility	60+	Peggy		
8	Explore RHEHub EPIC and Community Connect /Unite Us referral processes	SHS			
9	Site visit to CBO currently using Unite Us referral process	60+	Peggy		
10	Unite Us demo for City of Newport	SHS/60+	Rhonda		
11	Review Unite Us regarding risk/benefit assessment for The City of Newport	60+	Peggy		
12	Develop a plan for maintenance and operational management for 60+ as a SHS community partner	60+	Peggy		
13	Identify resources for financial sustainability for 60+ as a SHS community partnership	60+	Peggy		
Implementation Activities (potentially phase II of the project, may need additional funding as determined in phase I)					
1	Obtain Community Connect/Unite Us licenses (if needed)	SHS/60+			
2	Community Connect/Unite Us staff/volunteer training	SHS/60+			
3	Workflow development	SHS/60+			
4	60+ programming defined in Community Connect/Unite Us and activated	60+			
5	RHEHub programming defined in Community Connect/Unite Us activated (via SRCH grant)	SHS		1/22/20	
6	Clinic education on programming	SHS/60+			
7	Process referrals	SHS/60+			
Follow Up Activities					
1	Reporting				
2	System maintenance				
3	Financial sustainability: LOIs for evidence based programs				
4	Develop initial list and meet with other CBOs to discuss potential for the project				
5	Continue to share project updates with CBO prospective participants				

Expenses	Description	Total (\$16,133.78)
60+ Center		
Staff compensation for training, data collection, partner meetings, reporting, community education, facilitation, program development	60+ EXPENSES	\$5,400.00
Travel Time, Promotion Materials, Mileage, Food, supplies, printing	60+ EXPENSES	\$1,000.00
Sub-total		\$6,400.00
SHS Newport Clinic(s) and SHS Health Ed Department		
Provider and staff FTE compensation for referral training, manager meetings and reporting	Samaritan Health Services	\$ 1,320.00
Coordination, facilitation, partner meetings, reporting, community education, referral exploration	Samaritan Health Services	\$ 6,913.78
Travel Time, Promotion Materials, Mileage, Food, supplies, printing	Samaritan Health Services	\$ 1,500.00
Total		\$16,133.78

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1. Purpose

The purpose of this MOU is to confirm approval of the terms governing the acceptance and use of Nine Thousand Seven Hundred Thirty Three Dollars Seventy Eight Cents (\$9,733.78) made available to the Grantee identified above for the implementation of the **Evidence-Based Physical Activity Referral Pilot: Exploration of Community Connect/Unite Us**, in partnership with Newport Parks and Recreation 60+ Activity Center.

As part of a larger community integrated health collaboration between Samaritan Health Services and the Newport Parks and Recreation Department, an electronic referral process (that is, [Unite Us platform](#)) will be explored to determine its feasibility in establishing patient referrals from the healthcare setting to community-based organizations (CBOs), like parks and recreation. Currently such referrals are not feasible due to general limited interoperability of EHRs, and because most CBOs do not typically utilize healthcare-like EHRs. Via the electronic referral platform, CBOs like local park and recreation will be able to directly receive HIPAA-compliant patient contact information to follow-up with the referred individuals and enroll them in an Arthritis Appropriate Evidence-based Interventions (AAEBIs) or other community-based programs. This project also leverages ongoing efforts by Samaritan Health Services in collaboration with the Oregon Health Authority's Sustainable Relationships for Community Health Grants to expand clinical-community linkages and referrals to chronic disease prevention and management programs.

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2. Project Funding

NRPA will provide payment in the form of a check as follows:

Organization	Payment Amount
Samaritan Health Services	\$9,733.78: Within 30 days of MOU execution
Total	\$9,733.78

3. Project Timeline

Project activities should be completed no later than March 31, 2021.

4. Grant Requirements

The requirements being defined below will be executed by Samaritan Health Services Regional Health Education Hub (RHEHub).

The RHEHub will:

A. Collaborate with the Newport Parks and Recreation 60+ Activity Center to:

Phase I

- a. Determine Samaritan Health Services Newport area clinics plan and commitment for implementing the Community Connect/Unite Us referral process
- b. Explore RHEHub's EPIC and Community Connect/Unite Us referral process and participate in a site visit to a CBO that is currently using the Community Connect/Unite Us referral process
- c. Facilitate Community Connect/Unite Us demo for the 60+ Activity Center

Phase II (If Phase I is feasible)

- d. Obtain Community Connect/Unite Us licenses, if needed
- e. Complete Community Connect/Unite Us training
- f. Define RHEHub's programming and activate platform
- g. Develop referral process workflow
- h. Facilitate clinic staff education
- i. Engage and process referral
- j. Develop a plan for patient follow-up and reporting

B. Participate in monthly conference calls and webinars, as needed.

C. Track grant use expenditures (see *section 11: Audit and 12: Required Disclosures*).

D. Submit mid and final reports to NRPA that include the following information: (one combined report should be submitted)

- a. Overview of referral process
- b. Number of patients referred
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- A. To carry on propaganda or otherwise attempt to influence legislation within the meaning of Section 4945(d)(1) of the Code;

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- D. Except as expressly authorized in the Grant Description, to provide a grant to any other organization without prior written approval of the Grantor; or
- E. To promote or engage in criminal acts of violence, terrorism, hate crimes, the destruction of any state, or discrimination on the basis of race, national origin, religion, military and veteran status, disability, sex, age, or sexual orientation, or support of any entity that engages in these activities.
- F. To travel to NRPA's Annual Conference or any other conference travel, without prior written approval of Grantor.

All unspent or uncommitted grant funds shall be invested in highly liquid investments (such as an interest-bearing bank account) with the primary objective being preserving the grant funds availability for the project. Any interest or other income generated by the grant funds must be applied to the purposes described in the Grant Description.

11. Audit

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Disclosures must be sent in writing to NRPA and to the HHS OIG at the following addresses:

National Recreation and Park Association

Kellie May, MTA

Director of Health and Wellness

22377 Belmont Ridge Road

Ashburn, VA 20148

Telephone: (703) 858.2176

Email: kmay@nrpa.org (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

13. Termination

Any party may terminate this MOU at any time effective upon receipt of written notice by the other party of failure to perform. The non-performing party shall have sixty (60) days to cure its obligation. If the non-performing party fails to satisfactorily cure its obligation within this time this MOU will be terminated.

No party shall be liable to the other by reason of termination of this MOU for compensation, reimbursement or damages for any loss of prospective profits on anticipated sales or for expenditures, investments, leases or other commitments relating to the business or goodwill of any of the parties, notwithstanding any law to the contrary. No termination of this MOU shall release the obligation to pay any sums due to the terminating party which accrued prior to such termination.

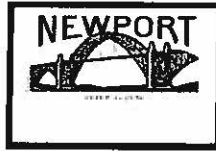
These parties have caused this MOU to be signed by their duly authorized representatives as of the date set forth below.

NATIONAL RECREATION AND PARK ASSOCIATION

By: _____
Printed Name: _____
Title: _____
Date: _____

SAMARITAN HEALTH SERVICES

By: _____
Printed Name: _____
Title: _____
Date: _____
EIN: _____



**AUTHORIZATION FOR
AGREEMENTS, MOUs, OR
OTHER DOCUMENTS OBLIGATING
THE CITY**

All contracts, agreements, grant agreements, memoranda of understanding, or any document obligating the city (with the exception of purchase orders), requires the completion of this form. The City Manager will sign these documents after all other required information and signatures are obtained.

Document: MOU Grant Date: 2/14/2020
Statement of Purpose: EVIDENCE-Based Physical Activity Referral Pilot:
Exploration of Communityconnect / Unite Us
Department Head Signature: [Signature] 2/26/20
Remarks, if any: Reviewed with Peggy D and Peggy H. MOU is a feasibility study.
City Attorney Review and Signature: _____ Date: _____
Other Signatures as Requested by the City Attorney: _____

	Signature	Name/Position
	Date: _____	
Budget Confirmed:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Certificate of Insurance Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
City Council Approval Needed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____

After all the above requested information is complete and signatures obtained, return this form, along with the original document to the City Manager for signature. No documents should be executed prior to the City Manager's approval as evidenced by signature of this document.

City Manager Signature: [Signature] Date: 02-26-20

Once all signatures and certificates of insurance have been obtained, return this document, along with the original, fully-executed agreement, MOU, or other document to the City Recorder. A copy of grant agreement and all project funding documents, must be forwarded to the Finance Department for tracking and audit purposes.

City Recorder Signature: [Signature] Date: 2/26/2020

Date posted on website: 3/20/20

Grant Information Sheet

Send to Finance Department with your signed Grant Agreement.

City's Project Manager Information:

Department: P&R 60+ Center Project Manager: Peggy O'Callaghan

Tele/Fax: 541 574 5459 Email: pocallaghan@naportersan.gov

Name of Grant: Evidence-Based Physical Activity Referral Pilot: Exploration of Community Connect/Unite US

Granting Agency and Program Name: National Recreation Parks Association (NRPA)

Grant program number: _____ Grant Type: Research - Feasibility Study
(Design, Construction, Research, Planning, etc.)

State Grant Funding Source: NRPA & CDC DP16-1606

Federal, Catalog of Federal Domestic Assistance (CFDA) number: _____

City Council Approval Date: _____ Grant Amount: \$ 6,400.00

City Match Required: - 0 - Reimbursement Percentage: _____

Grant Effective date: 1/30/2020 Estimated completion date: 3/31/2021

Agency/Grantor's project leader:

Name: Lisha Spencer Brown

Title: NRPA Senior Program Manager, MPH, CPH

Agency: National Recreation & Parks Association

Email: lspencer@nrpa.org

Phone: 703 858 2199

Website: www.nrpa.org/Healthy-aging-in-Parks

GL Budget number: _____ Total Grant amount: \$ 6,400.00

Projects Funded:

Project Name: 60+ Referral Pilot w/ Semaitan Project #: _____ Amount: _____

Project Name: _____ Project #: _____ Amount: _____

Project Name: _____ Project #: _____ Amount: _____

COMMENTS: