



**SPONSORSHIP AGREEMENT**

This **SPONSORSHIP AGREEMENT** (“Agreement”) is entered into by and between the COUNTY OF ORANGE (COUNTY) and \_\_\_\_\_ (“SPONSOR”). COUNTY and SPONSOR may be referred to individually as “Party”, or collectively as “Parties.” This Agreement shall be administered by the County of Orange Health Care Agency (HCA).

**I. ACKNOWLEDGEMENTS**

- A. HCA is the designated lead agency and fiscal agent for the Orange County Drowning Prevention Task Force (Task Force), which is developing and coordinating collaborative drowning prevention activities including development and execution of a county-wide campaign.
- B. SPONSOR desires to contribute funding to support the prevention activities of the Task Force.
- C. HCA desires to accept funding from SPONSOR to help offset a portion of the costs incurred by HCA for supporting the activities of the Task Force.

**II. SPONSOR RESPONSIBILITIES**

- A. SPONSOR agrees to contribute the amount of \$\_\_\_\_\_ to HCA to help offset the direct cost of the prevention activities upon execution of this Agreement.

**III. HCA RESPONSIBILITIES**

- A. HCA agrees to accept the funds contributed by SPONSOR to support the activities of the Task Force, so long as the total contribution from all sponsors does not exceed the actual direct cost to HCA.

**IV. NOTICES**

Unless otherwise specified, all notices and contributions shall be addressed as follows:

**COUNTY:** County of Orange Health Care Agency  
 Public Health Services Division  
 405 W. 5<sup>th</sup> Street, 7<sup>th</sup> Floor  
 Santa Ana, CA 92705  
 Phone: (714) 834-6013

**SPONSOR:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**V. TERM AND TERMINATION**

The term of this Agreement shall commence upon execution of the Agreement by all Parties.

**IN WITNESS**, COUNTY and SPONSOR have executed this Agreement in the County of Orange, State of California.

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

Richard Sanchez  
Director  
County of Orange  
Health Care Agency

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

<<NAME>>  
<<TITLE>>  
<<SPONSORING AGENCY>>

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

APPROVED AS TO FORM  
OFFICE OF THE COUNTY COUNSEL  
ORANGE COUNTY, CALIFORNIA

By [Signature]  
Deputy

Date 3-28-18