



SPONSORSHIP AGREEMENT

This **SPONSORSHIP AGREEMENT** ("Agreement") is entered into by and between the **COUNTY OF ORANGE HEALTH CARE AGENCY** ("HCA") and _____ ("SPONSOR"). HCA and SPONSOR may be referred to individually as "Party", or collectively as "Parties."

I. ACKNOWLEDGEMENTS

- A. The Parties are members of the Orange County Health Improvement Partnership, a community body responsible for development of the Orange County Health Assessment and implementation of the Orange County Health Improvement Plan, and which is administratively supported by HCA's Public Health Services Division.
- B. HCA has entered into an agreement for the development and maintenance of a website ("Website"), currently www.ochealthiertogether.org, that features Orange County community health data and supporting tools for community health assessment and improvement, designed with community partners, and which supports the Orange County Health Improvement Partnership.
- C. SPONSOR desires to contribute funding to HCA to help support the Website.
- D. HCA desires to accept funding from SPONSOR to help offset a portion of the costs incurred by HCA for maintaining and improving the Website.

II. SPONSOR RESPONSIBILITIES

- A. SPONSOR agrees to contribute the amount of \$_____ to HCA to help offset the cost of development, maintenance and/or enhancements of the Website, upon execution of this Agreement.
- B. SPONSOR may contribute additional funds in future years of the Agreement as identified by SPONSOR.

III. HCA RESPONSIBILITIES

- A. HCA agrees to accept the funds contributed by SPONSOR to support the Website, so long as the total contribution from all sponsors of the Website do not exceed the actual cost to HCA for the Website.
- B. In return for sponsorship, the Website will include SPONSOR'S logo and highlights of SPONSOR'S health planning efforts.

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
Marc Meulman, Chief of Operations
405 W. 5th Street, Suite 707
Santa Ana, CA 92705
Phone: (714) 834-2980
Email: MMeulman@ochca.com

SPONSOR:

Phone: _____
Email: _____

V. TERM AND TERMINATION

The term of this Agreement shall commence upon execution of the Agreement by all Parties, and terminates on _____.

Either Party may terminate this MOU, without penalty, upon thirty (30) calendar days' written notice to the other Party. Exercise by either Party of the right to terminate this Agreement shall relieve that Party of all further obligations under this Agreement, but shall not obligate HCA to return any funds already expended for costs related to the development, maintenance and/or enhancements of the Website.

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: 
Deputy
Date: 7/8/19