



Memorandum of Agreement

This Memorandum of Agreement (MOA) is made between Partnership for Public Health, Inc., mailing address 11 Academy Square, Laconia, New Hampshire (hereinafter referred to as "PPH") and Laconia Fire Department (hereinafter referred to as "LFD").

Purpose of Agreement

This Memorandum of Agreement (MOA) outlines the collaborative efforts between PPH and LFD to develop and implement a Community Paramedicine Program in Laconia, NH, under the HRSA-24-083 grant. This program aims to provide hospital diversion services through community paramedics and accompanying community health workers (CHWs) to improve healthcare accessibility, reduce hospital admissions, and enhance health outcomes for the underserved population.

Roles and responsibilities

1. Partnership for Public Health, Inc. (PPH)
 - a. Grant Management: Lead the overall implementation and management of HRSA-24-083 grant activities, including secure and manage funding, program monitoring and compliance, and deliverables reporting.
 - b. Staffing: Hire and train community health worker (CHW) to deliver program services.
 - c. Data Collection and Reporting: Establish a data collection system to monitor program outcomes and provide regular reports to all partners and funding agencies.
 - d. Referral and Coordination: Facilitate patient referrals to the Community Paramedicine Program and support coordination/ integration of care.
 - e. Community Outreach: Engage in community outreach efforts to raise awareness of the Community Paramedicine Program and recruit participants.
2. Laconia Fire Department (LFD):
 - a. Program Management: Oversee the implementation and management of the Community Paramedicine Program. Subcontract with PPH to provide paramedicine services.
 - b. Staffing: Hire and train community paramedic(s) to deliver program services.
 - c. Services Coordination: Collaborate with CHWs to address social determinants of health and connect patients to community supports and services such as housing, food assistance, and mental health, and substance use services.
 - d. Community Outreach: Engage in community outreach efforts to raise awareness of the Community Paramedicine Program and recruit participants.
 - e. Evaluation and Feedback: Participate in program evaluation and provide feedback to improve service delivery and patient outcomes.
3. The parties agree to collaborate on the following:
 - a. Data Sharing: Share protected health information only as authorized by law and in accordance with established policies.



- b. Data Collection: Collect data in a standardized manner to support program evaluation.
- c. Program Development: Finalize the program structure, assess requirements, develop policies, and establish objectives and benchmarks.
- d. Evaluation: Conduct annual evaluations to measure program effectiveness and make necessary adjustments.

Terms of Payment

Funding and Budget:

- This subcontract is funded by HRSA-24-083. The Laconia Fire Department (City of Laconia) is authorized to expend up to \$190,000 for allowable costs during the project period.
- Upon signing this agreement, the subcontractor must submit an updated budget that aligns with the project's scope and funding limits.
- Any changes to the budget must be requested in advance of purchases or expenditures. Failure to do so may result in non-payment of expenses not included in the approved budget.

Reimbursement and Compliance:

- The Laconia Fire Department will provide monthly expense reimbursement requests to the subcontractor, ensuring compliance with [2CFR200](#) and [45CFR75](#) regulations.
- Reimbursement requests must be submitted no later than 30 days after the end of each month.

Timeframe of Agreement

This agreement will be effective from October 1, 2024, through September 29, 2025, with an annual extension, pending funding availability.

Modification of Agreement

The parties of this agreement shall not be bound by or be liable for any statement, representation, promise, inducement, or understanding of any kind or nature not set forth in this agreement. No changes, amendments, or modifications of any terms or conditions of the agreement shall be valid unless provided in writing and signed by both parties. In the event that any current law, regulation, or ordinance, either local or state, is amended, rescinded, newly enforced or enacted which affects this agreement, the parties shall in good faith, amend this agreement in order to be in compliance with said legislative changes. If said changes cause an increase in fees or costs by either party, the parties in good faith shall amend this agreement to reflect the treatment of said fees or costs.

Termination of Agreement

This agreement shall be effective as of the date first written above and shall continue in effect until terminated by either party upon 90 days written notice to the other party.



Understanding of Liability

Partnership for Public Health, Inc. (PPH) shall not be liable for any damages in rendering performance arising from any causes beyond the reasonable control of Partnership for Public Health, Inc. (PPH) including, but not limited to, changes in availability of funding.

Understanding of Confidentiality

The contractor agrees to comply with federal confidentiality requirement (42 USC section 3789g and 28CFR Part 22) that are applicable to collection, use, and revelation of data and information.

Compliance with Applicable Laws

The contractor shall, at all times, fully and completely comply with all applicable local, state, and federal laws, statutes, regulations, orders, or requirements of any sort of carrying out of the obligations of this contract. The contractor shall, throughout the timeframe of this agreement, monitor for any changes to the applicable laws, statutes, regulations, orders, or requirements, shall promptly notify PPH in writing of any changes to the same relating to or affecting this agreement, and shall submit detailed documentation of any effect of the change in terms of both time and cost of performing the responsibilities of this agreement.

Signatures

The terms and conditions of this agreement are agreed to by the parties upon signature below.

City of Laconia

Partnership for Public Health

Print Name

Print Name

Signature

Signature

Date

Date