**Memorandum of Understanding**

**Between**

**\_\_\_\_\_\_\_\_\_\_\_\_ (name of agency)**

**and**

**the Public Health Activities and Services Tracking (PHAST) Project**

**for**

**Advancing the Adoption and Use of a Uniform Chart of Accounts Crosswalk**

1. **Term of Agreement**
	1. Effective date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Expiration/Review date March 14, 2020
2. **Overview**

The purpose of the memorandum of understanding (MOU) is to define the collaboration between the Public Health Activities and Services Tracking (PHAST) project and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of agency], for the purpose of advancing the adoption and use of a Uniform Chart of Accounts (UCOA) crosswalk by local public health departments in the United States for reporting on expenditures and revenues related to public health programs and capabilities and is not intended to be a binding agreement.

PHAST is a research project funded by the Robert Wood Johnson Foundation for the purpose of facilitating evidence-based public health practice in order to promote a culture of health. The overall aim is to develop standardized data collection and reporting methods in collaboration with public health practice partners. Betty Bekemeier, Professor in the School of Nursing at the University of Washington, is the Principal Investigator for PHAST.

1. **Responsibilities of the MOU Partners**

To ensure development of a broadly applicable Uniform Chart of Accounts for public health financial reporting, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of agency] intends to:

* Crosswalk the agency’s COA to the final UCOA format, reflecting the major program categories to the extent possible. This should be completed by **July 15, 2019**.
* Make data available to PHAST for analysis, interpretation, and inclusion in the UCOA dashboard. This should be completed by **July 15, 2019**.
* Assist with data validation procedures, including answering questions from the PHAST team to clarify any data inconsistencies. This should be completed by **September 15, 2019.**
* Provide optional feedback on data visualizations that will be developed to display data from all participants of the UCOA project. This should be completed by **November 15, 2019**, if applicable.

To protect local public health budget and related data, PHAST investigators at the University of Washington intend to:

* Restrict original data access to PHAST study staff. Data will be stored, processed, and analyzed on a password-protected network drive maintained by University of Washington School of Nursing IT staff.
* Seek Human Subjects review and approval as needed through the University of Washington for any study procedures involving human subjects research.
* Actively consult with partners representing the participating agencies throughout the process of data collection, analysis, preliminary data interpretation, and preparation for dissemination.
* Conduct analysis and disseminate findings (when available) regarding the validity of the crosswalk process, as well as fidelity of data produced when applying the crosswalk to agency financial reporting systems. Specifics regarding individual health agencies will not be released without written permission from the related practice-based partners.
* Create password protected sites and/or private opportunities for displaying/discussing preliminary findings with participants, prior to broader or public dissemination of findings.
* Ensure that all actual budget data and figures are kept confidential and will be available to PHAST study staff only.
1. **Signatures**

By signing below, the parties acknowledge that they have read, understand, and acknowledge the conditions set forth above:

Public Health Activities and Services Tracking Project

By: \_\_\_Betty Bekemeier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type/Print Representative Signature

Title: \_ Professor, University of Washington School of Nursing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of agency]

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

 Type/Print Representative Signature

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_