



www.healthysaltlake.org

Healthy Salt Lake Partnership Agreement

Healthy Salt Lake is a self-governed partnership that works to improve the health of Salt Lake County by strategically aligning the efforts of public health, healthcare, and community-based organizations. Organizations are invited to join this movement as a Partner to help address complex health issues in our community.

What is a Healthy Salt Lake partner? Partners are organizations or individuals that are dedicated to improving the health of Salt Lake County through collaborative community health planning. Partners agree to work with Healthy Salt Lake on data collection, prioritization, and planning, or work on a priority area workgroup.

Partner Benefits

- Voting position on committees and workgroups to give voice to the populations you serve.
- Recognition on www.healthysaltlake.org.
- Access to data resources.
- Opportunity to chair a committee or workgroup.
- On-going networking and collaboration with other community leaders.

Partner Responsibilities

- Participate in at least six committee or workgroup meetings per year.
- Contribute to the collective impact by offering in-kind resources including staff time, community programs, and data sharing in support of the needs assessment and/or implementation of the health improvement plan.

Healthy Salt Lake Partner Agreement

To become a partner of Healthy Salt Lake, please review the partner responsibilities and partner benefits sections and fill out the information below.

Return form via email to the Salt Lake County Health Department at healthysaltlake@slco.org.

Organization: _____

Representative: _____ Title: _____

E-mail: _____ Phone: _____

Please indicate which current workgroups or sub-committees you would like to serve on:

Workgroups:

- | | | |
|---|--|--|
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Maternal Child Health | <input type="checkbox"/> Air Quality |

Sub-committee:

- | | |
|---|--|
| <input type="checkbox"/> Internal Communication | <input type="checkbox"/> Community Health Assessment |
| <input type="checkbox"/> External Communication | <input type="checkbox"/> Health Improvement Planning |
| <input type="checkbox"/> Advocacy | |

What population will you represent: _____

Why are you interested in joining Healthy Salt Lake?

How can you contribute to Healthy Salt Lake?

(Organization Name)

agrees to join Healthy Salt Lake as a Partner, support its mission, and abide by the responsibilities as outlined in *Partner Benefits and Partner Responsibilities*.

Sign: _____ Date: _____