



Community Partners for Better Health Coalition

To empower people and the community with the necessary knowledge and tools to improve health, quality of life and eliminate health disparities

Dear Community Partner:

Thank you for your interest in becoming a member of the Community Partners for Better Health Coalition. It is our endeavor that through the array of information provided here, you will find that becoming a partnering member of CPBH will provide requisite benefits for your organization and active partnering members.

Community Partners for Better Health is a diverse, broad-based collaborative non-profit corporation of faith community members, health care agencies, health care professionals, and concerned citizens. CPBH mission is to empower and educate people to improve health, quality of life and the prevention of chronic disease. As an active member of CPBH, your \$100 membership fee entitles you to a host of exclusive benefits such as:

- ✚ Exposure to CPBH Partnering Members and Resources
- ✚ Webpage Access and Events Listing
- ✚ Community Calendar Access
- ✚ Healthier Tomorrow Radio Talk Show Guest
- ✚ Presentation- Monthly meeting, Spotlight your Organization
- ✚ Access to the Faith Based Community
- ✚ Networking with other Health Care Organizations
- ✚ Education Presentation Opportunities
- ✚ Collaboration in Grant Funding Opportunities.
- ✚ Guest column featured in the Urban Voice magazine wellness section in a given month

Please complete the enclosed application package and return it to our office. The Board of Directors will review your application for final approval.

We look forward to a mutually rewarding relationship. For further information, feel free to contact me or my Administrative Assistant, Tonia Kirkland at 702-256-2724 or by email at cpbh2724@earthlink.net. In addition, you may also visit our website at www.communitypartnersforbetterhealth.com

Sincerely,

Celeste Folmar, Chairman



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is executed between **Community Partners for Better Health (CPBH)** and _____ (organizational/church name) as a member of Community Partners for Better Health. As such, I hold myself accountable to this Corporation, Its members, the Community it serves, and all that have a stake in furthering the Vision, Mission and Objectives of CPBH. My organization/church agrees to commit ourselves to act responsibly in furthering the governance of this organization as defined in the Corporate By-laws and to help insure that the standards of best practices are employed in all aspects of business involving this unique, innovative organization. We willingly share our experience, relevant expertise and energy to strengthen the effectiveness of and to benefit the organization. This signed Memorandum of Understanding includes agreement to the following;

Organizational members shall;

- Be committed to and understand CPBH's Vision, Mission, Objectives and Strategy.
- Must govern their relationship with CBPH in accordance with CBPH by-laws, policies, and procedures.
- Must have a designated representative in attendance at 2/3 (8) of the CBPH general meetings.
- Must have a representative participating on/in at least one of the following each calendar year: committee membership, special projects, or special events.
- Help raise significant private and public funds for furthering the Mission, and strategic plan of the corporation.
- Preserve the organization's ethical standards in performance of all responsibilities.

AGREED AND ACCEPTED:

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On Behalf of:

On Behalf of:

Community Partners for Better Health

Organization Name

By: Celeste Folmar

By:

(Signed Name)

(Signed Name)

Celeste Folmar
(Printed Name)

(Printed Name)

(Date)

(Date)



Community Partners for Better Health Coalition
Working to Eliminate Racial and Ethnic Health Disparities

COALITION MEMBERSHIP FORM

The Mission

To empower people and the community with the necessary knowledge and tools to improve health, quality of life and eliminate health disparities.

Date: _____

Organization/Church Name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____ **E-Mail** _____

Representative _____ **Title** _____

What are your primary responsibilities within your organization/church?

Alternate Representative _____ **Title** _____

What is your organization's specific activity or focus?

Resources available to share: _____

I authorize membership of the above name organization into Community Partners for Better Health. We further commit to fulfill the spirit and intent of partnership as set forth in the signed Memorandum of Understanding.

Signature: _____

Title and Date



Community Partners for Better Health 700 Lola Ave, North Las Vegas, NV 89030 – (702) 256-2724 Fax (702) 256-2470

COMMUNITY PARTNERS FOR BETTER HEALTH ORGANIZATION REPRESENTATIVE PROFILE

Date: _____

Name of Representative

Organization

Has your organization completed an organizational profile? _____

Why are you interested in representing your organization?

What do you hope to gain as your organizations representative?

What skills do you offer the coalition? Examples: fundraising, public relations, grant writing, program development etc.

1. _____ 2. _____
3. _____ 4. _____

Are you willing to participate on an Action Committee? _____

Are you willing to participate as a committee chair? _____