

MEMORANDUM OF AGREEMENT

Between

**The Northwest North Carolina Public Health Partnership/
Appalachian District Health Department
(hereinafter referred to as PARTNERSHIP)**

And

(hereinafter referred to as RECIPIENT)

WHEREAS, PARTNERSHIP has been allocated public funds through the Institute for Public Health to further the development of a regional “public health incubator;” and,

WHEREAS, PARTNERSHIP has allocated funds for the purpose of establishing a Workforce Development Internship Program for university interns to go through the Centralized Intern Training (CIT) through the North Carolina Department of Environment and Natural Resources;

NOW THEREFORE, in consideration of the covenants set forth below, the parties mutually agree as follows:

PARTNERSHIP will:

1. Provide a stipend to the intern in the amount of \$5,000 according to a payment schedule (see attached).
2. Assist in arranging for the intern to affiliate with a North Carolina county in a “host” health department.

RECIPIENT will:

1. Work with a Host Health Department on CIT components.
2. Complete all components of Centralized Intern Training which include, but may not be limited to, 1) the on-line CIT modules (Environmental Health Services and Onsite Water Protection), 2) the Administration Orientation Checklist, 3) the Environmental Health Services Orientation Checklist, 4) the Environmental Health Services CIT module in Raleigh, North Carolina, 5) the Onsite Water Protection Checklist, 6) the Onsite Water Protection CIT module in Raleigh, North Carolina and 7) any homework/activities associated with the aforementioned components.
3. Assume all of the expenses of traveling to the host health department and attending CIT in Raleigh, NC which include, but may not be limited to, lodging, meals and transportation.
4. Notify the PARTNERSHIP immediately if intern feels that he or she cannot complete the schedule of activities and responsibilities associated with the internship.

PARTNERSHIP and RECIPIENT agree that this is an agreement by and between parties and is not intended to, nor will be construed to, create the relationship of agent, servant, employee, partnership, joint venture, or association, or any other relationship. Each party shall be solely liable for any claims, actions, demands or damages arising out of its performance of this Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as of the date first written by their duly authorized representatives.

FOR: _____
RECIPIENT (print name)

FOR: THE NORTHWEST NORTH
CAROLINA PUBLIC HEALTH
PARTNERSHIP

NWPPH CHAIR (print name)

RECIPIENT (signature)

NWPPH CHAIR (signature)

DATE

DATE

NWPPH FISCAL AGENT (print name)

NWPPH FISCAL AGENT (signature)

DATE

HOST HEALTH DEPARTMENT REPRESENTATIVE
(print name)

HOST HEALTH DEPARTMENT REPRESENTATIVE
(signature)

DATE