



## *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 (CPBH) 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](mailto:cpbh2724@earthlink.net). In addition, you may also visit our website at [www.communitypartnersforbetterhealth.com](http://www.communitypartnersforbetterhealth.com)

Sincerely,

Dr. Charlene Day, Chairman



## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is executed between **Community Partners for Better Health (CPBH)** and \_\_\_\_\_ (organization/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:

On Behalf of:

Community Partners for Better Health

By: Charlene Day PhD, MPA

\_\_\_\_\_  
(Signed Name)

Charlene Day PhD, MPA  
\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

AGREED AND ACCEPTED:

On Behalf of:

\_\_\_\_\_  
Organization Name

By:

\_\_\_\_\_  
(Signed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(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 the Coalition Membership Form? \_\_\_\_\_

Why are you interested in representing your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain as your organization's 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? \_\_\_\_\_