



Community Outreach Network

Interest Form & Agreement

For Covered California Staff Use Only

CON MOU#: _____
 New Partnership: Yes No
 Form Date Received: _____
 Processed Form: Yes No

The *Community Outreach Network* comprises local organizations and stakeholders partnered with Covered California to raise public awareness about the health care options available through Covered California. Participation is not compensated.

Complete the steps here to partner with Covered California.

1. **Fill out** the requested information on pages 1-5.
2. **Print and Sign** the agreement on page 5.
3. **Mail** the completed form and agreement (all 5 pages) to: **Covered California Sales Division**
 Attn: *Community Outreach Network Manager*
 1601 Exposition Blvd., Sacramento, CA 95815
4. Covered California will review and email the signed agreement to the organization.
5. **Questions?** Email CommunityOutreachNetwork@covered.ca.gov

Name of Organization:			Phone Number:	
Address:		City:	County:	Zip Code:
Contact Person*:			Email Address:	
Contact Person Phone Number:	Contact Person Title:	Organization Website:		

*The contact person will be Covered California's point of contact to receive email updates and be the collateral account holder for their organization.

Complete this section by answering or checking all that applies.

I. Please briefly describe your organization.

II. Type of organization:

- | | |
|--|--|
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> State, County or City Government Agency |
| <input type="checkbox"/> Community Clinic, Local Hospital & Health Care Provider | <input type="checkbox"/> State Elected Officials |
| <input type="checkbox"/> Community College or University | <input type="checkbox"/> School Districts or After-School Programs |
| <input type="checkbox"/> Employment Sector | <input type="checkbox"/> Labor Unions |
| <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> Trade, Industry or Professional Organizations |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other: _____ |

III. What is the population you currently serve?

Age Group:	<input type="checkbox"/> Up to 26 years old	<input type="checkbox"/> 27 to 49 years old	<input type="checkbox"/> 50 to 64 years old	<input type="checkbox"/> 65 years & over			
Ethnicity & Percentage:	<input type="checkbox"/> Asian & Pacific Islanders	<input type="checkbox"/> Caucasians	<input type="checkbox"/> Native Americans	<input type="checkbox"/> Other: _____			
	<input type="checkbox"/> African Americans	<input type="checkbox"/> Latinos	<input type="checkbox"/> Southeast Asians				
Spoken Language:	<input type="checkbox"/> English	<input type="checkbox"/> Burmese	<input type="checkbox"/> French	<input type="checkbox"/> Khmer	<input type="checkbox"/> Mein	<input type="checkbox"/> Spanish	<input type="checkbox"/> Ukrainian
	<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese	<input type="checkbox"/> Hindi	<input type="checkbox"/> Korean	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Armenian	<input type="checkbox"/> Farsi	<input type="checkbox"/> Hmong	<input type="checkbox"/> Lao	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese	
Health Insurance Coverage Status:	<input type="checkbox"/> Insured	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Underinsured	<input type="checkbox"/> Other			

2015 Community Outreach Network Interest Form & Agreement

What % of your population has incomes between 139% - 400% Federal Poverty Level limits?

- 0% to 20% 21% to 40% 41% to 60% 61% to 80% 81% to 100%

IV. Has your organization participated in other Covered California Programs? Yes (check the program below) No

- Program:** Outreach & Education Grant Program Navigator Grant Program In-Person Assistance Program Certified Insurance Agent Program Plan-Based Enroller Program

V. Is your organization currently participating in other Covered California Programs? Yes (check the program below) No

- Program:** In-Person Assistance Program Navigator Grant Program Certified Application Counselors Program Certified Insurance Agent Program Plan-Based Enroller Program

VI. In what ways would your organization like to partner with Covered California? (Check all that apply)

- Display Covered California collateral materials (brochures, posters, fact sheets, etc.) in our office.
- Link our organization's website to Covered California's website.
- Contribute or write articles about Covered California in our organization's publications.
- Speak at outreach and education events about Covered California.
- Support local or regional community or Covered California events.

VII. How can Covered California support you to do outreach and education? (Check all that apply)

- Provide collateral materials.
- Training to learn more of Covered California programs.
- Other:

Once you are a registered partner, you will have access to:

- Our Sales Division monthly webinars. These webinars provide ongoing informational trainings.
- Covered California e-newsletters as they contain important information for our partners to know.
- Your Covered California Print House online account here <http://360.kpcorp.com/coveredca/Login.aspx> to order the collateral materials (brochures, posters, etc.) you need.

Thank you for your partnership with Covered California. If you have questions, please email the Community Outreach Network Team at: CommunityOutreachNetwork@covered.ca.gov

For Covered California Staff Use Only		
MOU#:	Staff Name:	
Task	Date Received or Completed	Notes
1. Interest Form & Agreement Sent to Organization		
2. Received MOU Signed by Organization		
3. Reviewed & Registered		
4. Execute MOU Agreement		
5. Send executed MOU Agreement to Organization		



Outreach and Sales Division
1601 Exposition Blvd, Sacramento, CA 95815
www.CoveredCA.com

Community Outreach Network Partnership Agreement

Between Covered California and [Organization's Name]

DATE: [Today's Date]

SUBJECT: Covered California Community Outreach Network Partnership

ARTICLE 1. PURPOSE

This Memorandum of Understanding (MOU) agreement sets forth outreach and education protocols for the collaboration between the California Health Benefit Exchange, hereafter referred to as "Covered California" and

[Organization's Name]

to conduct public awareness, education, and outreach campaigns to consumers and small businesses eligible for the benefits and services available through Covered California Qualified Health Plans (QHPs). There is no consideration to be paid by either party for the services performed under this agreement. ____ (initial)

The Community Outreach Network Partner, hereafter referred to as "Partner" may stay involved in the outreach and education campaign to ensure all eligible Californians have access to affordable health care coverage. The performance of these services is entirely voluntary. ____ (initial)

ARTICLE 2. UNDERSTANDING, GUIDING PRINCIPLES, AND AVAILABLE RESOURCES

I. Understandings

A. The Partner understands and acknowledges that the purpose of the Community Outreach Network is to increase awareness and understanding of health coverage options, promote the value of purchasing health coverage through Covered California, change attitudes, motivate Californians to take the steps necessary to enroll, and remove barriers to enrollment. The Partner understands and acknowledges the following Community Outreach Network priorities:

- 1. Promote public awareness and inform consumers about their options to obtain affordable health coverage through Covered California.
2. Provide consumers with information and tools where individuals can enroll either on their own or with the help of the Certified Enrollment Representatives (Certified Enrollment Counselors (CECs), Certified Insurance Agents (CIAs), Plan-Based Enrollers, Service Center Representatives (SCRs), and County Eligibility Workers (CEWs)).

3. Provide outreach and education awareness to specific geographic areas may be difficult to reach.
 4. Educate the public about the value of purchasing health coverage through Covered California.
 5. Drive individual consumers to Covered California's website, Covered California Service Center, and Certified Enrollment Representatives.
- B. In the performance of this Agreement, the Partner, and the agents and employees of the Partner, agree to act in an independent capacity and not as officers or employees or agents of the State except for purposes of Civil Code Section 1798.24. Covered California does not control the manner and means in which Partner performs its voluntary, uncompensated services. Covered California in no way assumes responsibility for any acts or omissions of Partner. _____ (initial)

II. Guiding Principles

- A. The Partner agrees to the following Guiding Principles established for the Community Outreach Network:
1. Utilize messaging and collateral materials in a manner approved by Covered California when participating in the Community Outreach Network.
 2. To the extent a Partner develops its own material and references Covered California, it will be subject to review and approval.
 3. When using the Covered California logo, follow the guidelines in the Brand Style Guide located here, which is hereby incorporated into this agreement:
http://hbex.coveredca.com/PDFs/style-guides/CC_BrandStyleGuide_External.pdf
 4. Use the official Covered California buttons on the website:
<http://www.coveredca.com/resources/link-to-us/> to link to Covered California from the Partner's website.
 5. When delivering in-person education and outreach services, only utilize methods that are known to increase awareness and promote the value of purchasing health insurance.

III. Available Resources

- A. Covered California will provide support to the Community Outreach Network Partners in the following manner:
1. Covered California will make available on-line information training to the Community Outreach Network Partners. Additional webinars will be conducted periodically.
 2. Covered California will make available a Speaker/Event Request Form to the Community Outreach Network Partners to assist at events.
 3. Covered California will provide a quarterly budget for partners to order in-language collateral materials on the Covered California Print House.

ARTICLE 3. TERM OF MOU AGREEMENT

I. General Provisions

- A. The term of this MOU Agreement is indefinite, unless terminated by any party at any time, with or without cause
- B. This MOU Agreement is NOT a pay contract.
- C. This MOU Agreement may be amended at any time by written mutual consent of all parties.

II. Signature

I hereby attest that the foregoing is true and correct to my knowledge:

[Organization's Name]

and will remain in effect until amended or replaced by signed, mutual agreement of both parties.

IN WITNESS WHEREOF, each of the parties hereto has caused this MOU Agreement to be executed by its duly authorized officer on the date indicated below.

[Organization's Name]

[Signature]

By:

[Contact Person, Title Signature]

Date:
