

## Consent to Public Statements

### PARTNER CONSENT

By signing this agreement, **Partner Name** ("Subrecipient") gives consent for Better Health Together to make the following public statements, as defined in the Public Statements section of the contract agreement, about the Community Care Hub MSAA and related Statements of Work (SOWs) as defined in the Public Statements section of the contract agreement.

☒ Participation of Subrecipient in the Community Care Hub, including partner name, logo, project description, and award amount (if applicable)

☒ Summary information from reporting by Subrecipient on the project

☐ Other: \_\_\_\_\_

Better Health Together will properly attribute work performed by Subrecipient and will not claim ownership of such work. Any communications content will be properly attributed to the organization that created the content.

**Partner Name:**

By: \_\_\_\_\_

Name: **Signer Name**

Title: **Signer Title**

Date: \_\_\_\_\_

### BHT CONSENT

By signing this agreement, Better Health Together gives consent for Subrecipient to make the following public statements, about the Community Care Hub MSAA and related Statements of Work (SOWs) as defined in the Public Statements section of the contract agreement.

☒ Participation in the Community Care Hub, including Better Health Together name and logo as a funder, project description, and award amount (if applicable)

☐ Other: \_\_\_\_\_

Subrecipient will properly attribute any work performed by Better Health Together and will not claim ownership of such work. Any communications content will be properly attributed to the organization that created the content.

Better Health Together:

By: \_\_\_\_\_

Name: Alison Poulsen

Title: President

Date: \_\_\_\_\_