

# Memorandum of Understanding

This Memorandum of Understanding (MOU) is entered into by and between the Grant County Health Department (GCHD) and Bridges to Health, Core+ Program.

## 1. PURPOSE

To provide funds to the Core + Program allowing for a continuation of services of a Peer Support Specialist serving Grant County and to provide financial assistance in the development of preventative, advisory and recovery programs relative to addiction and recovery in our community.

## 2. PROVISIONS

A. Grant County Health Department agrees to:

a) Provide funding in the amount of \$50,000.

b) Bridges To Health Core+ agrees to:

a) Provide monthly activity reports with basic demographic information and outcomes of Peer Support Specialist interactions.

b) Provide monthly updates of new programs developed as a result of this funding to include goals and outcomes of said programs.

## 3. TERMS

a) This MOU shall be effective for the 2024 calendar year.

b) The MOU amount shall not exceed \$50,000.

## 4. MODIFICATION AND TERMINATION

This MOU may be amended and/or extended by mutual agreement of the parties. Any such amendment or extension shall be by written mutual consent of the Parties with the same formality as this original MOU.

This MOU may be terminated in whole or in part by either Party, upon thirty (30) days' written notice, if such Party determines that termination is in its best interest.

## 5. NOTICE TO PARTIES

Where written notice is required under this MOU, it shall be provided to the following agency contacts:

Grant County Health Department:  
Tara Street  
Administrator  
401 S. Adams St., Marion, IN 46953  
Email: [tstreet@grantcounty.in.gov](mailto:tstreet@grantcounty.in.gov)

Bridges to Health, Core+ Program  
Kelly Hochstetler  
Board President Bridges to Health  
119 S. Washington St., Marion, IN 46952  
Email: [Kelley.Hochstetler@marionhealth.com](mailto:Kelley.Hochstetler@marionhealth.com)>

**Grant County Health Department:**

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NAME & TITLE

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Date

**Bridges to Health, CORE+ Program:**

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NAME & TITLE

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Date

