

## Stakeholder Partnership Agreement

## Stakeholder:

Address: Phone number:

## Context:

This partnership allows Heartland Health Services to educate and provide information about services offered by Heartland Health Services to your target population/organization.

## Period covered:

The agreement will be from \_\_\_\_\_\_ to \_\_\_\_\_ unless extended or terminated by mutual agreement.

HHS CES Signature and date

Community Partner Signature and date