

Agency Access for the Regional Planning Council HMIS Data Lead

Memorandum of Understanding

This Memorandum of Understanding (MOU) is entered into on ____/____/____ by and between:

Regional Planning Council for Region ____ and

Agency: _____

I. Introduction

This MOU has been created to establish a working arrangement between the Regional Planning Council (RPC) and the above listed agency allowing for the agency's HMIS data to be made accessible in aggregate or deidentified form to the RPC.

This MOU is designed to detail the specifics of the working relationships between the parties to the mutual benefit of the parties and the communities that they serve. This MOU does not obligate the parties to provide funds or payment. This MOU does not bind parties to any legal obligations.

II. Duration of MOU

This MOU becomes effective on the date it is signed by both parties. It remains in force unless explicitly terminated, in writing, by either party. IHCD will send an annual notification to all agencies recorded as having an active MOU to verify their status. On an annual basis the Performance and Outcomes committee will review all agencies with active MOUs to monitor compliance.

III. Responsibilities of the Regional Planning Council

- a) The Regional Planning Council will be responsible for selecting an HMIS Regional Data Lead. This individual will be the Region's representative in the Indiana Balance of State HMIS and will be provided with access to the Reports Only Workgroup.

- b) The Regional Planning Council will be responsible for notifying the Agency of any changes in the role of HMIS Regional Data Lead.
- c) The Regional Planning Council will be responsible for developing a plan around how they will use regional data and notifying the Agency of how their data will be used and shared.

IV. Responsibilities of the Agency

- a) The Agency agrees to allow the HMIS Lead Agency to provide the HMIS Regional Data Lead with access to the Agency's data stored within the Indiana Balance of State HMIS for the sole purpose of running aggregate and/or deidentified reports.

V. Signature

Agency Name _____

By: _____
(Signature)

Name: _____
(Printed Name)

Title: _____

Date: _____

Region ____ Regional Planning Council

Regional Chair or Co-Chair:

By: _____
(Signature)

Name: _____
(Printed Name)

Title: _____

Date: _____

Regional Co-Chair:

By: _____
(Signature)

Name: _____
(Printed Name)

Title: _____

Date: _____