

# Life Hope Centers Program Agreement and Budget Request



## Memorandum of Understanding

Between

\_\_\_\_\_  
(Please insert entity name or local church name)

and

**Life Hope Centers of Central California Conference**

This Memorandum of Understanding (MOU) sets for the terms and understanding between the

\_\_\_\_\_ and the Life Hope Centers of  
(Please insert entity name or local church name)

Central California Conference to host a Life Hope Centers medical ministry program on

\_\_\_\_\_, \_\_\_\_\_, 2020  
Day(s) of the week                      Month                      Date(s)

### Background

Life Hope Centers (LHC) is a nonprofit humanitarian initiative of the Central California Conference (CCC) of Seventh-day Adventists that seeks to alleviate suffering for all those in need, by providing dental, vision and medical screening services to local communities free of charge.

### Purpose

This MOU exists to clarify the obligations and responsibilities of the partnership between Life Hope Centers and the hosting entity.

The above clinic will be accomplished by the local host church/entity/organization undertaking the following activities:

- Completing the **Timeline Checklist** (email Tara at [tvang@cccsda.org](mailto:tvang@cccsda.org) for the document)
- Direct all volunteers to register at **[www.LifeHopeCentersCentral.com/events](http://www.LifeHopeCentersCentral.com/events)**
- Recruit key volunteers (i.e. Dentists, Hygienists, Dental Assistants, Optometrists, Nurses) must be confirmed within 2 weeks of the date of the clinic. If key volunteers are not registered via the online website, the local entity/church may risk a cancellation or a postponement of the clinic).

- The local church will take care of the cost for food for volunteers and refreshments for guests (food provided by local entity/church)
  - For volunteers:
    - A nutritious meal that is consistent with our health message
    - A full breakfast and lunch for all volunteers
    - Vegan friendly and gluten-free options are highly encouraged
    - Water for every volunteer
  - For guests:
    - Refreshments (examples: snacks, bottled water, fruit, granola bar)
- Payments/billing timeline – the local entity is responsible for the cost of the following
  - Cost of Life Hope Centers Clinic Program (see table below)
    - Note: you will be billed by the CCC accounting office
  - Cost for printing patient/guest documents, flyers, banners, ect...
    - Note: you will be billed by the CCC communications office
  - Cost for prescription glasses and shipping to and from the optical lab
    - Note: you will be billed by Better Vision Better Hope, an optical laboratory and ministry from Texas
    - The prescription glasses will be returned in 6-8 weeks
    - Each prescription will be approximately \$10 per pair of glasses
- Printing expectations and timelines – must be submitted within 2 months (go to <https://www.centralcaliforniaadventist.com/lhc-print-request>)
- Local church will hire an electrician to set up electrical needs for the dental clinic if the church electrical source is accessible.
  - Note: If the electrical source is not accessible, the church will need to rent a conventional generator. This would be determined at the site visit.
- Provide 4 able-bodied volunteers to assist with set-up on Thursday (when the clinic is a 1-day clinic and starts on Sunday). This would be Wednesday (when the clinic is a 2-day clinic). Note: the heaviest tub is approximately 50 lbs. Set up is expected 2-3 days prior to clinic start date. Clean up begins immediately at the end of the clinic.
- Pre-clinic events, leading up to the free health clinic.
- Post-clinic church and board meeting to discuss next steps and follow-up of each patient/guest that attends the free clinic

## Funding / Cost

The costs for Life Hope Clinic programs—effective January 1, 2020 and subject to change:

The conference will assume approximately 60% of the cost. The following Life Hope Centers Clinic expenses that the church will be responsible for will be pro-rated based upon the size and the duration of the clinic program. See the table below.

**Local Church Clinic Costs**

	<b>1 day</b>	<b>1 and 1/2 day</b>	<b>2 day</b>
<b>6-dental chair</b>	\$3,900	\$4,100	\$4,600
<b>8-dental chair</b>	\$5,200	\$5,400	\$5,900
<b>10-dental chair</b>	\$6,500	\$6,700	\$7,200

Questions or comments? Contact Tara Vang, Assistant to the Director, at [tvang@cccsda.org](mailto:tvang@cccsda.org) | 559-347-3183

Life Hope Centers Central | 2820 Willow Avenue, Clovis, CA 93612 | [www.LifeHopeCentersCentral.com](http://www.LifeHopeCentersCentral.com)

**Duration**

This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent.

**Reporting / Follow-Up**

Local churches and entities will be asked to report on follow-up strategies, provide a summary of follow-up activities, and testimonials from the clinic. See page 6 and 7 for context.

**Additional Notes:**

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**Contact Information**

Partner/Local Church/Organization name: \_\_\_\_\_

Partner/Local Church/Organization representative: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Budget Request for a Life Hope Centers Program

Please fill out thoroughly and attach additional sheets as needed.

**Project Reference Name:** \_\_\_\_\_

**Church Making Request:** \_\_\_\_\_

**Pastor/Leader:** \_\_\_\_\_

**Phone Numbers:** (home) \_\_\_\_\_

(cell) \_\_\_\_\_

(office) \_\_\_\_\_

(email) \_\_\_\_\_

### **Name and Address for subsidy check:**

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### **Program Information: Who is coordinating?**

**Name of Local Coordinator:** \_\_\_\_\_

**Where will the program be held? (City)** \_\_\_\_\_

(Facility) \_\_\_\_\_

**Program date(s):** \_\_\_\_\_

**Which day(s) of the week?** ☐ Su ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa

**Is there full church support?** ☐ Yes ☐ No

**Minimum room size requirements:**

1.) 40' x 30' Dental\* ☐ Yes ☐ No *\*Is this room wheelchair assessable?* ☐ Yes ☐ No

2.) 30' x 20' Vision\* ☐ Yes. ☐ No *\*Is this room wheelchair assessable?* ☐ Yes ☐ No

3.) 30' x 20' Medical\* ☐ Yes ☐ No *\*Is this room wheelchair assessable?* ☐ Yes ☐ No

- **Electrical requirements** for dental equipment: 6 separate 20 amp circuit breakers for the Dental Clinic area (not electrical outlets in the room, unless each outlet is connected to a separate 20 amp breaker) ☐ Yes ☐ No

- **Is the floor of the Dental Clinic carpeted or hard floor?** (describe)

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**Pre-work Information:**

**What friendship programming is planned prior to the meetings? (Check all that apply)**

☐ Health ☐ Family Life ☐ Children's ☐ Educational

☐ Musical ☐ Seasonal ☐ Felt-Need

☐ Other: describe \_\_\_\_\_

**How many members are prepared to invite family, friends and neighbors?** \_\_\_\_\_

**What is the active attendance of a typical church service?** \_\_\_\_\_

**What is the church currently doing in evangelism?** (Describe, use paper as needed)

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**Has your church gone out into the community to survey the specific needs of the community? Specifically, what are they? (Describe, use paper as needed)**

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**Follow-up Information:**

**How many members are equipped and ready to do follow-up (visit, call etc.) work? \_\_\_\_\_**

**What is the post-program plan for follow-up? (Describe, use paper as needed)**

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**What plans have been made for involving new members from the LHC project? (Describe)**

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**What plans have been made to engage with new members socially? (Describe)**

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### **Budget Information:**

For the clinic fee, the church will pay a flat fee based on the table shown on page 3. The conference will assume approximately 60% of the cost.

This covers the following expenses (but not limited to):

- Travel
- Lodging
- Dental materials and supplies
- Vision materials and supplies
- Medical materials and supplies
- Medical liability insurance

Other expenses that your church needs to take into account that you will be responsible for (*see pages 1 and 2 for more details*):

- Food (breakfast & lunch, snacks, and water for volunteers; refreshments for guests)
- Advertising & promotion
- Printing
- Equipment rental (i.e. generator)
- Payment for glasses and shipment costs, once they have been returned
- Any other expenses

1) **Date approved by Church Board** \_\_\_\_\_

2) \_\_\_\_\_  
**Signature of Pastor** **Date**

3) \_\_\_\_\_  
**Signature of Head Elder/Clerk/Treasurer** **Date**

4) \_\_\_\_\_  
**Signature of Life Hope Centers Director** **Date**

5) \_\_\_\_\_  
**Signature of Conference Evangelism Director** **Date**

Questions or comments? Contact Tara Vang, Assistant to the Director, at [tvang@cccsda.org](mailto:tvang@cccsda.org) | 559-347-3183  
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