



FOR YOUR HEALTH

525 Veterans Blvd  
Redwood City, CA 94063  
650-421-2155

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is entered into by and between Sequoia Healthcare District ("District"), a governmental entity, and the County of San Mateo, through its San Mateo Medical Center ("SMMC"), a Department of San Mateo County Health, and the SMMC Health Care for the Homeless/Farmworker Health Program ("HCH/FH").

The District has agreed to provide up to \$100,000 per year for the first three years and then up to \$75,000 over the fourth and fifth years to HCH/FH which will use funds to provide necessary oral health services to an estimated 250 Sequoia Healthcare District residents each year who are currently residing at the San Mateo County Homeless Navigation Center or are housed in the County jails.

Now, therefore, the parties agree as follows:

### A. HCH/FH shall for the duration of this Memorandum of Understanding

1. Arrange for the provision of oral health care to residents of the San Mateo County Homeless Navigation Center, inmates of the County jails, and other homeless residents of the District.
  - a. Use funds to hire staff or contract for oral health services to be delivered at the Homeless Navigation Center or in the County jails.
  - b. Funds will be used to provide dental services to residents of the Homeless Navigation Center, inmates in the County's jails, and other homeless District residents referred to the services.
2. Continue to maintain all licenses and meet all regulatory requirements necessary to operate a dental clinic, and/or ensure any contracting entity meets these requirements.
3. Provide to the District semi-annual and annual reports per the below schedule:
  - January 2024: Semiannual written report
  - July 2024: Annual in-person report to the District Board of Directors
  - January 2025: Semiannual written report
  - July 2025: Annual in-person report to the District Board of Directors
  - October 2026: Semiannual written report

- May 2026: Final in-person report to the District Board of Directors
- January 2027: Semiannual written report
- July 2027: Annual in-person report to the District Board of Directors
- January 2028: Semiannual written report
- July 2028: Annual in-person report to the District Board of Directors

Reports should summarize the program's accomplishments during such time periods and include the following:

- Number of District patient visits for each month during grant period.
- Total cost of treatment per patient
- Total amount of any insurance reimbursement per patient

B. The District shall for the duration of this Memorandum of Understanding:

1. Provide \$100,000 for year one of five-year grant upon signing of this MOU by both parties.
2. Provide annual funding of \$100,000 at the beginning of years 2 and 3, and \$75,000 at the beginning of years 4 & 5 of this MOU upon successfully meeting objectives outlined in proposal and completion of annual report to District Board of Directors.
3. The first payment by District will be distributed to HCH/FH within 30 days of this MOU being fully executed. Each subsequent payment will be distributed within 30 days of HCH/FH's annual report to the District Board of Directors.

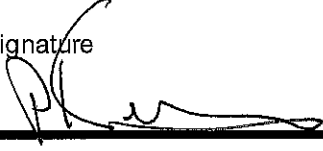
This Memorandum of Understanding shall be effective for a five- year period beginning July 1, 2023, through June 30, 2028, unless earlier terminated by the District or County for cause upon 60 days' prior written notice to the other party specifying such cause with particularity. For purposes of this Memorandum of Understanding, "cause" shall consist only of failing to substantially meet the requirements of this Memorandum of Understanding, provided, however, that if HCH/FH substantially cures such failure within the 60-day notice period, the notice of termination shall be of no force or effect. If either party terminates the agreement, the annual funds due to HCH/FH shall be prorated according to the effective date of termination.

**SEQUOIA HEALTHCARE DISTRICT**

Contractor Signature

Date

**Pamela Kurtzman**  
Contractor Name (please print)

 7/18/20  

---

**COUNTY OF SAN MATEO**

By:

President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:

Clerk of Said Board