



**DUPAGE
COUNTY**

COMMUNITY SERVICES

630-407-6500
Fax: 630-407-6501
csprograms@dupagecounty.gov
www.dupagecounty.gov/community

MEMORANDUM OF UNDERSTANDING 211 of DuPage

This Memorandum of Understanding (“MOU”) is entered into on this ____ day of _____, 20____ (the “Effective Date”) by and between DuPage County Department of Community Services located at 421 N. County Farm Road, Wheaton, IL 60187 (herein referred to as “Contact Center”), and _____, located at _____ (herein referred to as the “Agency”) (each a “Party” and collectively the “Parties”).

RECITALS

WHEREAS, the Contact Center is an approved 2-1-1 service provider as defined under 20 ILCS 1335, (“2-1-1 Service Act”);

WHEREAS, the Contact Center, recognizing the enormous community benefit of establishing a central point to access health and human services, has entered into an operating agreement with 211 Illinois establishing 211 coverage in DuPage County;

WHEREAS, health and human service agencies within the coverage area of the Contact Center, including Agency, seek to assist the public with health and human services needs that can be coordinated and accessed through a centralized contact center;

WHEREAS, Inform USA’s accreditation process recommends a relationship with Information and Referral (“I&R”) service providers to provide coordination with access of 2-1-1 services;

NOW THEREFORE, in consideration of the foregoing recitals and covenants contained herein, THE PARTIES HERETO AGREE AS FOLLOWS:

- I. Responsibilities
 - A. Contact Center shall:

Community Development
630-407-6600
Fax: 630-407-6601

Family Center
422 N. County Farm Rd.
Wheaton, IL 60187
630-407-2450
Fax: 630-407-2451

Housing Supports and Self-Sufficiency
630-407-6500
Fax: 630-407-6501

Intake and Referral
630-407-6500
Fax: 630-407-6501

Senior Services
630-407-6500
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1. Provide the residents of the area served with a 211 Contact Center and resource database 24 hours/day, 7 days/week, and 365 days/year, addressing a wide range of health and human services.
 2. Ensure compliance with all requirements and standards of Inform USA
 3. Provide comprehensive Information and Referral (“I&R”) services to residents of the coverage area, including assessment of individual's needs and community resources available to likely address those needs.
 4. Provide referrals to the Agency according to the service availability listed in the approved resource listing.
- B. Agency shall:
1. Provide a complete Agency description identifying services and/or resources available to referred individuals.
 2. Refer individuals back to the Contact Center when unable to provide for the identified needs.
 3. Update the Contact Center as resources or capacity change.
 4. Complete an annual comprehensive review of this Agency’s resource record(s) with the Contact Center.
 5. If applicable, any additional deliverables pertaining to Agency shall be included as an attachment to this MOU as Exhibit A.

II. Terms and Termination

1. The Parties hereto agree that this MOU is the complete and exclusive statement of the agreement between Parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this MOU.
2. This MOU shall be in effect from the Effective Date and shall automatically renew for successive one (1) year terms from the Effective Date unless terminated in accordance with this Section.
3. Any party may terminate this MOU at any time and for any reason, provided, that the Party wishing to terminate this MOU shall give sixty (60) days’ written notice to the other Party.



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4. Either Party may terminate this MOU by written notice to the other Party in the event of a material breach by such other Party; provided the non-breaching Party has provided the breaching Party with written notice of such material breach and the breaching Party has not cured such material breach within thirty (30) days of such notice. The exception to this term is if allegations or actual incidences arise regarding possible or actual breaches of this agreement. Should such situations arise, the Contact Center may remove the Agencies resource data until the allegations are resolved.

III. General Provisions

1. Amendments: This MOU may be modified or amended by written agreement executed by both Parties with sixty (60) days advance written notice.
2. Ownership and Control: The Parties agree this MOU does not establish or indicate any affiliation, partnership, contractual relationship nor does it create any liabilities between the Parties.
3. Public Relations: The Parties agree that any advertising, promotions, and publications that utilize the use of a Party's brand, name, or logo shall require prior written approval of that Party's brand, name or logo before publication using the other Parties' brand, name or logo shall first have the other Party's written approval.
4. Notice: It is agreed that communication and/or notification pursuant to this MOU shall be deemed to have been duly given if personally delivered, received by postal service to the individuals listed in the signature portion of this MOU or delivered via the electronic management software.



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Contact Center Signature	Date	Agency Signature	Date
Mary A. Keating			
Print Name		Print Name	
Director			
Title		Title	
DuPage County Dept. of Community Services			
Agency		Agency	