



North Dakota Oral Health Coalition Agreement

(Organization/Individual) is committed to being a North Dakota Oral Health Coalition (NDOHC) member. The NDOHC has been formed to increase partnerships to improve access to and utilization of oral health services for all of North Dakota, with a special focus on populations experiencing health care inequities to include people who are uninsured, low-income, covered by Medicaid, and Black, Indigenous, and other people of color.

I am _____ We are committed to the goals, objectives, and strategies that have been or will be established and agree that [I/our organization] will work to align with the coalition’s mission and purpose when possible.

MISSION: Foster collaborative solutions to achieve oral health equity.

PURPOSE: Coordinate partners and organizations throughout the state of North Dakota to create collective impact by targeting oral health disparities. This proposed work focuses long-term on increasing access to oral health, improving North Dakotans’ oral health literacy, and developing integration between all professions impacted by oral health.

- I _____ We agree to dedicate time for coalition meetings, calls, planning, and engaging in coalition priorities and activities that align with [my/our organization’s] mission, objectives, or strategies. As a member of the NDOHC,
- I _____ my organization agrees to:
 - Attend coalition meetings;
 - Share relevant information with the coalition;
 - Share the importance of oral health and the work of coalition with community and partners; and,
 - Participate in coalition workgroups and activities that align with [my/our organization’s] work.

In addition, I _____ our organization agrees to provide the following resources to the NDOHC: (NOT REQUIRED)

- N/A at this time Meeting space Other _____
- Staff time, e.g., communications, legislative tracking, graphic design, etc.
- Provide in-kind contributions, e.g., lunches, supplies, etc. of \$ _____

By signing this agreement [I/our organization] agree[s] to allow [my/its] name to be listed as a contributing member on the North Dakota Oral Health Coalition’s website.

Organization/Individual Name: _____

Signature: _____

Titles/Credentials: _____

Email: _____

Please return completed form to Kim Kuhlmann, North Dakota Policy & Partnerships Manager at CHAD: kkuhlmann@communityhealthcare.net and attach your organization's logo.