



**Vision:**

AWC envisions communities throughout Alaska where individuals thrive in environments that support healthy choices.

**Mission:**

AWC will lead data-driven, coordinated statewide efforts to address questions of health and wellness in the Last Frontier.

---

**MEMORANDUM OF UNDERSTANDING**

**WHEREAS**, Alaska Wellness Coalition is committed to promoting coordination and collaboration by connecting multiple sectors of the community in a comprehensive approach with the overall goal of creating environments that support healthy choices for all Alaskans.

**THEREFORE**, Alaska Wellness Coalition is proposing to establish the following activities and guidelines to ensure that a genuine partnership exist among the member organizations and individuals. As a participating member, I agree to the following terms;

- a. Participate as a contributing member of the Coalition with a commitment to its mission.
- b. Assist in the development of local and statewide policies related to health and wellness promotion.
- c. Participate in networking and the development of collaborations within both local and statewide communities.
- d. Participate in developing, organizing and implementing health promotion and prevention initiatives.
- e. Participate in building cultural competency in prevention and health promotion programming and implement evidence-based prevention programs, policies and practices.
- f. Assist in sustaining the Coalition’s vitality, involvement, and energy in the area.
- g. Share resources and facilities for community coalition building and share creativity with others.
- h. Participate in needs assessment and program evaluations.
- i. Attend Coalition meetings throughout the year.
- j. Adhere to all federal, state, local, and agency regulations concerning confidentiality.
- k. Please provide the name(s) and contact information for those who are interested in actively participating in the Alaska Wellness Coalition.

This proposed MEMORANDUM OF UNDERSTANDING was reviewed and approved by both parties on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Participating Organization or Individual**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Organization/Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Alaska Wellness Coalition**

Signature \_\_\_\_\_

Name: Stephanie Allen

Title: AWC Coalition Director

Organization: United Way of Mat-Su

*Please email completed form to:*

*sallen@unitedwaymatsu.org*