

CONTRACT ROUTING FORM

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.

Department: Council on Aging

Department contract file name (use effective date): MaineHealth_AgingServices_20240401

Project Code: Click here to enter text.

Contract type: Agreement

Contracted Services/Goods: A Matter of Balance program license and Master Trainer Certification.

Contract Component: Master

Change Order Number/Addendum Number: Click here to enter text.

Vendor Name: MaineHealth

Effective Date: 04/01/2024

Approved by: Commissioners

Date approved by the BOC: 04/15/2024

Ending Date: 4/1/2027

Total Amount: \$2,065

Please Return Contract to:

Name: Ashlyn Martin

Email:

ashlyn.martin@chathamcountync.gov

Special Instructions for Clerks Office:

Contract was approved by the BOC on 4/15/24 as it will auto-renew. Thank you!

2. Department Head or his/her designee has read the contract in its entirety.

By: Ashlyn Martin (Department Head signature required)

3. County Attorney has reviewed and approved the contract

County Attorney has reviewed and rejects the contract Reason: _____

This is an automatic renewal and does not require approval from the County Attorney: Yes No



If this box is checked the County Attorney's Office has reviewed the contract but has not made needed changes to protect the County because the contract is a sole source contract and the services required by the County are not available from another vendor.

4. Technical/MIS Advisor has reviewed the contract if applicable. Yes No

5. Vendor has signed the contract. Yes No

6. A budget amendment is necessary before approval. Yes No

If budget amendment is necessary, please attach to this form.

7. Approval

Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.

Requires approval by the Manager – contracts \$100,000 or less.

8. Submit to Clerk.

Clerk's Office Only

Finance Officer has signed the contract

The Finance Officer is not required to sign the contract



Instructions for Completing the License Agreement

This License Agreement is between your organization and MaineHealth. It gives your organization permission to use the A Matter of Balance © materials, train Lay Leader Coaches and offer A Matter of Balance programming. Please fill in the name of your organization in the blank spaces, not the name of the Master Trainer.

1. Do not edit, add or remove text from the License Agreement.
2. If you work for a federal or state government agency, please contact MOBLICENSE@mainehealth.org for a copy of our government License to be able to add applicable federal or state laws or statutes.
3. This License Agreement is not a training agreement. If you need an invoice, or training agreement please contact PFHA@mainehealth.org
4. Date: Enter the date that the signatory for your organization signed the License. The date on page 1 should match the date of your signatory on page 2.
5. The License Agreement needs to be signed and dated by a legally authorized signatory (someone legally authorized to act on behalf of the organization, i.e., CEO, President, Executive Director, etc.) on page 2.
6. Please list the names of all active Master Trainers at your organization including the names of individuals attending this training on page 3. You must fill out this License Agreement even if your organization had a License Agreement in the past. **
7. Keep a copy of this License Agreement for your records.
8. Return the completed and signed License Agreement to MOBLICENSE@mainehealth.org
9. License Agreements must be returned no later than 30 days before the start of the training.

** If your organization is sending more than one person to the Master Trainer Session, only one License Agreement needs to be completed. It is not necessary to fill out a separate License Agreement for each person from the same organization.



A MATTER OF
BALANCE

MANAGING CONCERNS ABOUT FALLS™

License to Use A Matter of Balance/Lay Leader Model ©

THIS AGREEMENT is entered into this date 04/01/2024 , by MaineHealth, a not-for-profit corporation incorporated in the
of Maine with a principal business at 110 Free Street, Portland, Maine, 04101 and,

Chatham County

(Organization Name)

located at PO Box 1809 Pittsboro, NC 27312

(Organization Address)

Whereas the MaineHealth holds title to training materials including a comprehensive facilitator manual entitled “A Matter of
Balance: Lay Leader Model” (“MOB”); and Whereas, Chatham County
desires to acquire the right to use MOB in order to, among other things, train Lay Leaders to serve as MOB Coaches;

NOW, THEREFORE, in consideration of their mutual premises and the mutual undertakings herein contained, the parties agree:

1. *Grant of License:* MaineHealth hereby grants to Chatham County
the non-exclusive, non-transferable right to use MOB in accordance with the Master Trainer Manual, Master Trainer Job
Description, MOB Coach Job Description, MOB Coach Manual, and evaluation tool as they may reasonably be amended from time
to time by MaineHealth. Appropriate outcome measurement parameters for this program are the following: Falls Efficacy, Falls
Management, Falls Control, and Exercise Level. MaineHealth does not make any other assurances regarding other outcome
measures.
2. *Restrictions.* Licensee shall not (a) sell, distribute or sublicense MOB or any portion thereof, (b) modify or adapt MOB, or (c)
translate, reverse engineer, or create any derivative work of MOB. Licensee shall only use MOB in the manner authorized. Licensee
shall have at least one Master Trainer on the License Agreement at all times to be able to utilize the License. Copies of materials
are to be made only to extent necessary to conduct program with seniors.
3. *Credit.* Any publication of MOB, or any adaptation thereto, whether in print, video or computer-based publication, shall bear
the following credit:

A Matter of Balance: Managing Concerns About Falls/ Volunteer Lay Leader Model ©2006.

This program is based on “Fear of Falling: A Matter of Balance” Copyright © 1995 Trustees of Boston University. All rights reserved. Used and adapted by
permission of Boston University.

Inquiries regarding the original program may be directed to Boston University, Health & Disability Research Institute, 53 Bay State Road, Boston,
Massachusetts, 02215.

A Matter of Balance was created with support from the National Institute on Aging.

A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780)

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4. *Indemnification.* To the extent permitted by law, Chatham County shall at all times during the term of this License and thereafter, defend and hold MaineHealth, its trustees, officers, employees, agents and affiliates (together, "indemnitees") harmless from and against all claims, suits, demands, liability and expenses, including legal expenses and reasonable attorneys' fees, arising out of any negligent act or omission of pursuant to this Agreement.

5. *Responsibility for Acts or Omissions.* Chatham County agrees to accept and be responsible for its own acts or omissions, as well as those acts or omissions of its employees, agents and independent contractors and nothing in this Agreement shall be interpreted or construed to place any such responsibility on MaineHealth.

6. *EXCLUSIONS.* IN NO EVENT SHALL MAINEHEALTH BE LIABLE FOR SPECIAL, INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR TORT DAMAGES, INCLUDING, WITHOUT LIMITATION, ANY DAMAGES RESULTING FROM LOSS OF USE, LOSS OF DATA, LOSS OF PROFITS OR LOSS OF BUSINESS ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT, THE USE OF THE MOB OR OF ANY OTHER OBLIGATIONS RELATING TO THIS AGREEMENT OR THE MOB, WHETHER OR NOT LICENSOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE MOB AND ALL ASSOCIATED MATERIALS THAT ARE THE SUBJECT OF THIS AGREEMENT ARE DELIVERED "AS IS" IN EVERY RESPECT.


7. *Term of Agreement.* This agreement will remain in effect for three (3) years after issue or renewal date, or until cancelled by either party upon 30 days prior written notice. If agreement is cancelled by MaineHealth, then agrees that it will terminate use of the MOB. At end of the initial 3-year term, and each subsequent three-year term, there will be a \$300.00 License Renewal fee for access to the materials and continued technical support and training to implement the program. The license shall automatically renew upon the payment of the required renewal fee. Should MaineHealth terminate the License prior to the end of the renewal term without good cause, MaineHealth shall reimburse Licensee for the prorated portion of the renewal fee.


8. *Qualifications for Licensure:* There must be at minimum one certified Master Trainer on the License Agreement to oversee the program implementation. If Chatham County does not have a certified Master Trainer to implement the program then all A Matter of Balance classes must stop, and the license will be inactive until such time as a new Master Trainer is certified by MaineHealth. The Licensee shall provide written notice to MaineHealth of any Master Trainers added to or removed from their License.

IN WITNESS WHEREOF, the parties hereto, each acting under due and proper authority, have set their hand and seals as of the date first above written.

MaineHealth
Organization Name

Chatham County
Your Organization Name


Signature


Legally Authorized Signature (sign in blue ink) (i.e., CEO, President, Executive Director)

Albert G. Swallow III
Chief Financial Officer
MaineHealth

County Manager

Printed Name and Title

Printed Name and Title of Authorized Signatory

207-661-7120
Phone

919-542-8200

01/02/2024
Date

Phone
dan.lamontagne@chathamcountync.gov

Email Address

Master Trainer(s) covered under this license:

Name: Liz Lahti- liz.lahti@chathamcountync.gov _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Please send a signed agreement via e-mail or fax:

E-mail: MOBLICENSE@mainehealth.org

Fax: 207-661-7540

PLEASE KEEP A COPY FOR YOUR RECORDS.

Questions? Please call 207-661-7120.

INVOICE

BILL TO:

INVOICE #: 062424-1
DATE: 04/11/2024

ORGANIZATION: Chatham County Aging Services

STREET ADDRESS: 365 NC Highway 87 N

CITY, STATE, ZIP: Pittsboro, NC 27312

Make Check Payable to:
MOB/Healthy Aging/MaineHealth
110 Free Street
Portland, Maine 04101

MAIL TO:
MOB/Healthy Aging/MaineHealth
Attention: Donna Richard
110 Free Street
Portland, Maine 04101

Comments or Special Instructions:

*Cancellations made 30 days or more in advance of the training date will receive a 100% refund.
Cancellations made within 30 days of the start of the training are non-refundable.*

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	MASTER TRAINER TRAINING REGISTRATION	\$2,065.00	\$2,065.00
	DATE(S): June 24-27-24		
	Registrant: Liz Lahti		

** MaineHealth is a large regional health care provider serving Maine and New Hampshire. Checks made out incorrectly or mailed to the wrong address may not be received. Your registration will not be confirmed until payment is received.*

	SUBTOTAL	\$2,065.00
	TOTAL DUE	\$2,065.00

If you have any questions, contact Donna Richard, Donna.Richard@mainehealth.org, 207-661-4491

THANK YOU!