



TERMS OF PARTICIPATION

Applicant Organization _____

The Community Health Care Association of New York State (CHCANYS) provides data and other support to promote the sustainable and collaborative growth of health centers in New York State. Organizations seeking to expand health center coverage, the services they offer, or the opportunities for coordinated and collaborative care are encouraged to request data support. CHCANYS data support is provided by the CHCANYS Data Team staff in close consultation with other CHCANYS staff. CHCANYS has established this brief agreement to ensure that the terms of our offered support are understood and accepted by requesting parties.

Please read, agree to, sign and send a copy of this form to data@chcanys.org with your specific request for data support.

The CHCANYS Data Team looks forward to working with community health centers and others who want to advance access to affordable, high-quality care across New York State under the unique, community-governed approach promoted and funded by the Human Resources Services Administration (HRSA).

1. CHCANYS grants the Applicant Organization a non-exclusive license to use any data it provides in response to the accompanying Data Request Form, subject to these Terms.
2. Although CHCANYS has taken reasonable steps to ensure the accuracy of the data it provides in response to such requests, CHCANYS makes no representation or warranty that the content or methods are free from errors or omissions and makes no representation or warranty that the materials are suitable for any particular purpose.

The signature below indicates that above terms are acceptable to the Applicant.

[signature]

[date]

Please print name: _____

Title at organization: _____