



Greater Evansville Assistance Network
Shared Case Management Service - CharityTracker
MEMORANDUM OF UNDERSTANDING (MOU)

This agreement is between _____ (Participating Agency) and the Greater Evansville Assistance Network of the Southwestern Indiana counties of Gibson, Posey, Spencer, Vanderburgh, and Warrick, administered by For Evansville, Inc. _____ (Participating Agency) agrees to use CharityTracker on an ongoing basis for the purpose of shared client case management, and has read, understands, and agrees to the CharityTracker Terms of Service (<https://www.charitytracker.net/termservice/>).

As our community seeks to address the needs of individuals and families experiencing financial hardship, we recognize the necessity for a shared database management system to coordinate and track financial assistance. Charity Tracker is **secure, confidential**, and **volunteer-friendly**, with the potential to provide greater collective impact for those agencies involved. Charity Tracker cost is being covered by For Evansville, Inc.

This MOU respects the freedom each organization has in determining internal financial assistance policies and programs. However, each organization commits to the following:

- Sharing information securely regarding the individuals and families who have been assisted, including for what purpose and what amount;
- Obtain a Release of Information from each individual or family served;
- Key leadership of each organization will participate in exploring together the benefits of greater consistency across entities in the distribution of financial assistance.

This MOU insists on a shared database system in order to:

- reduce or eliminate duplication of services among financial assistance providers
- bring collaboration and coordination among providers
- provide the best assistance possible for our community's residents, with **confidentiality**

AUTHORIZATION

By signing this Memorandum of Understanding, I certify that:

- I am authorized on behalf of my organization to agree to the objectives stated in the MOU.
- My organization is committed to participating in a shared database system for financial assistance requests and exploring the benefits of the ongoing use of the database.

Participating Church Representative (PRINT NAME)

Ross Chapman, For Evansville, Inc.
Name of Network Administrator (PRINT NAME)

Participating Church Representative (SIGNATURE)

[Name of Organization/Collaborative] (SIGNATURE)

Date:

Date: July 27, 2020