

Carolyn Thornton

E-signed 2022-04-19 12:45PM CDT

carolyn.thornton@co.hidalgo.tx.us



C-22-0241-04-05

Dear Progreso Community Resource Center

Thank you for all of the services Progreso Community Resource Center offers to the Community in Hidalgo County and the surrounding area. Superior HealthPlan's purpose is to transform the health of the community, one person at a time, and we would like to continue that purpose through a community hygiene closet sponsorship with your agency.

Sponsorship Details:

- For a \$5,000 sponsorship, payable to Hidalgo County Progreso Community Center, the following would be agreed upon between Superior HealthPlan and Hidalgo County Progreso Community Resource Center to create a Hygiene Closet from April 2022 – to December 2022. The hygiene closet will be located at the Progreso Community Resource Center located at 510 FM 1015, Progreso Tx 78596.
- Funds provided will purchase hygiene items such as shampoo, body wash, laundry detergent, cleaning supplies, feminine hygiene items, toothbrushes, combs, and other items identified as a need. Funds may also be used to purchase shelving to store these items.
- Superior HealthPlan will provide partner marketing resources. Each of these will be branded with the SHP logo and state Superior is the closet sponsor. Agency must choose at least one item for the closet but can have more than one.
 - Cabinet Topper- stand up cardboard sign that can sit on a cabinet/shelf
 - Floor Graphics – sticker for the floor leading to the closet
 - Pop Up Banner –pull up banners advertising the closet
 - Door Decal – sticker decal to put on the door of the closet

- Hanging Cube – a cardboard cube you can hang from the ceiling in the closet or outside the door.
 - Cabinets – these are for an agency that doesn't have closet space with shelves. These will be little locked cabinets to store hygiene items.
- Progreso Community Resource Center agrees to be listed as a resource on www.findhelp.org, which means the closet would not only be for your clients but anyone in need in the community. Superior HealthPlan will refer members in need to this closet.
 - Clients may utilize the closet in **any** of the following ways:
 - The community may come to the closet 4th Thursday of the Month to get items they need at the Superior HealthPlan Hygiene Day.
 - Superior HealthPlan will create referrals through www.findhelp.org to the hygiene closet to support our members in emergency situations.
 - Your organization may access the closet to meet the needs of a client in an emergency situation outside of the scheduled Superior HealthPlan Hygiene Day set days and times.
 - Progreso Community Resource Center is required to have every individual accessing the Superior Hygiene closet complete the attached Hygiene Closet Intake form. Partner is responsible for getting all forms back to Superior for the Community Relations rep to log in the tracking tool for outcomes.

Terms of Sponsorship:

- Superior will be listed as sole sponsor of the Hygiene Closet to include logo on all flyers, brochures, and marketing materials distributed by Progreso Community Resource Center.
- Superior's Community Relations Coordinator will attend the hygiene closet on the 4th Thursday of the month. Individuals attending the hygiene closet will be invited to visit the Superior HealthPlan table and get information on the Plan. Superior may also invite additional community partners to set up to provide participant resources.

- Superior HealthPlan will be invited to attend events, meetings, or conferences planned by Progreso Community Resource Center within the term of this sponsorship.
- There will be a required mid-term and end of agreement meeting to discuss the outcomes of the sponsorship and all fields in the evaluation document are required. See attached required documentation. This document will be due no later than January 10th, 2023, or final documentation must be provided once all funds have been exhausted.

Marketing Requirements:

- Formal press release from Progreso Community Resource Center acknowledging sponsorship and launch of the hygiene closet. Sample press release attached.
- The Recipient agrees to publishing or updating at least one piece of content about Superior HealthPlan and the grant/donation on the Recipient's website or in a digital source published (social media) by the Recipient. Recipient agrees to include Superior HealthPlan as the source of funding within this content, using "@superiorhealthplan".
- Examples of content that may be published include, but are not limited to:
 - A web page on the Recipient.
 - A blog post or news update published on the Recipient's website.
 - A digital report, such as an Impact Report or newsletter, published by the Recipient and available on the Recipient's website or elsewhere on the web.
- Representatives of Superior HealthPlan will conduct an audit of the Recipient's website and other digital properties and will coordinate with the Recipient to identify where content will be published.
- Recipient agrees to work with representatives of Superior HealthPlan to identify and publish the aforementioned content and Recipient agrees to include a link to www.superiorhealthplan.com within the content publication.

- Recipient agrees to publish aforementioned content within three (3) months of signing this agreement unless otherwise specified and agreed upon by both parties.

Once this agreement is signed, these terms must be met timely. A due date will be assigned to each term and a follow-up reminder will be sent by the Community Relations Coordinator asking for the status of each term.

Attached you will find the financial documents and intake form necessary for the execution of this agreement. Agency is required to submit all necessary documents by date April 6th, 2022.

Thank you for your time and consideration and we look forward to this partnership.

Approved by Hidalgo County Commissioners' Court on April 5, 2022 – Agenda 85283

Executive Office: 
ms

Superior HealthPlan

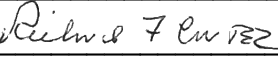
Name: Mary Lou Cavazos

Date: _____

Signature: 
Maria L. Cavazos (Apr 18, 2022 16:49 CDT)

County of Hidalgo

Name: _____

Signature: 

Date: _____

Approved as to Form

Office of the Criminal District Attorney

Ricardo Rodriguez, Jr.


Robert V. III (Apr 18, 2022 11:18 CDT)

By: Robert V. III, Asst District Attorney

Attest:



Arturo Guajardo, Jr. County Clerk





Superior HealthPlan Funding - Intake & Follow Up

ALL FIELDS REQUIRED

This form along with a signed grant or sponsorship agreement, W9, and Centene Vendor Master Maintenance form will be required for funding.

AGENCY DATA

Organization Legal Name Click or tap here to enter text.

DBA if Applicable Click or tap here to enter text.

Agency Contact & Email Click or tap here to enter text.

Employer Identification Number Click or tap here to enter text.

Organization Website Click or tap here to enter text.

Funding Description Choose an item.

Project Program Area Choose an item.

DEMOGRAPHICS

Percentage of Ethnicities Served – Must Equal 100%

Ethnicity	Percentage
African American	
Asian	
Caucasian	
Hispanic/Latino	
Native American	
Other Minority	

Percentage of Age Groups Served – Must Equal 100%

Age Group	Percentage
Children (Infant - 5th Grade)	
Youth (6th - 8th)	
Teens (9th - 12th)	
Seniors (People 50 Years & Older)	
Mixed Ages (19 - 49)	

Community Served – Select One - Choose an item.

Priority Groups – Select All that Apply

- Gender Equality
- Racial Equity
- LGBTQ+ Community
- Military and Veterans
- People with Disabilities and Caregivers

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Is this funding addressing SDOH? Choose an item.

Main SDOH Choose an item.

Secondary SDOH Choose an item.

OUTCOMES OF SUPERIOR HEALTHPLAN FUNDING

This section forward will be required at the end of the funding term.

OUTPUTS What is the direct result/product of our company's funding? This should be quantifiable information with specific numbers. (for example: 20 new workstations in the crisis hotline call center)	
OUTCOMES What is the specific change to your organization program participants due to our company's funding? Continued from previous question. This should be quantifiable information with specific numbers. (for example: to hire 20 new staff members who took on additional 100 crisis calls per week)	
IMPACTS What is the change occurring in your organization, community, or system due to our company's funding? Continued from above previous question. (for example: resulting in a 15% decrease in teen suicides over a period of six months, when compared to the same period in the prior year)	

STORIES & QUOTES

Pictures Greatly Appreciated

Do you authorize Superior HealthPlan to use these quotes in our marketing? Choose an item.

Please provide at least once success story or quote from a recipient(s) due to this funding. [Click or tap here to enter text.](#)

Is there anything else you would like to add about the outcomes of this sponsorship? Choose an item.

Additional Feedback [Click or tap here to enter text.](#)











C-22-0241-04-05 - Superior HealthPlan - Hygiene Closet

Final Audit Report














2022-04-19

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-  Document emailed to Arturo Guajardo Jr (arturo.guajardo@co.hidalgo.tx.us) for signature
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