	Memorandum of Understanding (MOU)	Division of Benefits and Medical Eligibility (DBME) 1789 W Jefferson Street Mail Drop 3101 Phoenix, AZ 85007
	Data Sharing Agreement with Western Arizona Council of Governments Head Start	
	Effective Through: June 30, 2028	

1. INTRODUCTION

The purpose of this MOU is to describe and identify the roles and responsibilities for collaboration between Arizona Department of Economic Security's ("ADES") Division of Benefits and Medical Eligibility ("DBME") and the Western Arizona Council of Governments ("WACOG"). This MOU is made effective on the date of the last signature. DBME and WACOG are each a "Party" or "Agency" and together constitute the "Parties" or "Agencies".

2. PURPOSE/AUTHORITY

This MOU sets forth an agreement to provide for the ability of DBME to share personally identifiable information ("PII") including Full Name, Address, Date of Birth, Birthplace, Gender/Race, and Phone Number for the purpose of providing SNAP benefits to eligible recipients.

3. RESPONSIBILITIES

The Parties agree as follows:

3.1. WACOG Responsibilities:

- 3.1.1. WACOG is responsible for using the data to carry out the successful implementation of recruiting and connecting with families eligible for Head Start.
- 3.1.2. Store data in a secured location with limited access through password protection or other form of authentication to safeguard against any misuse.
- 3.1.3. Restrict the use or disclosure of any data provided without the express written consent of DBME.

3.2. DBME Responsibilities:

- 3.2.1. DBME agrees to cooperate to the fullest extent possible to provide all data and or services necessary to carry out the Purpose of this MOU.

3.3. Data Sharing Agreement

- 3.3.1. The data exchange details are captured in the Data Sharing Agreement No. 1775141 and has been mutually agreed upon and signed off by both Agencies.

4. PAYMENT REQUIREMENTS

This Agreement is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the Parties to this Agreement will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the Parties and shall be independently authorized by appropriate statutory authority. This Agreement does not provide such authority. Each Party shall be fiscally responsible for their own portion work performed under the MOU.

Pursuant to A.R.S. § 38-511, DBME may cancel this Agreement within three (3) years after Agreement execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Agreement on behalf of the Department is, or becomes at any time while the Agreement or an extension of the Agreement is in effect, an employee of or a consultant to any other Party to this Agreement with respect to the subject matter of the Agreement. The cancellation shall be effective when WACOG receives written notice of the cancellation, unless the notice specifies a later time.

iv. Mutual Termination

This Agreement may be terminated by mutual written agreement of the Parties specifying the termination date and the terms for disposition of property and, as necessary, submission of required deliverables and payment therein.

e. Arizona Law:

The law of Arizona applies to this Agreement including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona.

f. Reporting Requirements:

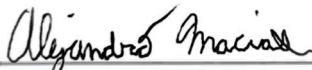
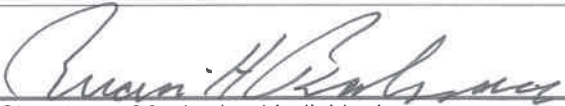
No reporting requirements under this Agreement. Reporting requirements may be added in the future, through written modification to the MOU, amendment, addendum, or DSAs, by mutual agreement of the Parties.

7. SIGNATURES.

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS MEMORANDUM OF UNDERSTANDING.

FOR AND ON BEHALF OF THE DIVISION OF BENEFITS AND MEDICAL ELIGIBILITY:

FOR AND ON BEHALF OF WESTERN ARIZONA COUNCIL OF GOVERNMENTS:

 <hr/> Signature of Authorized Individual Name and Title: Alejandro Macias, Deputy Business Administrator	 <hr/> Signature of Authorized Individual Name and Title: Brian H. Babians Executive Dir.
<hr/> 7/21/2023 Date	<hr/> 7-20-23 Date