

Consent to Public Statements

PARTNER CONSENT

By signing this agreement, **NAME OF PARTNER** gives consent for Better Health Together to make the following public statements, as defined in the Public Statements section of the contract agreement, about the Behavioral Health Internship Support Project.

- Participation of **NAME OF PARTNER** in the named program, including partner name, logo, project description, and award amount (if applicable)
- Summary information from reporting by **NAME OF PARTNER** on the project
- Other: _____

Better Health Together will properly attribute work performed by **NAME OF PARTNER** and will not claim ownership of such work. Any communications content will be properly attributed to the organization who created the content.

NAME OF PARTNER:

By: _____
Name: **XX**
Title: **XX**
Date: _____

BHT CONSENT

By signing this agreement, Better Health Together gives consent for **NAME OF PARTNER** to make the following public statements, as defined in the Public Statements section of the contract agreement, about the Behavioral Health Internship Support Project.

- Participation in Behavioral Health Internship Support Project, including Better Health Together name and logo as a funder, project description, and award amount (if applicable)
- Other: _____

NAME OF PARTNER will properly attribute any work performed by Better Health Together and will not claim ownership of such work. Any communications content will be properly attributed to the organization who created the content.

Better Health Together:

By: _____
Name: **XX**
Title: **XX**
Date: _____