

**Safety Net Consortium of Middle Tennessee
Collaboration and Participation Agreement
Beginning July 1, 2025
For a term of five years lasting July 2025 - June 2030**

Whereas, Since 2000, leadership representatives from area hospitals, community partners, faith-based leaders, safety net clinics, academia, dental care, mental health care, and substance abuse care safety-net providers, and the Metro Nashville Public Health Department have been collaborating on a regular monthly basis to best serve the residents of Nashville; and,

Whereas, The assembly has utilized various names such as the Nashville Consortium of Safety Net Providers and the Safety Net Consortium of Middle Tennessee; and,

Whereas, The Consortium's mission is to make Middle Tennessee healthier by bringing together health care providers, public sector agencies, academia, and community-based and other organizations to advocate, build capacity and coordinate efforts to improve the health of the medically underserved; and,

Whereas, The Consortium's vision is that Middle Tennessee is a place where all residents, including the uninsured and underinsured, have access to high quality, affordable health care; and,

Whereas, In July 2020, the Consortium created a new, independent entity with governance, structure, and bylaws to further the work of its mission and vision.

Now, therefore, the undersigned party agrees as follows:

1. **Policies:** The participation criteria, fees, and policies of the Consortium will be clearly outlined in the appropriate documents including Bylaws and/or Policies and Procedures.
2. **Relationship of the Parties:** The Parties are and shall remain separate and independent entities. No Consortium member entity shall be construed to be the agent, partner, co-venture, employee or representative of any other Consortium member.
3. **Mutual Agreement:** As a member organization of the Safety Net Consortium of Middle Tennessee, we agree to support the mission and programs of the Consortium as outlined on the following page

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1. Representation –

- i. One senior level individual representative from your organization will be named annually to the Policy and Planning Council.
- ii. One back-up representative will be named per organization for consistency in discussions if the primary representative cannot attend.
- iii. Each organization will have an equal voice at the table with one attendee participating in discussions and at the Policy and Planning Council meetings.

2. Participation

- i. Agreement that a representative from your organization will attend 75% of Policy and Planning Council Meetings
- ii. Agreement to have one or more individuals from your organization participate on implementation teams as needed. Each implementation team will include a liaison(s) from the Policy and Planning Council.
- iii. Agreement to utilize and support the programs and initiatives of the consortium. These are subject to grow and change annually. (i.e. My Health Care Home, Project Access Nashville, Diabetes Improvement Project, etc.)

3. Contribution –


- i. Dues - Agreement to pay dues as established by the Policy and Planning Council upon approval of the annual budget, to sustain the operations of the organization. Dues payment processes and timelines will be established annually by the Policy and Planning Council. (dues structure on following page)
- ii. Data - Agreement to share data as needed to demonstrate the needs and services within the Middle Tennessee Safety Net.
- iii. Letters of Support - Consider providing relevant letters of support and other materials as needed for grants and initiatives.

Agreement Term

This agreement shall commence on the 1st day of July 2025 and shall continue in full force and effect for a period of five (5) years.

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Safety Net Consortium of Middle Tennessee

By: 


Name: Rebecca Leslie

Title: SNCMT Consortium Management Company

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.


METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:  7/14/2025
0872295CD81A4B1...
Director, Metro Public Health Department Date

Signed by:  7/15/2025
BEBF08BF14D1480...
Chair, Board of Health Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Signed by:  7/16/2025
02977A2A8742409...
Director, Department of Finance Date

Initial  DS 

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  7/17/2025
68804BF42FD744C...
Director of Risk Management Services Date

APPROVED AS TO FORM AND LEGALITY:

Signed by:  7/21/2025
06F00922930844F...
Metropolitan Attorney Date

FILED:

Metropolitan Clerk

Date

**Safety Net Consortium of Middle Tennessee
Organizational Information
Beginning July 1, 2025**

Note - the primary and secondary representatives can be changed at any time during the five year term before June 2030 as individuals at MPHD change.

1. Name of Organization to be listed on SNCMT Materials:

Metro Public Health Department

2. Primary senior-level representative to attend Policy and Planning Council Meetings

Fonda Harris

- Name

Population Health Bureau Director

- Title

fonda.harris@nashville.gov

- Email Address

3. Secondary senior-level representative to attend Policy and Planning Council Meetings
(If Primary representative is not available)

Melva Black

- Name

Public Health Advisor

- Title

melva.black@nashville.gov

- Email Address

4. Participation Fees: Select the appropriate category for your organization and indicate if you want to pay for all five years or be billed annually in July by circling the amount.

Mark your selection here. **	Category	Revenue Size	SNCMT Annual Fees	Total Fees for 5 years
	Health Care Partner - Tier 1	< \$1M	\$500	
	Health Care Partner - Tier 2	\$1M - \$10M	\$1,000	
	Health Care Partner - Tier 3	\$10M - \$75M	\$2,000	
	Health Care Partner - Tier 4	> \$75M	\$5,000	
	Hospital	N/A	\$10,000	
X	Government	N/A	\$2,500	\$12,500

If you have questions about your dues category, please email safetynetconsortium@gmail.com, and the board of the SNCMT will respond.

Dues checks should be mailed to SNCMT at the following address:

Safety Net Consortium of Middle Tennessee
c/o: Nashville Academy of Medicine
28 White Bridge Rd., Suite 400
Nashville, TN 37205