

CHCANYS DSRIP DATA SUPPORT PROGRAM APPLICATION

Request Form

Name of Applicant Organization (NOTE: ONLY FQHCs located in NYS may apply):

Mailing Address of Requesting Health Center:

[street] [city] [state] [ZIP]

Contact Person Name:

Contact Person Title:

Contact Person Email:

Contact Person Telephone:

Have you discussed DSRIP participation with any other health care organizations? If so, please indicate who they are and the general nature of the discussion.

Have you attended any background presentations on DSRIP (NYS DOH, CHCANYS, others)?

YES NO

Terms of Participation

1. CHCANYS grants the Applicant Organization a non-exclusive license to use any data CHCANYS provides to the applicant for DSRIP planning, subject to these terms.
2. Although CHCANYS has taken reasonable steps to ensure the accuracy of the data it provides, CHCANYS makes no representation or warranty that the content or methods are free from errors or omissions and makes no representation or warranty that the workbook is suitable for any particular purpose. The Applicant Organization assumes all responsibility for its use of any data CHCANYS provides.

3. The Applicant Organization, without prior approval of CHCANYS, may redistribute the data provided by CHCANYS only for the purposes of furthering its own DSRIP planning and only to third parties acting as its representative or with whom the Applicant Organization is working collaboratively in that planning. Applicant Organization is not authorized to redistribute the data for any other purposes, including but not limited to the unrestricted redistribution of the data without regard to its intended use (for example, posting the data products to an unrestricted website), without prior approval of CHCANYS.
4. If approved for the CHCANYS DSRIP data support program, Applicant Organization agrees to provide periodic updates to CHCANYS regarding the use of its data in local DSRIP planning and comments regarding proposed additions or enhancements thereto. If approved for the CHCANYS DSRIP data support program, Applicant Organization agrees to provide contact information regarding its key personnel for inclusion in a data file that CHCANYS may use for its internal business purposes.

The above-captioned Applicant Organization agrees to these Terms of Participation.

[CEO or other representative]

[title]

[signature]

[date]