

Attachment B: Letter of Agreement from Organizations Participating in AE

Transforming Maternal Health (TMaH) Model AE Participant Letter of Agreement (LOA)

Instructions: This form confirms a partnership between the Primary Applicant and Secondary Partner Organization for participation in a Transforming Maternal Health (TMaH) Model Accountable Entity (AE). Please complete all fields and provide an authorized signature.

Partner Organization Information

Partner Organization Name: _____

Organization Type: _____

Address: _____

City, State, Zip: _____

Primary Contact Name and Title: _____

Email: _____ Phone: _____

Briefly describe your organization's role in the TMaH AE and how you will partner with [Insert Primary Applicant Organization] (2–4 sentences):

Statement of Agreement

By signing this Letter of Agreement, the Partner Organization confirms the following:

- We have an established and trusted partnership with the Primary Applicant Organization.
- We agree to collaborate in the planning, implementation, and delivery of whole-person maternal health services under the Transforming Maternal Health (TMaH) Model.
- We support the Primary Applicant’s participation in the TMaH Model and agree to coordinate care, share information as permitted by law, and participate in model activities as appropriate to our scope.
- We understand this agreement supports the TMaH Model application and does not replace a future Memorandum of Understanding (MOU) or formal contract, if selected.

Authorized Signature

By signing below, I confirm that my organization is authorized to enter into this agreement to participate in the TMaH AE application.

Authorized Representative Name: _____

Title: _____

Organization: _____

Signature: _____ **Date:** _____