**MEMORANDUM OF UNDERSTANDING BETWEEN**

**CHILDCARE PROVIDER/BRIGHTPOINT**

**Purpose**

This Memorandum of Understand (MOU) will outline the activities and responsibilities of participating Child Care Providers for providing high quality child care to parents deemed eligible for the program

**Responsibilities**

**CHILDCARE PROVIDER**

1. Provide Brightpoint with the Childcare’s office hours/holidays/closure schedule.
2. Provide open communication informing Brightpoint of any changes that may impact their work with families.
3. Submit invoices by the due dates provided by Brightpoint.

**BRIGHTPOINT**

1. Provide pre-dated invoices for submission.
2. If child(ren)’s attendance is 2 days or less, only half of the subsidy will be paid.
3. If child(ren)’s attendance is 3 days or more, the full subsidy will be paid.
4. Payment will be made within 30 days of receipt of invoice.
5. No payment will be made if invoice is not received by Brightpoint within 30 days of service being provided.

**Modification**

This agreement may be modified at any time by mutual consent of all parties. Any modification will be set forth in writing, signed by all parties and made a part of this agreement. If any part of this agreement is rendered invalid as a result of any state or federal law or regulation, the parties will review and modify the terms of this agreement to comply with the law or regulation.

The parties have read and understand the terms of this agreement, and do by their respective signatures below, hereby agree to the terms and conditions thereof.

**Agreement**

This agreement will take effect upon execution of both parties, and shall terminate on mutual consent of the two agencies two years from signature date.

Childcare Provider Brightpoint

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_