



**Community Partnership Policy Worksheet:**  
**Assessing & Approving Potential Partnerships**

Completed by (name & position): \_\_\_\_\_

Partnership Name/Agency Initiating Partnership: \_\_\_\_\_

Contact Person/Information: \_\_\_\_\_

1. What is the reason for initiating this potential partnership?

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2. What is the purpose of the partnership, and what community need(s) does it intend to address?

PARTNERSHIP PURPOSE:

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COMMUNITY NEED(S) &/OR TARGET POPULATION:

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3. What role would the Hospital play in the partnership, and what commitments are required to support this?

<b>Partnership Types</b>	<b>Specific Commitments</b> <i>(e.g. estimated staff hours, resources, etc).</i>
<b>Consultative/Advisory</b> (e.g. provide input, share expertise, exchange information).	
<b>Operational/work-sharing</b> (e.g. contribute work, involved in service delivery, joint promotion of a project, shared resources – human, financial, or physical plant).	
<b>Strategic/Decision-Making</b> (e.g. participate in planning, make and implement decisions about program delivery, evaluate services).	
<b>System Change</b> (e.g. multi-sectoral, mandate is targeted system-wide, impact on the community-at-large).	

4. What funding sources are being explored, and will these cover anticipated contributions (and related expenses) from the Hospital?

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5. What are the perceived risks (legal/financial) for the Hospital?

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6. Assess the partnerships' capacity to satisfy the identified criteria outlined in the Community Partnership Policy:

**Criteria for Assessing Partnerships (Potential & Existing)**

**“Community Partnerships”** are “an arrangement between Mount Sinai Hospital and one or more community partners, who are working together to achieve identified goals that are shared by partner agencies and that benefit the clients/community they serve.”

**“Community Partners”** refer to groups, agencies and organizations that facilitate the clients'/communities journey pre and post the acute care system. This does not include other commercial partners, donors, or the establishment of new business entities.

**A. Qualifies as a Community Partnership**

The partnership satisfies our definition of community partnership and community partners:

YES  NO

**B. Fit with Vision, Mission & Values**

How compatible are the vision, mission and values of the partner agency(s) with the mission, vision and values of the Hospital?

Refer to the Hospital's mission and values (Community Partnership Policy).

1 2 3 4 5  
Not Compatible Very Compatible

**C. Organizational Commitment to the Partnership**

Participating agencies have made an organizational commitment to the partnership, which includes:

- Endorsement from senior leaders (where applicable to the type of partnership under consideration)
- Designation of appropriate staff to represent the Hospital/Agency in the partnership, and adequate resources to support the commitment
- Mutual development of a partnership agreement (signed by partners)

1 2 3 4 5  
Not Very Committed Very Committed

**D. Mutual Trust & Respect Between Partners**

The Hospital, and/or other community partners have had a demonstrated history of mutual trust and respect.

1 2 3 4 5  
No History A Lot of History



7. Recommendations and next steps:

Total Score \_\_\_\_\_

*(NOTE: Potential partnerships that score less than 20 should not be approved.)*

Based on your assessment of this community partnership (see above), do you recommend that it be approved by the Hospital?

YES  NO

YES, WITH THE FOLLOWING CONDITIONS:

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Who needs to formally approve this partnership?

<b>Partnership Type</b>	<b>Approval(s) Required</b>	<b>Place Checkmark Here</b>
<b>Consultative/Advisory</b> (e.g. provide input, share expertise, exchange information).	<b>Staff</b> (in consultation with relevant Manager/Nursing Unit Administrator)	
<b>Operational/work-sharing</b> (e.g. contribute work, involved in service delivery, joint promotion of a project, shared resources - human, financial, or physical plant).	<b>Relevant Director level or higher</b> (consistent with the delegation of financial and signing authority policy VII-a-25-49 where exchange of financial resources is involved).	
<b>Strategic/Decision-Making</b> (e.g. participate in planning, make and implement decisions about program delivery, evaluate services).	<b>Vice President</b> (in consultation with the Community Integration Advisory Committee)	
<b>System Change</b> (e.g. multi-sectoral, mandate is targeted system-wide, impact on the community-at-large).	<b>Vice President</b> (in consultation with the Community Integration Advisory Committee)	

*(NOTE: The above procedures are subject to the Mount Sinai signing authority protocols that establish delegation and signing authority depending on the value of the contract, the risks inherent in the agreement, inter-jurisdictional issues (international), whether care will be delivered off site, relationships with government, etc. It is recommended that you consult with the Director, Community Development and Integration, to further discuss these potential exceptions.)*

## **Sign-Off**

\_\_\_\_\_  
Most responsible staff person (as specified above)

\_\_\_\_\_  
Date (DD/MM/YY)

*(NOTE: For information purposes, please forward a copy of the signed Worksheet, and the corresponding Partnership Agreement to the Office of Community Development & Integration).*

## **Partnership Agreement**

A partnership agreement is required for all community partnerships that are approved by the Hospital, that satisfy the definition of community partnerships as set out in this policy (including consultative or advisory partnerships). Designated staff will develop these agreements using the template provided (which identifies potential terms and conditions for partnerships agreements) as a guide. The agreement should reflect the nature and context of the partnership, and aim to mitigate potential risk/liability issues for the Centre.