**Attachment B**

**Data Sharing and Use Agreement (“Agreement”)**

**For Me & My School 2022**

Organization’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT DATA**

I, on behalf of the organization identified above (the “Organization”), acknowledge that the Organization has provided, and agrees to continue to provide United Way of Greater Cincinnati (“UWGC”), upon request, with information pertaining to participants in the Organization’s programs that are supported by the UWGC funding, and the internal reports or documents derived from such data (“Participant Data”). Participant Data may include, but is not limited to, information regarding program participant’s employment, education, healthcare, finances, and/or other personally identifiable information.

**CONSENTS**

The Organization represents and warrants that it has obtained all consents and waivers necessary to collect Participant Data (including parental consent for minors’ Participant Data). Further, the Organization represents and warrants that it has obtained all consents and waivers necessary to provide Participant Data to UWGC for use in accordance with UWGC purposes which may include but are not limited to the right to collect, copy, store, process, and/or share Participant Data with other UWGC organizations and third-party partners as necessary. The Organization agrees to provide UWGC with such waivers and consents upon request.

**LIMITATIONS ON PARTICIPANT DATA’S USE**

UWGC uses Participant Data to assess the efficacy and impact of UWGC’s charitable funding. UWGC will treat all Participant Data as confidential. In the event UWGC shares this data with a third party, UWGC will request that the third party treats the Participant Data as confidential as well.

I, on behalf of the Organization and to the extent possible under the law, fully release, indemnify and discharge UWGC and their related companies, officers, agents, servants and/or employees from any and all claims, demands, damages, costs, expenses, losses, actions and causes of action that in any way and at any time arise or may arise as a result of the Organization’s collection, copying, storing, processing and/or sharing of Participant Data.

BY SIGNING BELOW, I REPRESENT AND WARRANT THAT I HAVE BEEN DULY AUTHORIZED TO ACT AS AGENT ON BEHALF OF THE ORGANIZATION AND THAT I HAVE THE AUTHORITY TO BIND THE ORGANIZATION TO THIS AGREEMENT. HAVE CAREFULLY READ THIS ENTIRE DOCUMENT AND FULLY UNDERSTAND ITS TERMS.

By: Date:

(Signature)

Name:

 (Please Print)

Title: