METROCREST HOSPITAL AUTHORITY

June 11, 2026

Annelise Ford
Director of Student and Staff Services
CoppellISD

VIA EMAIL: aford@coppellisd.com

RE: INTERLOCAL COOPORATION AGREEMENT LETTER

Dear Ms. Ford:

Pursuant to Texas Government Code § 791.001 et seq., I am pleased to inform you that the Board of Directors of the Metrocrest Hospital Authority (the "Authority") has approved funding in the amount of $78,000 to Coppell Independent School District (the "Recipient").

The goal of the Authority is to improve public health, prevent disease, promote wellness, enhance the general welfare of the citizens served by the Authority. We find this project meets this goal and the funding being requested is necessary for improving medical care, health, and wellness. This is a one-time funding only and in no way implies a commitment on behalf of the Authority for any future funding beyond the terms and amount listed in this Agreement. Further, these funds are for the sole use of the Recipient and cannot be assigned to any other individual or entity.

This funding is subject to the Recipient's agreement to use the funds for Itinerant/Flex Nurse Position and uses as identified above and as more fully described in Appendix A attached hereto. Further, this Agreement expressly requires all services funded to be provided in the Authority's service area.

This funding is further subject to and expressly conditioned upon the Recipient's agreement to: (i) use the funds only as specified in this Agreement; (ii) maintain all appropriate expense records to detail and account for the use of the funds; (iii) allow the Authority reasonable access (not more than five (5) business days following a request) to records to verify expenditures, including, but not limited to, itemized expense receipts, and to verify service delivery; (iv) repay any portion of the funds not used for the specified purposes identified above within one (1) year to the Authority, unless the Board of Directors for the Authority agrees to an extension; (v) cooperate fully with any efforts of the Authority to evaluate or publicize this funding; (vi) comply with all reasonable

requests for information about program activities or service delivery from the Authority; and (vii) not use any of the funding for any religious purpose whatsoever, including, but not limited to, religious education or counseling.

Further, the Recipient is required to provide the Authority with written notification not less than five (5) business days after learning of: (1) any changes in your organizations tax-exempt status; (2) your inability to expend the funding for the purposes described above; (3) any expenditure from this funding made for any purpose other than those for which the funding was intended; or (4) any event which may impact the Recipient's ability to continue as a concern or negatively impacts its reputation in the community including, but not limited to, a regulatory investigation of any kind, an allegation or charge of criminal conduct, or filing of material civil litigation.

The Recipient, by their signature below, accepts the funding specified herein and agrees to each and every obligation set forth in this Agreement.

The Recipient acknowledges that the Authority will engage in an evaluation process to determine the effectiveness of the services in meeting the expressed goals of the funding. Further, the Recipient agrees to participate promptly and fully, if requested, in the evaluation process which may include staff and/or client interviews, written reports, on site observation visits, and requests for operational policies, procedures, or reports. Please refer to Appendix A, the Authority's Instructions for Reporting.
Please note that there is no commitment by the Authority to award additional funds for this project, unless otherwise specifically agreed to in writing. Further, the Authority shall have no obligation whatsoever to manage or oversee the day-to-day operations or service delivery of the Recipient and no liability in any way whatsoever for acts, errors, or omissions by Recipient in its use of the funding or the delivery of services contemplated by the funding provided under this Agreement.

Each party to this Agreement warrants that (i) it has all necessary power and has received all necessary approvals to execute and deliver this Agreement; (ii) the representative signing this Agreement on its behalf is authorized by its governing body to sign this Agreement; (iii) the services are necessary and authorized within its statutory functions; and (iv) any payment under the Agreement will be from current revenues available to the paying party.

If you have any other questions about this matter, do not hesitate to contact me at kweinstein@mhatx.org. We appreciate being able to partner with Coppell Independent School District in its efforts. Our best wishes in carrying out this important work.

AGREED:
Coppell Independent School District

_____ _____
Signature Date

Annelise Ford
_____ _____
Printed Name Title

Metrocrest Hospital Authority

_____ _____
Krista Farber Weinstein Date
COO

METROCREST HOSPITAL AUTHORITY

Appendix A
Instructions for Reporting

Grant Number: MHA2025CISD

Organization: Coppell Independent School District

Purpose of Grant: Itinerant/Flex Nurse Position

Grant Amount: $78,000

MHA Board Approval: April 21, 2026

Report Due Date: August 16, 2027

Instructions:

Please answer the below standard and funding-specific questions when submitting your final report via MHA's online portal. Please direct all questions to Krista Weinstein at kweinstein@mhatx.org.

The report should include the following standard questions:

1. What difference did this funding make in the community and for the population you are serving? Please include demographics of the populations served. Describe how you have measured the success of the program/project, both qualitatively and quantitatively. If applicable, provide a "human interest" story that helps explain the success of the program/project.

2. Were there any unexpected benefits you gained, challenges you encountered, or lessons you learned during the term of the funding? Will you make any programmatic or organizational changes based on your results/outcomes?

3. If applicable, explain any plans for ongoing funding, expansion, modification, or replication of the program/project.

4. Has Metrocrest Hospital Authority funding your organization helped to attract additional resources in the form of people, money, goods, services, or public recognition?

5. Please share with us any recommendations you have for our funding or reporting process.

Please provide the number of unduplicated individuals served by the proposal. In your grant application, the following information was provided regarding the number to be served: *Coppell Independent School District expects to serve 13,090 unduplicated individuals.*

You will also be asked to report on the outcomes of the following specific goals:

Goal 1: Ensure that registered nurses (RNs) cover at least 75% of nursing special assignments, reducing reliance on unlicensed personnel.
Baseline: 75; Target: 75

Goal 2: The itinerant position will serve at least 50% of CISD campuses, completing specific tasks such as providing clinic coverage during nurse absences, documenting immunizations, conducting health screenings, or delivering CPR support.
Baseline: 50; Target: 50

Required attachment:

1. Please attach a detailed account of how the dollars from the Metrocrest Hospital Authority were spent. Please include the original grant budget provided with your proposal and describe any variance of 10% or more between the original budget and actual budget. Were there any major changes in the use of the grant funds from what was originally proposed? If so, please describe. A spreadsheet with the level of detail in the example below is appropriate. This example should be modified or customized as needed.

Detailed Line-item Expenses	Original Grant Budget	Actual Grant Expenditure	Explanation of Variance
Contract Services			
Staff Development			
Supplies & Postage			
Transportation			
Insurance			
Office Supplies			
Telephone			
Payroll Expenses			
Salary			
Taxes			
Travel & Meetings			
Fundraising			