

# COUNCIL DECISION REQUEST

SUBJECT: Northern Gila County Community Prevention Council  
Memorandum Of Understanding

MEETING DATE: April 5<sup>th</sup>, 2007

CSP ITEM: Yes  No  KRA#

ITEM NO.:

TENTATIVE SCHEDULE:

SUBMITTED BY: Robert Smith

AMOUNT BUDGETED: N/A

SUBMITTAL TO AGENDA  
APPROVED BY TOWN MANAGER

EXPENDITURE REQUIRED: N/A

CONT. FUNDING REQUIRED: N/A

EXHIBITS (If Applicable, To Be Attached):

*B*

## **RECOMMENDED MOTION**

I move to authorize the Mayor to sign Northern Gila County Community Prevention Council Memorandum Of Understanding in substantial form and authorize Robert Smith, Town of Payson employee to sign as an employee representative of the Town of Payson.

## **SUMMARY OF THE BASIS FOR RECOMMENDED MOTION:**

**PROS:** The Memorandum Of Understanding from participating members of the Northern Gila County Community Prevention Council is required for the Prevention Council to apply for Federal Grant monies to support their mission to build on the strengths of the community in enhancing an nurturing children and families abilities to take responsibility for themselves and the community in which they live. To develop and implement activities that enhance the opportunity for children and their families to be healthy, productive members of the community.

**CONS:** The MOU pledges 20 hours of staff member time as in-kind support.

## **PUBLIC INPUT (if any):**

**BOARD/COMMITTEE/COMMISSION ACTIONS/RECOMMENDATIONS (if any) (give dates and attach minutes):**

APR 05 2007 I.1\*

## **MEMORANDUM OF UNDERSTANDING**

### **Northern Gila County Community Prevention Council (CPC)**

#### **CPC Mission Statement:**

To build on the strengths of the community in enhancing and nurturing children and families abilities to take responsibility for themselves and the communities in which they live. We strive to develop and implement activities that enhance the opportunity for children and their families to be healthy, productive members of the community. We are active in the community in developing Prevention Programming to not only address drug and alcohol use, but teen pregnancy, delinquency, gang involvement, child abuse and neglect.

In keeping with the mission of the CPC, Southwest Behavioral Health Services, Rim Guidance Center, is coordinating a Partnership of community agencies and acting as the fiscal agent for the Council to provide adult, youth, and children substance abuse prevention services in a strategic pattern throughout the northern communities of Gila County. The mission of these services is to reduce substance abuse and the accompanying risky behaviors, by expanding research-based model program service delivery.

Therefore, the Northern Gila County Community Prevention Council is proposing to establish the following activities and guidelines to ensure that a genuine partnership exists among member organizations and individuals. As a participating member, I agree to the following terms:

1. Participate as a contributing member of the partnership with a commitment to its vision, mission and programs.
2. Participate in networking and/or development of community partnerships within the community.
3. Participate in building the partnership in a cultural sensitive approach between all cultures involved in the partnership.
4. Assist the partnership by expanding through recruitment of youth and adults to accomplish the goals and objectives as needed.
5. Participate in needs assessments and program evaluations.
6. Sharing resources and facilities for community coalition building and sharing creativity with others.
7. Make a good faith effort to attend all meetings and functions sponsored by the partnership

8. Participate in task force or ad hoc committees to share personal knowledge and expertise. The Northern Gila County Community Prevention Council and the member organizations/individuals have the opportunity to terminate the Memorandum of Understanding if the terms stipulated in this document are not met by giving notice in writing.

9. Please indicate which of the following applies to your participation:

- We pledge \$ \_\_\_\_\_ in matching in-kind support for one staff member to participate at a minimum of 20 hours per year.
- I am an individual who is volunteering at a minimum of 20 hours per year at a rate of \$ \_\_\_\_\_ in matching in-kind support per year.

Term of the MOU: The initial term of this MOU will be effective from the date of signing through September 30, 2007 with the option for annual renewal. After the initial term, the annual agreement will begin October 1 of each year and will expire on September 30 of the following year. Either party may terminate this MOU with 90 days notice.

The proposed **MEMORANDUM OF UNDERSTANDING** was reviewed and approved by both parties on this day \_\_\_\_\_, 2007.

**Participating Organization/Individual**

Signature _____	Signature _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____
Agency _____	Agency _____

**Southwest Behavioral Health Services:**

Signature \_\_\_\_\_

Name Jeff Jorde

Title CEO

Date \_\_\_\_\_

## MEMORANDUM OF UNDERSTANDING

### Northern Gila County Community Prevention Council (CPC)

#### CPC Mission Statement:

To build on the strengths of the community in enhancing and nurturing children and families abilities to take responsibility for themselves and the communities in which they live. We strive to develop and implement activities that enhance the opportunity for children and their families to be healthy, productive members of the community. We are active in the community in developing Prevention Programming to not only address drug and alcohol use, but teen pregnancy, delinquency, gang involvement, child abuse and neglect.

In keeping with the mission of the CPC, Southwest Behavioral Health Services, Rim Guidance Center, is coordinating a Partnership of community agencies and acting as the fiscal agent for the Council to provide adult, youth, and children substance abuse prevention services in a strategic pattern throughout the northern communities of Gila County. The mission of these services is to reduce substance abuse and the accompanying risky behaviors, by expanding research-based model program service delivery.

Therefore, the Northern Gila County Community Prevention Council is proposing to establish the following activities and guidelines to ensure that a genuine partnership exists among member organizations and individuals. As a participating member, I agree to the following terms:

1. Participate as a contributing member of the partnership with a commitment to its vision, mission and programs.
2. Participate in networking and/or development of community partnerships within the community.
3. Participate in building the partnership in a cultural sensitive approach between all cultures involved in the partnership.
4. Assist the partnership by expanding through recruitment of youth and adults to accomplish the goals and objectives as needed.
5. Participate in needs assessments and program evaluations.
6. Sharing resources and facilities for community coalition building and sharing creativity with others.
7. Make a good faith effort to attend all meetings and functions sponsored by the partnership

APR 05 2007 I.I.\*

8. Participate in task force or ad hoc committees to share personal knowledge and expertise. The Northern Gila County Community Prevention Council and the member organizations/individuals have the opportunity to terminate the Memorandum of Understanding if the terms stipulated in this document are not met by giving notice in writing.

9. Please indicate which of the following applies to your participation:

- We pledge \$\_\_\_\_\_ in matching in-kind support for one staff member to participate at a minimum of 20 hours per year.
- I am an individual who is volunteering at a minimum of 20 hours per year at a rate of \$\_\_\_\_\_ in matching in-kind support per year.

Term of the MOU: The initial term of this MOU will be effective from the date of signing through September 30, 2007 with the option for annual renewal. After the initial term, the annual agreement will begin October 1 of each year and will expire on September 30 of the following year. Either party may terminate this MOU with 90 days notice.

The proposed **MEMORANDUM OF UNDERSTANDING** was reviewed and approved by both parties on this day \_\_\_\_\_, 2007.

**Participating Organization/Individual**

Signature _____	Signature _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____
Agency _____	Agency _____

**Southwest Behavioral Health Services:**

Signature \_\_\_\_\_  
Name Jeff Jorde  
Title CEO  
Date \_\_\_\_\_