



Agreement to Collaborate

WHEREAS, The stated mission of the Safety Net Alliance is to increase the efficiency and effectiveness of safety net services provided to Northern Kentuckians in need. These serves as the foundation necessary to ensure struggling Northern Kentucky residents achieve an improved quality of life.

WHEREAS, The parties agree they are able and willing to perform the services as outlined in the Scope of Services listed herein, for a period of one year from the date of this Agreement.

WHEREAS, The parties agree they will follow the SNA Operating Protocols, which include; operating procedures, planning processes, roles and responsibilities, participation, leadership, decision making procedures, communication, and conflict management. These protocols were adopted February of 2010 and are reviewed annually.

THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS.

1. Commit to further the mission of the SNA.
2. Attend monthly Safety Net Alliance meetings held the 3rd Wednesday of every month.(as staffing capacity allows) It is suggested that substitute staff are sent from partner agencies that may have a meeting conflict.
3. Enter and maintain your agency data on our shared web based portal www.NKYsafetynet.org , respecting the user rights and responsibilities guidelines.
4. Track their own service provision numbers (related to our performance measures) using an agreed upon tracking tool created by the Alliance. Partner agency data will be collected monthly during the standing Alliance meetings.
5. Provide representation for committees and work groups as capacity will allow.
6. Share observed gaps and/or duplication of services at SNA Meetings.
7. Comply with any funding guidelines or reporting requests should funds be allocated.
8. Submit one vote per agency for items of business requiring a vote by consensus.
9. Support Continuous Quality Improvement (CQI) efforts.

IN WITNESS THEREOF, This Agreement to Collaborate is executed this ___ day of _____.

Alliance Partnering Agency Name

Date

Alliance Partnering Director Name

Date

Alliance Partnering Director Signature

Date