

# **Memorandum of Understanding**

Between

**[NAME OF YOUR ORG]**

And

**[NAME OF SCHOOL]**

WHEREAS, the **[NAME OF YOUR ORG]** and **[NAME OF SCHOOL]** have come together to formalize the commitment of both entities to provide trauma informed response services, policy consultation, and comprehensive prevention programming, including the implementation of a bystander intervention program.

WHEREAS, the partners herein desire to enter into a Memorandum of Understanding (MOU):

## **DESCRIPTION OF PARTNER AGENCIES**

### ***NAME OF YOUR ORGANIZATION***

**[Insert Description of Organization]**

### ***NAME OF SCHOOL***

**[Insert Description of School]**

## **PARTNERSHIP AND PROGRAM OBJECTIVES**

**[OUTLINE TRAINING PLAN HERE]**

Project goals include:

- Implement a culturally relevant bystander intervention training to create a safer school environment.
- Train pre-identified staff to be able to sustain the curriculum delivery internally.
- Develop evaluation measures for both short and long-term outcomes of the training.
- Reinforce positive bystander behaviors via social media campaign.
- Update the School's Code of Conduct and/or other policies as needed to reflect lessons learned and meet the needs of the **Name of School** community.

Trained prevention educators, in conjunction with **Name of School**, will implement bystander intervention programs with students, faculty, and staff. The success of the training will be assessed with the evaluation measures administered before and after each bystander intervention training. The partnership will also expand **Name of School's** system-wide commitment to comprehensive prevention of sexual violence and implementation of school-wide response policies.

## **ROLES AND RESPONSIBILITIES**

NOW, THEREFORE, it is hereby agreed by and between the partners as follows:

**Organization and School** agree to collaborate on the implementation of a bystander intervention training program for all students, faculty, and staff at LHS.

**Name of Organization** agrees to provide the full array of services has to offer to the students, faculty, and staff at LHS.

**Name of Organization** agrees to the following Prevention Education activities related to the implementation of a bystander intervention program:

- **LIST ACTIVITY PLAN HERE FOR GRANT/timeline of projects.**
- Share data reports with **School** demonstrating trainings provided, numbers served, and any other agreed upon training-related statistics.
- Maintain the privacy and confidentiality of all participants.
- **Organization** staff may provide the following services for sexual assault survivors, as needed:
  - Immediate crisis intervention
  - Short term counseling
  - Advocacy and support during law enforcement interaction
  - Support through medical examination and treatment process
  - Referrals to appropriate external resources

**School 1** agrees to:

- Identify a central point of contact for **Name of Organization** staff while on site.
- Identify a member of staff who will help co-facilitate the bystander intervention program.
- Provide access to students, faculty, and staff of LHS to collaborate on the sustainability of the bystander intervention program, including:
  - Provision of classroom and/or office/meeting space for in-person trainings and/or project planning meetings.
  - Assist in the recruitment of students, faculty, and/or staff to participate in trainings.
- Collaborate with the **Name of Organization** to provide a framework of comprehensive sexual violence prevention and response activities.
- Provide Organization 1 printed and online materials about the Code of Conduct and other relevant policies for students and employees who have experienced an act of violence.
- Inform Organization 1 about the reporting obligations of school employees and identify those school employees with whom students can speak confidentially (and any exceptions to that confidentiality.)

Representatives from the **Name of Organization and School** are committed to meeting on a regular basis to utilize the strengths and resources of both entities to ensure the success and sustainability of this collaboration.

**TIMELINE**

The initiation of this agreement is **DATE**. This document will be reviewed by all parties on an annual basis.

**TERMINATION OF THIS AGREEMENT.**

This Agreement may be terminated by either party upon thirty days (30) written notice to the other party.

**CONFIDENTIALITY**

**INSERT CONFIDENTIALITY AGREEMENT**

**We, the undersigned have read and agree with this MOU. Further, we have reviewed the proposed project and approve it.**

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<b>Authorized Official Name</b>	<b>Date</b>
<b>Title</b>	
<b>Organization</b>	

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<b>Authorized Official Name</b>	<b>Date</b>
<b>Title</b>	
<b>School Name</b>	