



2017 MEMORANDUM OF UNDERSTANDING

Between Palmetto Community Action Partnership
(formerly Charleston County Human Services Commission) and

Your Organization's Name: _____

Mission: to serve the economically disadvantaged and underserved residents of Charleston, Berkeley and Dorchester Counties by increasing self-sufficiency and developing strategies to promote economic independence through partnerships.

- ❖ All MOUs must be approved by the executive director and program director before implementation.
- ❖ An agency manager will contact you with the details, which may require an additional MOU with additional information specific to the program.

Palmetto CAP agrees to:

- Screen clients to determine eligibility for program(s)
- Process applications and provide updates on participant's progress (with signed consent),
- Maintain accurate program and financial records, and
- Make recommendations to improve service delivery.

Partnership Opportunities: **Please check all that apply:**

- Group Financial Literacy Counseling or Presentations:** (Free Tax prep, Group Budget Counseling, Financial Literacy Workshop, Mortgage Assistance) Onsite applications: Asset Building staff will come to your site to complete free tax applications and / or provide financial literacy sessions tailored to your customer. (minimum 10 participants)
- Community Relations Event:** Poverty simulations for groups, community / job / health /school fairs. Also available for speaking engagements on hot topics for children and teens, energy conservation, general agency programs and poverty awareness
- Education:** School Uniforms and tuition assistance for adults,
- Emergency Assistance:** Utilities (lights and water), shelter, food, medications. Onsite energy applications: Minimum 15)
- Employment:** (Tuition assistance, certification fees, Uniforms & Tools)
- Focus Group Host Site:** Gather your friends and neighbors to host a focus group to discuss issues on poverty, education, employment, housing, or emergency services in your community.
- On-the Job Training or Summer Youth placement site:** Host adult or summer youth trainee for 4 to 6 weeks at no cost to you.
- Sponsor summer youth** to be placed at your worksite for 4-6 weeks (\$1,200)
- Refer Customers to Palmetto CAP:** Will require minimum screening.
- Resource Specialist Training:** 1-2 representatives from your organization will be trained to search for local resources to assist those in your community on how to access services, Resource specialists will receive updated community information within the human services network.
- Summer Camp Host Site:** Title I schools only (terms to be negotiated in separate contract)
- Other:** (please specify) _____

See additional information on back to complete MOU!



PLEASE PRINT CLEARLY

Your Organization's Name: _____

Type of organization: **Please check all that apply:**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Non Profit Org | <input type="checkbox"/> Faith Based | <input type="checkbox"/> Local government | <input type="checkbox"/> State government |
| <input type="checkbox"/> For Profit Org | <input type="checkbox"/> Consortium/Collab | <input type="checkbox"/> Housing Collab/Group | <input type="checkbox"/> School or School District |
| <input type="checkbox"/> Post Sec Education | <input type="checkbox"/> Bank | <input type="checkbox"/> Health | <input type="checkbox"/> State Association |

Contact Person: _____ Title: _____

Address: _____

Telephone: _____ E-mail: _____

Fax: _____

Your signature indicates that you have read and understood the requirements of the services requested from Palmetto CAP. A program coordinator or his/her designee will follow up with additional questions and information. Minimal screening will be required to refer appropriate program participants. Progress reports may be requested for ongoing services with participant's consent. If the progress of this program is not meeting the expectations of either party, please provide a written outline of concerns and call a meeting with proper notice. Both parties reserve the right to amend this agreement with 30 days notice or terminate with 90 days notice.

Signature Title Date

Palmetto Community Action Partnership
1069 King Street, Charleston, SC 29403 *(843) 724-6760 *www.palmettocap.org

Program Director's Signature Program Phone Ext. E-mail Date

Program Director's Signature Program Phone Ext. E-mail Date

Arnold Collins, Palmetto CAP Executive Director Date