**Memorandum of Understanding (MOU)**

Between

*[Insert name of potential CAPP Contractor (Partner)]*

and

*[Insert name of School, School District, or Agency (Partner)]*

**Background**

The Community Adolescent Pregnancy Prevention (CAPP) Program is an initiative of the State of Iowa aimed at reducing the number of births to adolescents in Iowa and decreasing risk factors associated with adolescent pregnancy.

**Purpose**

As a *potential* recipient of CAPP grant funding, awarded by July 1, 2019 through the Iowa Department of Human Services, ***[Name of Potential CAPP Provider (Partner)]*** *may* be positioned to provide at no-cost, pregnancy prevention and risk reduction educational opportunities to adolescents, parents/caregivers of adolescents, and youth-serving adults. In partnership with ***[Name of School, School District, or Agency (Partner)]***this MOU allows for the provision of at least one curriculum listed below. It is acknowledged and understood that to reach established fidelity standards, multiple class sessions may be required.

Note: the potential CAPP provider may need additional training before some of these curricula can be delivered. Specific curricula may be negotiated over the course of the year. This MOU agrees to a general willingness to partner.

**Evidence-based and Evidence-informed curricula:**

(Identified by the U. S. Department of Health and Human Services, Office of Adolescent Health, to be evidence-based or evidence-informed when provided with fidelity.)

|  |  |
| --- | --- |
| * Becoming a Responsible Teen * Be Proud! Be Responsible * Be Proud! Be Responsible! Be Protective! * ¡Cuidate! * Draw the Line Respect the Line * FLASH * Love Notes * Making a Difference * Making Proud Choices | * Power Through Choices * Promoting Health Among Teens – Abstinence Only * Promoting Health Among Teens! – Safer Sex * Rights, Respect, Responsibility (3Rs) * Safer Choices * SiHLE * Teen Outreach Project (TOP) * *Topical Programming (MOU required for these services to youth in Out-of-Home Placement facilities)* |

**Potential CAPP Partner Information:**

|  |  |
| --- | --- |
| **CAPP Partner Name:** |  |
| Partner Representative: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |
|  |  |
| **Agency Partner Name:** |  |
| Partner Representative: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |

**Duration**

This MOU is at-will and may be modified by mutual consent of authorized officials from either partner identified. This MOU shall become effective upon signature by the authorized officials identified above and will remain in effect until modified or terminated by either party or by mutual consent. Unless renewed through mutual agreement by the authorized officials from the identified partners, this MOU shall end on MM/DD/YYYY.

If CAPP funds are not awarded to the potential CAPP Contractor this MOU is no longer valid.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­Date:

(Partner signature)

[Printed Name, Position Title]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

(Partner signature)

[Printed Name, Position Title]