**Comprehensive Adolescent Pregnancy Prevention (CAPP)**

**Personal Responsibility Education Program (PREP)**

**Programming Memorandum of Understanding**

This memorandum of understanding is to define roles between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Partner*) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*CAPP/PREP Organization*) or its subcontractors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Subcontractor organization if applicable*)

By signing this document, the *Partner* agrees to:

* Participate in New York State Department of Health (NYSDOH) funded Comprehensive Adolescent Pregnancy Prevention (CAPP) project throughout the grant period July 1, 2023 – June 30, 2028.
* Allow presentations of one or more of the following programs:
	+ *Be Proud! Be Responsible!*, a NYSDOH approved evidence-based program for reducing pregnancy, sexually transmitted infections (STI) and HIV for high school aged youth.
	+ *Making Proud Choices!*, a NYSDOH approved evidence-based program for reducing pregnancy, STIs and HIV for middle school aged youth.
	+ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Add program if not listed above)*
* Permit the facilitation of all components of the selected program, including, but not limited to, the condom demonstration, in order to replicate the evidence-based program with fidelity.
* Provide audio-visual equipment (computer/laptop, projector/smartboard, speakers, etc.) or notify provider in writing 48 hours before scheduled programming if equipment is unavailable.
* Permit the collection of participant demographic data and program pre-and post-surveys.
* Provide attendance data for each individual participant, including first name, last initial, and any absences during the period of program delivery.
* Provide school/organization staff to assist program facilitator with classroom/group management and to facilitate building procedures in the event of an emergency or drill.
* Ensure the room provided for sessions is fully accessible with necessary accommodations for disabilities.

By signing this document, the *Provider* agrees to:

* Deliver the selected evidence-based program(s) to the mutually agreed upon classes at no cost to the *Partner*, its students/participants, or their guardians.
* Ensure the selected evidence-based program(s) is/are facilitated with fidelity by a highly trained and regularly supervised CAPP Health Educator.
* Provide all handouts and educational materials for the selected evidence-based program(s).
* Provide content for a parent notification / permission letter, prior to facilitation, if requested by the *Partner*.
* Provide a parent preview session of the selected evidence-based program(s), prior to facilitation, if requested by the *Partner*.
* Notify the *Partner’s* designated contact 24 hours in advance if a scheduled program needs to be rescheduled. In the event of an emergency (severe illness, vehicle accident, etc.) the *Provider* will notify the designated contact as soon as possible.
* Provide program participants with medically accurate, age-appropriate information; resources and referrals, and access to other positive youth development programming opportunities.

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| Name | Name | Name |
| CAPP Supervisor | Principal | Health Educator |
| Agency | District | District |
| *Provider* | *Partner* | *Partner* |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |