**Sexual Risk Avoidance Education (SRAE) Initiative**

**Programming Memorandum of Understanding**

This memorandum of understanding is to define roles between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Partner*) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*SRAE 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 Sexual Risk Avoidance Education (SRAE) Initiative project throughout the grant period July 24, 2024 – June 30, 2029.
* Allow presentations of one or more of the following programs:
  + *Making A Difference* is a NYSDOH-approved, evidence-based approach to teen pregnancy and HIV/STI preventionin an 8-module curriculum for middle school-aged youth that provides young adolescents with the knowledge, confidence, and skills necessary to reduce their risk of sexually transmitted infections, HIV, and pregnancy by abstaining from sex.
  + *Project AIM*is a licensed, group-level youth development intervention designed to reduce sexual risk behaviors among youth ages 11-14 by providing them with the motivation to make safe choices and to address deeper barriers to sexual risk prevention.
  + *The Teen Outreach Program (TOP)* is a licensed, evidence-based, positive youth development program which promotes the healthy development of adolescents through weekly peer group meetings, curriculum, and community service learning. It is a nine-month program.
  + *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Add program if not listed above)*
* Permit the facilitation of all components of the selected program to replicate the licensed or 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 licensed or 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 licensed or evidence-based program(s) is/are facilitated with fidelity by a highly trained and regularly supervised SRAE Health Educator.
* Provide all handouts and educational materials for the selected licensed or 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.

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