

MEMORANDUM OF UNDERSTANDING  
between  
The Coalition for Nevada County Youth  
and

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\_\_\_\_\_, fully supports the Coalition for Nevada County Youth and Community Anti-Drug Coalitions of America (CADCA), to accomplish their mission to connect and strengthen community partnerships thereby generating collaborative efforts to reduce youth-substance abuse in Nevada County. This in turn will help make Nevada County healthier and safer.

Community coalitions—more than any other entity—are poised to connect multiple sectors of the community, including businesses, parents, media, law enforcement, schools, faith organizations, health providers, social service agencies, and the government. By acting in concert through the coalition, all of the partners gain a more complete understanding of the community's problems. Together, the partners organize and develop plans and programs to coordinate their anti-drug efforts. The result is a comprehensive, community-wide approach to substance abuse and its related problems.

*Paragraph of signing organization, organization, or individual*

We join other organizations and community members in this cooperative effort to build and strengthen the capacity of the Coalition for Nevada County Youth to create a safe, healthy and drug-free community.

To support this effort, we will:

1. Provide a list of our local affiliates and potential Coalition partners to Coalition staff.
2. Forward Coalition newsletters, Coalition E-blasts, flyers, calendar of events, and other communication to our sphere of influence.
3. Encourage local affiliates and residents to participate in coalition efforts to address community problems.
4. Offer in-kind donations of meeting space, etc. whenever possible.

**MEMBERSHIP COMMITMENT FORM**

Organization:

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Address:

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization contact person(s):

\_\_\_\_\_

How would you like to be contacted:

\_\_\_\_\_

How do you plan to be involved in the coalition? Please describe...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training and Education

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resources

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Change

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other

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The Coalition for Nevada County Youth is required under the SAMHSA/ Drug Free Communities Grant to provide proof of match or in-kind on a quarterly and annual basis. Please assist us on your future in-kind hours by answering the following questions:

What is your rate per hour? \_\_\_\_\_

If you are representing your company or organization as a member of the Coalition, what is your standard rate per hour?: \_\_\_\_\_

\_\_\_\_\_  
Organization/Member Signature

\_\_\_\_\_  
Coalition Signature

Date \_\_\_\_\_

Date \_\_\_\_\_