

Collaborative Agreement

The overall purpose of this agreement is to enable agencies, schools, government, community leaders and community members to establish working relationships that will inform and enhance countywide goals to improve the lives of individuals, children, and families across the lifespan in Butler County.

This Memorandum of Understanding is developed this ____ day of ____, 20___ in order to clarify the commitments made by the participant of the Butler Collaborative for Families in order to achieve the following:

- Regularly assess community needs and resources / assets
- Develop a local action plan, with annual updates, which identifies goals and priorities for individuals and families and outlines strategies for meeting community needs
- Recommend priorities in the application of public and private funds geared towards improved outcomes for individuals and families
- Actively pursue funding to support initiatives
- Mobilize community agencies, organizations, and residents to offer prevention services that are needed but not available
- Advocate on behalf of individuals and families to improve access to services
- Facilitate collaboration and information sharing among the education, child development, health, human/social services, family support/prevention, industry, religious and other systems
- Promote education and understanding designed to shift thinking from a treatment or rehabilitation focus to a prevention and skills acquisition focus
- Actively engage in activities designed to build and/or strengthen the community's capacity to serve individuals and families across the lifespan
- Evaluate the effectiveness of existing services and evaluate the effectiveness of the BCF
- ➤ Promote community awareness of the needs and issues effecting individuals, children, and families in Butler County, and emphasize community strengths in supporting these populations



Collaborative Agreement

The Undersigned agrees to the following:

- 1. To utilize the BCF as a community-based organization which brings all interested parties together to achieve the above noted tasks/functions
- 2. To provide to the BCF, and share with one another, any data which might be useful and necessary in pursuing the above stated functions. It is understood that confidential information as defined in individual agency policy shall not be shared
- 3. To participate in joint planning activities and use the BCF whenever possible to meet program or agency specific planning/collaboration requirements
- 4. To maintain active membership by attending meetings.
- 5. To actively participate on at least one Standing Committee of the BCF.
- 6. Submit changes in organization representatives to the BCF Coordinator.

I have read, understood, and agree with these terms and conditions.				
Member Signature				
Member Signature	Date			
Organization (if Applicable)				
	ons/meetings/activities photos will be taken that ebook page. If you do not want to have your ed, please check "Opt Out" below.			
Opt out Individual/Organiz	ation			
Signature	Date			



MEMBERSHIP INVOICE 2022

Period January 1, 2022 through December 31, 2022

INDIVIDUAL OR

ORGANIZATION

INDIVIDUAL OR

ORGANIZATION

other BCF events.

fairs or events

member website.

BCF Mini-grants

Free table at all BCF sponsored resource

Ability to promote initiatives, trainings,

programs or business information via bimonthly e-newsletter, social media or other BCF sponsored events.

Membership listing on Membership Page

Ability to apply as the lead applicant for

of BCF Website to include live link to

NAME:	ADDRESS:				
2022 Membership Tiers		•			
	Community Member At Large (no cost)	Individual Professional Membership \$25.00	Business Membership \$50.00	House Of Worship \$75.00	Human Services/ Non-profit Agency Membership \$150.00
Monthly networking opportunities through General Membership Meeting or other BCF Sponsored Events	Х	Х	Х	Х	Х
Ability to be nominated for and serve on the BCF Executive Committee	Х	Х	Х	Х	Х
Voting privileges in BCF elections and BCF initiatives (Gap analysis, mini-grant selection, etc.)		Х	Х	Х	X
Access to shared resources, and professional coaching and support		Х	Х	Х	X
Discount on all BCF sponsored trainings *Discount is not a fixed rate and is subject to change based on training		X non-transferable and specific to paid member only	X Discount applicable up to 5 employees of member business	X Discount applicable up to 5 staff or volunteers of member House of Worship	X Discount applicable up to 10 employees or volunteers of member agency
Access to discounts/rebates from participating business members		Х	Х	Х	Х
Ability to promote initiatives, trainings, or programs at monthly meetings or			Х	Х	Х

PLEASE MAKE CHECK PAYABLE TO:	Butler Collaborative for Families (Memo line: BCF Membership)			
SUBMIT CHECK AND MEMBERSHIP FORMS TO:	Monarch Place – C/O BCF Coordinator 100 Brugh Avenue Butler, PA 16001			
MEMBERSHIP TYPE:		AMOUNT DUE:	\$	

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Member Contact List

RV 10/2022

As a membership organization, the Butler Collaborative for Families wants to ensure that communication to and for our membership is current and accurate. Please complete the following fields so we may update our records. Please note: it is the responsibility of the individual membership to ensure that changes in agency representatives (if applicable) and contact information is updated throughout the calendar year. Changes can be submitted to bcfcoordinator@gmail.com.

Community and Individual Professional Members are only asked to fill out the Membership Type and Point of Contact fields. Human Services/Non-profit Agencies, Houses of Worship, and Business Members may complete the Additional Contact fields and also specify a website link that will be applied to their name on the Membership Page of the BCF website: www.butlerfamilies.com.

Membership Type:							
Agency/Organization (If Applicable):							
Agency/Organization Website Link (If Applicable):							
Contact Type	Name (First, Last)	Position	E-mail	Phone			
Point of Contact							
Executive Director (If Applicable)							
Billing Contact (If Applicable)							
Additional Contact							
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