

Memorandum of Understanding
Between AGENCY NAME and
COMMUNITY NAME DART Core Partners

This Memorandum of Understanding between AGENCY NAME (AGENCY ACRONYM) and COMMUNITY NAME Disability Abuse Response Team (DART) core partners is for the purpose of developing a coordinated community response to violence and sexual violence against people with disabilities. The COMMUNITY NAME DART will work to bridge the victim advocacy and disability service systems in our community. COMMUNITY NAME DART will strive to increase accessible, culturally responsive, and trauma-informed (ACRTI) service delivery for survivors with disabilities across our multiple networks. AGENCY ACRONYM will serve as the COMMUNITY NAME DART Local Coordinator for the core partners.

Roles and Responsibilities

COMMUNITY NAME DART core partners agree to:

1. **ONSITE TA:** Send a staff person/s to the 1-2 days of on-site TA with the DART Project Director here in COMMUNITY NAME.
2. **PERFORMANCE INDICATOR:** Decide whether or not to participate in the completion of an Accessibility Performance Indicator, found here: <https://www.endabusepwd.org/publications/performance-indicators/>.
3. **TRAINING COORDINATION:** Designate a staff person to attend and work with AGENCY ACRONYM to plan, and coordinate TWO, ONE-HOUR TRAININGS about disability and domestic violence/sexual assault topics (DV/SA) with the other COMMUNITY NAME DART core partners.

COMMUNITY NAME DART CORE PARTNERS MOU FY20

4. **CONFIDENTIALITY:** Adhere to confidentiality guidelines, as well as federal, state and local laws regarding victims/survivors with disabilities. This includes going above and beyond regulations to ensure the confidentiality of survivors with disabilities, for example, by using chosen language, and centering self-determination with dignity of risk.

As the **COMMUNITY NAME** DART Local Coordinator, **AGENCY ACRONYM** agrees to:

1. **CONTRACT SET UP:** Set up a Scope of Work with the UAA Center for Human Development, DART Project Director Rebekah Moras, for the purpose of receiving technical assistance (TA) for the **COMMUNITY NAME** DART.
2. **ONSITE TA:** Coordinate 1-2 days of on-site TA with the DART Project Director to train **AGENCY ACRONYM** staff and leadership, and any of our interested **COMMUNITY NAME** DART core partners, about the DART structure and training opportunities.
3. **PERFORMANCE INDICATOR:** Schedule and coordinate the completion of an Accessibility Performance Indicator for **AGENCY ACRONYM**, and any of our interested **COMMUNITY NAME** DART core partners. The Accessibility Performance Indicators can be found here: <https://www.endabusepwd.org/publications/performance-indicators/>.
4. **TRAINING COORDINATION:** Schedule and coordinate with the DART Project Director **TWO, ONE-HOUR** trainings for **COMMUNITY NAME** DART core partners about disability and domestic violence/sexual assault topics, with sign in sheets and evaluations.

COMMUNITY NAME DART CORE PARTNERS MOU FY20

5. **CONFIDENTIALITY:** Support the core partners in maintaining high levels of confidentiality across networks.

Period of Agreement

The agreement will begin **[ENTER THE MONTH/DAY/YEAR THE EXECUTIVE DIRECTOR SIGNED THE SHORT FORM CONTRACT WITH CHD/UAA] - June 30, YEAR**, and continue in effect, unless replaced, revised or revoked by written mutual agreement of the following parties:

1. **DV/SA PARTNER:** **(ENTER AGENCY & ACRONYM)**

Print Name of Executive Director:

Executive Director Signature:

Date: _____

DART Contact:

2. **TRIBAL PARTNER:** **(ENTER AGENCY & ACRONYM)**

Print Name of Executive Director:

Executive Director Signature:

Date: _____

DART Contact:

COMMUNITY NAME DART CORE PARTNERS MOU FY20

3. BEHAVIORAL HEALTH PARTNER: (ENTER AGENCY & ACRONYM)

Print Name of Executive Director:

Executive Director Signature:

Date: _____

DART Contact:

4. DEVELOPMENTAL DISABILITIES PARTNER: (ENTER AGENCY & ACRONYM)

Print Name of Executive Director:

Executive Director Signature:

Date: _____

DART Contact:

5. HOUSING/HOMELESSNESS PARTNER: (ENTER AGENCY & ACRONYM)

Print Name of Executive Director:

COMMUNITY NAME DART CORE PARTNERS MOU FY20

Executive Director Signature:

Date: _____

DART Contact:

6. **INDEPENDENT LIVING PARTNER:** **(ENTER AGENCY & ACRONYM)**

Print Name of Executive Director:

Executive Director Signature:

Date: _____

DART Contact:
