Memorandum of Agreement

This Service Linkage Agreement is entered into by the

City of Amsterdam and

CAPTAIN Youth and Family Services, Inc.

Street Outreach Program

For the purpose of clarifying the working relationships between these two organizations/entities in order to ensure continuity of care for mutually served clients regarding delivery of service.

This agreement will be reviewed annually and representatives from both entities will meet to discuss mutual problems and needs in order to facilitate good working relationships and ensure the best service for consumers participating in the Street Outreach Program.

Agreement Structure:

The **City of Amsterdam** agrees to provide:

1. Access to building facilities at 305 East Main St., Amsterdam, NY, one day a week for up to four hours at a time for the purpose of outreach services through the CAPTAIN Street Outreach Program.
2. Continued collaboration with Street Outreach team in coordination of services to best serve disenfranchised, homeless, runaway, and street involved youth.
3. Any facility expenses associated with use of facility at no cost to CAPTAIN .

The **CAPTAIN Street Outreach Program** agrees to provide:

1. Appropriate staffing to safely and appropriate administrate all Street Outreach Program related activities held at 305 East Main St., Amsterdam, NY.
2. Education information and counseling aimed at preventing, treating and reducing risky behavior among disenfranchised, homeless, runaway, and street- involved youth.
3. All materials and incentives related to CAPTAIN support services, homeless support services within the community, and understanding youth homeless issues.
4. Continued collaboration efforts as it applies to street-involved youth.
5. Positive adult and peer role models.
6. Cooperative after-care support services as needed.
7. Appropriate insurance coverage naming the City of Amsterdam as additionally insured

Signed:_____   Signed:_____

    Mayor of Amsterdam   CAPTAIN Youth and Family Services
    Executive Director

Date:_____   Date:_____