**K-12 Prevention Education Partner Agreement**

between:

Name of School District

and

Tri-County Board of Recovery and Mental Health Services

1. **PURPOSE & SCOPE**

The purpose of this agreement is to confirm that the school district will participate in a community partnership planning process to support the expansion of prevention efforts in the school, knowing that the funding will be spent on activities determined after a completed self-assessment and approval of an Action Plan. The school district will accept the funding as determined by the approved plan and share information gained from the Online Self-Assessment Tool completed by Name of District with the Tri-County Board of Recovery and Mental Health Services for planning purposes with the community partnership.

1. **RESPONSIBILITIES UNDER THIS AGREEMENT**
   1. Name of District agrees to:
2. Complete the online Self-Assessment and Plan of Action tools no later than **June 30, 2020.**
3. Share information gained from the Self-Assessment and other relevant needs assessments to assist the Tri-County Board of Recovery and Mental Health Services and appropriate community partners for planning purposes.
4. Participate with the Tri-County Board of Recovery and Mental Health Services and appropriate community partners to develop a Plan of Action for the District focused on K-12 Prevention Education.
5. Submit a brief Implementation Report by July 30, 2020.
   1. Tri-County Board of Recovery and Mental Health Services agrees to:
6. Review the completed online Self-Assessment for planning purposes.
7. Hold confidential any information contained in the District’s online Self-Assessment Tool, subject to the limits and requirements of Ohio’s public records laws.
8. Provide guidance and support to Name of District and appropriate community partners in the development of a Plan of Action, including funding amount and process, for K-12 Prevention Education.
9. Participate in partnership meetings.
10. **EFFECTIVE DATE AND SIGNATURE**

This agreement shall be effective upon the signature of the two parties’ authorized officials. It shall be in force until the District submits a final Implementation Report, or until the prevention efforts as defined in the District’s Plan of Action have been substantially completed, or until both parties agree in writing to terminate the agreement.

The District must select ONE of the following:

* District **will participate** in this funding opportunity
* District **requests technical assistance** to help decide whether to participate in this funding opportunity
* District **declines to participate** in this funding opportunity

Both parties indicate consent to this agreement by their signatures.

Signatures and dates:

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Superintendent, Name of District Date

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Executive Director, Tri-County Board of Recovery Date

and Mental Health Services