The Coalition Against Trafficking and Exploitation (CATE) is a united community movement to prevent and respond to trafficking and exploitation. This Memorandum of Agreement between CATE and Click or tap here to enter text. (*name of agency)* serves to delineate the responsibilities of the member.

**As a *Coalition Member* of CATE, Click or tap here to enter text. *(name of agency)* will;**

Participate from multiple levels of the agency including executive leaders and direct care staff

Agree to abide by the following minimum standards: commitment to CATE standards of care, cultural inclusivity, transparent collaboration, and services that are client-centered and trauma-informed

Promote the mission of CATE in the course of other professional duties

Uphold the CATE charter

Attend and actively participate in a minimum of 60% of all CATE meetings and events

(If applicable) Agency/employer support for participation in CATE activities, including but not limited to attending working meetings and CATE-sponsored activities and events

**As a *Coalition,* CATE will;**

Strive to provide meaningful opportunities for engagement with service providers in Missouri

Agree to abide by the coalition values

Promote the mission of CATE

Uphold the CATE operating guidelines

|  |  |
| --- | --- |
| I agree to uphold my responsibilities to the best of my ability as a committed member of CATE. | |
| **Applicant**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Executive Director or Designee from Agency**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CATE Membership Coordinator**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |