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

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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |