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 *Collaborative Partner* of CATE, Click or tap here to enter text. *(name of agency)* will;**

☐ Participate as the Coalition Leadership, engaging in planning and strategic development of the coalition

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 including Monthly Collaborative Partner Meetings

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