



Barry County Substance Abuse Task Force

"Working Together for a Drug Free Community"

Coalition Involvement Agreement (CIA)

This agreement between **The Barry County Substance Abuse Task Force** and the **[Sector] Representative, [Sector Representative's Name]** shall be from here forward until terminated by a mutual accord. This agreement will be reevaluated on a bi-annual or as needed basis.

The Barry County Substance Abuse Task Force (SATF) will be held responsible to:

1. Create and follow by-laws and policies.
2. Formulate coalition goals and objectives.
3. Oversee operations of activities, programs, and paid staff.
4. Continue to increase new membership of the coalition.
5. Create and follow a strategic action plan.
6. Create a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respects the rights of **Barry County Substance Abuse Task Force** members to hold their own opinions and beliefs.

The **[Sector] Representative, [Sector Representative's Name]** agrees to:

8. Be a community leader amongst the represented sector.
9. Ensure clear communication between the sector represented and the coalition.
10. Act as a positive role model for youth, families, and peers.
11. Support the coalition's mission.
12. Attend monthly coalition meetings and workgroup meetings as appropriate.
13. Participate in SATF workgroups and affiliated projects.
14. Attend coalition sponsored trainings, town hall meetings, and community events.
15. Contribute to the strategic planning process.
16. Participate in sustaining the coalition's capacity, involvement, and energy.
17. Participate in the DFC Workstation, a communication vehicle used by the DFC Federal partners to provide timely information to coalitions.
18. Prevent youth substance use through environmental strategies.
19. Provides the following services/resources to be used as match, if applicable:

Contributions/Resources	Estimated in-kind value (\$)	Notes/Explanation

Elizabeth A. Lenz _____
Coalition Representative's Name

Coalition Representative's Signature

SATF Coordinator Date

Sector Representative's Name

Sector Representative's Signature

Title / /
Date