

Alliance for Community Transformations Memorandum of Understanding

Between Alliance for Community Transformations (ACT) and

As a participant and collaborator, I/we fully support Alliance for Community Transformations' continued work towards its mission and vision which will help ACT achieve its goals.

Alliance for Community Transformations is an education, resource, prevention, and connection network whose mission is to prevent first time substance use among youth and reduce its use across all ages in the "Southshire" region of Bennington County.

The primary goals of ACT are (1) to prevent youth initiation of alcohol and substance abuse, (2) to provide education about and support Vermont prevention, treatment, and recovery resources, (3) increase awareness of the social determinants of poor health and effectively utilize evidence based strategies to address those determinants which enhance protective factors to support reduction of substance abuse, (4) and to actively contribute to promoting increased wellness and health for all Southshire residents across the lifespan.

_____ agrees to contribute to the ACT's goals by:

1. Supporting Alliance for Community Transformations work to reduce youth access to alcohol and substances;
2. Helping the community understand the social and economic benefits of alcohol, tobacco, and substance abuse prevention efforts for youth;
3. Supporting advocacy efforts on the impact of local, state, and national policies that effect alcohol, tobacco, and substance abuse in our region;
4. Actively collaborating on the development of ACT initiatives and programs;
5. Serving on an ACT committee;
6. Participating in the capacity building activities of ACT by attending meetings, representing ACT at events, and helping ACT broaden and strengthen partnerships;
7. Serving as a resource to ACT staff and other partners in the implementation of ACT's goals.

Name (please print legibly): _____

Signature: _____ Date: _____

Title: _____ Town: _____

Sector Represented: _____

ACT Director: _____ Date: _____