

Franklin County Reentry Coalition Coalition Involvement Agreement (CIA)

Our Vision

Our vision is for all formerly incarcerated individuals to successfully reintegrate into the community and remain free.

Our Mission

The mission of the Franklin County Reentry Coalition is to develop strong collaborative community and professional partnerships that will empower and support formerly incarcerated individuals and their families to reduce recidivism and encourage them to become contributing members of the community.

This agreement between *The Franklin County Re-entry Coalition* and [Name of partner] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

NOTE: Any items listed below should be unique to the sector representatives and/or the affiliated organization.

The Franklin County Re-entry Coalition will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a Strategic Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of *The Franklin County Re-entry Coalition* members to hold their own opinions and beliefs.
8. Other(s), etc.

The Coalition Partner, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the partner organization and the coalition.
3. Acting as a positive role model for other organizations and families in our community.
4. Supporting the coalition's vision and mission.

5. Attending coalition meetings which are held on a bi-monthly basis.
6. Serving on at least one Task Group.
7. Attending coalition sponsored trainings, town hall meetings, and other community events, as appropriate.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Using organization activities as match, if applicable.
11. Other(s), etc.

 Official Coalition Representative's Name

 Partner Representative's Name

 Official Coalition Representative's Signature

 Partner Representative's Signature

_____/____/____
 Title Date

_____/____/____
 Title Date

NOTE: All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to review.