Neighborhood Team Memorandum of Understanding
April 1, 2016 – March 31, 2017

Navigate ~ Connect ~ Be Productive

MyCom is a network committed to igniting positive futures for Greater Cleveland’s youth by connecting them with community-based quality programming and services to help them become young adults that are able to navigate and give back to their communities as productive citizens. MyCom’s network helps parents and youth in Greater Cleveland navigate transition points in schooling and growth. The MyCom network strives to produce positive, data-validated results through effective communication, collaboration and relying on knowledge-based experts, community advocates, youth voice and authentic engagement. My Commitment, My Community... That is MyCom.

The purpose of this memorandum is to convey that our organization has discussed the MyCom Network and agrees to:

- Participate in monthly meetings of the ________________ MyCom Neighborhood, collaborate to develop the 3-year Community Plan and the annual Neighborhood Work Plan, and support and participate in the activities of the Plans.
- Provide data as requested for the work we/I perform specifically within the boundaries of the ______________ MyCom Neighborhood or for youth living or going to school here.
- Act as liaison between parents and youth of our programs and the MyCom Network.
- Share the challenges and successes of our program and the families you serve within the ______________ MyCom Neighborhood for a better understanding of our role and our ability to make a positive impact.
- Agree to uphold a standard of quality and use Best Practices in all programming.

Being a partner of the ________________ MyCom Network provides you with:

- Marketing support for the programs and services you provide in the neighborhood.
- Assistance in identifying candidates for your programs in the neighborhood.
- Coordination of meetings, work groups and data collection to capture and provide a comprehensive picture of the work being done in the ________________ MyCom Neighborhood for use in marketing, funding opportunities and to enhance your program.
- Assistance in the identification and coordination of collaborative funding opportunities.

Endorsed by:

____________________________________________________________________________
Organization
____________________________________________________________________________
Name                                             Title
____________________________________________________________________________
Signature                                         Date