

**MEMORANDUM OF UNDERSTANDING BETWEEN  
the Northern Middle Tennessee Workforce Board  
AND  
Youth Partner Providers (Centerstone)**

This Memorandum of Understanding (MOU) is between the Northern Middle Tennessee Workforce Board (NMTWB) and Youth Partner Providers, hereafter referred to as “the parties” for the period beginning on July 1, 2020 and ending on June 30, 2023, or until amended, modified, or terminated.

**Introduction**

The Workforce Innovation and Opportunity Act (WIOA) Title I Youth program serves teens and young adults, ages 16 to 24, who need assistance to further their education and / or successfully enter the workforce. The Youth program focuses on serving individuals who have one or more barriers to success. The NMTWB oversees the WIOA Youth Program in the Northern Middle Local Workforce Development Area (NMLWDA) which includes the counties of Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson. The NMTWB must ensure that the Youth program offers the 14 program elements required by WIOA.

The NMTWB’s Career Service Provider (CSP), Mid Cumberland Human Resource Agency (MCHRA), operates the WIOA Youth program in the NM LWDA through the American Job Centers located within each of the thirteen counties in the LWDA. The CSP is responsible for connecting program participants to appropriate services based on an evaluation of participants’ service needs. The Youth program services provided by MCHRA as the CSP, either directly or through referral, are outlined in the contract and Youth Service Strategy.

**Purpose of the MOU**

The purpose of this MOU is to ensure that teens and young adults participating in the WIOA Youth program in the NM LWDA have access to the required 14 elements. Through this MOU, Youth Partner Providers agree to provide Youth program participants, and other individuals, the services shown on the attached *Service Description* upon referral from the CSP and / or other American Job Center partners.

**Terms of the MOU**

1. This MOU is not a commitment or obligation of funds to the NMTWB on behalf of the Youth Partner Provider or the Provider on behalf of the NMTWB.
2. Parties agree to adhere to the referral process as outlined below.
3. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB’s CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).
4. Parties agree to provide programmatic accessibility by administering programs and services in the most integrated setting appropriate, communicating with persons with disabilities as effectively as with others, and providing appropriate auxiliary aids or services (29 CFR 38.7-38.9).
5. The parties agree to strive for physical accessibility in accordance with WIOA Sec. 121 (c)(2)(A)(iv)), WIOA Final Rules §678.500(b), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq).
6. The parties to this MOU agree that they will comply fully with the non-discrimination and equal opportunity provisions of: (1) Workforce Innovation and Opportunity Act Section 188, (2) Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq), (3) Nontraditional Employment for Women Act of 1991, (4) Civil Rights of 1964 Title VI (as amended), (5) Rehabilitation Act of 1973 Section 504 (as amended), (6) Age Discrimination Act of 1967 (as amended), and (7) Education Amendments of 1972 Title IX (as

amended). Parties must also adhere to requirements imposed by, or pursuant to, regulations implementing these laws – including but not limited to 29 CFR 37-38.

#### **Referral Process**

1. Methods of referrals strive towards a coordinated and integrated approach to common intake procedures and data sharing among partners when appropriate. Referrals are made by the parties based on the initial evaluation of each individual's service needs using methods such as written, electronic, or phone referrals.
2. For written referrals, a referral form has been developed and all partners are encouraged to utilize the form. The form may be completed electronically and emailed or faxed. The receiving agency is asked to complete and return the form. Referrals can be made by all 13 counties in the Northern Middle Area.
3. The NMTWB's CSP staff track the referrals made by following-up with the customer and / or agency monthly if the form is not returned to ensure services are provided to the customer.
4. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB's CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).

#### **Duration, Amendment, and Dispute Resolution Procedures**

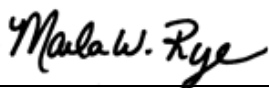
1. This Agreement becomes effective upon acceptance by the parties for execution of activities authorized by this MOU and shall remain in force until such time as one party calls for a modification, amendment, alteration of the terms or conditions contained herein or a maximum of three (3) years from the latest fully executed agreement.
2. All modifications must be in writing and must be mutually agreed upon by the parties. It is the NMTWB's responsibility to notify its service provider of any modifications to this MOU.
3. In the event that an impasse should arise between the parties regarding the terms and conditions, the performance, or administration of this Agreement, the parties agree to attempt to resolve disputes by mutually satisfactory negotiations. To this effect, they shall consult and negotiate with each other in good faith, and recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to all parties. Continued performance during disputes is assured.
4. In the event one of the parties would like to terminate this MOU, the parties agree to make a good faith effort to provide the other party at least 30 days of advance notice.

#### **Authority and Signatures**

1. By signing his / her name below, the signatory certifies he / she has read the information contained within this MOU and its attachments, if applicable, and all questions have been discussed and answered satisfactorily.
2. By signing this document, the signatory certifies that he / she has the legal authority to bind the respective agency the terms of the above named documents, and that this MOU expires either within 3 years from execution or upon amendment, modification, or termination.

#### **Northern Middle Tennessee Workforce Board, Inc.**

523 Madison Street; Suite A  
Clarksville, TN 37040



**Marla Rye, Executive Director**  
931-905-3500  
mrye@workforceessentials.com

5/01/2020

**Date**

**Youth Program Provider Agency Name: Centerstone**

Agency Address: \_\_\_\_\_

**Authorized Representative Name, Title**

**Date**

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Youth Program Provider Contact Person for Referrals**

Name: Andrea Son nabend

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Referral Method (Phone, Fax, Email, etc.): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_

*For agencies with multiple locations, please list additional contacts on the next page.*

**Service Description**

The Youth Partner Provider agrees to provide the selected services, as indicated by an X in the "Service Provided?" column, to eligible clients / participants upon referral:

| Element Number | Program Element   | Service Provided? | Additional Service Description / Details (if needed)                         |
|----------------|---|-------------------|--|
| 1              | Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent     |                   |  |
| 2              | Alternative secondary school services, or dropout recovery services, as appropriate   |                   |  |
| 3              | Paid and unpaid work experiences, that have an academic and occupational education component  |                   |  |
| 4              | Occupational skills training that leads to recognized postsecondary credentials   |                   |  |
| 5              | Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral (as appropriate)  | X                 | Facilities located in Davidson, Dickson, Montgomery, and Robertson counties. |
| 6              | Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors (as appropriate)                        |                   |  |
| 7              | Supportive Services   |                   |  |
| 8              | Adult mentoring for the period of participation and a subsequent period, for a minimum total of 12 months   |                   |  |
| 9              | Follow-up services, for a minimum of 12 months, after the completion of participation (as appropriate)  |                   |  |
| 10             | Financial Literacy Education  |                   |  |
| 11             | Entrepreneurial Skills Training   |                   |  |
| 12             | Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services |                   |  |
| 13             | Activities that help youth prepare for and transition to postsecondary education and training   |                   |  |

|    |  |  |  |
|----|--|--|--|
| 14 | Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster |  |  |
|----|--|--|--|

### Additional Youth Provider Contacts for Referrals

**Address:** \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: \_\_\_\_\_

\_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_

**Address:** \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_

**MEMORANDUM OF UNDERSTANDING BETWEEN  
the Northern Middle Tennessee Workforce Board  
AND  
Youth Partner Providers (Goodwill Industries)**

This Memorandum of Understanding (MOU) is between the Northern Middle Tennessee Workforce Board (NMTWB) and Youth Partner Providers, hereafter referred to as “the parties” for the period beginning on July 1, 2020 and ending on June 30, 2023, or until amended, modified, or terminated.

**Introduction**

The Workforce Innovation and Opportunity Act (WIOA) Title I Youth program serves teens and young adults, ages 16 to 24, who need assistance to further their education and / or successfully enter the workforce. The Youth program focuses on serving individuals who have one or more barriers to success. The NMTWB oversees the WIOA Youth Program in the Northern Middle Local Workforce Development Area (NMLWDA) which includes the counties of Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson. The NMTWB must ensure that the Youth program offers the 14 program elements required by WIOA.

The NMTWB’s Career Service Provider (CSP), Mid Cumberland Human Resource Agency (MCHRA), operates the WIOA Youth program in the NM LWDA through the American Job Centers located within each of the thirteen counties in the LWDA. The CSP is responsible for connecting program participants to appropriate services based on an evaluation of participants’ service needs. The Youth program services provided by MCHRA as the CSP, either directly or through referral, are outlined in the contract and Youth Service Strategy.

**Purpose of the MOU**

The purpose of this MOU is to ensure that teens and young adults participating in the WIOA Youth program in the NM LWDA have access to the required 14 elements. Through this MOU, Youth Partner Providers agree to provide Youth program participants, and other individuals, the services shown on the attached *Service Description* upon referral from the CSP and / or other American Job Center partners.

**Terms of the MOU**

1. This MOU is not a commitment or obligation of funds to the NMTWB on behalf of the Youth Partner Provider or the Provider on behalf of the NMTWB.
2. Parties agree to adhere to the referral process as outlined below.
3. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB’s CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).
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5. The parties agree to strive for physical accessibility in accordance with WIOA Sec. 121 (c)(2)(A)(iv)), WIOA Final Rules §678.500(b), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq).
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#### **Northern Middle Tennessee Workforce Board, Inc.**

523 Madison Street; Suite A  
Clarksville, TN 37040



Marla Rye, Executive Director  
931-905-3500  
mrye@workforceessentials.com

5/1/2020

Date

**Youth Program Provider Agency Name:** Goodwill Industries

**Agency Address:**

Matthew G. Glover Vice President of 6/10/2020  
**Authorized Representative Name, Title** Mission Administrator **Date**

**Phone Number** 615 715 5636

**Email Address** matth.glover@givegw.org

**Youth Program Provider Contact Person for Referrals**

**Name:** Rebecca Vance Becky Carrier

**Phone Number:** 615-346-1841

**Fax Number:** \_\_\_\_\_

**Email Address:** giveit2goodwill.org

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Additional Instructions for Referrals:** Debbie Grant - debbie.grant@givegw.org 615-346-1237

*For agencies with multiple locations, please list additional contacts on the next page.*

### Service Description

The Youth Partner Provider agrees to provide the selected services, as indicated by an X in the "Service Provided?" column, to eligible clients / participants upon referral:

| Element Number | Program Element   | Service Provided? | Additional Service Description / Details (if needed)   |
|----------------|---|-------------------|--|
| 1              | Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent     |                   |  |
| 2              | Alternative secondary school services, or dropout recovery services, as appropriate   |                   |  |
| 3              | Paid and unpaid work experiences, that have an academic and occupational education component  | X                 | To use Goodwill as a paid work experience employer site  |
| 4              | Occupational skills training that leads to recognized postsecondary credentials   |                   |  |
| 5              | Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral (as appropriate)  |                   |  |
| 6              | Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors (as appropriate)                        |                   |  |
| 7              | Supportive Services   |                   |  |
| 8              | Adult mentoring for the period of participation and a subsequent period, for a minimum total of 12 months   |                   |  |
| 9              | Follow-up services, for a minimum of 12 months, after the completion of participation (as appropriate)  |                   |  |
| 10             | Financial Literacy Education  |                   |  |
| 11             | Entrepreneurial Skills Training   |                   |  |
| 12             | Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services | X                 | Opportunities to participate in job fairs hosted by Goodwill   |
| 13             | Activities that help youth prepare for and transition to postsecondary education and training   |                   |  |
| 14             | Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster  | X                 | Trainings offered through Goodwill Training Centers<br>Goodwill Youth Apprenticeship Readiness Grant |

**MEMORANDUM OF UNDERSTANDING BETWEEN  
the Northern Middle Tennessee Workforce Board  
AND  
Youth Partner Providers (Ticket to Work)**

This Memorandum of Understanding (MOU) is between the Northern Middle Tennessee Workforce Board (NMTWB) and Youth Partner Providers, hereafter referred to as “the parties” for the period beginning on July 1, 2020 and ending on June 30, 2023, or until amended, modified, or terminated.

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**Purpose of the MOU**

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2. Parties agree to adhere to the referral process as outlined below.
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#### **Northern Middle Tennessee Workforce Board, Inc.**

523 Madison Street; Suite A  
Clarksville, TN 37040



Marla Rye, Executive Director  
931-905-3500  
mrye@workforceessentials.com

06/05/2020

Date

**Youth Program Provider Agency Name: Ticket To Work**

**Agency Address: 523 Madison Street; Suite B; Clarksville, TN 37040**

  
**Authorized Representative Name, Title**

**6/5/2020**

**Date**

**Phone Number: 931-905-3544**

**Email Address: shancock@workforceessentials.com**

**Youth Program Provider Contact Person for Referrals**

**Name: Sharyn Hancock**

**Email Address: shancock@workforceessentials.com**

**Phone Number: 931-905 -3544**

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number:**

**Additional Instructions for Referrals:**

*For agencies with multiple locations, please list additional contacts on the next page.*

**Service Description**

The Youth Partner Provider agrees to provide the selected services, as indicated by an X in the "Service Provided?" column, to eligible clients / participants upon referral:

| Element Number | Program Element   | Service Provided? | Additional Service Description / Details (if needed) |
|----------------|---|-------------------|--|
| 1              | Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent     |                   |  |
| 2              | Alternative secondary school services, or dropout recovery services, as appropriate   |                   |  |
| 3              | Paid and unpaid work experiences, that have an academic and occupational education component  | X                 |  |
| 4              | Occupational skills training that leads to recognized postsecondary credentials   |                   |  |
| 5              | Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral (as appropriate)  | X                 |  |
| 6              | Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors (as appropriate)                        | X                 |  |
| 7              | Supportive Services   |                   |  |
| 8              | Adult mentoring for the period of participation and a subsequent period, for a minimum total of 12 months   | X                 |  |
| 9              | Follow-up services, for a minimum of 12 months, after the completion of participation (as appropriate)  | X                 |  |
| 10             | Financial Literacy Education  | X                 |  |
| 11             | Entrepreneurial Skills Training   |                   |  |
| 12             | Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services | X                 |  |
| 13             | Activities that help youth prepare for and transition to postsecondary education and training   | X                 |  |

|    |  |   |  |
|----|--|---|--|
| 14 | Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster | X |  |
|----|--|---|--|

#### Additional Youth Provider Contacts for Referrals

**Address:** 1598 Greenlea Blvd; Gallatin, TN 37066

**Name:** Susie Bourque

**Email Address:** sbourque@workforceessentials.com

**Phone Number:** 615-206-6602

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number:** \_\_\_\_\_

**Additional Instructions for Referrals:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**Additional Instructions for Referrals:** \_\_\_\_\_

**MEMORANDUM OF UNDERSTANDING BETWEEN**  
**the Northern Middle Tennessee Workforce Board**  
**AND**  
**Youth Partner Providers (TN State University SBDC)**

This Memorandum of Understanding (MOU) is between the Northern Middle Tennessee Workforce Board (NMTWB) and Youth Partner Providers, hereafter referred to as “the parties” for the period beginning on July 1, 2020 and ending on June 30, 2023, or until amended, modified, or terminated.

**Introduction**

The Workforce Innovation and Opportunity Act (WIOA) Title I Youth program serves teens and young adults, ages 16 to 24, who need assistance to further their education and / or successfully enter the workforce. The Youth program focuses on serving individuals who have one or more barriers to success. The NMTWB oversees the WIOA Youth Program in the Northern Middle Local Workforce Development Area (NMLWDA) which includes the counties of Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson. The NMTWB must ensure that the Youth program offers the 14 program elements required by WIOA.

The NMTWB’s Career Service Provider (CSP), Mid Cumberland Human Resource Agency (MCHRA), operates the WIOA Youth program in the NM LWDA through the American Job Centers located within each of the thirteen counties in the LWDA. The CSP is responsible for connecting program participants to appropriate services based on an evaluation of participants’ service needs. The Youth program services provided by MCHRA as the CSP, either directly or through referral, are outlined in the contract and Youth Service Strategy.

**Purpose of the MOU**

The purpose of this MOU is to ensure that teens and young adults participating in the WIOA Youth program in the NM LWDA have access to the required 14 elements. Through this MOU, Youth Partner Providers agree to provide Youth program participants, and other individuals, the services shown on the attached *Service Description* upon referral from the CSP and / or other American Job Center partners.

**Terms of the MOU**

1. This MOU is not a commitment or obligation of funds to the NMTWB on behalf of the Youth Partner Provider or the Provider on behalf of the NMTWB.
2. Parties agree to adhere to the referral process as outlined below.
3. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB’s CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).
4. Parties agree to provide programmatic accessibility by administering programs and services in the most integrated setting appropriate, communicating with persons with disabilities as effectively as with others, and providing appropriate auxiliary aids or services (29 CFR 38.7-38.9).
5. The parties agree to strive for physical accessibility in accordance with WIOA Sec. 121 (c)(2)(A)(iv)), WIOA Final Rules §678.500(b), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq).
6. The parties to this MOU agree that they will comply fully with the non-discrimination and equal opportunity provisions of: (1) Workforce Innovation and Opportunity Act Section 188, (2) Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq), (3) Nontraditional Employment for Women Act of 1991, (4) Civil Rights of 1964 Title VI (as amended), (5) Rehabilitation Act of 1973 Section 504 (as amended), (6) Age Discrimination Act of 1967 (as amended), and (7) Education Amendments of 1972 Title IX (as

amended). Parties must also adhere to requirements imposed by, or pursuant to, regulations implementing these laws – including but not limited to 29 CFR 37-38.

#### **Referral Process**

1. Methods of referrals strive towards a coordinated and integrated approach to common intake procedures and data sharing among partners when appropriate. Referrals are made by the parties based on the initial evaluation of each individual's service needs using methods such as written, electronic, or phone referrals.
2. For written referrals, a referral form has been developed and all partners are encouraged to utilize the form. The form may be completed electronically and emailed or faxed. The receiving agency is asked to complete and return the form. Referrals can be made by all 13 counties in the Northern Middle Area.
3. The NMTWB's CSP staff track the referrals made by following-up with the customer and / or agency monthly if the form is not returned to ensure services are provided to the customer.
4. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB's CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).

#### **Duration, Amendment, and Dispute Resolution Procedures**

1. This Agreement becomes effective upon acceptance by the parties for execution of activities authorized by this MOU and shall remain in force until such time as one party calls for a modification, amendment, alteration of the terms or conditions contained herein or a maximum of three (3) years from the latest fully executed agreement.
2. All modifications must be in writing and must be mutually agreed upon by the parties. It is the NMTWB's responsibility to notify its service provider of any modifications to this MOU.
3. In the event that an impasse should arise between the parties regarding the terms and conditions, the performance, or administration of this Agreement, the parties agree to attempt to resolve disputes by mutually satisfactory negotiations. To this effect, they shall consult and negotiate with each other in good faith, and recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to all parties. Continued performance during disputes is assured.
4. In the event one of the parties would like to terminate this MOU, the parties agree to make a good faith effort to provide the other party at least 30 days of advance notice.

#### **Authority and Signatures**

1. By signing his / her name below, the signatory certifies he / she has read the information contained within this MOU and its attachments, if applicable, and all questions have been discussed and answered satisfactorily.
2. By signing this document, the signatory certifies that he / she has the legal authority to bind the respective agency the terms of the above named documents, and that this MOU expires either within 3 years from execution or upon amendment, modification, or termination.

#### **Northern Middle Tennessee Workforce Board, Inc.**

523 Madison Street; Suite A  
Clarksville, TN 37040



Marla Rye, Executive Director  
931-905-3500  
mrye@workforceessentials.com

05/04/2020

Date

**Youth Program Provider Agency Name: Tennessee State University SBDC**

**Agency Address: 330 10<sup>th</sup> Ave. North Nashville Tn 37203**

**Authorized Representative Name, Title Gregory Jones Small Business Specialist**

**6/9/20 Date**

**Phone Number 615-963-7253**

**Email Address: gjones@tsbdc.org**

*Gregory Jones*

**Youth Program Provider Contact Person for Referrals**

**Name: Mr. Gregory Jones**

**Email Address: gjones@tsbdc.org**

**Phone Number: 615-963-7253**

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number: 615-963-7160**

**Additional Instructions for Referrals:**

*For agencies with multiple locations, please list additional contacts on the next page.*

**Service Description**

The Youth Partner Provider agrees to provide the selected services, as indicated by an X in the "Service Provided?" column, to eligible clients / participants upon referral:

| Element Number | Program Element   | Service Provided? | Additional Service Description / Details (if needed) |
|----------------|---|-------------------|--|
| 1              | Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent     |                   |  |
| 2              | Alternative secondary school services, or dropout recovery services, as appropriate   |                   |  |
| 3              | Paid and unpaid work experiences, that have an academic and occupational education component  |                   |  |
| 4              | Occupational skills training that leads to recognized postsecondary credentials   |                   |  |
| 5              | Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral (as appropriate)  |                   |  |
| 6              | Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors (as appropriate)                        |                   |  |
| 7              | Supportive Services   |                   |  |
| 8              | Adult mentoring for the period of participation and a subsequent period, for a minimum total of 12 months   |                   |  |
| 9              | Follow-up services, for a minimum of 12 months, after the completion of participation (as appropriate)  |                   |  |
| 10             | Financial Literacy Education  |                   |  |
| 11             | Entrepreneurial Skills Training   | X                 | Davidson County Location                             |
| 12             | Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services |                   |  |
| 13             | Activities that help youth prepare for and transition to postsecondary education and training   |                   |  |
| 14             | Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster  |                   |  |

**MEMORANDUM OF UNDERSTANDING BETWEEN  
the Northern Middle Tennessee Workforce Board  
AND  
Youth Partner Providers (Project Return)**

This Memorandum of Understanding (MOU) is between the Northern Middle Tennessee Workforce Board (NMTWB) and Youth Partner Providers, hereafter referred to as “the parties” for the period beginning on July 1, 2020 and ending on June 30, 2023, or until amended, modified, or terminated.

**Introduction**

The Workforce Innovation and Opportunity Act (WIOA) Title I Youth program serves teens and young adults, ages 16 to 24, who need assistance to further their education and / or successfully enter the workforce. The Youth program focuses on serving individuals who have one or more barriers to success. The NMTWB oversees the WIOA Youth Program in the Northern Middle Local Workforce Development Area (NMLWDA) which includes the counties of Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson. The NMTWB must ensure that the Youth program offers the 14 program elements required by WIOA.

The NMTWB’s Career Service Provider (CSP), Mid Cumberland Human Resource Agency (MCHRA), operates the WIOA Youth program in the NM LWDA through the American Job Centers located within each of the thirteen counties in the LWDA. The CSP is responsible for connecting program participants to appropriate services based on an evaluation of participants’ service needs. The Youth program services provided by MCHRA as the CSP, either directly or through referral, are outlined in the contract and Youth Service Strategy.

**Purpose of the MOU**

The purpose of this MOU is to ensure that teens and young adults participating in the WIOA Youth program in the NM LWDA have access to the required 14 elements. Through this MOU, Youth Partner Providers agree to provide Youth program participants, and other individuals, the services shown on the attached *Service Description* upon referral from the CSP and / or other American Job Center partners.

**Terms of the MOU**

1. This MOU is not a commitment or obligation of funds to the NMTWB on behalf of the Youth Partner Provider or the Provider on behalf of the NMTWB.
2. Parties agree to adhere to the referral process as outlined below.
3. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB’s CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).
4. Parties agree to provide programmatic accessibility by administering programs and services in the most integrated setting appropriate, communicating with persons with disabilities as effectively as with others, and providing appropriate auxiliary aids or services (29 CFR 38.7-38.9).
5. The parties agree to strive for physical accessibility in accordance with WIOA Sec. 121 (c)(2)(A)(iv)), WIOA Final Rules §678.500(b), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq).
6. The parties to this MOU agree that they will comply fully with the non-discrimination and equal opportunity provisions of: (1) Workforce Innovation and Opportunity Act Section 188, (2) Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq), (3) Nontraditional Employment for Women Act of 1991, (4) Civil Rights of 1964 Title VI (as amended), (5) Rehabilitation Act of 1973 Section 504 (as amended), (6) Age Discrimination Act of 1967 (as amended), and (7) Education Amendments of 1972 Title IX (as

amended). Parties must also adhere to requirements imposed by, or pursuant to, regulations implementing these laws – including but not limited to 29 CFR 37-38.

### **Referral Process**

1. Methods of referrals strive towards a coordinated and integrated approach to common intake procedures and data sharing among partners when appropriate. Referrals are made by the parties based on the initial evaluation of each individual's service needs using methods such as written, electronic, or phone referrals.
2. For written referrals, a referral form has been developed and all partners are encouraged to utilize the form. The form may be completed electronically and emailed or faxed. The receiving agency is asked to complete and return the form. Referrals can be made by all 13 counties in the Northern Middle Area.
3. The NMTWB's CSP staff track the referrals made by following-up with the customer and / or agency monthly if the form is not returned to ensure services are provided to the customer.
4. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB's CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).

### **Duration, Amendment, and Dispute Resolution Procedures**

1. This Agreement becomes effective upon acceptance by the parties for execution of activities authorized by this MOU and shall remain in force until such time as one party calls for a modification, amendment, alteration of the terms or conditions contained herein or a maximum of three (3) years from the latest fully executed agreement.
2. All modifications must be in writing and must be mutually agreed upon by the parties. It is the NMTWB's responsibility to notify its service provider of any modifications to this MOU.
3. In the event that an impasse should arise between the parties regarding the terms and conditions, the performance, or administration of this Agreement, the parties agree to attempt to resolve disputes by mutually satisfactory negotiations. To this effect, they shall consult and negotiate with each other in good faith, and recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to all parties. Continued performance during disputes is assured.
4. In the event one of the parties would like to terminate this MOU, the parties agree to make a good faith effort to provide the other party at least 30 days of advance notice.

### **Authority and Signatures**

1. By signing his / her name below, the signatory certifies he / she has read the information contained within this MOU and its attachments, if applicable, and all questions have been discussed and answered satisfactorily.
2. By signing this document, the signatory certifies that he / she has the legal authority to bind the respective agency the terms of the above named documents, and that this MOU expires either within 3 years from execution or upon amendment, modification, or termination.

### **Northern Middle Tennessee Workforce Board, Inc.**

523 Madison Street; Suite A  
Clarksville, TN 37040



Marla Rye, Executive Director  
931-905-3500  
mrye@workforceessentials.com

06/09/2020  
Date



**Youth Program Provider Agency Name: Project Return**

Agency Address: 806 4<sup>th</sup> Avenue South; Nashville, TN 37210

  
Bettie Kirkland, CEO

Phone Number: 615-327-9654

Email Address: bkirkland@projectreturninc.org

6-11-20

Date

**Youth Program Provider Contact Person for Referrals**

Name: Jeruel Taylor

Email Address: jtaylor@projectreturninc.org

Phone Number: 615-327-9654

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: N/A

Email

Additional Instructions for Referrals:

*For agencies with multiple locations, please list additional contacts on the next page.*

**Service Description**

The Youth Partner Provider agrees to provide the selected services, as indicated by an X in the "Service Provided?" column, to eligible clients / participants upon referral:

| Element Number | Program Element   | Service Provided? | Additional Service Description / Details (if needed) |
|----------------|---|-------------------|--|
| 1              | Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent     |                   |  |
| 2              | Alternative secondary school services, or dropout recovery services, as appropriate   |                   |  |
| 3              | Paid and unpaid work experiences, that have an academic and occupational education component  | X                 | (Re-Entry Eligible Participants)                     |
| 4              | Occupational skills training that leads to recognized postsecondary credentials   |                   |  |
| 5              | Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral (as appropriate)  | X                 | (Re-Entry Eligible Participants)                     |
| 6              | Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors (as appropriate)                        |                   |  |
| 7              | Supportive Services   | X                 | (Re-Entry Eligible Participants)                     |
| 8              | Adult mentoring for the period of participation and a subsequent period, for a minimum total of 12 months   |                   |  |
| 9              | Follow-up services, for a minimum of 12 months, after the completion of participation (as appropriate)  | X                 | (Re-Entry Eligible Participants)                     |
| 10             | Financial Literacy Education  |                   |  |
| 11             | Entrepreneurial Skills Training   |                   |  |
| 12             | Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services | X                 | (Re-Entry Eligible Participants)                     |
| 13             | Activities that help youth prepare for and transition to postsecondary education and training   |                   |  |
| 14             | Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster  |                   |  |

**MEMORANDUM OF UNDERSTANDING BETWEEN  
the Northern Middle Tennessee Workforce Board  
AND  
Youth Partner Providers (Pre-ETS)**

This Memorandum of Understanding (MOU) is between the Northern Middle Tennessee Workforce Board (NMTWB) and Youth Partner Providers, hereafter referred to as “the parties” for the period beginning on July 1, 2020 and ending on June 30, 2023, or until amended, modified, or terminated.

**Introduction**

The Workforce Innovation and Opportunity Act (WIOA) Title I Youth program serves teens and young adults, ages 16 to 24, who need assistance to further their education and / or successfully enter the workforce. The Youth program focuses on serving individuals who have one or more barriers to success. The NMTWB oversees the WIOA Youth Program in the Northern Middle Local Workforce Development Area (NMLWDA) which includes the counties of Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson. The NMTWB must ensure that the Youth program offers the 14 program elements required by WIOA.

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**Purpose of the MOU**

The purpose of this MOU is to ensure that teens and young adults participating in the WIOA Youth program in the NM LWDA have access to the required 14 elements. Through this MOU, Youth Partner Providers agree to provide Youth program participants, and other individuals, the services shown on the attached *Service Description* upon referral from the CSP and / or other American Job Center partners.

**Terms of the MOU**

1. This MOU is not a commitment or obligation of funds to the NMTWB on behalf of the Youth Partner Provider or the Provider on behalf of the NMTWB.
2. Parties agree to adhere to the referral process as outlined below.
3. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB’s CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).
4. Parties agree to provide programmatic accessibility by administering programs and services in the most integrated setting appropriate, communicating with persons with disabilities as effectively as with others, and providing appropriate auxiliary aids or services (29 CFR 38.7-38.9).
5. The parties agree to strive for physical accessibility in accordance with WIOA Sec. 121 (c)(2)(A)(iv)), WIOA Final Rules §678.500(b), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq).
6. The parties to this MOU agree that they will comply fully with the non-discrimination and equal opportunity provisions of: (1) Workforce Innovation and Opportunity Act Section 188, (2) Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq), (3) Nontraditional Employment for Women Act of 1991, (4) Civil Rights of 1964 Title VI (as amended), (5) Rehabilitation Act of 1973 Section 504 (as amended), (6) Age Discrimination Act of 1967 (as amended), and (7) Education Amendments of 1972 Title IX (as

amended). Parties must also adhere to requirements imposed by, or pursuant to, regulations implementing these laws – including but not limited to 29 CFR 37-38.

#### **Referral Process**

1. Methods of referrals strive towards a coordinated and integrated approach to common intake procedures and data sharing among partners when appropriate. Referrals are made by the parties based on the initial evaluation of each individual's service needs using methods such as written, electronic, or phone referrals.
2. For written referrals, a referral form has been developed and all partners are encouraged to utilize the form. The form may be completed electronically and emailed or faxed. The receiving agency is asked to complete and return the form. Referrals can be made by all 13 counties in the Northern Middle Area.
3. The NMTWB's CSP staff track the referrals made by following-up with the customer and / or agency monthly if the form is not returned to ensure services are provided to the customer.
4. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB's CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).

#### **Duration, Amendment, and Dispute Resolution Procedures**

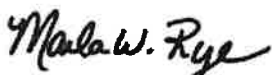
1. This Agreement becomes effective upon acceptance by the parties for execution of activities authorized by this MOU and shall remain in force until such time as one party calls for a modification, amendment, alteration of the terms or conditions contained herein or a maximum of three (3) years from the latest fully executed agreement.
2. All modifications must be in writing and must be mutually agreed upon by the parties. It is the NMTWB's responsibility to notify its service provider of any modifications to this MOU.
3. In the event that an impasse should arise between the parties regarding the terms and conditions, the performance, or administration of this Agreement, the parties agree to attempt to resolve disputes by mutually satisfactory negotiations. To this effect, they shall consult and negotiate with each other in good faith, and recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to all parties. Continued performance during disputes is assured.
4. In the event one of the parties would like to terminate this MOU, the parties agree to make a good faith effort to provide the other party at least 30 days of advance notice.

#### **Authority and Signatures**

1. By signing his / her name below, the signatory certifies he / she has read the information contained within this MOU and its attachments, if applicable, and all questions have been discussed and answered satisfactorily.
2. By signing this document, the signatory certifies that he / she has the legal authority to bind the respective agency the terms of the above named documents, and that this MOU expires either within 3 years from execution or upon amendment, modification, or termination.

#### **Northern Middle Tennessee Workforce Board, Inc.**

523 Madison Street; Suite A  
Clarksville, TN 37040




Marla Rye, Executive Director  
931-905-3500  
mrye@workforceessentials.com

06/05/2020

Date

**Youth Program Provider Agency Name: Pre-Employment Transition Services (Pre-ETS)**

**Agency Address: 523 Madison Street; Suite B; Clarksville, TN 37040**

  
**Authorized Representative Name, Title**

6/5/2020

**Date**

**Phone Number: 931-905-3544**

**Email Address: shancock@workforceessentials.com**

**Youth Program Provider Contact Person for Referrals**

**Name: Bethany Valentin**

**Email Address: bvalentin@workforceessentials.com**

**Phone Number: 931-905 -3543**

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number: \_\_\_\_\_**

**Call to verify schools we are working with \_\_\_\_\_**

**Additional Instructions for Referrals: Montgomery, Cheatham, Davidson, Robertson Counties**

*For agencies with multiple locations, please list additional contacts on the next page.*

**Service Description**

The Youth Partner Provider agrees to provide the selected services, as indicated by an X in the "Service Provided?" column, to eligible clients / participants upon referral:

| Element Number | Program Element   | Service Provided? | Additional Service Description / Details (if needed) |
|----------------|---|-------------------|--|
| 1              | Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent     |                   |  |
| 2              | Alternative secondary school services, or dropout recovery services, as appropriate   |                   |  |
| 3              | Paid and unpaid work experiences, that have an academic and occupational education component  | X                 |  |
| 4              | Occupational skills training that leads to recognized postsecondary credentials   |                   |  |
| 5              | Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral (as appropriate)  | X                 |  |
| 6              | Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors (as appropriate)                        | X                 |  |
| 7              | Supportive Services   |                   |  |
| 8              | Adult mentoring for the period of participation and a subsequent period, for a minimum total of 12 months   | X                 |  |
| 9              | Follow-up services, for a minimum of 12 months, after the completion of participation (as appropriate)  |                   |  |
| 10             | Financial Literacy Education  | X                 |  |
| 11             | Entrepreneurial Skills Training   |                   |  |
| 12             | Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services | X                 |  |
| 13             | Activities that help youth prepare for and transition to postsecondary education and training   | X                 |  |

|    |  |   |  |
|----|--|---|--|
| 14 | Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster | X |  |
|----|--|---|--|

#### Additional Youth Provider Contacts for Referrals

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number:** \_\_\_\_\_

**Additional Instructions for Referrals:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number:** \_\_\_\_\_

**Additional Instructions for Referrals:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**Additional Instructions for Referrals:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number:** \_\_\_\_\_

**Additional Instructions for Referrals:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number:** \_\_\_\_\_

**Additional Instructions for Referrals:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Preferred Referral Method (Phone, Fax, Email, etc.):**

**Fax Number:** \_\_\_\_\_

**Additional Instructions for Referrals:** \_\_\_\_\_

**MEMORANDUM OF UNDERSTANDING BETWEEN  
the Northern Middle Tennessee Workforce Board  
AND  
Youth Partner Providers (Nashville Reconnect)**

This Memorandum of Understanding (MOU) is between the Northern Middle Tennessee Workforce Board (NMTWB) and Youth Partner Providers, hereafter referred to as “the parties” for the period beginning on July 1, 2020 and ending on June 30, 2023, or until amended, modified, or terminated.

**Introduction**

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The NMTWB’s Career Service Provider (CSP), Mid Cumberland Human Resource Agency (MCHRA), operates the WIOA Youth program in the NM LWDA through the American Job Centers located within each of the thirteen counties in the LWDA. The CSP is responsible for connecting program participants to appropriate services based on an evaluation of participants’ service needs. The Youth program services provided by MCHRA as the CSP, either directly or through referral, are outlined in the contract and Youth Service Strategy.

**Purpose of the MOU**

The purpose of this MOU is to ensure that teens and young adults participating in the WIOA Youth program in the NM LWDA have access to the required 14 elements. Through this MOU, Youth Partner Providers agree to provide Youth program participants, and other individuals, the services shown on the attached *Service Description* upon referral from the CSP and / or other American Job Center partners.

**Terms of the MOU**

1. This MOU is not a commitment or obligation of funds to the NMTWB on behalf of the Youth Partner Provider or the Provider on behalf of the NMTWB.
2. Parties agree to adhere to the referral process as outlined below.
3. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB’s CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).
4. Parties agree to provide programmatic accessibility by administering programs and services in the most integrated setting appropriate, communicating with persons with disabilities as effectively as with others, and providing appropriate auxiliary aids or services (29 CFR 38.7-38.9).
5. The parties agree to strive for physical accessibility in accordance with WIOA Sec. 121 (c)(2)(A)(iv)), WIOA Final Rules §678.500(b), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq).
6. The parties to this MOU agree that they will comply fully with the non-discrimination and equal opportunity provisions of: (1) Workforce Innovation and Opportunity Act Section 188, (2) Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq), (3) Nontraditional Employment for Women Act of 1991, (4) Civil Rights of 1964 Title VI (as amended), (5) Rehabilitation Act of 1973 Section 504 (as amended), (6) Age Discrimination Act of 1967 (as amended), and (7) Education Amendments of 1972 Title IX (as

amended). Parties must also adhere to requirements imposed by, or pursuant to, regulations implementing these laws – including but not limited to 29 CFR 37-38.

#### **Referral Process**

1. Methods of referrals strive towards a coordinated and integrated approach to common intake procedures and data sharing among partners when appropriate. Referrals are made by the parties based on the initial evaluation of each individual's service needs using methods such as written, electronic, or phone referrals.
2. For written referrals, a referral form has been developed and all partners are encouraged to utilize the form. The form may be completed electronically and emailed or faxed. The receiving agency is asked to complete and return the form. Referrals can be made by all 13 counties in the Northern Middle Area.
3. The NMTWB's CSP staff track the referrals made by following-up with the customer and / or agency monthly if the form is not returned to ensure services are provided to the customer.
4. If the Youth Partner Provider is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to the NMTWB's CSP, MCHRA, no later than 10 business days after it is unable to provide the service(s) with an explanation as to why it was unable to provide the service(s).

#### **Duration, Amendment, and Dispute Resolution Procedures**

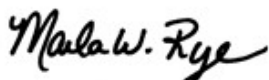
1. This Agreement becomes effective upon acceptance by the parties for execution of activities authorized by this MOU and shall remain in force until such time as one party calls for a modification, amendment, alteration of the terms or conditions contained herein or a maximum of three (3) years from the latest fully executed agreement.
2. All modifications must be in writing and must be mutually agreed upon by the parties. It is the NMTWB's responsibility to notify its service provider of any modifications to this MOU.
3. In the event that an impasse should arise between the parties regarding the terms and conditions, the performance, or administration of this Agreement, the parties agree to attempt to resolve disputes by mutually satisfactory negotiations. To this effect, they shall consult and negotiate with each other in good faith, and recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to all parties. Continued performance during disputes is assured.
4. In the event one of the parties would like to terminate this MOU, the parties agree to make a good faith effort to provide the other party at least 30 days of advance notice.

#### **Authority and Signatures**

1. By signing his / her name below, the signatory certifies he / she has read the information contained within this MOU and its attachments, if applicable, and all questions have been discussed and answered satisfactorily.
2. By signing this document, the signatory certifies that he / she has the legal authority to bind the respective agency the terms of the above named documents, and that this MOU expires either within 3 years from execution or upon amendment, modification, or termination.

#### **Northern Middle Tennessee Workforce Board, Inc.**

523 Madison Street; Suite A  
Clarksville, TN 37040



**Marla Rye, Executive Director**  
931-905-3500  
mrye@workforceessentials.com

**06/09/2020**

**Date**

**Youth Program Provider Agency Name:** Nashville Reconnect/Nashville Area Chamber of Commerce

**Agency Address:** 500 11<sup>th</sup> Ave N, Suite 200, Nashville, TN 37203

*Laura Ward*

06/09/2020

**Laura Ward Vice President, Talent Development**

**Date**

Phone Number: 615-743-3046

**Email Address:** lward@nashvillechamber.com

**Youth Program Provider Contact Person for Referrals**

Name: Laura Ward

Email Address: lward@nashvillechamber.com

Phone Number: 615-743-3046

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: \_\_\_\_\_

Email \_\_\_\_\_

Additional Instructions for Referrals: Complete intake form at <https://formstack.io/59794>

*For agencies with multiple locations, please list additional contacts on the next page.*

**Service Description**

The Youth Partner Provider agrees to provide the selected services, as indicated by an X in the "Service Provided?" column, to eligible clients / participants upon referral:

| Element Number | Program Element   | Service Provided? | Additional Service Description / Details (if needed) |
|----------------|---|-------------------|--|
| 1              | Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent     |                   |  |
| 2              | Alternative secondary school services, or dropout recovery services, as appropriate   |                   |  |
| 3              | Paid and unpaid work experiences, that have an academic and occupational education component  |                   |  |
| 4              | Occupational skills training that leads to recognized postsecondary credentials   |                   |  |
| 5              | Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral (as appropriate)  |                   |  |
| 6              | Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors (as appropriate)                        |                   |  |
| 7              | Supportive Services   |                   |  |
| 8              | Adult mentoring for the period of participation and a subsequent period, for a minimum total of 12 months   |                   |  |
| 9              | Follow-up services, for a minimum of 12 months, after the completion of participation (as appropriate)  |                   |  |
| 10             | Financial Literacy Education  |                   |  |
| 11             | Entrepreneurial Skills Training   |                   |  |
| 12             | Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services |                   |  |
| 13             | Activities that help youth prepare for and transition to postsecondary education and training   | X                 | Provided in Nashville-Davidson County                |
| 14             | Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster  |                   |  |



### Additional Youth Provider Contacts for Referrals

**Address:** \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: \_\_\_\_\_

\_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_

**Address:** \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: \_\_\_\_\_

\_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_

**Address:** \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: \_\_\_\_\_

\_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_

**Address:** \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: \_\_\_\_\_

\_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_

**Address:** \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: \_\_\_\_\_

\_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_

**Address:** \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Referral Method (Phone, Fax, Email, etc.):

Fax Number: \_\_\_\_\_

\_\_\_\_\_

Additional Instructions for Referrals: \_\_\_\_\_