



Community Partnership Agreement

The Community Council of Idaho, Inc., (CC Idaho) is a community based organization dedicated to the provision of quality services, assistance and endeavors which will positively and indelibly impact the quality of life of our primary service recipients, who are the State's farm workers and the rural poor.

Name of Agency: Idaho Falls Public Library

Agency's Address: 457 W Broadway Street
Street
Idaho Falls, ID 83402
City State Zip

Agency's Phone :(208) 612-8460 Email: _____

Agency's Purpose/Mission:

"The Idaho Falls Public Library provides materials of popular interest to the community, emphasizes and encourages reading by children, supplements the learning and educational needs of the community, and furnishes timely, accurate information."

CC Idaho, MSHS Center(s):	Contact Person	Phone Number
<u>La Estrellita</u>	<u>Kelly Harrison</u>	<u>(208) 524-1339</u>
<u>La Estrellita</u>	<u>Angeles Gil</u>	<u>(208) 524-1339</u>
<u>El Castillito</u>	<u>Sidney Cluff</u>	<u>(208) 522-6236</u>

CC Idaho/MSHS Program Objectives:

We will promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

Community Partner agrees to:

1. Meet in person each year to provide up to date eligibility requirements and program services including the referral process.
2. Refer potential eligible families to CC Idaho, MSHS for services.
3. Communicate opportunities to collaborate in agency and/or community events.
4. Other: **Inform CC Idaho Migrant Seasonal Head Start of upcoming events which would include Children and Family Education/Services offered by the Library.**

CC Idaho, MSHS agrees to:

1. Meet each year to provide updates on eligibility requirements and program services including the referral process.
2. Refer potential eligible families to community partner for services.
3. Communicate opportunities to collaborate in agency and/or community events including training(s).
4. Other: **Inform Families of the services that are offered at the Library as well as the computer and printing lab, free wifi access, and any upcoming events.**

The parties to this agreement will not discriminate as to the acceptance, determination of services or employment in regard to race, color, sex, religion, national origin, age and disability.

Duration of Agreement:

5/ /2020


Date signed

5/15/2022

Expiration date

Kelly Harrison Education Coordinator
CC Idaho, MSHS Name & Title

Community Partner Name & Title


Signature

Signature

Contact person for Agency

If unable to complete the Community Partnership Agreement, please explain:

If the Community Partner refused to sign the form yet agreed to an informal partnership, please explain:

Service Provided:

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Child Abuse & Neglect Services |
| <input checked="" type="checkbox"/> Parenting Education/Literacy | <input type="checkbox"/> Job Training | <input type="checkbox"/> Early Intervention Assistance |
| <input type="checkbox"/> Housing/Utilities | <input type="checkbox"/> Domestic Violence Service | <input type="checkbox"/> Mental Health/Counseling |
| <input type="checkbox"/> Clothing/Food | <input type="checkbox"/> Transportation | <input type="checkbox"/> Family Health Services |
| <input type="checkbox"/> Adult Education (GED/ESL) | <input type="checkbox"/> Nutrition Services | <input type="checkbox"/> Disability Services |
| <input type="checkbox"/> Substance Abuse Prevention/Treatment | <input type="checkbox"/> Health Ed. (including Prenatal) | <input type="checkbox"/> Marriage Ed. |
| <input type="checkbox"/> Asset Building Service | <input type="checkbox"/> Assistance to families of incarcerated | |
| <input type="checkbox"/> Transitions | <input type="checkbox"/> Parent Involvement | <input type="checkbox"/> Child Support/Legal Assistance |
| <input type="checkbox"/> Emergency/Crisis Assistance | <input checked="" type="checkbox"/> Other specify): <i>1000 Books Before Kindergarten</i> | |

*Early Literacy challenges: Extreme Book Need
Extreme Book Need for kids, & kinder prep.*

Office Hours:

24 hours a day/7 days a week

Male Only Female Only Both

OR

Monday: from: 10 to 9

Age Served:

Tuesday: from: 10 to 9

All OR From: _____ to _____

Wednesday from: 10 to 9

Thursday from: 10 to 9

Friday: from: 10 to 6

Saturday: from: 10 to 6

Sunday: from: — to —

Fees:

None Sliding Scale Set Fee: \$ _____ Other: _____

Payment Option: *N/A*

Medicaid/Medicare Accepted Voucher Accepted Other: _____

Appointment Needed: Yes No

Translators Needed: Yes No

**Community Partnership
Established:** Yes No

