



212-214 South Main Street, Butler, PA 16001 Tel:724-431-0095 Fax: 724-431-0099

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## Butler Collaborative for Families Membership Application

Date of Application: \_\_\_\_\_

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

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

\_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

In what capacity are you able to serve the collaborative?  parent  agency  parent & agency

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

Alternate Representative: \_\_\_\_\_

In what capacity are you able to serve the collaborative?  parent  agency  parent & agency

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

Alternate Representative: \_\_\_\_\_

In what capacity are you able to serve the collaborative?  parent  agency  parent & agency

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

Our agency will work with the (please pick one):

- Finance Committee
- Family Development Credentialing (FDC) Committee
- Resource Development & Training Committee
- Integrated Children's Services Committee\
- Family Advisory Committee
- Youth Advisory (YINO) Committee
- Drug, Alcohol, and Tobacco Coalition (DATC)

- ✓ **Please note that voting privileges are limited to Paid Members.**
- ✓ **Paid Member Agencies receive only one vote per agency but multiple representatives from each agency are encouraged to attend.**
- ✓ **Please attach an agency brochure that describes your agency and services.**

# Collaborative Agreement for the Butler Collaborative for Families (BCF)

The overall purpose of this agreement is to enable agencies, schools, government, community leaders and parents to establish working relationships that will impact upon common countywide goals to improve the lives of children and families in Butler County.

This Memorandum of Understanding is developed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in order to clarify the commitments made by the participant of the Butler Collaborative for Families in order to achieve the following:

- Regularly assess community needs and resources / assets
- Develop a local action plan, with annual updates, which identifies goals and priorities for children and families and outlines strategies for meeting community needs
  - Recommend priorities in the application of public and private funds geared towards prevention and/or improved outcomes for children and families.
  - Actively pursue funding to support initiatives
  - Mobilize community agencies, organizations, and residents to offer prevention services that are needed but not available
- Advocate on behalf of families to improve access to services
- Facilitate collaboration and information sharing among the education, child development, health, human/social services, family support/prevention, industry, religious and other systems
- Promote education and understanding designed to shift thinking from a treatment or rehabilitation focus to a prevention and skills acquisition focus
- Actively engage in activities designed to build and/or strengthen the community's capacity to serve children and families
- Evaluate the effectiveness of existing services and evaluate the effectiveness of the BCF
- Promote community awareness of the needs and issues effecting children and families in Butler County, and emphasize community strengths in supporting families

The Undersigned agrees to the following:

1. To utilize the BCF as a community-based organization which brings all interested parties together to achieve the above noted tasks/functions
2. To provide to the BCF, and share with one another, any data which might be useful and necessary in pursuing the above stated functions. It is understood that confidential information as defined in individual agency policy shall not be shared
3. To participate in joint planning activities and use the BCF whenever possible to meet program or agency specific planning/collaboration requirements
4. To maintain active membership by attending all meetings.
5. To actively participate on at least one Standing Committee of the BCF
6. Submit changes in organization representatives to the BCF Coordinator.

I have read, understood, and agree with these terms and conditions.

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Agency

\_\_\_\_\_

BCF Co-Chair Signature

\_\_\_\_\_

Date



## MEMBERSHIP INVOICE

**BCF MEMBER:**

[Redacted area]

**AGENCY REPRESENTATIVE: (who attends the BCF meeting)**

[Redacted area]

**AGENCY ADMINISTRATIVE CONTACT: (for billing and other matters)**

[Redacted area]

**AMOUNT DUE BY January 30, 2012:**

**\$150.00** for human service agencies and nonprofit organizations

**\$25.00** businesses and/or professional individuals

**\$0.00** for community members and parents

**PLEASE MAKE CHECK PAYABLE TO:**

**Center for Community Resources** (Memo line: BCF Membership)

**SUBMIT TO:**

**Center for Community Resources  
212-214 South Main Street, Suite 625  
Butler, PA 16001**

- Yes, we are paying the appropriate Membership Fee
- We desire to be a BCF Member but are unable to pay the appropriate Membership Fee.  
Please see our attached letter regarding in-kind services.
- We do not wish to be a member of BCF this fiscal year (please provide a brief explanation)

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