

Coalition Partner Commitment Letter

I/our organization/agency is committed to being an active member of the Iowa Falls Prevention Coalition. I/we are committed to the mission, vision, and goals that have been decided by the Coalition. We are committed to the planning and collaboration that such coalitions undertake. We acknowledge the contributions and expectations of the other partners of the Coalition.

As general evidence of our commitment, we agree to do the following:

- Appoint a representative(s) to attend coalition meetings and activities.
- Appoint a representative to serve as our voting member designee (if applicable).
- Read minutes, reports, and other documents to keep abreast of coalition decisions/activities.
- Disseminate relevant information to organizational members/employees/students through list serves, websites and newsletters.
- Keep coalition informed of my/our organization's related activities.

Specifically, our organization/agency will commit the following resources to the coalition. Check any that apply:

- Provide contributions of staff time and material resources
- Disseminate relevant information to organizational members/employees/students, and partner organizations
- Provide connections to other key organizations/individuals
- Provide meeting space if needed
- Other: _____

I/our organization/agency may opt out of supporting a specific Coalition activity however, we agree to not publicly discredit any Coalition activity. We understand that membership in the Coalition does not entitle us to claim endorsement of the Coalition. There is to be no use of the logo without express permission from the coalition steering committee.

Name of Agency/Organization or Individual: _____

Signature of Agency/Organization Leader/Individual: _____

Date: _____

Lead Contact Info for Agency/Organization

Print Name & Job Title	
Email	
Phone Number	
Address	

Please list out all agency/organization representatives (if applicable):