

St. James Town Service Provider Network (SJTSPN)

Network Agency Participation Agreement 2015

This Participation Agreement made as of the _____ of _____, 2015.

Each SJT Service Provider Network member is expected to meet and uphold, at a minimum, the membership criteria listed below:

- 1) Membership is open to organizations providing services to residents of St. James Town
- 2) Agencies need to be registered with the Network and have signed the Participation Agreement
- 3) Network Members must support Network initiatives as outlined in the SJT Service Provider Network Terms of Reference
- 4) Participate in sub-committees and working groups as relevant to the work plan activities
- 5) Need to have active representation in monthly meetings
- 6) Send regrets if unable to attend meetings and not miss more than 2 consecutive meetings without communicating to co-chairs
- 7) Openly share information and resources with the Network
- 8) Coordinate and build partnerships where able to better support the SJT community
- 9) Work in a respectful and confidential manner with network partners and residents as it relates to the network
- 10) Discussion and sharing among network members will be encouraged; space will be made for this interaction
- 11) Participate in minute taking for meetings when required and forward to co-chairs within 1 week of the meeting
- 12) Network members agree that decisions will ideally be based on a consensus model
- 13) Participate and collaborate (with your agency's approval) in joint funding applications and reports for the network
- 14) Interested individuals, groups and agencies are welcome to attend meeting as a guest at network meetings with advance notice to the one of the co-chairs

Agreed and Accepted:

By signing this participation agreement, the representatives of each party confirm that they are fully entitled to bind their organization in such agreement and in such extent, they agree with all parts of the statement hereinbefore and express their intention to act in good faith.

_____ (agency) has read and agrees to the membership requirements above. Through this participation agreement, _____ (agency) commits membership to the SJT Service Provider Network, valid for the duration of one year.

Designated representative that will attend and participate at SJT Service Provider Network related meetings:

Name: _____

Position: _____

Telephone: _____

Email: _____

Agency Representative

Date

Witness

Date