

**Memorandum of Agreement
Between
I-CARE, Inc.
And
Alexander County Department of Social Services
For Application To
The Community Services Block Grant (CSBG) Program**

This Memorandum of Agreement (MOA) establishes collaboration between the I-CARE, Inc. Community Services Block Grant program (hereinafter referred to as CSBG) and Alexander County Department of Social Services.

I. MISSION

The mission of I-CARE, Inc. is to enable and assist low-income people to attain skills, knowledge, motivation, and opportunities needed for them to become self-sufficient and independent.

The CSBG program is a comprehensive self-sufficiency program that provides opportunities for low-income adult individuals/families in Iredell and Alexander counties. The program offers guidance, counseling, and assistance in the areas of financial management, job readiness, education, employment, and other supportive services to assist in becoming self-sufficient.

Together, the Parties enter into this Memorandum of Understanding to mutually provide service delivery to CSBG Program participants. Accordingly, I-CARE, Inc and Alexander County Department of Social Services, operating under this MOA agree as follows:

II. PURPOSE AND SCOPE

To assist CSBG participants, I-CARE, Inc. and Alexander County Department of Social Services will collaborate to ensure that Child Support services are made available to CSBG participants either through referral or direct services:

- To inform custodial parents in single-parent families of child support services during the application process. A form describing the services available to custodial parents is provided to the applicant to ensure that s/he has full awareness of the local child support contact and other pertinent information. The applicant will sign the form as evidence of the information being provided to them which will be maintained in their file.

III. RESPONSIBILITIES

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOA. The initial appointees of each organization are:

I-CARE, Inc.
Shelton Moore
Family Support Services Director
1415 Shelton Ave.
Statesville, NC 28677

Partnering Agency
Alexander County Dept. Social Services
604 7th St SW
Taylorsville, NC 28681

The organizations agree to the following tasks for this MOA:

I-CARE, Inc. CSBG program will:

- Provide Child Support material
- Provide the Child Support services form
- Refer eligible parents to DSS Child Support

Department of Social Services will:

- Provide child support services to CSBG participants in accordance to its prescribed mission and area of expertise
- Refer the participant to other DSS programs to reduce barriers s/he might experience

IV. TERMS OF UNDERSTANDING

The term of this MOA is for a period of 1 year from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed periodically to ensure that it is fulfilling its purpose and to make any necessary revisions. Either organization may terminate this MOA upon thirty (30) days written notice without penalties or liabilities.

Authorization

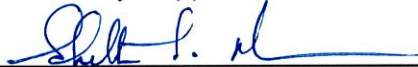
The signing of this MOA is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOA.

On behalf of the organization I represent, I wish to sign this MOA and contribute to its further development.

I-CARE, Inc. CSBG Program

Name: Shelton Moore

Title: Family Support Services Director



Signature

10/1/20

Date

Partnering Organization: Alexander County Department of Social Services

Name: _____

Title: _____

Signature

Date