**CO-SPONSORSHIP MEMORANDUM OF UNDERSTANDING**

**between**

**[insert LOCAL OFFICE AFFILIATE NAME]**

**And**

**[insert CO-Sponsorship GROUP NAME]**

**I. Introduction**

This memorandum of understanding (MOU) outlines the roles and responsibilities of **<insert local office affiliate name>** and **<insert co-sponsorship group name>.** The written agreement specifies the terms of commitment that co-sponsorship groups are making, including the core services they will provide to the newly arriving refugee family they are paired with, financial and/or in-kind contributions they agree to, and their time commitment. In signing this MOU **<insert local office affiliate name>** and **<insert co-sponsorship group name>** agree to work together to carry out the requirements of the Reception and Placement (R&P) or Afghan Placement and Assistance (APA) program as they are outlined in the relevant Cooperative Agreements.

**II. Roles**

**Local affiliate organization** is a local service provider that is accountable to its national resettlement agency and the federal government for providing and documenting a specific set of services within a set period to its assigned refugee caseload. Even when certain responsibilities are delegated to a co-sponsorship group, the local affiliate organization remains accountable for service delivery.

**Co-sponsorship groups** partner with local resettlement agencies to provide required services and go beyond to help refugee families successfully integrate into local communities. Co-sponsorship groups contribute financial and/or in-kind, and volunteer services to increase the resources available to the family they are matched with and the local resettlement agency and staff.

**III. Responsibilities**

**Local resettlement office**

* Train Co-sponsor group in basic program standards.
* Provide documentation and case forms to use for program tracking and reporting.
* Ensure quality and submission of all program documentation to the Bureau of Population, Refugees, and Migration (PRM).
* Provide a contact person and offer technical support to the Co-sponsor group as needed to support service delivery.
* Ensure client case file is accurate and complete as required by the Cooperative Agreement.
* Complete core-services not assigned to the Co-sponsor group as outlined below in Table A.
* Provide per-capita funding for each adult client in accordance with Local Office policies and the Cooperative Agreement.

**Co-sponsor Group**

* Ensure that all Co-sponsor group members have completed appropriate background checks.
* Ensure all required members have completed applicable training.
* Ensure all members abide by Local Office Affiliate standards of conduct and behavior.
* Provide R&P or APA program core services and meet the material needs of clients for the first 90 days after arrival as outlined below in Table A.
* Ensure any case forms provided for the service period by Local Office Affiliate are signed and returned.
* Regularly communicate with point of contact at Local Office Affiliate for ongoing support and technical assistance as need arises.
* Ensure that all services are provided with a strengths-based empowerment approach that supports clients’ self-determination, self-sufficiency and long-term integration.
* Take care to protect the confidentiality of personally identifiable information of clients.
* If applicable, collect and maintain documentation of spending of per capita funds and provide it to Local Office Affiliate.

**Delegation of services**

The below table indicates **<local office to complete form/update with additional symbols to show specifics of agreement>** which core services, material needs, and additional services **<insert local office affiliate name>** is responsible for delivering and which <**insert co-sponsorship group name>** is responsible for. There are some activities the Local Affiliate Organization is required to complete based on the Cooperative Agreement. Those activities are marked with the **☑** and **☒** symbols. There are also activities Co-sponsor groups are not allowed to complete on their own. Those activities can either be completed by the Local Affiliate Office or done by the Local Affiliate Office and Co-sponsorship group in active collaboration. Those activities are **bold and are marked with an asterisk.**

**TABLE A: Core and wrap-around service responsibility form[[1]](#footnote-1)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| T | | | | | | | |
| **Activity**   *These services should be provided with appropriate interpretation, if needed.* | | **Timeline** | **Responsibility** | | | | |
| **Affiliate** | | | **Co-Sponsor** | |
| US Tie Assessment and Commitment form (if applicable) | |  | ☑ | | | ☒ | |
| Training/Orientation of US Tie (if applicable) | | Pre-arrival | ☑ | | | ☒ | |
| Submit an assurance for the case | | Pre-arrival | ☑ | | | ☒ | |
| Train co-sponsor and determine responsibilities of co-sponsor and affiliate | | Pre-arrival | ☑ | | | ☒ | |
| Home Evaluation and Safety Check conducted | | Pre-arrival | ☑ | | | ☒ | |
| Relevant health information shared with health care providers and/or state and local official in order to plan for provision of appropriate health services | | Pre-arrival and Post-arrival | ☑ | | | ☒ | |
| Case File | | Pre-arrival and Post-arrival | ☑ | | | ☒ | |
| Airport pickup (with appropriate interpretation) | | Arrival |  | | |  | |
| 24-hour home visit | | 1 calendar day | ☑ | | | ☒ | |
| Housing and Personal Safety Orientation | | 1 calendar day | ☑ | | | ☒ | |
| **Intake interview\***  **(with appropriate interpretation)** | | 5 business days |  | | |  | |
| **AR-11\*** | | 10 days of move |  | | |  | |
| **Service Plan including family budget\*** | | 30 calendar days |  | | |  | |
| **Health screening and immunizations\*** | | 30 days |  | | |  | |
| Second home visit | | 30 days | ☑ | | | ☒ | |
| **Assisting with family reunification\*** | | 90 days |  | | |  | |
| File R&P Period Report | |  | ☑ | | | ☒ | |
| Social security card application | | 7 working days |  | | |  | |
| Public benefits application: cash assistance, Medicaid, SNAP | | 7 working days |  | | |  | |
| ESL enrollment | | 10 working days |  | | |  | |
| Employment program enrollment | | 10 working days |  | | |  | |
| Public benefits application: SSI, WIC, etc., as applicable | | 30 calendar days |  | | |  | |
| School enrollment | | 30 days |  | | |  | |
| Selective service registration | | 30 days |  | | |  | |
| Transportation to job interviews and job training | | 30 days |  | | |  | |
| Cultural orientation | | 90 days |  | | |  | |
| Cultural Orientation Assessment | | 90 days |  | | |  | |
| **Reception & Placement Material Needs Support** | | | | | | | |
| Arrange safe, sanitary and affordable housing | | Pre-Arrival |  | | |  | |
| Set up housing with essential furnishings | | Pre-Arrival |  | | |  | |
| Provide culturally appropriate, ready-to-eat food on arrival including baby food as needed. | | Arrival |  | | |  | |
| Provide appropriate seasonal clothing for work, school and everyday use | | Arrival |  | | |  | |
| Distribute pocket money for each adult | | throughout 30 days | ☑ | | | ☒ | |
| **Additional Services and Material Needs Support Occurring**  ***Outside of Reception & Placement***  *(Note: The services listed below, while beneficial to refugee integration, are not part of the co-sponsor delegated core services as stated in the Cooperative Agreement. The activities listed below are considered additional wrap around support services)* | | | | | | |
| Mentorship |  | | |  |  | |
| Assistance in setting up a bank account |  | | |  |  | |
| English language tutoring |  | | |  |  | |
| School tutoring |  | | |  |  | |
| Job support |  | | |  |  | |
| Transportation |  | | |  |  | |
| Ongoing financial assistance |  | | |  |  | |

**IV. Financial and In-kind contributions**

<**insert co-sponsorship group name>** agrees to raise a minimum of **<insert $ amount>** by **<enter date or timing >** to support the family they are paired with. **<Insert how funds will be used>.** **<Insert how funds should be managed and given to the Local Affiliate Office.>**

**<insert co-sponsorship group name>** also agrees to secure the following items as in-kind donations **<add list of items below or as an attachment.>**

**V. Duration**

This Memorandum of Understanding (MOU) is effective for the period **<[Date] through [Date]>.**

**VI. Representation**

Co-Sponsor Groups are not agents of the Local Office Affiliate and are not vested with authority to commit or otherwise legally bind the Local Office Affiliate to any policy, financial commitment, or contractual agreement without prior written authorization to do so.

**VII. Code of conduct[[2]](#footnote-2)**

**<This section of the MOU was taken from ECDC’s MOU. Consider updating and including your agency's best practices.>**

* Only co-sponsorship team members who have submitted background checks and have been through training will have direct interactions with family members.
* Co-sponsorship team members must keep the information they learn about family members’ names, address, personal details, and stories confidential and not share with anyone outside of the team.
* Co-sponsorship team members will be careful when asking for consent, recognizing the unequal power dynamics, cultural difference, and language barriers may make it difficult for the family members to give true consent.
* Co-sponsorship team members will refrain from taking and sharing photos of the family members unless requested by the family.
* Co-sponsorship team members will NOT provide family members with cash or gifts OR pay bills for the family as this can create a dependent relationship and undermine self-sufficiency goals as well as change the dynamics of the relationship.
* Co-sponsorship team members will show respect for cultural differences and refrain from proselytizing their religion or pressuring the family members to opt-in to certain American behaviors and instead educate the family about culture in an objective manner.
* Co-sponsorship teams will have a designated coordinator who will be the point of contact to keep communication lines clear and simple. All questions and concerns that arise should be channeled through the coordinator to the designated agency staff contact.

**VIII. Amendment and Termination**

The terms and conditions of this MoU come into effect with the signing of this agreement. Amendments may be made:

* By mutual agreement in writing between the parties.
* By the National Resettlement Agency or Local Office Affiliate in response to a change of its own Cooperative Agreement.
* Any party can terminate this MOU providing 30 days' written notice.
* Local Office Affiliate reserves the right to terminate this MOU for lack of compliance by the co-sponsorship group with its terms and conditions.

IX. Co-sponsorship Match Details

**Co-sponsorship group leader information**

* **Name (first, last):**
* **Phone Number:**
* **Email address:**

**Co-sponsorship group team members**

1. **Name (first, last), phone number, email.**
2. **Name (first, last), phone number, email.**
3. **Name (first, last), phone number, email.**
4. **Name (first, last), phone number, email.**
5. **Name (first, last), phone number, email.**
6. **Name (first, last), phone number, email.**

**Client Details**

* Primary Applicant:
* Nationality:
* Case number:
* Case size:
* Other relevant information:

Please indicate your acceptance of this agreement by signing and dating below.

Co-Sponsor Group Printed Name, Representative Signature, Date

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Local Office Affiliate Representative: Printed Name, Signature, Date

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1. The table was created by the RCUSA Community Sponsorship working group; small changes have been made to meet the needs of this MOU. [↑](#footnote-ref-1)
2. Language taken directly from the Ethiopian Community Development Council’s Co-sponsorship MOU with permission. [↑](#footnote-ref-2)