

**1) Parties:**

This Community Agreement is established between:

- A. **Service Provider:** ADAPT Programs, Prevention Department  
Address: 2512 N. Velasco St. Suite 400, Angleton, Texas 77515  
Point of Contact/Title: **Alexis Kyng**, Director of Prevention  
Phone/Email: [Akyng@adaptprograms.com](mailto:Akyng@adaptprograms.com)
  
- B. **Community Partner (School/Organization):** Angleton Recreation Center  
Address: 1601 N Valderas St, Angleton, TX 77515  
  
Primary Contact/Title: Geri Gonzales  
Phone/Email: Ggonzales@angleton.tx.us

**2) Purpose**

The purpose of this Agreement is to confirm a shared understanding of the prevention services to be provided, and the mutual expectations needed to deliver services safely, effectively, and in alignment with program requirements. This Agreement is intended as a **working partnership document** and is **not a procurement contract**.

**3) Services to Be Provided**

ADAPT Programs will provide the following prevention service(s) (check all that apply):

- Presentations
- Alternative Activities
- Curriculum-Based Groups
- Tabling/Outreach Event
- Other: \_\_\_\_\_

**Target Population:**  Youth  Parents/Caregivers  Staff  Community

**4) Roles & Responsibilities**

**ADAPT Programs will:**

- Provide trained prevention staff to facilitate the agreed services at no cost.
- Provide prevention materials and activities appropriate to the audience.
- Follow applicable confidentiality practices and mandatory reporting requirements.

## ADAPT Programs Prevention Department



- Collect required documentation and reporting information as applicable (see Section 5).
- Provide cleared background checks on ADAPT staff if requested.

### Community Partner will:

- Provide appropriate space (or virtual access) for services and support a safe environment.
- Identify a **site contact** available during service delivery:  
Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_
- Support scheduling, student/staff logistics, and attendance as needed.
- Ensure appropriate supervision consistent with the partner's policies (especially for youth).

### 5) Documentation & Reporting

To satisfy program and grant requirements, the Community Partner agrees to support reasonable documentation needs, which may include:

- Attendance/Sign-in (youth/adult)
- Rosters for curriculum groups (if applicable)
- Demographic data (youth/adult)
- Pre/Post or brief outcome measures (if required)
- Basic event details (date, location, audience type, estimated count)

**Note:** ADAPT Programs reports aggregate data for grant purposes. ADAPT will not request any personally identifying information. All data collected will be limited to what is necessary for program documentation and handled according to ADAPT policies.

### 6) Confidentiality & Mandatory Reporting

- ADAPT prevention services are educational and skill-building in nature and are **not clinical treatment**.
- ADAPT staff will maintain confidentiality to the extent permitted by law and policy.
- **Mandatory reporting:** ADAPT staff are required to report suspected abuse/neglect or threats of harm as required by Texas law and organizational policy.

**8) Media/Photos (Optional)**

Partner preference (select one):

- No photos/videos will be taken during services.
- Photos/videos may be taken only with appropriate permissions per partner policy.
- Photos/videos allowed for ADAPT outreach with written permission where required.

**9) Term & Changes**

**Agreement Term:** This Agreement is valid from 03/25/2026 to 03/25/2027 and is intended to cover the services described in Section 3 during this period.

Changes to service scope, dates, or format should be communicated to the listed contacts as soon as possible.

**10) Cancellation**

Either party may cancel or reschedule services with reasonable notice when possible. For urgent closures (weather, safety, campus closures), the partner will notify ADAPT as soon as feasible.

**11) Non-Discrimination**

ADAPT Programs provides services without discrimination as required by applicable laws and funding requirements.

**12) Signatures**

By signing below, the parties acknowledge and agree to the terms outlined above.

**Community Partner Staff**

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADAPT Programs – Prevention Department Staff**

Name: Alexis Kyng

Title: Prevention Director

Signature: *Alexis Kyng*

Date: 03/25/2026