

APPLY NOW FOR PARTICIPATION



State/Territory Sites

Supported by
The Department of Health and Human Services
Office on Women's Health



Formerly Family Violence Prevention Fund

Project Connect:
**A Coordinated Public Health Initiative to Prevent
and Respond to Violence Against Women**

States/Territories Application for Participation

Futures Without Violence and the Office on Women's Health are inviting applications to participate in an exciting multi-year, multi-state initiative to improve the health and safety of women and children by improving the public health response to domestic and sexual violence.

How to Apply:

Please review the enclosed information about *Project Connect: A Coordinated Public Health Initiative to Prevent Violence Against Women* prior to completing the application. Please submit an application that addresses each area listed in the **information required in your application** section on pages 7-8.

To: Virginia Duplessis, *Project Connect* Program Manager
Futures Without Violence
100 Montgomery Street, The Presidio
San Francisco, CA 94129

With: Contact information for yourself and key collaborators including:
Name, Title & Organization
Address
Phone, Fax & Email Address
Memorandum of Understanding
Letters of Support

By: October 15, 2012

Your application should be no more than 10 pages double spaced and single sided without the letters of support and MOUs. If you have any questions, please contact Virginia Duplessis, 415-678-5610, vduplessis@futureswithoutviolence.org.

Program Overview

Futures Without Violence is selecting new sites for Phase 2 of *Project Connect: A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women (Project Connect 2.0)*, supported by the Department of Health and Human Services (HHS), Office on Women's Health (OWH). This initiative is a result of funding from the Violence Against Women and Department of Justice Reauthorization Act of 2005. Since 2010, Futures Without Violence and OWH have worked in partnership with ten State and Tribal pilot sites to develop policy and public health responses to domestic and/or sexual violence in women's health programs.

Futures Without Violence has developed comprehensive training curricula, health care provider resources, and patient education materials to be used in family planning, adolescent health, home visitation and other maternal and child health settings. To date we have trained over 2,000 providers, have distributed a quarter of a million safety cards in 30 pilot sites, and have several States that worked in partnership with domestic and/or sexual violence advocates to institutionalize policies to assess for reproductive coercion and intimate partner violence in public health programs. In addition, domestic and sexual violence advocates have received training on integrating basic health assessments into their programs, and several local programs have begun offering medical services on-site.

We are inviting proposals to select six new States and/or Territories to work with us on this exciting initiative. The period of funding is January 1, 2013 through December 31, 2015. Selected grantees will receive \$375,000 for the funding period. *If you work exclusively or primarily in a Native (Alaska Native/American Indian) health setting, please see our separate RFP for Tribal pilot sites.*

Definitions:

Domestic Violence is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent and are aimed at establishing control by one partner over the other.

Sexual Violence is any sexual act that is perpetrated against someone's will. It encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). *Please Note: This initiative primarily addresses sexual violence in the context of intimate and/or dating relationships.*

Reproductive Coercion includes intentionally exposing a partner to sexually transmitted infections (STIs); attempting to impregnate a woman against her will; intentionally interfering with a partner's birth control, or threatening or acting violent if she does not comply with the perpetrator's wishes regarding contraception or the decision whether to terminate or continue a pregnancy.

Public Health Programs For the purposes of this initiative, public health programs include State and local department of health programs focused on improving maternal, child and adolescent health including: family planning programs, home visitation programs, and adolescent health programs offering clinical services, such as teen clinics and school-based health centers.

Values:

- The success of *Project Connect* depends upon the cooperation and collaboration between health care and domestic and/or sexual violence experts. All partners bring unique and important experience and perspectives.
- In all planning and implementation of programs or policies, input from communities of color, immigrants, lesbian/gay/bisexual and transgender, rural populations, and other underserved communities must be considered. Leadership teams should reflect the diverse communities of their States/Territories in order to do so.
- All programs will promote the safety, autonomy and confidentiality of victims of domestic and/or sexual violence and coercion.

In Years 1 and 2, each State/Territory will identify five clinics/programs to implement the *Project Connect 2.0* intervention. Year 3 will focus on using lessons learned from those clinics/programs to expand *Project Connect 2.0* State/Territory-wide.

The core elements of the initiative include:

- **Educating providers and public health professionals** on the impact of domestic and/or sexual violence and coercion on health, and how to assess and respond in specific settings including family planning, home visitation, and adolescent health programs. Futures Without Violence has a standard training program, including in-person training, written guidelines, and distance learning activities.
- **Promoting education for patients** accessing those public health services about the connection between domestic and/or sexual violence, reproductive coercion, and their health. Futures Without Violence has evidence-based tools for use in family planning, adolescent health, and home visitation settings. *Project Connect 2.0* utilizes a brochure-based intervention to assess for violence and coercion, then offer harm reduction

strategies and a supported referral to community-based domestic and/or sexual violence programs, when victims are identified.

- **Institutionalizing program policy** to support assessment of and coordinated responses to victims of abuse. At a minimum, States/Territories are expected to implement policies requiring partnership between public health and domestic and/or sexual violence programs, provider trainings, and routine assessment and brief interventions for domestic violence and reproductive coercion.
- **Educating domestic and/or sexual violence advocates** on the connection between violence and coercion on health, and how to integrate basic health assessment into victim service programs. Futures Without Violence has a standard training curriculum to be used at each site.
- Developing and implementing programs to offer **reproductive and sexual health services on-site in at least 1 domestic and/or sexual violence program** in each State/Territory.
- **Identifying sustainable funding and policy change** that can support the work at the State/Territory or local level.
- **Evaluating** the impact on the health and safety of victims of abuse, using *Project Connect 2.0* evaluation tools. Each State/Territory will be collecting data from both providers and clients in the pilot clinics/programs.

In each program described below, there is an opportunity to implement systems changes that support sustainable responses to violence and coercion. The ultimate goal is that by working with these programs to identify and respond to domestic and/or sexual violence, we can decrease risk for unintended pregnancy and HIV/STI, improve maternal, child and adolescent health and safety, and build partnerships between public health providers and domestic and/or sexual violence prevention advocates. At the same time as the public health programs integrate responses to abuse at the statewide level, we will also work with participating domestic and/or sexual violence partners to establish strategies for their local programs to better respond to the health needs of the victims they are serving.

Each grantee will be required to implement violence prevention and intervention education into one of the programs below:

1. Reproductive and Sexual Health Programs: Exposure to domestic and/or sexual violence significantly increases risk for unintended pregnancy, rapid repeat pregnancy, and STIs. Clients may not be able to negotiate safe sex with an abusive partner, and domestic violence may be a more immediate threat to a client than a sexually transmitted infection or unintended pregnancy. Educating decision makers and professionals about

these connections and offering strategies to respond is critical. Interventions designed to decrease unintended pregnancy by identifying risks for birth control interference and offering alternate birth control options can decrease the risk for unintended pregnancy and increase the safety of women. Grantees would work to integrate this intervention into State/Territory and local family planning programs and initiate policies that promote and evaluate this tailored intervention statewide.

2. Home Visitation Programs: Home visitation and other coordinated case management programs can decrease risk for child abuse but have been less successful in homes where domestic and/or sexual violence is present. Building on promising practices to respond to domestic and sexual violence in home visitation settings, grantees will work to develop policies that promote assessment for lifetime exposure to domestic violence, educate mothers about the long term health consequences for children exposed to abuse and positive parenting skills, and educate the home visitor on strategies to help improve the health and safety of the entire family.
3. Adolescent Health Settings: Adolescents face high rates of domestic and/or sexual violence as well as related poor health outcomes such as substance abuse, mental health issues, unintended pregnancies, and STIs. Health interventions need to be tailored for adolescents and offered in settings where adolescents seek services such as public health clinics and school-based health settings. In addition, there is an opportunity to promote prevention by educating adolescents about healthy relationships.

Length of Program:

Project Connect 2.0 is a 36 month project. Years One and Two are designated as planning and implementation years in the five pilot clinics and one domestic and/or sexual violence program in each State/Territory; Year Three is dedicated to program and policy implementation, and State/Territory-wide dissemination of models and best practices.

Funding:

Grantees will receive a total of **\$375,000** (\$125,000 per year), including direct and indirect costs. Successful applicants must be able to demonstrate a 25% match (**\$93,750 total, \$31,250 per year; can be in-kind**) to be eligible for selection. Futures Without Violence will provide technical assistance and materials for providers and patients, convene national meetings, oversee program evaluation, and develop policy guidance to support the work of the participants.

Selection Criteria:

All applicants must demonstrate:

- A history of collaboration between the health care (i.e. medical, nursing and allied health professionals), public health, and domestic violence fields with demonstrable outcomes and changes in public health programming and/or clinical practice.
- Capacity and interest in pursuing a program that is focused primarily on public health initiatives, State/Territory level public health policy reform and partnerships.
- Creativity and vision for reform in their State or Territory.
- A clearly designated lead staff person and lead agency for the program. We require that grantees designate **at least 50%** of a staff person's time to oversee the project to ensure accountability, oversight, and sustainability.
- Capacity to conduct State level policy reform within public health programs.
- Capacity to participate in evaluation of the initiative, including a State/Territory-level research partner who will work with the Lead Investigator to submit an IRB application and supervise data collection of provider and client surveys in five local pilot sites.
- Demonstrated cultural competency and experience working in medically underserved communities.

Note: Interested States or Territories that apply for *Project Connect 2.0* funding but are not selected will be invited to participate in the program activities, such as the national meetings, webinars, etc. but will not receive any funding to do so.

Eligible Applicants:

- State/Territorial public health departments or public health programs working in collaboration with State/Territorial domestic and/or sexual violence coalitions,
- State/Territorial domestic and/or sexual violence coalitions working in collaboration with State/Territorial public health departments/programs.

Grantees would perform the following tasks:

1. Convene a Leadership Team, including the key State-level domestic and/or sexual violence coalition, State-level public health decision makers representing the public health program (reproductive and sexual health, adolescent health, or home visitation) your initiative is targeting, partners from community-based health and violence prevention groups, and key public health groups such as regional and State women's health and adolescent health coordinators. The team should include representatives of underserved communities.

2. Create and implement a Leadership Team planning guide to define the roles of the Leadership Team, develop a method for communicating with all Leadership Team members, and determine a decision-making process.
3. Develop and implement a comprehensive action plan to create sustainable changes to its State/Territory public health response to domestic and/or sexual violence.
4. Implement strategies for educating both patients and providers about domestic and/or sexual violence as a major public health concern, using *Project Connect 2.0* tools.
5. Participate in a yearly technical assistance site visit from Futures Without Violence staff and faculty, including organizing a State/Territory-level Training of Trainers for relevant providers.
6. Send five team members to two national grantee meetings each year and have at least two members participate in program webinars and monthly telephone check-ins.
7. Coordinate with Futures Without Violence to share materials or strategies developed as part of the program and provide input about additional resources that Futures Without Violence develops for the program.
8. Convene in-person Leadership Team meetings at least three times a year.
9. Participate in the evaluation component, including ensuring that data is collected from *Project Connect 2.0* trained providers and the patients/clients served in the five public health pilot clinics/programs and one domestic or sexual violence program offering reproductive and sexual health services.
10. Ensure each pilot site is linked with a domestic and/or sexual violence agency in their geographic region of the State/Territory.
11. Develop or adapt materials to make State/Territory specific.
12. Collaborate across States/Territories to promote the initiative's goals, provide progress reports, and regularly present to the other project grantees on project activities during conference calls and in-person meetings. Share materials developed as part of the initiative with Futures Without Violence and the OWH.

Specifically, Futures Without Violence will perform the following tasks:

1. **Convene National Grantee Meetings** twice a year.
2. **Consult on the development of each leadership team's Action Plan.**
3. **Facilitate and monitor all grantee activities:** including soliciting and managing progress reports on activities in participating States and Territories and administering the grant funding to teams for program implementation.

4. **Facilitate communication between leadership teams:** by providing a forum for exchanging ideas and strategies between leadership teams and national experts and convening webinars with representatives from the leadership teams to discuss policy, implementation issues, etc.
5. **Conduct site visits and training:** Futures Without Violence staff will travel to each grantee community to meet with the leadership team and other community members identified by the grantees, as well as provide in-person training to public health providers and advocates.
6. **Provide technical assistance:** Futures Without Violence will provide technical assistance and other forms of professional and logistical support to grantees.
7. **Promote policies that support the initiative:** Futures Without Violence will work at a national level to promote Federal and State policy initiatives that further support the work of the initiative.
8. **Provide educational materials** for patients and providers, as well as training resources to assist with technical assistance to each participating State or Territory.
9. **Provide evaluation tools and technical assistance** to measure behavior change among providers who are implementing the *Project Connect 2.0* intervention, as well as outcomes for the clients they serve.
10. **Conduct an educational briefing:** Futures Without Violence will convene an educational briefing for policy makers about the role of violence prevention in major public health initiatives during each year of the program.
11. **Share findings:** Futures Without Violence will identify strategies and model programs, in collaboration with grantees, to be included in a best practices manual at the end of program.

It is through these shared responsibilities that project partners work successfully and effectively together to improve the health care response to victims of violence seeking care through women's health programs. Each project's outcomes, experiences and lessons learned will be shared with one another and with others nationwide as part of the technical assistance and dissemination Futures Without Violence conducts through the National Health Resource Center on Domestic Violence. This has proven to be a very successful strategy in many multi-state initiatives and one that builds capacity and leadership in the States as well as informing national efforts to create change.

Information required in your application

1. **STATEMENT OF NEED:** Please select one program from the list below to target in your State or Territory and explain why. Describe your vision and measurable goals and objectives for your State or Territory for how to integrate domestic and/or sexual

violence and coercion prevention and response into your selected public health target area:

- Reproductive and Sexual Health Programs
 - Home Visitation
 - Adolescent Health
2. HEALTH SERVICES IN DOMESTIC AND/OR SEXUAL VIOLENCE PROGRAMS: Please indicate what local domestic and/or sexual violence program you will work with to offer basic reproductive and sexual health services and why.
 3. SUSTAINABILITY: What is your vision for systems change? How will you change your infrastructure to ensure that your program is sustainable beyond the grand period? Provide a short statement concerning your organization's capacity to reach across the State/Territory.
 4. WORKPLAN: Prepare a work plan and initial timeline for activities during Years One and Year Two.
 5. COLLABORATION/EXPERIENCE: Please describe any previous collaborative efforts between health, public health and domestic and/or sexual violence fields.
 6. COMMUNITY INPUT: Please address how you plan to identify and integrate the needs and opinions of underserved communities in your initiative. This should include available demographic information about your State/Territory. Consider race/ethnicity, income levels, language, sexual orientation, population density (rural, urban, frontier, etc.), and other demographic variables. Please include at least one relevant example of how your organization has worked successfully with underserved communities.
 7. LEADERSHIP TEAM: Describe the composition (expertise, organization represented, diversity, etc.) of your Leadership Team and why they are best positioned to guide this initiative. Each Leadership Team **MUST** include key State/Territory-level domestic and/or sexual violence coalition and public health decision makers representing the public health program your initiative is targeting (reproductive and sexual health, adolescent health, or home visitation) and representatives who work with or represent the underserved communities.
 8. LEAD STAFF PERSON: Please explain who from your organization or potential leadership team will staff the initiative, their qualifications, if not listed above, and how much time will be allotted to the project. **We require that at least 50% of a staff person be designated to this project.** Please demonstrate your ability to begin this initiative immediately upon notification of an award.
 9. EVALUATION: Please describe your team's capacity to support the evaluation, including previous experience conducting process and outcomes evaluations. How will you demonstrate that your program accomplished its objectives?

10. BUDGET: Please submit a preliminary budget for years one and two. No other budget information is required at this time. If selected for an award, we will ask you to submit a budget and Action Plan. Each State or Territory will receive a total of \$375,000 for the three (3) year the grant period from January 2013-December 2015 for their participation in the project, and must be able to demonstrate a 25% match (\$93,750 total, \$31,250 per year; can be in-kind, including meeting space for trainings) to be eligible for selection. Please explain the source of the match and describe any other financial, media, printing, and staff resources or expertise currently available to assist in this project and any resources that might potentially be available from your organization or the core organizations participating in the project.
11. ADDITIONAL RESOURCES: Please describe any additional resources or contributions you bring to the *Project Connect* initiative or any other information you feel might be relevant to the project.

Memorandum of Understanding (MOU)/Letters of Commitment:

Collaboration is the cornerstone of *Project Connect*'s work—leadership, commitment, and action from both the State level public health department and State domestic and/or sexual violence coalition are keys to improving the public health response to violence against women. The application must include a total of at least seven MOUs:

- 1) An MOU or Letter of Commitment indicating a partnership between the lead applicant and either the State/Territory public health program and/or the State domestic and/or sexual violence coalition(s). The MOU or Letter of Commitment should address the following:
 - Each organization's intent and ability to identify a staff person to fully participate in the Leadership Team; including attending regularly scheduled meetings and conference calls, attending yearly Futures Without Violence site visit/training, attending national grantee meetings, participating in monthly TA calls and bi-monthly webinars, and other project responsibilities as needed.
 - Resources that the organization can bring to the initiative such as additional staff time, materials or key contacts, etc.
- 2) MOUs or Letters of Commitment from the five (5) local public health programs/clinics that will serve as your pilot sites. The MOUs or Letters of Commitment should address the following:
 - The pilot site's intent and ability to identify a staff person to coordinate implementation of *Project Connect 2.0* in their program, with the help of the State Coordinator.
 - Commitment to implementing the *Project Connect 2.0* intervention through the development of policies to address domestic and/or sexual violence, standardized

- training for staff provided by Futures Without Violence, using *Project Connect 2.0* patient and provider materials, developing partnerships with local domestic and/or sexual violence programs, and participation in the program evaluation using standardized *Project Connect 2.0* evaluation tools.
- Resources that the organization can bring to the initiative such as additional staff time, materials, key contacts, etc.
 - We strongly suggest offering a small financial incentive/stipend (\$3,000-\$5,000) to the participating clinic to support their participation.
- 3) An MOU or Letter of Commitment from the one local domestic and/or sexual violence program that will serve as a pilot site to provide basic health services. The MOU or Letter of Commitment should address the following:
- The pilot site's intent and ability to identify a staff person to coordinate implementation of *Project Connect 2.0* in their program, with the help of the State Coordinator.
 - Commitment to implementing the *Project Connect 2.0* intervention through the development of policies to address reproductive and sexual health issues, standardized training for staff provided by Futures Without Violence, using *Project Connect 2.0* patient and provider materials, developing partnerships with local reproductive and sexual health programs, and participating in the program evaluation using standardized *Project Connect 2.0* evaluation tools.
 - We strongly suggest offering a small financial incentive/stipend (\$3,000-\$5,000) to the participating domestic and/or sexual violence program to support their participation in the initiative.

See attached MOUs as samples. Applications without MOUs will be considered incomplete.

Letters of Support

Other letters of support from potential members of your leadership team and community partners are also encouraged. Please submit letters with original content, outlining your history of collaboration and commitment to *Project Connect 2.0*, NOT a form letter. Letters of support can be sent separately from the application, if preferred. Letters should be sent to:

Virginia Duplessis, *Project Connect 2.0* Program Manager
Futures Without Violence
100 Montgomery Street, The Presidio
San Francisco, CA 94129

Timeline for Selection:

Please submit applications no later than October 15, 2012. Futures Without Violence will make a preliminary selection of finalists and will conduct phone interviews with potential members of your leadership team during the month of October. Selected applicants will be contacted by phone no later than November 26, 2012. Please note that the States and Territories selected will be asked to send five (5) representatives to a kick-off meeting tentatively scheduled for February 2013 in the Washington, DC area thus prospective leadership team members should try to keep that month available for travel. Travel funds to attend this and all meetings will come out of the \$375,000 awarded to selected sites.

Thank you!

This is a **SAMPLE** MOU between State/Territory Public Health and State/Territory Domestic &/or Sexual Violence Coalition that can be adapted for local use.

Memorandum of Agreement
STATE PUBLIC HEALTH PROGRAM
and
STATE DOMESTIC VIOLENCE COALITION

This agreement is by and between STATE PUBLIC HEALTH PROGRAM and STATE DOMESTIC VIOLENCE COALITION to participate in *Project Connect: A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women* to enhance the response to individuals and families experiencing intimate partner violence. The parties listed above and whose designated agents have signed this document agree to:

1. Participate in the *Project Connect* Leadership Team including, ongoing email communication, regular conference calls, local in-person meetings three times a year, and two national grantee meetings each year.
2. Create and implement an action plan to define the roles of the Leadership Team, develop a method for communicating with all Leadership Team members, and determining a decision-making process.
3. Develop and implement a comprehensive action plan to create sustainable changes to its State/Territory public health response to domestic and/or sexual violence.
4. Implement strategies for educating both patients and providers about domestic and/or sexual violence as a major public health concern, using *Project Connect* tools.
5. Participate in a yearly technical assistance site visit from Futures Without Violence staff and faculty, including organizing a State/Territory-level Training of Trainers for relevant providers.
6. Coordinate with Futures Without Violence to share materials or strategies developed as part of the program, and provide input about additional resources that Futures Without Violence develops for the program.
7. Participate in the evaluation component, including ensuring that data is collected from *Project Connect* trained providers and the patients/clients they serve in the five public health pilot clinics/programs and one domestic or sexual violence program offering reproductive health services.

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding.

NAME, Director
STATE PUBLIC HEALTH PROGRAM

NAME, Director
STATE DOMESTIC VIOLENCE COALITION

Date

Date

This is a **SAMPLE** MOU between Project Connect Coordinator and Local Public Health Program that can be adapted for local use.

Memorandum of Agreement
PROJECT CONNECT COORDINATOR (STATE PUBLIC HEALTH OR DOMESTIC VIOLENCE PROGRAM)
and
LOCAL PUBLIC HEALTH PROGRAM

This agreement is by and between *PROJECT CONNECT* COORDINATOR and LOCAL PUBLIC HEALTH PROGRAM to enhance the response to individuals and families experiencing intimate partner violence. The parties listed above and whose designated agents have signed this document agree that:

1. Under the direction of *PROJECT CONNECT* COORDINATOR, LOCAL PUBLIC HEALTH PROGRAM will develop and implement a policy to assess for reproductive coercion and intimate partner violence with all adult female patients.
2. LOCAL PUBLIC HEALTH PROGRAM agrees to use the *Project Connect* model intervention for assessment and response to reproductive coercion and for intimate partner violence, including use of patient safety cards, harm reduction strategies and referrals to local domestic violence programs.
3. LOCAL PUBLIC HEALTH PROGRAM will identify at least two staff members (1 clinician and 1 manager/program director) to attend a one day *Project Connect* training.
4. *PROJECT CONNECT* COORDINATOR will provide a yearly site visit and ongoing technical assistance on identifying and responding to intimate partner violence for all staff of LOCAL PUBLIC HEALTH PROGRAM.
5. LOCAL PUBLIC HEALTH PROGRAM agrees to participate in evaluation activities, including provider behavior change surveys and client outcomes surveys. *PROJECT CONNECT* COORDINATOR will provide additional technical assistance for the evaluation.
6. *PROJECT CONNECT* COORDINATOR will provide a \$5,000 stipend to LOCAL PUBLIC HEALTH PROGRAM for participation in *Project Connect*.

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding.

NAME, Director
PROJECT CONNECT COORDINATOR

NAME, Director
LOCAL PUBLIC HEALTH PROGRAM

Date

Date

This is a **SAMPLE** MOU between Project Connect Coordinator and Local Domestic Violence Domestic Violence Shelter that can be adapted for local use.

Memorandum of Agreement
PROJECT CONNECT COORDINATOR (STATE PUBLIC HEALTH OR DOMESTIC VIOLENCE PROGRAM)
and
LOCAL DOMESTIC VIOLENCE SHELTER

This agreement is by and between *PROJECT CONNECT* COORDINATOR and LOCAL DOMESTIC VIOLENCE SHELTER to enhance the response to individuals and families experiencing intimate partner violence. The parties listed above and whose designated agents have signed this document agree that:

- 1) Under the direction of *PROJECT CONNECT* COORDINATOR, LOCAL DOMESTIC VIOLENCE SHELTER will develop and implement a policy to assess for reproductive coercion with all adult female clients upon shelter intake.
 1. At a minimum, the policy will include shelter intake questions about unprotected unwanted sex in the past 5 days, access to on-site emergency contraception as indicated, and referrals to local family planning providers.
 2. Additional policies and program enhancements might include access to on-site pregnancy testing, regular shelter visits by family planning staff, expedited family planning appointment for shelter residents, and/or family planning clinic hours exclusively for shelter residents.
- 2) *PROJECT CONNECT* COORDINATOR will provide a yearly site visit and ongoing technical assistance on identifying and responding to reproductive coercion for all staff of DOMESTIC VIOLENCE SHELTER.
- 3) LOCAL DOMESTIC VIOLENCE SHELTER agrees to participate in evaluation activities, including provider behavior change surveys and client satisfactions surveys. *PROJECT CONNECT* COORDINATOR will provide additional technical assistance for the evaluation.
- 4) *PROJECT CONNECT* COORDINATOR will provide a \$5,000 stipend to LOCAL DOMESTIC VIOLENCE SHELTER for participation in *Project Connect*.

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding.

NAME, Director
PROJECT CONNECT COORDINATOR

NAME, Director
LOCAL DOMESTIC VIOLENCE SHELTER

Date

Date