**EMORY COMPASS COORDINATING CENTER**

**PoWER Leadership 2020**

**Program Commitments and Obligations**

This is an intensive program, and we ask that applicants prepare to make the following commitments to participate. Please have BOTH participants initial next to each commitment to confirm your commitment to meet these terms:

\_\_\_\_\_ \_\_\_\_\_ We understand that this intensive, collaborative engagement lasts for 4 months total, including monthly group sessions with an assigned Capacity Building Coach (CBC) that will support integration of learned content.

\_\_\_\_\_ \_\_\_\_\_ If selected, we will actively participate in all aspects of the program through its completion.

\_\_\_\_\_ \_\_\_\_\_ We agree to identify one staff member to serve as the lead for the team from our organization, and will also serve as the COMPASS project point of contact.

\_\_\_\_\_ \_\_\_\_\_ Barring any extraordinary circumstances, our **COMPLETE** team will attend **all scheduled web-based and in –person sessions**.

\_\_\_\_\_ \_\_\_\_\_ We commit to coming prepared for each in-person and web-based convening, and will engage with our peers and coach(es) between sessions as scheduled to advance our work.

\_\_\_\_\_ \_\_\_\_\_ We commit to sharing what we learn in the PoWER Institute with others throughout the organization and in the community via updates at staff meetings, the introduction of new practices, conference presentations, blogs and other mechanisms. We will work one-on-one with our assigned coach to develop and assess our plans for doing so.

\_\_\_\_\_ \_\_\_\_\_ We agree to complete all assignments as requested.

\_\_\_\_\_ \_\_\_\_\_ ***We understand that PI session content will not be repeated. If our organization’s designated team members are not able to participate continuously in any aspect of PI, we understand that we will automatically forfeit our participation, and any future stipend payments not yet distributed. Forfeiture may also impact eligibility for future COMPASS services.***

**Signatures**

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Printed Name (Staff Member #1) Signature - Staff Member #1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (Staff Member #2) Signature - Staff Member #2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (Executive Director or Board Chair) Signature - Executive Director

Date:

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