



**P.A.R.T.S. Partners
In Salinas**

**Traffic Sergeant Dana
Cornelson**
Salinas Police Department

Doris Cabaluna
MADD

Francisco Gonzales
*Alcoholic Beverage
Control*

Bob Reyes
*Monterey County
Probation Department*

Ronald Klrkish
CA Drug Free Youth

Elizabeth Serrano-Hill
*Alisal Family Resource
Center*

Jose Valenzuela
La Preciosa

**Genie Jimenez
Yoko Lewis**
Alliance on Aging

All Chavez
*Los Padres Elementary
School*

Elizabeth Reyes
Civic Volunteer

Roberto Mendez
*Center for Employment
Training*

Grupo Nuevo Sendero
AA Group

**Carmen Gil
Lucina Alcala
Juan Carlos Gonzales**
*Building Healthy
Communities*

Julia Foster
YWCA

Marla-Theresa Rodriguez
*Community Human
Services*

Aurora Contreras
Parents Creating Solution

S.T.E.P.S. Youth

www.sunstreetcenters.org



Preventing Alcohol Related Trauma in Salinas

**37 Central Avenue, Salinas, CA 93901
Phone: 831.753.5150 Fax: 831.759.2269**

**MEMORANDUM OF UNDERSTANDING
PARTS Partner in Salinas**

This memorandum of understanding is entered into by Sun Street Centers' Preventing Alcohol Related Trauma in Salinas (PARTS) coalition and

Print Name & Organization

The purpose of this agreement is to establish an effective partnership to provide comprehensive, integrated and respectful delivery system of alcohol and drug prevention services for the City of Salinas.

As a PARTS Partners in Salinas I will be fully committed to carrying out the goals and objectives of the coalition and hereby commit to:

1. Attend a minimum of six coalition meetings per fiscal year.
2. Participation in evaluation processes by reporting on activities, services and engaging in data collection as required.
3. Participation in community prevention activities, work plan objectives and special events.

This agreement is entered into for the duration of the period of one year and may be modified at any time by mutual agreement.

Name: _____ Title: _____

Signature: _____ Date: _____

Organization: Sun Street Centers' Preventing Alcohol Related Trauma in Salinas (PARTS) coalition

Print Name: _____ Title: _____

Signature: _____ Date: _____