

# PHI BETA SIGMA FRATERNITY, INC.

## Memorandum of Understanding (MOU)

Between

Phi Beta Sigma Fraternity, Incorporated

and

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(School Name)

This Memorandum of Understanding (MOU) sets for the terms and understanding between the \_\_\_\_\_ (Chapter) and the \_\_\_\_\_ (School) for the “*I Am My Brother’s Keeper*”, Initiative (IAMBK).

### **Mission Statement:**

The Brothers of Phi Beta Sigma are the Fraternity’s most valuable resource and strength. They are the primary means by which the Phi Beta Sigma objectives will be achieved. In order to accomplish the Fraternity’s objectives, it is essential that systems are instituted that effectively embody “Culture for Service and Service for Humanity” and promote brotherhood, scholarship and service.

### **Background**

Phi Beta Sigma Fraternity, Inc., in keeping with its commitment to President Barack Obama’s “*My Brother’s Keeper*”, proudly introduces its “*I Am My Brother’s Keeper*” program. Through this program, the Fraternity will adopt a 10-point agenda to address issues impacting men of color in our communities. From the 10-Point Agenda developed by our International Program Directors, our fraternity is charged with adopting at least 100 schools throughout the United States, with the purpose of building student literacy and encouraging the student population to work towards closing the academic & achievement gaps that currently exist (Point #6).

# PHI BETA SIGMA FRATERNITY, INC.

## **Purpose**

This MOU will serve as written evidence that a partnership exists between Phi Beta Sigma Fraternity, Incorporated and at least 100 schools throughout the United States. The goal of the partnership is to help close academic and achievement gaps which currently exist in our educational system.

The above goals will be accomplished by undertaking the following activities:

- Selecting an area school and meeting with administrator, teachers, and students.
- Create a mentoring relationship with students.
- Offer tutoring services in the areas of English, Reading, Writing, Mathematics, Science, Social Skills, and Life Skills.
- Offer opportunities for establishment of a Sigma Beta Club.

## **Reporting**

Reporting will be initiated monthly through Program Implementation Assessment (PIA) Form on the international website: [www.phibetasigma1914.org](http://www.phibetasigma1914.org).

We have created a standard mechanism for assessment and reporting our national programs and initiatives. Our reporting tool, the electronic Program Implementation Assessment Form captures key result indicators for assessment of key outcomes. These key result indicators (KRI's) will be tracked for benchmarking, measuring, and reporting.

This tool will capture key result indicators for assessment of the following outcomes:

1. How many people did the program/event reach and/or participate?
2. How many dollars were raised if applicable?
3. What were the goals of the program or activity?
4. Evaluation of program implementation and execution.
5. Number of service hours completed?
6. What was the total expense of project, program or activity?

## **Responsibilities:**

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU. The initial appointees of each organization are:

Phi Beta Sigma Fraternity, Inc.: \_\_\_\_\_

Adopted School: \_\_\_\_\_

# PHI BETA SIGMA FRATERNITY, INC.

## Funding

This MOU is not a commitment of funds.

## TERMS OF UNDERSTANDING

The term of this MOU is for a period of 3 years from the effective date of this agreement. It shall be reviewed annually to ensure that it is fulfilling its purpose and to make any necessary revisions. Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities. This MOU is at-will and may be modified by mutual consent of authorized officials from.

## Contact Information

Partner name (**School**):

Partner representative (Principal):

Position:

Address:

Telephone:

Fax:

E-mail:

Partner name: **Chapter Name:**

Partner representative: Chapter President, Advisor, or Designee:

Position:

Address:

Telephone:

Fax:

E-mail:

\_\_\_\_\_  
Date: \_\_\_\_\_  
(Partner signature)  
(Partner name, organization, position) (School)

\_\_\_\_\_  
Date: \_\_\_\_\_  
(Partner signature)  
(Partner name, organization, position) (Sigma)