



SD Cancer Coalition Organizational Commitment Agreement

Coalition Goal

The goal of the SD Cancer Coalition is to work with individuals and organizations throughout the state to implement the South Dakota Comprehensive Cancer Control Plan. The Coalition brings together new and existing partners across the state to collaborate on a common goal: reduce the burden of cancer in SD.

Coalition Structure

The steering committee is the governing body of the SD Cancer Coalition and meets quarterly.

The Coalition consists of three standing cross cutting committees, which typically meet 3-6 times per year via conference call/video conferencing:

- 1) Data, Surveillance and Evaluation
- 2) Policy, Systems and Environmental Change
- 3) Coalition Membership and Communication

Annually, the Coalition selects priorities from the SD Cancer Plan for implementation. These task forces develop an action plan with evidence-based activities and meet 4-6 times per year (once in person and the remaining meetings are held via conference call/video conferencing. For September 2017 – August 2018, the selected priority task forces include:

- 1) Cancer Prevention
- 2) HPV Vaccination
- 3) Early Detection Health Equity
- 4) Colorectal Cancer Screening

Benefits of Membership

- Collective impact
- Priority access to information on coalition resources and funding
- Networking and recognition opportunities
- Priority access to coalition newsletter and other communication
- Free educational events

Membership Expectations

- Be identified as an organizational member of SD Cancer Coalition on the Coalition website and in Coalition publications
- Designate one or more representatives from your organization to:
 - Act on behalf of the organization
 - Serve as a liaison between the organization and the Coalition
 - Actively participate in committee/task force meetings by contributing ideas, providing input, and carrying out actions
 - Support implementation of the task force action plan by volunteering to complete small tasks and/or activities between meetings or as requested
- Support and utilize the SD Cancer Plan within your organization and report SD Cancer Plan activities on the Coalition website
- Report in-kind contributions toward the SD Cancer Coalition activities when requested
- Abide by and adhere to the Coalition bylaws
- Consider leadership opportunities such as chairing or co-chairing a task force or serving on the steering committee



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Our organization, _____, is committed to be an active member of the SD Cancer Coalition. We are committed to the vision and mission of the coalition and the goals of the SD Cancer Plan 2015-2020. We are committed to the planning, collaboration, implementation, and evaluation process of the coalition. We acknowledge the contributions and expectations of the other members of the Coalition.

As general evidence of our commitment, we agree to the following (check all that apply):

- Appoint a representative(s) to actively participate in coalition meetings and activities
 - Please list representative(s):

- Authorize that representative to make decisions on our behalf, as appropriate
- Authorize that representative to serve in a Coalition leadership capacity
 - Task force chair or co-chair
 - Steering Committee Member (*application required*)
- Read minutes, reports and newsletters to keep abreast of coalition decisions/activities
- Disseminate relevant information and coalition funding opportunities to organizational members and/or partners through listservs, websites, and newsletters
- Keep the coalition informed of our organization's related activities

Specifically, our organization will commit the following resources to the coalition (check all that apply):

- Staff hours
- Educational Materials
- Meeting Space
- Access to our volunteers for coalition tasks
- Procurement of items/services/other financial resources
- Connections to other key organizations/individuals
- Other, please specify _____

Name of Organization: _____

Designated Representative: _____

Title: _____

Email Address: _____

Representative Signature: _____

Date: _____