



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: April 21, 2021

Purpose:  Presentation/Report  Recognition  Discussion/ Possible Action

Closed/Executive Session  Work Session  Discussion Only  Consent

From: Theresa Servellon, Chief Academic Officer

Item Title: Memo of Understanding between South San Antonio ISD and Martinez Street Women’s Center.

Description: Martinez Street Women’s Center will accept all eligible referrals from SSAISD and provide the following services: individual or family counseling, parent and youth training education, case management, resource and referral to support services within the community and basic needs support in time of crises and other support services.

Historical Data: We have been in partnership with Martinez Street Women’s Center since 2020-2021 school year.

Recommendation: Approve the Memo of Understanding between South San Antonio ISD and Martinez Street Women’s Center.

District Goal/Strategy:

Strategy 4: We will build partnerships with businesses and the community to promote parental involvement, support opportunities for student success and increase student attendance and enrollment.

Funding Budget Code and Amount: No cost to the district.

APPROVED BY:

SIGNATURE

DATE

Chief Officer:

\_\_\_\_\_

\_\_\_\_\_

CFO Funding Approval:

\_\_\_\_\_

\_\_\_\_\_

Superintendent:

\_\_\_\_\_

\_\_\_\_\_

**Martinez Street Women's Center**  
South San Antonio Independent School District  
**Memorandum of Understanding (MOU)**  
**2021-2022**

WHEREAS, South San Independent School District and Martinez Street Women's Center through this Memorandum of Understanding indicate a commitment and dedication to the implementation of the goals and objectives of the Martinez Street Women's Center; and,

WHEREAS, each signatory to this MOU will make significant contributions to the building of protective factors, reduction of risks for abuse/neglect and strengthening of parents and families in the Bexar County community.

NOW, THEREFORE, it is hereby entered in to by and between the Partners as signed below:  
South San Antonio Independent School District will:

- Refer families and their children to the Martinez Street Women's Center for parent and youth skills training, or case management
- Provide use of facilities for Martinez Street Women's clients, which may include, but not be limited to, classroom space for parenting education and/or childcare. South San Antonio Independent School District agrees to provide this space for 3 hours during parenting educational sessions.
- Assist with publicizing the purpose and availability of the Martinez Street Women's Center services by distributing information about the program through various venues as deemed appropriate by the organization's governing body.
- Additional collaboration as jointly agreed upon in the future by both parties.

Martinez Street Women's Center will:

- Accept all eligible referrals from South San Antonio Independent School District and will provide them with the following services;
- Martinez Street Women's Center services may include individual or family counseling, parent and youth training education, case management, resource and referrals to support services within the community, transportation assistance; basic needs support in times of crisis (assistance obtaining food, formula, diapers, etc...), presentations, and other supportive services; and
- Abide by all rules of use for South San Antonio Independent School District facilities, including times of entry and exit.

TERM OF AGREEMENT, this MOU shall be in effect until May 31, 2022

South San Antonio Independent School District or Martinez Street Women's Center may terminate this agreement at any time and for any reason, without penalty. The terms of this MOU may not be altered without the written consent of both parties.

IN WITNESS WHEREOF, this Agreement is executed effective this \_\_\_\_ day of \_\_\_\_\_ 2021.

South San Antonio Independent School District  
(Name of Business)

Martinez Street Women's Center

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_

Name: Jennifer Castro  
(Printed)

Name: \_\_\_\_\_  
(Printed)

Title: Superintendent of School

Title: Director of Programs

Date: \_\_\_\_\_

Date: \_\_\_\_\_