



August 25, 2017

SUBJECT: Teen Pregnancy Prevention (TPP) Community Advisory Group

Magnolia Medical Foundation would like to extend an invitation to you to serve as a member of the Teen Pregnancy Prevention Community Advisory Group. As a member of the advisory group, you will have the opportunity to contribute individual expertise, lessons learned, as well as best practices toward achieving the goal of delivering culturally-proficient and linguistically-appropriate teen pregnancy prevention services to youth ages 11-19 in the Central Southwest Mississippi River Region. Members of the advisory group will convene at least once bi-monthly to discuss successes and evaluate challenges of the TPP Project.

Magnolia Medical Foundation is funded through My Brother's Keeper, Inc. The project goal is to reduce the rates of teen pregnancy and other existing health disparities among youth ages 11-19 in Central Southwest Mississippi River Region.

If you are interested in serving as a Community Advisory Group Member, please complete the enclosed Community Advisory Group Membership Form and return it, along with a resume' or curriculum vitae, to:

Magnolia Medical Foundation
Post Office Box 1100 PMB 10414
Raymond, MS 39154-1100
Or scan to email: magnoliamedfoundation@gmail.com
Organization Phone: (601)613-3737

Upon acceptance, you will receive a Magnolia Medical Foundation TPP Project information package. You will also be contacted with meeting updates. If you have any questions or need additional information, please call Dr. Erica Q. Thompson at 601-613-3737.

Best Regards,

Erica Q. Thompson MD, MPH, CDFS

Enclosures

- Advisory Board Membership Form
- Community REACH Project Brochure



Community Advisory Group Membership Form

I, Vickie Bailey, agree to serve as a Community Advisory Group Member for Magnolia Medical Foundation TPP Project funded by My Brother's Keeper, Inc.

I understand that my services are voluntary and at-will and may be terminated by myself or Magnolia Medical Foundation without notice or further obligation.

Vickie Bailey
Signature

2/12/19
Date

Contact Information (Please Print)

Name: Vickie Bailey Phone: 769-203-0399

Home Address: _____

City: _____ State: _____ Zip: _____

Agency Name: City of Vicksburg

Job Title: Director of Youth Development

Agency Address: P.O. Box 150

City: Vicksburg State: MS Zip: 39180

Phone (w): (601) 801-3843 Fax: _____

Email: vbailey@vicksburg.org

Please attach resume' or curriculum vitae.

Magnolia Medical Foundation

Teen Pregnancy Prevention (TPP) Partnership Agreement

The following is an Agreement between Magnolia Medical Foundation, Making Proud CHOICES TPP and _____ The Making Proud CHOICES TPP was established to reduce the rates of teen pregnancy and other existing health disparities among youth ages 11-19 by conducting the Making Proud Choices intervention.

Under this Agreement, Magnolia Medical Foundation and _____ enter into this agreement to make available the following services:

Terms of Agreement

- ☐ Partner will sign a Teen Pregnancy Prevention (TPP) Partnership Agreement.
- ☐ Partner voluntarily associate themselves together as general partners for the purpose of conducting the general business of the Teen Pregnancy Prevention (TPP) Project and any other type of business that may from time to time be agreed on by the partners.
- ☐ The partnership shall begin on September 1, 2018 and shall continue until June 30, 2019.
- ☐ Partner will assist with the distribution of project materials (brochures, flyers, events, etc.) and promotion of TPP intervention.

Erica Thompson 11/19/2018
Project Director/Date

Partner/Date