***[Please print on Organization Letterhead*]**

**LETTER OF AGREEMENT**

**Date:**

To the Stanford Institutional Review Board (IRB):

I am familiar with Dr. Nancy Morioka-Douglas’ Stanford Youth Diabetes Coaching Program (SYDCP) and its associated research project entitled “Evaluation of a Family-Based Approach for Management Of Diabetes.” I understand the [***Name of Community Partner Organization/Agency***] will be a “community partner” for the SYDCP. As a “community partner,” the [***Name of Community Partner Organization/Agency***]’s involvement includes:

1. Community partners need to be health care providers, health professional training programs, or colleges/universities/graduate schools that provide health professional programs. They provide instructors for the SYDCP which can include health care professionals, health care professionals in training, members of the health care team including Community Health Workers, and undergraduate college students. They are responsible for all activities of the instructors in the provision of this program.

2. Community partners need to identify and have their own separate arrangements with local high schools in order to send instructors to the high schools (virtually or in person) to teach high school students.

3. Community partners need to manage all aspects of the recruitment and informed consent and assent process as required by their home institution and by the high school.

4. High schools that participate are responsible for providing the virtual or actual class setting which must include Power Point projector, for providing students with copies of the homework that we provide, and for ensuring students attend the 8 classes.

5. Community partners are responsible for collecting all the data required and to send this to the SYDCP research team in secure encrypted format.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research study is strictly voluntary and provides confidentiality of research data, as described in the protocol.

Therefore, as a representative of the [***Name of Community Partner Organization/Agency***], I agree that Dr. Nancy Morioka-Douglas’ research program, the SYDCP, may be conducted at our agency/institution.

Sincerely,

***[Authorized Representative of the Community Partner Organization:***

***Name***

***Title***

***Email]***