



OK AS TO FORM  
C.H. 5-30-17

## Healthy Schools Program Memorandum of Understanding – District

Date: June 28, 2017

District: Jefferson County Public Schools

Address: 3332 Newburg Road

City: Louisville

State: KY

ZIP: 40218

District Contact: Anne Perryman

Title: District Health Coordinator

Email: anne.perryman@jefferson.kyschools.us

Phone: (502) 485-3387

This Memorandum of Understanding ("Agreement") is made between the Alliance for a Healthier Generation's Healthy Schools Program and Jefferson County Public Schools.

This Agreement provides a district and its participating schools access to the expertise, resources and support to create and sustain a healthier school environment. The Healthy Schools Program staff is committed to facilitating your team's efforts to develop local solutions and strategies. All schools and districts have unlimited access to online or virtual support and the online tools and resources available through the Healthy Schools Program website and online learning community.

### The Healthy Schools Program agrees to:

- Provide technical assistance to schools and districts to support efforts to improve nutrition, physical activity and staff wellness.
- Recognize schools that meet the Healthy Schools Program Framework of Best Practices criteria.
- Broker local, state and national resources to support schools in implementing action plans.
- Provide support in aligning school and district policies, procedures, and external contracts to support implementation of national food and beverage guidelines (e.g., Smart Snacks in School and Healthy Hunger Free Kids Act).

### Participating schools agree to:

- Build and maintain a School Wellness Committee that meets at least four times during the school year.
- Ensure that School Wellness Committee representatives participate in all technical assistance sessions.
- Complete the online Healthy Schools Program Assessment.
- Develop and implement an annual online Action Plan that is aligned with the Healthy Schools Program Framework of Best Practice criteria.
- Communicate regularly (e.g., respond to emails, participate in scheduled calls) with the Healthy Schools Program Manager.
- Participate in Alliance for a Healthier Generation supported evaluation activities, as requested.
- Commit to participating in all aspects of the Healthy Schools Program. Commit to sustaining participation by utilizing our extensive network of resources to maintain a SWC, update the HSP Assessment, and work to implement an Action Plan on an annual basis.

### As a participating district, we agree to:

- Support participating schools in their efforts to create healthier environments for students and staff.
- Designate a district-level contact to serve as the primary contact for the Healthy Schools Program.

## Healthy Schools Program District MOU

- Ensure at least one district representative participates in professional development workshops offered by the Healthy Schools Program.
- Participate in Alliance for a Healthier Generation supported evaluation activities, as requested.
- Respond to communication from the Healthy Schools Program and share communication, as requested, with participating schools.
- Work towards aligning school and district policies, procedures, and external contracts to the national food and beverage guidelines, i.e. Smart Snacks in School and the Healthy Hunger Free Kids Act.

Nothing in this Agreement shall be deemed to be a commitment or obligation of Alliance, school, or district funds. The Alliance for a Healthier Generation reserves the right to terminate this Agreement in its sole discretion if it does not have sufficient funding to meet the terms of the Agreement, or if another party to the Agreement does not fulfill its commitments. Upon written communication, the school district reserves the right to terminate this Agreement in its sole discretion if district schools are no longer able to participate.

District Contact Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

District Contact Title: \_\_\_\_\_

Superintendent Name: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

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