

## Healthy Schools Program Memorandum of Understanding – District 2012-2013 School Year

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

District Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of District Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Participating in the Healthy Schools Program gives schools access to a variety of experts, resources and support to help achieve the Healthy Schools Program goals. The Healthy Schools Program staff is committed to facilitating your team's efforts to develop local solutions and strategies over multiple school years.

The Healthy Schools Program agrees to:

- Provide support and technical assistance to schools and school districts to support their efforts to improve nutrition, physical activity and staff wellness
- Recognize schools that meet the Healthy Schools Program Framework
- Broker local, state and national resources to support schools in implementing action plans
- Provide support in aligning school and district policies and contracts to our beverage and snack food guidelines intended to provide access to healthier foods and beverages

Participating schools agree to:

- Designate a school-level contact for the Healthy Schools Program
- Build and maintain a School Wellness Council that meets at least every other month
- Ensure that School Wellness Council representatives participate in all technical assistance sessions
- Complete the Healthy Schools Inventory
- Develop and implement an annual Action Plan that is aligned with the Healthy Schools Program Framework
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- Communicate regularly with our Relationship Manager
- Participate in Healthy Schools Program evaluation activities, as requested
- Commit to participating in the Healthy Schools Program for multiple school years

As a district, we agree to:

- Support participating schools in their efforts to create healthier environments for students and staff
- Designate a district contact for the Healthy Schools Program who will attend all technical assistance sessions and serve as a primary district contact for the Relationship Manager
  - Provide a location for all of the Healthy Schools Program technical assistance

## District MOU

sessions

- Communicate with our Relationship Manager and stay informed about schools' progress
- Work towards aligning policies and contracts to the Alliance School Beverage and Competitive Foods Guidelines

Nothing in this memorandum of understanding shall be deemed to be a commitment or obligation of Alliance or school funds. The Healthy Schools Program and / or School District 89 reserve the right to terminate this agreement in its sole discretion if it does not receive continued sufficient external funding.

District Name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

HSP Relationship Manager Signature: \_\_\_\_\_

To help us scale the Healthy Schools Program and sustain positive efforts underway in your district, we need some additional information. Please identify the feeder patterns in your district. Specifically, identify the projected high schools for each elementary and middle school.

### High Schools:

School Name \_\_\_\_\_

School Name \_\_\_\_\_

School Name \_\_\_\_\_

School Name \_\_\_\_\_

School Name \_\_\_\_\_

School Name \_\_\_\_\_

### Middle Schools:

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

School Name \_\_\_\_\_ Feeder High School \_\_\_\_\_

## District MOU

### Elementary Schools:

School Name _____	Feeder High School _____
School Name _____	Feeder High School _____
School Name _____	Feeder High School _____
School Name _____	Feeder High School _____
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School Name _____	Feeder High School _____

**Please return this Memorandum of Understanding to:**

**Erin Rasler-Novak**  
Relationship Manager, Illinois/Indiana  
4221 North Leavitt, Unit 2 | Chicago, IL 60618  
F 888.364.1819  
[Erin.Rasler@healthiergeneration.org](mailto:Erin.Rasler@healthiergeneration.org)