

**Memorandum of Understanding
Between
NIA Inc., NFP
and
Rantoul City Schools District No. 137**

I. PURPOSE

This Memorandum of Understanding ("MOU") establishes a partnership between NIA Inc., NFP ("NIA") and Rantoul City Schools District No. 137 ("District") to support the implementation and success of the Parent Mentor Program within District schools. The program is designed to strengthen school-family partnerships, provide mentoring and support for students, and foster community engagement.

II. LEGAL AUTHORITY

This MOU is entered into pursuant to the authority granted under the Illinois School Code, 105 ILCS 5/1-1 et seq., and other applicable laws. Both parties affirm that they are duly authorized to enter into this agreement.

III. RESPONSIBILITIES OF RANTOUL CITY SCHOOLS DISTRICT 137

The District agrees to:

1. Provide background screenings and Employment History Reviews (EHR) for all Parent Mentors prior to placement.
2. Issue District identification badges to Parent Mentors.
3. Designate appropriate workspace within participating school buildings for Parent Mentors.
4. Collaborate with NIA staff to support program implementation and provide access to necessary school-level personnel.
5. Maintain compliance with student confidentiality laws, including Family Educational Rights and Privacy Act (FERPA) and the Illinois School Student Records Act (ISSRA), when applicable.

IV. RESPONSIBILITIES OF NIA INC., NFP

NIA agrees to:

1. Recruit, train, and supervise Parent Mentors placed in District schools.
2. Provide the District, at least annually before the program begins each school year, a list of Parent Mentors. The District shall have the right to request the removal of any Parent Mentor at any time in its sole discretion. The District will provide justification for removal to NIA.
3. Notify the District of all new Parent Mentors to allow for background screenings and EHR.
4. Provide ongoing support, coaching, and professional development for Parent Mentors.
5. Serve as the primary point of contact for District administration regarding program operations.
6. Collect, maintain, and share program data and reports, in aggregate and non-identifiable form, with the District as requested.
7. Ensure compliance with all applicable federal, state, and local laws, as well as Board policies of the District.
8. Notify the District when a Parent Mentor is no longer working for the program and collect the individual's District Identification badge for disposal.

V. CONFIDENTIALITY

The Parties acknowledge and agree that the terms of this MOU may result in the disclosure of personally identifiable information from education records protected from disclosure and redisclosure by the Family Educational Rights and Privacy Act of 1974, 20 USC 1232 (g), and its implementing regulations, 34 C.F.R. Part

99, (collectively "FERPA"). and the Illinois School Student Records Act, 105 ILCS 10/1 et seq., and its implementing regulations, 23 Ill. Admin Code Part 375 collectively ("ISSRA"). Accordingly, the Parties agree as follows: (a) that any exchange or disclosure between the Parties of protected student information or records shall be in accordance with FERPA and ISSRA; (b) that should either party receive from personally identifiable information from education records or student records as defined by ISSRA, it shall not release or disclose that information to any party without the prior, written consent of the eligible student, a parent or guardian, or as otherwise expressly permitted by FERPA and ISSRA; and (c) that each Party shall limit its use of protected student information and records to the purpose for which disclosure was made. The District hereby designates NIA and participating Parent Mentors as school officials with a legitimate educational interest in the education records of students enrolled at the District, and NIA and participating Parent Mentors shall not disclose personally identifiable information or student records without authorization under FERPA and ISSRA.

VI. INSURANCE AND INDEMNIFICATION

1. NIA shall procure and maintain through an insurance company or companies licensed to conduct business in Illinois insurance with coverage and limits as specified below, and shall cause the District, to be named as an additional insured on these policies by endorsement. The commercial general liability and automobile liability policies shall be primary to and noncontributory with any other insurance available to the District. The commercial general liability policy shall provide contractual liability coverage including the indemnity obligations provided in this MOU. Each such policy shall include a requirement of at least 30 days' written notice to the District prior to any termination, cancellation or material amendment to that policy. Upon execution of this MOU and on an annual basis thereafter during the term of this MOU or any extension thereof, NIA shall furnish to the District certificate(s) of insurance reflecting the required coverages. The type and minimum limits of insurance required are as follows:
 - a. Commercial General Liability - \$1,000,000 per occurrence/\$2,000,000 in the aggregate.
 - b. Professional Liability - \$1,000,000 per occurrence/\$2,000,000 in the aggregate
 - c. Sexual Abuse & Molestation - \$100,000 per occurrence/\$200,000 in the aggregate
 - d.
2. The Parties shall indemnify, defend, and hold each other harmless, their board members individually, administrators, employees, agents, representatives, and volunteers from any and all claims, demands, causes of action, losses, liens, claims of lien, liabilities, penalties, and damages, including reasonable attorneys' fees and court costs, that either Party incurs to the extent arising from any negligent act or omission the other Party, its employees, or its subcontractors, suppliers, and their employees, and to the extent arising from any breach of this MOU.

VII. TERM AND TERMINATION

1. This MOU shall become effective on the date it is signed by both parties and remain in effect through June 30, 2026, unless terminated earlier.
2. The District may terminate this MOU at any time by providing written notice to NIA.
3. This MOU may be renewed annually by mutual written agreement.

VIII. AMENDMENTS

This MOU may be amended only by a written agreement signed by authorized representatives of both parties.

IX. MISCELLANEOUS

1. Entire Agreement. This MOU constitutes the full and complete agreement between the parties and supersedes any prior oral or written understandings.

2. Severability. If any provision of this MOU is held invalid by a court of competent jurisdiction, the remainder of the MOU shall remain in full force and effect.
3. Duplicate Originals. This MOU may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one instrument.

X. SIGNATURES


For NIA Inc., NFP

Signature: _____

Name: _____

Title: _____

Date: _____


Samuel E. Hall, III
Founder & Executive Director
11/05/2025

For Rantoul City Schools District No. 137

Signature: _____

Name: _____

Title: _____

Date: _____

Robin Vaughn
President, Board of Education



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gild Insurance Agency 16192 Coastal Hwy Lewes, DE 19958	CONTACT NAME: Maggie Andersen	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 302.300.1810	E-MAIL ADDRESS: maggie@yourgild.com	
INSURED Nia Incorporated NFP 200 S Century BLVD Rantoul, IL 61866	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: United States Liability Insurance		524210
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		NPP1652900	11/01/2025	11/01/2026	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAMS-MADE					AGGREGATE	\$	
	DED	RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
A	Professional Liability Sexual Abuse & Molestation						Occurrence/Aggregate Claim/Aggregate	\$1M/\$2M \$100K/\$200K	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Rantoul City Schools #137
1 Aviation Center Dr
Rantoul, IL 61866

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Margaret Andersen