Complete this form for each school district in the application. This document may be copied for each building principal to sign rather than having all principals sign one document as long as the superintendent's signature is on at least one of the forms.

REQUEST FOR PROPOSAL #58825002 Pick a Better Snack Attachment G: Pick a Better Snack School Agreement Form

Thank you for partnering with the Pick a Better Snack (PABS) program to provide nutrition education in your school district. This agreement will document permission by the school district's superintendent and each building principal for the program to take place in the locations listed below. Additionally, this agreement will help ensure that each party knows what is expected of them. Please read the stipulations below and indicate your agreement by signing the document.

The school district superintendent will:

1. Allow Pick a Better Snack lessons to be taught in the following elementary schools and grades:

School Building	Grade(s)		School Building	Grade(s)
BK Richard Ogucobson	2434	j		
0				
	4			
			1	

2. Encourage the appropriate school district staff to submit free and reduced lunch participation or CEP data each year to the lowa Department of Education (DOE) in accordance with DOE's procedures. School eligibility for PABS is determined each year based on the free and reduced participation or the Factored ISP, in the case of CEP, and the school may be ineligible if the data is not available or exceeds the allowable threshold.

The school principal(s) will:

- Allow the nutrition educator to teach PABS lessons in all classrooms during the school day (excluding recess, lunch and P.E. class) each month in the grades listed above in the respective building. Lesson times are mutually agreed upon by the teacher and PABS educator. Lessons are approximately 30 minutes and include a tasting of a fruit or vegetable snack and a physical activity.
- 2. Allow the nutrition educator to administer a pre/post survey to students as needed to assess program outcomes.
- 3. Ensure the appropriate school staff provides food allergy information to the nutrition educator when requested.

Complete this form for each school district in the application. This document may be copied for each building principal to sign rather than having all principals sign one document as long as the superintendent's signature is on at least one of the forms.

- 4. Ensure classroom teachers are present during the PABS lesson and manage student behavior. The nutrition educator will not assume sole responsibility for children before, during or after lessons
- 5. Ensure the appropriate school staff provides data when requested by the nutrition educator, including the number of students enrolled in each grade, along with race and ethnicity data.
- 6. The PABS family newsletter is nutrition education material that must be provided to parents and caregivers under this grant. Allow the nutrition educator to send the newsletter home with students, or the school may distribute it electronically to parents and caregivers.

The PABS nutrition educator will:

- 1. Contact classroom teachers to schedule the monthly lessons.
- 2. Follow up with classroom teachers before the lessons to confirm time and request any special assistance (example: educator may share video links for the classroom projector). The educator will let teachers know what food will be provided and ask about potential allergies.
- 3. Provide nutrition education using the PABS curriculum at the times agreed upon with the classroom teacher.
- 4. Provide all the materials, food and supplies needed to conduct the lessons.
- 5. Follow food safety standards and ensure students wash their hands or use hand sanitizer before eating. The nutrition educator will use hand sanitizer and gloves when serving food.

forward

_	indicate your agreement wit	h the above responsibilities. We look
to your partnership!	Belmond Klim	me 4.22.24
District Superintendent	School District	Date
Principal (add additional lines as needed	SALOBSON Building	4/28/2024 Date
SMC Strough Rn Representative from agency providing nutrition education	MCHO Agency Name	Date Spark