

# LEARNING FOR LIFE™

UPLIFTING STUDENTS • BUILDING CHARACTER • DEFINING LEADERSHIP

Term: \_\_\_\_\_

Group No.: \_\_\_\_\_

## ANNUAL MEMORANDUM OF UNDERSTANDING

The \_\_\_\_\_ organization ("organization") has read and understands the following conditions for participation in the curriculum-based program operated and maintained by Learning for Life, a District of Columbia nonprofit corporation ("Learning for Life"), and desires to enter into this agreement regarding its participation in the curriculum-based program. The responsibilities of the organization include:

1. Conduct criminal background checks on all participating adults.
2. Indicate the approximate number of students in which of the following grades that will participate and their ethnicity:

	Elementary										
	Pre-K	K	1st	2nd	3rd	4th	5th	6th	7th-8th	9th-12th	Special Needs
Total Youth	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Males	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Females	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

  

	Black/African American	Caucasian/White	Native American	Hispanic/Latino	Alaska Native	Pacific Islander	Asian	Other
Males	_____	_____	_____	_____	_____	_____	_____	_____
Females	_____	_____	_____	_____	_____	_____	_____	_____

3. Provide program for \_\_\_\_\_ (approximate number) of students participating in Learning for Life. These costs may be paid by other agencies on your behalf.
4. Curriculum-based instructors are required to complete Youth Protection training. The training may be part of their annual school staff development or they can take the online Learning for Life Youth Protection Training for curriculum-based programs.
5. Utilize Learning for Life program materials and recognitions.
6. Participate in at least one evaluation with the Learning for Life representative each year.

This Memorandum of Understanding shall remain in effect for the current school term. Either the organization or Learning for Life may discontinue the program at any time, upon written notice to the other party. The participating organization administration hereby agrees that no Learning for Life program materials will be used after the program is discontinued.

\_\_\_\_\_  
Signature of Organization Head

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Learning for Life Representative

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date

### ORGANIZATION'S KEY CONTACT PERSON

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_