LEARNING FOR LIFE
UPLIFTING STUDENTS · BUILDING CHARACTER · DEFINING LEADERSHIP

ANNUAL MEMORANDUM OF UNDERSTANDING

For Learning for Life & the Participating Organization

School Year: _____ ***Date (MOU signed):*** _____ ***LFL Group Number:*** _____

The Participating 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, and its licensees *(collectively, "Learning for Life")*, and desires to enter into this agreement regarding its participation in the curriculum-based program.

RESPONSIBILITIES OF THE PARTICIPATING ORGANIZATION

1. Conduct criminal background checks on all participating adults that have contact with youth.
2. *Indicate the approximate number of students in each of the following grades who will participate, and their ethnicity.
3. Provide program for _____ (enter the total number of youth or students) that will be participating in Learning for Life. Program costs may be paid or subsidized by other agencies on your behalf.

** Ethnicity may be estimated using the overall demographics of the school or entity.*

PARTICIPATION BY GRADE

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

PARTICIPATION BY ETHNICITY

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

RESPONSIBILITIES OF LEARNING FOR LIFE

4. Provide access to Learning for Life Curriculum Character Education Books and access to Safeguarding Youth training for adults.
5. Provide access to the local service center and a representative to help order books and provide assistance in servicing the program.

This Memorandum of Understanding shall remain in effect for the current school term. Either the Participating 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 books or materials will be used after the program is discontinued.

SIGNATURES

_____ _____

Signature of Participating Organization Head **Date:** _____

Please also Print Name _____

_____ _____

Signature of Council Learning for Life Licensee Representative **Date:** _____

Please also Print Name _____

Participating Organization — Key Contact. This will be the person working directly with the LFL Representative

Name: _____ **Title:** _____

Telephone #: _____ **Email:** _____

Learning For Life Representative—This person will be assigned to you by the local (LFL) council service center

Name: _____ **Title:** _____

Telephone #: _____ **Email:** _____

Updated 7/23/2026