**MEMORANDUM OF AGREEMENT BETWEEN NORTHERN LIGHTS YOUTH SERVICES, INC. AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

**I. Parties**

The purpose of this Memorandum of Understanding (MOU) is to establish a relationship between Northern Lights Youth Services, Inc. (NLYS) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of school], hereafter named as “SCHOOL.”

This MOU identifies the partnership of NLYS and the SCHOOL to provide a three-part lesson plan entitled Healthy Reality, preferably to eighth graders at the SCHOOL, using high school students as lesson facilitators/role models. The intent of the Healthy Reality lessons is to reduce teen pregnancy by addressing underlying risk and behavior factors and building protective assets. The program is funded by a federal grant from the Department of Health and Human Services.

BOTH PARTIES HEREBY enter into this MOU to enable SCHOOL students to receive the Healthy Reality lessons on SCHOOL premises during the regular school hours.

**II. Program Sites**

The street address of the SCHOOL premises is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If any additional SCHOOL sites are part of this agreement, please provide those addresses on an additional sheet of paper.

**III. Responsibilities/Scope of Services**

NLYS agrees to perform the following functions:

* Provide the lesson plans to SCHOOL to present Healthy Reality to 8th grade students, and any supporting materials
* Provide materials and instructions for pre- and post-testing for the students receiving the lessons, and post-implementation questionnaires for the lesson facilitators and observing faculty member

SCHOOL agrees to perform the following functions:

* Provide the classroom time for the high school students to present their lessons to the lower class(es)
* Have the school counselor or designated faculty member participate in the lessons to provide any necessary follow-up to questions or concerns from individual students or make any possible referrals
* Allow passive consent from the 8th grade students’ parents to participate in the curriculum and pre- and post-tests

**IV. Duration**

This MOU is for the 2019 - 2020 school year.

**V. Points of Contact**

The primary point of contact for NLYS will be:

Name: Lee Erickson, Executive Director

Email: lee@nlsadd.com

Phone: 701-636-5852

The primary point of contact for SCHOOL will be:

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agreement between NLYS and SCHOOL is acknowledged by the undersigned.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YYYY)

SCHOOL Administrator

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YYYY)

 Executive Director

 Northern Lights Youth Services, Inc.