

Safe Routes to School Memorandum of Understanding

This MOU is made and entered into by and between La Crosse County, doing business as the La Crosse County Health Department (“PURCHASER”), whose address is 300 N. 4th Street, La Crosse, WI 54601, and XXXX School (“PROVIDER”), whose address is XXX Street, XXX, WI 54601.

A. Purpose

The La Crosse County Health Department (LCHD) has received Safe Routes to School (SRTS) funding from the Wisconsin Department of Transportation to increase physical activity in K-8th grade students by walking and biking to school through a variety of Encouragement, Education, Enforcement, and Evaluation strategies.

B. Scope of Activities

The PROVIDER shall work with LCHD staff to complete the following activities in the specified timeline. Failure to complete these activities may impact the overall grant award.

1. **Objective:** By 6/30/18, fully participate in the La Crosse County SRTS program by completing the following activities:

2. Table of Activities	Timeline
1. Designate main contact person(s) to serve as SRTS Liaison and coordinate school activities: Please list person’s name:	9/1/17
2. Principal and SRTS Liaison will participate in a planning meeting with LCHD staff. Meeting Date:	9/15/17
3. Hold a minimum of 8 weeks (weather permitting) of a Walking School Bus (at least once per week) in fall 2017: Dates: _____ to _____. Participation Goal: _____ students per week.	12/31/17
4. Hold a minimum of 8 weeks (weather permitting) of a Walking School Bus (at least once per week) in spring 2018: Dates: _____ to _____. Participation Goal: _____ students per week. <i>Please consider increasing your participation goal from the fall if possible.</i>	6/30/18
5. Incorporate at a minimum, 1 bicycle and 1 pedestrian safety article in school newsletter and provide a copy of the newsletter to LCHD staff.	6/15/18
6. Provide bicycle safety education on at least one occasion, per school year (<i>see attached for ideas</i>). Describe selected strategy for bicycle safety:	6/30/18
7. Provide pedestrian safety education on at least one occasion, per school year (<i>see attached for ideas</i>). Describe selected strategy for pedestrian safety:	6/30/18
8. Distribute and collect Parent Surveys (copies provided by LCHD).	12/1/17

Please specify tentative dates for distribution: _____ Please specify the number of copies you will need (one per family). _____	
9. Distribute and collect Classroom Tallies (copies provided by LCHD). Please specify tentative dates for distribution: _____ Please specify the number of copies you will need (one per classroom). _____	11/1/17
10. Include Walking School Bus and other walk/bike information in school handbook or update current information as needed.	6/30/17
11. Select a minimum of two additional activities from the following list. <i>*Selecting more than 2 activities does not commit your school to all activities.</i> <ol style="list-style-type: none"> a. _____ International Walk to School Day (October 4th) b. _____ Coulee Region Walk to School Challenge (October 9th-13th) c. _____ Winter Walk to School Day (February) d. _____ At least 2 monthly themed Walk to School Days (November-March) Specify which months: _____ e. _____ Bike to School Day with a Bike Train (anytime in May) f. _____ Bike/Scooter Train (once a week for 4 weeks) g. _____ Bike Rodeo (anytime) h. _____ Bike Rendezvous (anytime) i. _____ Wheel to School Week Challenge (April 30th-May 4th) j. _____ 2nd day of Walking School Bus (at least 4 weeks) k. _____ Other activities as approved by SRTS staff _____ 	6/30/18
12. Please circle at least two ways you will distribute SRTS activity information to families. <ol style="list-style-type: none"> a. Monthly newsletter articles in school publication b. Printed flyers sent home c. Posters/flyers displayed around school d. Social media messages _____ e. School website f. Tri-fold, posters, fact sheets, etc. displayed during school events g. School announcements h. Parent/guardian emails i. Other: _____ 	Ongoing
13. Submit participation numbers and activity descriptions to online file monthly .	Ongoing

C. Budget

- a. The PROVIDER agrees to participate in the above activities for the 2017-2018 school year and will be allocated \$500 to be used for supplies.
- b. Funds may only be used to achieve the activity objectives and not for other purposes.
- c. The following deductions to the grant award will be made for not completing the activities.

- i. \$25 for each week a school falls below the 8 week minimum of Walking School Bus activities (non-weather cancellations).
 - ii. \$25 for each additional activity not completed
 - iii. \$25 for not completing bicycle education
 - iv. \$25 for not completing pedestrian education
- d. Approved expenses include:
 - i. **Incentives and supplies** can be used to encourage participation in activities, with a priority placed on weekly activities. LCHD staff will make the purchases on behalf of the PROVIDER. The following guidelines must be considered when making purchase requests.
 1. Modest incentives may be purchased to encourage participation and must support an active, healthy lifestyle. Individual prizes should cost less than \$10. Scooters may be given as a grand prizes, costing less than \$35.
 2. A maximum of \$50 (10%) of an award may be used towards gift cards. Gift cards are limited to \$5 increments.
 3. Food purchased must adhere to the school district wellness policy and guidelines provided by the LCHD. Please see the included food/snack guidelines.
 - e. Schools will be allocated up to \$100 in printed materials (flyers, posters, logs, etc.) which will be printed by the LCHD. This amount is not included in the overall grant award. **Requests must be made to LCHD staff two weeks prior to when they are needed to ensure timely delivery.**

D. Spending/Invoicing:

- a. PURCHASER will spend \$500 on incentives and supplies on behalf of the provider.
- b. Monthly reports must be submitted in order to continue receiving incentive/supply funds.
- c. PURCHASER will track expenses made on behalf of the PROVIDER using a shared Google document.

E. Debarment and Suspension

The PROVIDER certifies by signing this Agreement that neither the PROVIDER nor any of its principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in federal assistance programs by any federal department or agency. The PROVIDER shall notify the PURCHASER within 5 business days in writing by registered or certified mail if the PROVIDER or any of its principals receive a designation from the federal government that they are debarred, suspended, proposed for debarment or declared ineligible by a federal department or agency. Any such suspension or debarment may be grounds for revision or termination of this Agreement. Information on debarment or suspension is available at www.epls.gov.

F. Indemnification

The PROVIDER agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the PURCHASER, and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the PROVIDER, or its (their) agents, employees and/or subcontractors which may arise out of or are connected with the activities covered by this MOU.

G. MOU Revision and/or Termination

This Agreement, or any part thereof, may be renegotiated in the case of 1) increased or decreased volume of services; 2) changes required by Federal or State law or regulations or court action; 3) monies available affecting the substance of this Agreement.

This MOU can be terminated by 30 day written notice by either party.

H. Authorization to Act

Each signature to this agreement represents that he or she has the authority from his or her respective governing body to enter into this agreement.

I. Severability

Any provision of this MOU determined to be invalid as a matter of law is severable from other provisions of this agreement.

IN WITNESS WHEREOF, this MOU is agreed upon and approved by the authorized representatives of the PROVIDER.

LA CROSSE COUNTY

By: _____
Tara Johnson, County Board Chair

Date

By: _____
SRTS Liaison

Date

By: _____
School Principal

Date