

PARTICIPANT AGREEMENT FORM

LEAD CONTACT NAME:		PROGRAM/AGENCY NAME:	
PHONE NUMBER:		LEAD CONTACT E-MAIL:	
ADDRESS:	CITY:	ZIP CODE:	COUNTY:

Thank you for accepting the invitation to participation in the 2018-19 Child Care Wellness Mini-grant project. Funding is provided by the Pennsylvania Department of Health through the Preventative Health and Health Services Block Grant from the Centers for Disease Control and Prevention. The foundation of the project is the Pennsylvania Nutrition and Physical Activity Self-Assessment for Child Care (PA NAP SACC) website. PA NAP SACC is designed to help early care and education programs improve their nutrition and physical activity practices and policies through self-assessment, action planning, policy development, implementation, and re-assessment. This form outlines your responsibilities as a participating program. Programs will not be officially enrolled in the program until this form and the W-9 IRS form are received.

DUTIES / RESPONSIBILITIES

Please indicate your acknowledgement of terms by checking each of the boxes. Participating programs will:

Step 1:

- Participate in or view recording of Overview and Orientation webinar.
- Complete the online self-assessments for the age of children served (preschool, infant-toddler, or both) by October 26, 2018.
- Develop and submit an action plan based on self-assessment results by November 16, 2018. At least one nutrition and one physical activity goal will be identified on the action plan, and a copy of **existing** nutrition and physical activity policies will be included with the plan (if applicable).
- Complete and submit a planned purchase form that is aligned with the action plan and purchase guidelines* by December 5, 2018.
- Confirm approval of planned purchase form **before** spending mini-grant funds.

Upon completion, participant is eligible to receive \$250 stipend mailed no later than January 4, 2019.

Step 2:

- Implement action steps, including revision and/or development of nutrition and physical activity policy.
- Maintain communication with Child Care Health Consultant, if applicable. (Not all programs will work directly with a consultant.)
- Submit newly created or updated policies by May 3, 2019.
- Complete online re-self-assessment for the age of children served by May 17, 2019.
- Complete end-of-project reflection.

Upon completion, participant is eligible to receive \$250 stipend mailed no later than June 14, 2019.

I understand that I will need to complete a W-9 IRS form in order to receive my monetary incentive. Mini-grant checks will be disbursed by Tuscarora Intermediate Unit (TIU), who coordinates the project. I understand that mini-grant funding may be denied if the activities listed above are not completed, unapproved expenses are purchased, or unapproved changes are made to how the mini-grant funding will be used.

**Planned purchases forms will be reviewed by TIU and approval confirmation will be sent directly to programs. Appropriate uses for funding include but are not limited to: related professional development costs, copying materials, nutrition and physical activity education materials, small, portable physical activity equipment that can be used for multiple children, experts/consultants/trainers providing educational activities for both children and staff to ensure sustainability, food that is part of an educational activity such as tastings, and small, mobile equipment used for food demonstrations if the activity is part of lessons. Funding may NOT be used for refreshments for events, food served at snack or mealtime, large, permanent, physical activity equipment, fencing, playground surfacing, or large kitchen equipment. Receipts are not required to be submitted to TIU; however, programs are strongly encouraged to maintain all receipts for their records.*

I have read the Duties/Responsibilities section of this application and I agree to work toward this quality improvement activity. I understand that I may cancel my participation at any time during the process by submitting a written request.

Signature _____ Date: _____

Please return completed form to Cindy Wilson via email cjwilson@tiu11.org, fax (717) 248-8610, or mail to Cindy Wilson, TIU CEWS, 6395 SR 103 N, Building 58, Lewistown, PA 17044. Programs are encouraged to keep a copy of this agreement for their records and reference.