

## School District and Community-Based Partner Sample MOU

### SCOPE OF WORK

Community-based partner/university will work with *[district name]* to utilize educators from *[partner name]* to supervise and support bubble groups (i.e., small cohorted groups) of students at each elementary school to engage with student distance learning schedules and assignments, and provide daily outdoor science and environmental learning. Duration of contract is *[start date]* to *[end date]* with an opportunity to add weeks and extend this agreement into *[date]* if both organizations give approval.

#### A. *[Partner name]* will:

1. Facilitate student learning during remote learning times in outdoor learning spaces at each school site, structured to maintain effective social distancing and safety protocols while offering fresh air and the health benefits associated with increased access to nature.
2. Provide instructors between 8:30 a.m.–3:15 p.m. (6.75 hrs/day) to support K–5 students to engage in *[district name]* distance learning programs and provide high-impact outdoor, science, and Science, Technology, Engineering and Mathematics (STEM) learning opportunities during “choice time” and after distance learning programming ends.
3. Provide five (5) instructors to supervise one stable bubble group each with no more than 10 students and assure that each instructor supervises only those 10 students. Bubble group instructors will support *[district name]*-designed distance learning and provide guided learning experiences outdoors on the school grounds or nearby each day. These outdoor experiences will address Next Generation Science Standards, History-Social Science Standards, STEM enrichment goals and will complement the curriculum established by the classroom teacher. The experiences will include guided investigations in nature, writing/notebooking, reading, discussion, math, social-emotional learning, science experiments and simulations, leadership and collaboration opportunities, silent reading (for example, under a tree), engineering and design labs, physical education, arts and humanities, etc.
4. Provide one (1) site coordinator to oversee site activities, manage site staff, and support the selection, adaptation, materials management, and coordination of the outdoor science learning activities.

#### B. Deliverables:

1. Start date \_\_\_\_\_:
2. [#]-week session — not including Thanksgiving week, which is a *[district name]* holiday, plus 5 days of *[partner name]* and *[district name]* training and preparation;
3. *[partner name]* staff will be required (per *[partner name]* practice) to complete a symptom tracker each day before reporting to the school site.

#### C. Information/Materials provided by *[district name]*:

1. School site and student identification/selection for five bubbles, each comprising up to 10 students (approximately 50 students at one school site).
2. Protocol for *[partner name]* instructors to contact teachers of participating students, if needed (in service of supporting student engagement in their classroom distance learning program/activities).
3. District training for *[partner name]* staff, virtually and in-person at school site where instruction will occur.

- D. *[District name]* will:
1. Prioritize the participation of “unduplicated students” who are most vulnerable to the impacts resulting from COVID-19 and remote learning.
  2. Identify a district employee who will serve as a site liaison and be available to address any issues *[partner name]* site coordinator needs to escalate to a district representative.
  3. Provide adequate Personal Protection Equipment (PPE) for *[partner name]* staff and *[district name]* students, to include masks, gloves, hand sanitizer, and first-aid kits.
  4. Directly supply at *[district name]*'s cost or, if not available, reimburse *[partner name]* for required classroom science materials.
  5. Provide adequate custodial services and disinfecting in accordance with all state and county guidelines for safe practice.
  6. Follow (and keep up to date) on all state and county guidelines for safe practice.

E. Program Contacts:

1. Partner:
2. District:

F. Program Representatives and Signatures:

1. *[Partner name]* \_\_\_\_\_ Date: \_\_\_\_\_
2. *[District name]* \_\_\_\_\_ Date: \_\_\_\_\_

Contract Cost Justification for MOU				
# Staff / Presenters	Description of Services to Be Provided	Weekly Rate or Cost	Qty.	Total
		\$	X	\$
		\$	X	\$
		\$	X	\$
Description of Materials Provided by Contractor (i.e., binders, workbooks, CDs/DVDs, etc.)		Cost	Qty.	Total
		\$		\$
If needed, provide additional detail justification below.			<b>Total</b>	<b>\$</b>