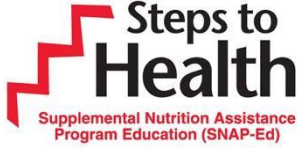


County \_\_\_\_\_  
Agent \_\_\_\_\_



**PARTNERSHIP FORM - FY 2024 (October 1, 2023 - September 30, 2024)**

**PURPOSE**

The purpose of this form is to establish cooperative efforts between North Carolina State University - Steps to Health and the partnering agency named below. Steps to Health is funded by USDA's Supplemental Nutrition Assistance Program - SNAP. North Carolina State University is an equal opportunity provider. These forms must be filled out every year and submitted by the agent to [sth-administration@ncsu.edu](mailto:sth-administration@ncsu.edu).

**AGENCY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **WEBSITE** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

Taken together, direct education, one-time activities and events, policy/system/environmental work, and social marketing are more effective than any of these strategies alone for improving health and preventing obesity. Through this partnership, the community will receive nutrition and physical activity support through but not limited to:

- Direct Education: \_\_\_\_\_
- One-time Activities/Events: \_\_\_\_\_
- Policy/System/Environmental: \_\_\_\_\_
- Social Marketing: \_\_\_\_\_

**Partnering Agencies will provide the following:** (please check ALL that apply)

LOCATIONS: Classroom \_\_\_ Meeting Room \_\_\_ Kitchen Facility \_\_\_ Gym \_\_\_ Park/Outdoors \_\_\_

EQUIPMENT: Refrigerator \_\_\_ Sink \_\_\_ Stove \_\_\_ Microwave \_\_\_ Toaster Oven \_\_\_ Audio/Video Equipment \_\_\_ Tables \_\_\_ Chairs \_\_\_

SERVICES: Set-Up Services \_\_\_ Clean-Up Services \_\_\_ Participant Recruitment \_\_\_

**SUMMARY**

The goal of this cooperative effort is to enhance the quality of nutrition education and provide other supportive services to clients who meet the income and target area guidelines that identify them as potential SNAP-Ed clients.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Educator/Agent:

\_\_\_\_\_  
Signature of Educator/Agent

\_\_\_\_\_  
Date