



Not On Tobacco (N-O-T) Memorandum Of Understanding (MOU)

This form must be signed and returned in order to receive N-O-T Program funding.

I give my support for the American Lung Association’s N-O-T (Not On Tobacco) program to be offered at my school/organization. I acknowledge that the staff listed below will be trained, or have been trained by the American Lung Association in Colorado (ALAC) as N-O-T facilitators and will be implementing the program.

1.	_____	_____	_____
	Facilitator’s Name (Print)	Email Address	Cell Number
2.	_____	_____	_____
	Facilitator’s Name (Print)	Email Address	Cell Number
3.	_____	_____	_____
	Facilitator’s Name (Print)	Email Address	Cell Number

I understand that my school/organization is receiving a grant to implement N-O-T and will work with the N-O-T facilitators to establish a system for the receipt and use of grant funding. **I agree to return all required paperwork including, evaluations, attendance records, a completed budget worksheet AND RECEIPTS FOR ALL EXPENSES USING AWARDED N-O-T FUNDS to the American Lung Association in Colorado after the completion of each N-O-T group.** This funding is specific to the youth who are in the N-O-T group. Ideas on how these monies can be spent include:

- Recruiting efforts for the N-O-T group including food items for meetings
- Recreation center or local gym punch cards for N-O-T group participants
- Craft supplies
- End of year celebration
- If unsure of a purchase, contact ALAC at 303-388-4327 or 1-800-LUNGUSA

I understand that if I do not use all funds given for the use of N-O-T groups, I will return unused funds to the American Lung Association in Colorado no later than June 30, 2018.

I understand that the N-O-T group (s) will be offered during school hours for those youth wishing to participate. If this is not feasible and you would like to discuss alternatives, please contact the American Lung Association in Colorado at (303) 388-4327 right away.

I recognize that N-O-T is a voluntary program and can in no way be used as an alternative to suspension, or as a required program.

I understand that at least one facilitator from each school/organization is required to attend the statewide N-O-T Facilitator Summit in the Denver Metro area on Friday, September 22, 2017. Substitute teacher pay and mileage at .54 per mile from the school address can be reimbursed. For those traveling over 150 miles round trip, mileage at .54 per mile and a one night hotel stay for up to \$120 can be reimbursed.

_____	_____
Administrator’s Signature	Date

_____	_____
Administrator’s Name and Title (please print)	School