

**MEMORANDUM OF UNDERSTANDING (MOU)  
FOR SERVICE PROVIDER OFFERING SERVICES TO  
SAN FRANCISCO UNIFIED SCHOOL DISTRICT**

**COVER SHEET**

**USE THIS MOU FORM IF:**

Your organization receives foundation, private, state and/or federal funds to provide these services.

**DO NOT USE THIS MOU IF:**

- Your organization provides services through the Department of Public Health Special Education Partnerships.
- Your organization is a member of The Beacon Initiative. The Beacon Initiative has its own MOU with SFUSD.
- Your organization receives funding from SFUSD or City and County of San Francisco to provide these services.

**PROCESS**

**Step 1: Carefully read MOU including *Terms of Agreement* and insert information**

- Page 1: Insert date, name of organization/provider and detailed description of services. In your description, be sure to include: location of services, services that will be provided, length of time and duration of services that will be provided.
- Page 2: Additional District roles and responsibilities that are beyond what is included in Section 4 can be added in Section 5. If there are no additional District responsibilities, delete text in box.
- Page 6: Insert the most updated service provider information.
- Page 9: Insert name of service provider, name of organization signatory, and title. Ensure that a SFUSD site/department administrator provides signature on this page.
- Page 10: Insert name of service provider, brief description of services to be performed, and location of services. Check boxes for CBC/TB that is applicable to your program. Names of individuals that will have more than limited contact with District students may be included on a letterhead form from your organization that is signed by your Executive Director or designee. Ensure that SFUSD site/department administrator provides signature on this page.

**Step 2: Print MOU and submit to SFUSD**

- Print 3 single-sided copies of MOU and provide original signatures on each using blue ink.
- Include copies of required insurance documentation as described on page 3 of this MOU (including an insurance certificate and policy endorsement naming SFUSD, its Board, Officers and Employees as additional insured).
- **Do not submit** the criminal background check (CBC) clearances issued by the California Department of Justice (DOJ) to your organization regarding your employees. Keep on file with your organization.
- **Do not submit** tuberculosis (TB) screening reports from physicians regarding your employees. Keep on file with your organization.
- Submit completed MOU to:

SFUSD Student, Family, and Community Support Department  
555 Franklin Street  
San Francisco, CA 94118  
Attn: Lynn Garcia

**Phone:** 415.241-6307     **Email:** [partnerships@sfusd.edu](mailto:partnerships@sfusd.edu)

**Step 3: Completed CBO Registration Form**

Complete CBO Registration Form. Upon receipt of this form, you will be forwarded information regarding a **mandatory CBO Orientation** that a representative from your organization **must** attend.