



**New Jersey Supplemental Nutrition Assistance Program – Education Support Network Partnership Agreement**

*Mission Statement: To help limited resource adults and families who qualify for SNAP (formerly food-stamps) reduce their risk for food insecurity through a collaborative agency and organizational effort to improve nutrition education aimed toward maximization of current food related resources, and identification of additional food resources, as needed to ensure food security.*

We the undersigned organization/agency/corporation support the mission of the New Jersey Supplemental Nutrition Assistance Program – Education Support Network and the principles of the Dietary Guidelines as the basis for all nutrition education campaigns. As a member of a statewide partnership, we expect to improve our organization/agency/ corporation nutrition education efforts as well as contribute to the enhancement of statewide nutrition education effectiveness.

*As a network partner, we commit to one or more of the following activities:*

- Contribute to the development of nutrition education campaigns.
- Enlist additional partners, local agencies and organizations to support the network’s mission.
- Support or implement nutrition education campaigns in local community (ies).
- Participate in the evaluation of campaign strategies at the state and local level.
- Contribute in whichever way possible to the social marketing campaign if organizations' goals are appropriate to the target audience objectives.

This agreement shall become effective upon signature and shall continue in force, unless altered by mutually accepted written amendment, in which case the effective dates specified in said amendment shall control.

*(Please print legibly)*

Organization: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or fax this form to:**

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