



MEMORANDUM OF AGREEMENT

Steps Walking Path Initiative

Purpose of Memorandum of Agreement:

This purpose of this Memorandum of Agreement is for the worksite/agency to understand and agree to the expectations of participating in the Steps to a HealthierNY Walking Path Initiative.

Sign Specifications & Type of Walking Path:

Horizontal Signs are 18" wide by 12" long. Vertical Signs are 12" wide by 18" long. Both have rounded edges. Indoor signs are made of PVC substrate vinyl with digital print gloss lamination. Outdoor signs are made of 040 gauge aluminum with image print on vinyl with UV coating and laminated. See the attached order form for pictures of the walking path signs.

Please specify whether the worksite will create an indoor or outdoor walking path:

- Indoor
- Outdoor
- Both

Responsibilities:

_____ shall:
(Print name of worksite above)

- Officially accept the design and size of the sign and receive corporate/board approval and/or landlord approval to post the walking path signs.
- Designate a contact person to be the liaison between your worksite and the Steps to a HealthierNY program.
- Route out a course for the walking path and determine distance intervals for sign postings.
- Designate or hire someone to install or mount the signs
- Provide the hardware to mount the signs. The Steps to a HealthierNY program will provide you, free of charge, with up to 10 indoor and outdoor signs.
- Post walking path signs on a measured route. At least 1 mile is preferred.
- Promote the walking path to all staff and community members if applicable.
- Create a "map" of the path to inform staff and community members of its route.
- Encourage employees to utilize the path during breaks and before and after work.

Termination of Agreement:

If the worksite is unable to meet the expectations of this initiative within 8 weeks of receiving the signs, we request that you return the walking path signs to a representative of Steps to a HealthierNY.

Steps to a HealthierNY Worksite Wellness Contact:

Melanie Shefchik
Ph: 845-364-3786
Fax: 845-364-3837
Email: shefchim@co.rockland.ny.us

Melanie Shefchik Date
Rockland County Health Department

Official Worksite Signatory Date

Print Signatory Name Above

