

Memorandum of Agreement (MOA)

Minnesota Breastfeeding Coalition (MBC) and Twin Cities Regional Breastfeeding Coalition (TCRBC) are offering funds to organizations in Ramsey County to create or update a lactation space for their employees and/or customers. These funds are made possible by the Statewide Health Improvement Partnership (SHIP) Grant.

School/Organization:

Address:

Contact:

Email:

Phone:

Directions:

1. MBC and/or TCRBC will be a resource to you throughout this process. Please communicate with us if you have any questions, concerns, or issues that may come up.
2. Funds may only be used on items that support a lactation space. All items must be approved by MBC/TCRBC before being purchased. Please send an itemized budget of the items you will be purchasing to prior to funding approval to operations@mnbreastfeedingcoalition.org. Each site can request up to \$1000 for a private lactation space or \$400 for a semi-private lactation space for customers. Amount requested:
3. Sign and return this form along your W-9 to operations@mnbreastfeedingcoalition.org and the funding will be processed. Funds come from the Minnesota Breastfeeding Coalition through a contract with Saint Paul – Ramsey County Public Health.

Additional suggestions:

- Participate in a 15-minute check-in phone call one to three months after the funds have been released. This call is to discuss your progress and allows us to assist should any complications arise.
- Consider taking before and after photos of the lactation space or organize a site visit to view the space.
- Create or update a breastfeeding policy and/or guideline(s) for the school to adopt. Policy or guideline will include elements of support, education, time and place (see MDH BF Friendly Workplace).
- Upon completion of the lactation space, consider completing the application to be a Breastfeeding Friendly Workplace with the Minnesota Department of Health.
<https://www.health.state.mn.us/people/breastfeeding/recognition/workplaces.html>

Once the lactation space is completed:

Submit a brief summary of the funded project and lessons learned as well as all receipts to MBC/TCRBC. Additional information may be requested according to final reporting requirements.

By signing below, you acknowledge that you have read, understood, and agreed to the Memorandum of Agreement (MOA) for creating and updating a lactation space. Thank you for partnering with us!

Print Name and Title
(administrator or director)

Signature

Date

Print Name and Title
(organization lactation champion)

Signature

Date

Print Name
(MBC contact)

Signature

Date