

# Freedom From Smoking - Memorandum of Agreement

Between

Tobacco Program, Community Health & Prevention Division



DEPARTMENT OF  
**PUBLIC HEALTH  
AND WELLNESS**



Louisville-Jefferson County Government  
Department of Public Health & Wellness  
400 East Gray Street, Louisville, KY 40202

**AND**

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

Agency Name: \_\_\_\_\_

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

Mailing Address (if different from physical address): \_\_\_\_\_

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

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

**Purpose:** Tobacco use is the most preventable cause of disease, disability, and death in America. Tobacco harms the people who use it and everyone exposed secondhand smoke. To make Louisville a healthier place Louisville Metro Public Health and Wellness (LMPHW) works to help people stop smoking.

**Scope:** LMPHW coordinates and supports the American Lung Association's (ALA) evidence based smoking cessation program, Freedom from Smoking with community partners that host Freedom From Smoking clinics throughout Jefferson County.

## **BASIC PROVISIONS**

**To coordinate and support partner organization's Freedom From Smoking clinics, LMPHW shall:**

1. Market partner's Freedom From Smoking clinics through LMPHW's and ALA's websites.
2. Assist the public in finding Freedom From Smoking clinics.
3. Provide technical assistance and support to clinic facilitators.
4. Provide Freedom From Smoking workbooks and relaxation CD's for clinic participants.
5. Provide 4 weeks of Nicotine Replacement Therapy (NRT) for clinic participants.
6. Track the number of clinics and participants throughout Jefferson County.
7. **Host at least 2 classes per calendar year.**

**Freedom From Smoking facilitators and partner organizations shall:**

1. Administer the Freedom From Smoking clinic with fidelity to ALA standards and guidelines. **(No other stop smoking cessation methods administered except American Lung Association Freedom From Smoking)**
2. Schedule the date, time, and location for Freedom From Smoking clinics and advise LMPHW at least 30 days in advance of the first session.
3. Market your clinic and recruit participants for **a minimum of 2 classes per calendar year.**
4. Maintain copies of participant's registration form, helpline permission form, and end of clinic questionnaire and submit to LMPHW after the completion of each clinic.
5. Submit a facilitator evaluation form and post clinic form after the completion of each clinic.
6. Return unused NRT and workbooks to LMPHW after the completion of each clinic.

## **ADDITIONAL PROVISIONS:**

**Prohibition of Discrimination:** The partnering organization agrees to not discriminate against individuals on the basis of race, color, national origin, including limited English proficiency; sex; gender; age; political affiliation; religion; or disability.

**Dissolution of the Partnership:** Both LMPHW and partnering organizations have the right to dissolve this partnership. In such an instance, dissolution will occur when the other party is notified in writing of the first's intent to terminate this agreement.

By signing this Memorandum of Agreement, Louisville Metro Dept. of Public Health & Wellness' Tobacco Cessation Program and \_\_\_\_\_ (partner organization) agree to enter into a working partnership guided by the basic and additional provisions listed above. The Agreement may be amended, in writing, at any time with concurrence of both parties and will be valid for five years from the date signed by both parties.

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMPHW Tobacco Cessation Representative

\_\_\_\_\_  
Date