

## ***California African American 5 a Day Campaign*** **PARTNER AGREEMENT**

### **CALIFORNIA AFRICAN AMERICAN 5 A DAY CAMPAIGN:**

The *African American 5 a Day Campaign*, funded by the United States Department of Agriculture (USDA), is designed to encourage the improvement of health by empowering the low-income African American community through education, advocacy and policy development that promotes the benefits of healthy eating and physical activity. Faith Community Outreach Projects throughout the state receive funding to establish and expand health ministries that promote the *5 A Day* message through health fairs, farmers' markets, nutrition classes, supermarkets, and media. In addition to faith outreach efforts, the *Campaign* conducts interventions at large community festivals and neighborhood grocery stores, and develops culturally appropriate materials for use in reaching the African American population.

### **ADVISORY COUNCIL:**

Organized in November 1998 as an advisory group of the Cancer Prevention and Nutrition Section of the California Department of Health Services, the *California African American 5 a Day Advisory Council* is a membership of concerned California residents, community leaders, educators, ministers, registered dietitians, nurses, doctors, and advocates. The *Advisory Council* was established to address poor dietary habits that are associated with high rates of chronic disease among African Americans and actively spread the *California 5 a Day* message: "*Eat 5 Servings of Fruits and Vegetables and Be Active Every Day for Better Health.*"

### **ROLES AND RESPONSIBILITIES OF ADVISORY COUNCIL PARTNERS:**

- Advise on the overall operation, coordination and effectiveness of the *California African American 5 a Day Campaign*.
- Attend 1 meeting of the *Advisory Council* per year.
- Represent the *Advisory Council* in personal and professional activities that support the *Advisory Council* mission.
- Advocate for the mission, goals and projects of these campaigns with decision-makers.
- Communicate information between the *Advisory Council* and the communities being represented.
- Enlist the participation of new members, agencies, companies, colleagues, and other stakeholders in the *Advisory Council*.
- Allow for use of the organization name in support of press activities (appropriate authority signatures will need to be obtained).

I understand the purpose and mission of the *California African American 5 a Day Advisory Council* and pledge to support it by adhering to the above stated roles and responsibilities. I also understand that I may serve as a partner of the *Council* for three years. At the end of my term, I will be required to submit a request to be reinstated for another 3 years. As a partner, I expect to improve the education, advocacy, and policy development activities of the *Advisory Council* and contribute to its concerted effort to build a healthy African American community.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**CONTACT INFORMATION:**

**Organization/Agency:**

**Representative's name:**   
Last First MI

**Title:**

**Mailing Address:**   
City County Zip code

**Telephone:**   
( ) ( )  
Phone Fax

**E-mail Address:**

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**COMMUNITY/PROFESSIONAL ORGANIZATION DESCRIPTION:**

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**RACIAL/ETHNIC COMMUNITY AFFILIATION OR REPRESENTATION:**

**African American**       **American Indian**       **Caucasian**   
**Asian/Pacific**       **Latino**       **Other**   
**Islander American**

Please be sure to sign and date page one. Email, fax, or mail your completed Partnership Agreement to:

**Angela Dennis**  
**California Department of Health Services**  
**Cancer Prevention and Nutrition Section**  
**P.O. Box 997413, MS-7204**  
**Sacramento, CA 95899-7413**  
**Phone: (916) 552-9928**  
**Fax: (916) 449-5414**  
**Email: [adennis@dhs.ca.gov](mailto:adennis@dhs.ca.gov)**