

Memorandum of Understanding (MOU)

1. Purpose: This MOU provides an operating guideline for the implementation of (Provide a Program Name and brief description):

2. List each Agency Name, Contact Person, their email address and the responsibilities of each as it relates to the program described above:

Name: _____
Contact Person: _____
Phone# and Email Address: _____
Responsibilities:

Name: _____
Contact Person: _____
Phone# and Email Address: _____
Responsibilities:

Name: _____
Contact Person: _____
Phone# and Email Address: _____
Responsibilities:

Name: _____
Contact Person: _____
Phone# and Email Address: _____

Responsibilities:

3. Effective date: This MOU will be effective when signed by the principals of all parties. This program will cease on: (answer "n/a" if this collaboration is ongoing). _____

4. Termination: Any party to this Memorandum of Understanding may terminate the agreement by providing written notice to all partners not less than thirty (30 days) prior to the intended termination date.

Agency Name: _____

Authorized Signature: _____

Date: _____

Agency Name: _____

Authorized Signature: _____

Date: _____

Agency Name: _____

Authorized Signature: _____

Date: _____

Agency Name: _____

Authorized Signature: _____

Date: _____