

Memorandum of Understanding*

*Between *(your Organization)* and *(partnering organization)*
for application to *(specific program, if necessary)*.

This Memorandum of Understanding (MOU) establishes *(a type of partnership)* between *(your organization)* and *(partnering organization)*.

I. Mission

Include a brief description of your organization's mission. *(Also include a sentence about the specific program; if applicable; plus a brief description of the partnering organizations mission)*.

Together, the Parties enter into this Memorandum of Understanding to mutually promote *(describe efforts that this partnership will promote e.g. health care or workforce development)*. Accordingly, *(your organization)* and *(partnering organization,)* operating under this MOU agree as follows:

II. Purpose and Scope

(Your organization) and *(partnering organization)* *(describe the intended results/effects that the organizations hope to achieve, and the area(s) that the specific activities will cover.)*

1. Why are the organizations forming a collaboration? Benefits for the organization?
2. Who is the target population?
3. How does the target population benefit?
4. Include issues of funding if necessary. Example, each organization of this MOU is responsible for its own expenses related to this MOU. There will/will not be an exchange of funds between the parties for tasks associated with this MOU.

III. Responsibilities

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU. The initial appointees of each organization are:

- *(List contact persons with address and telephone information.)*

The organizations agree to the following tasks for this MOU:

- *(Your organization)* will: *(list tasks of your organization as bullet point)*
- *(Partnering organization)* will: *(list tasks of partnering organization as bullet points)*
- *(Your organization)* and *(partnering organization)* will: *(list shared tasks as bullet points)*

IV. Terms of Understanding

The term of this MOU is for a period of *(insert length of MOU, usually 1-3 years)* from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least *(insert how often, usually annually)* to ensure that it is fulfilling its purpose and to make any necessary revisions. Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

Authorization: The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

<i>Your organization:</i>	<i>Name/Title</i>	<i>Date</i>
<i>Partnering Organization:</i>	<i>Name/Title</i>	<i>Date</i>

This template was adapted from Neighborhood Networks RTAP, Partnership Development provided at: <http://www.hud.gov/offices/hsg/mfh/nnw/partnerships/partnershipsresources/nnwpartnermou.pdf>