

**Memorandum of Understanding****Sample Tool**

Memorandum of Understanding  
Between  
Your Coalition  
And  
Another Coalition within the County and Service Area  
For Application To  
Specific program, if necessary

This Memorandum of Understanding (MOD) establishes a *type of partnership* between your coalition and partnering coalition within the same county or service area,

**I. MISSION**

Brief description of your organization's mission. You might want to also include a sentence about the specific program if applicable.

Brief description of partnering organization's 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 MOD agree as follows:

**II. PURPOSE AND SCOPE**

Your coalition and partnering coalition- describe the intended results or 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?

Include issues of funding if necessary. For example, "Each organization of this MOD is responsible for its own expenses related to this MOD. There will/will not be an exchange of funds between the parties for tasks associated with this MOD."

**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 MOD. The initial appointees of each organization are:

List contact persons with address and telephone information

The coalitions agree to the following tasks for this MOD:

Your coalition will:

*List tasks of your coalition as bullet points*

Partnering organization will:

List tasks of partnering coalition as bullet points

Your coalition and partnering coalition 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.

Your coalition:

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Name Date  
Title  
Organization

Partnering Coalition:

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Name Date  
Title  
Organization

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