*The following is an example (provided by the Avon Foundation) of a generic template for Memorandum of Understanding (MOU) mutual aid agreements. This template can be used as a recommended structure for your own MOUs. Specific responsibilities should be outlined for each party. Letters of Support submitted from partners that do not specify responsibilities and scope of partnerships will not be accepted.*

**MEMORANDUM OF UNDERSTANDING (MOU)**

Between

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***[insert name of Party A]*

and

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***[insert name of Party B]*

This is an agreement between “*Party A*”, hereinafter called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and “Party B”, hereinafter called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I. PURPOSE & SCOPE**

The purpose of this MOU is to clearly identify the roles and responsibilities of each party as they relate to [*...summary of activities, goals, etc.…* *Ex. Goals: Support Clients in getting appropriate, quality and timely care, Activities: Providing # of Mammograms at no or \_\_\_ cost, the sharing of Client level information including but not limited to outcomes and results, and stage of cancer, Patient Referral and Navigation, Patient Education, Assist with CIF completion, Intake procedures, Translation services, Transportation services, Support Groups, supportive and interpretive services following mammography*.

In particular, this MOU is intended to:

*Examples: Clarify the expectations and requirements of party to ensure quality, timely and accurate services and information sharing amongst Parties*

• *Enhance cooperation amongst the Parties and the services provided to clients*

• *Provide a clear number of Mammograms that will be provided and at what cost to clients and/or agencies*

• *Increase the number of vulnerable clients that gain access to quality and timely services*

• *Reduce costs and resources for both parties*

• *Establish an agreement between both parties about their responsibilities and requirements*

• *Ensure the Sharing of information in timely manner (# of days between abnormal finding, notification, diagnostic follow-up, treatment initiation or notification of no finding)*

• *Clarify how, why and what manner information and services will be provided and shared amongst agencies*

• *Outline any boundaries or limitations of parties*

**II. BACKGROUND**

*Brief description of agencies involved in the MOU*

**III.** *[PARTY A]* **RESPONSIBILITIES UNDER THIS MOU**

*[Party A]* shall undertake the following activities:

*Examples:*

• *Develop*

• *Deliver*

• *Share*

• *Support*

• *Provide*

• *Promote*

• *Refer*

• *Review*

• *Comply*

• *Train*

• *Maintain records*

• *Sponsor*

• *Evaluate*

**IV.** *[PARTY B]* **RESPONSIBILITIES UNDER THIS MOU**

*[Party B]* shall undertake the following activities:

*Examples:*

• *Develop*

• *Deliver*

• *Share*

• *Support*

• *Provide*

• *Promote*

• *Refer*

• *Review*

• *Comply*

• *Train*

• *Maintain records*

• *Sponsor*

• *Evaluate*

**V. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND**

**BETWEEN THE PARTIES THAT:**

1. *Modification clause: how agreement can be modified*

2. *Termination clause: under what conditions agreement terminates automatically*

**VI. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be in effect upon the signature of Party A’s and Party B’s authorized officials. It shall be in force from \_\_\_\_\_ to \_\_\_\_\_.

Parties A and B indicate agreement with this MOU by their signatures.

*Signatures and dates*

[*insert name of Party A*] [*insert name of Party B*]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Date

This template provided by the Avon Foundation.