

Partnership Agreement for HIV Prevention Services

[Your Organization's Name]

[Your Organization's Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Partner Organization's Name]

[Partner Organization's Address]

[City, State, Zip Code]

Subject: Partnership for HIV Prevention Services

Dear [Partner's Name],

We are pleased to propose a partnership between [Your Organization's Name] and [Partner Organization's Name] to enhance HIV prevention efforts in our community. Our organizations share a commitment to improving public health and reducing the incidence of HIV through innovative, evidence-based approaches.

As partners, we aim to:

- Develop and implement targeted outreach and education programs.
- Provide access to testing and treatment resources.
- Facilitate training for community health workers.
- Engage in advocacy and policy initiatives supporting HIV prevention.

We believe that by combining our strengths, we can create a significant impact on the health of our community members. We look forward to discussing this partnership in further detail and exploring how we can work together effectively.

Thank you for considering this opportunity. Please feel free to reach out to me at [Your Phone Number] or [Your Email Address] to schedule a meeting.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]