

# Community Health Project Agreement

**Date:** [Insert Date]

**Project Name:** [Insert Project Name]

## Parties Involved:

This agreement is made between:

**[Organization Name]**

Address: [Insert Address]

Contact: [Insert Contact Information]

and

**[Community Partner Name]**

Address: [Insert Address]

Contact: [Insert Contact Information]

## Project Overview:

[Brief description of the community health project, its goals, importance, and target population.]

## Responsibilities:

**[Organization Name]** will:

- [List of responsibilities]

**[Community Partner Name]** will:

- [List of responsibilities]

## Funding and Resources:

The funding and resources allocated for this project are as follows:

- [Detail funding sources, amounts, and resources]

## Duration:

This agreement shall commence on [Start Date] and will continue until [End Date].

## Signatures:

By signing below, both parties agree to the terms outlined in this agreement.

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[Name], [Title]  
[Organization Name]

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[Name], [Title]  
[Community Partner Name]