

# Service Provision Agreement

**Date:** [Insert Date]

**Between:**

[Social Agency Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**And:**

[Service Provider Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

## 1. Purpose

This Agreement outlines the terms and conditions under which [Service Provider Name] will provide services to [Social Agency Name].

## 2. Services to be Provided

[Describe the services to be provided, including scope, objectives, and any specific requirements.]

## 3. Duration of Agreement

This Agreement will commence on [Start Date] and will continue until [End Date], unless terminated earlier as per the terms herein.

## 4. Compensation

[Detail the payment structure, including amounts, payment schedule, and any conditions.]

## 5. Confidentiality

Both parties agree to maintain the confidentiality of information shared during the course of this Agreement.

## 6. Termination

This Agreement may be terminated by either party upon written notice of [number] days for any reason.

## 7. Signatures

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[Name and Title]  
[Social Agency Name]  
[Date]

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[Name and Title]  
[Service Provider Name]  
[Date]

By signing this Agreement, both parties acknowledge and agree to the terms outlined above.