

Memorandum of Understanding

Date: [Insert Date]

Parties:

[Agency Name 1], located at [Address of Agency 1]

[Agency Name 2], located at [Address of Agency 2]

Subject: Collaboration for Social Service Initiatives

This Memorandum of Understanding (MOU) is entered into by and between [Agency Name 1] and [Agency Name 2] for the purpose of establishing a collaborative partnership to enhance social services in our community.

1. Purpose

The purpose of this MOU is to outline the roles and responsibilities of each agency in the collaboration.

2. Scope of Work

Both agencies agree to cooperate in delivering services including but not limited to:

- [Service 1]
- [Service 2]
- [Service 3]

3. Duration

This MOU will commence on [Start Date] and shall continue until [End Date] unless terminated by either party with [number] days' written notice.

4. Confidentiality

Both parties agree to maintain the confidentiality of any information shared during the collaboration.

5. Signatures

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

[Agency Name 1]

[Name and Title]

[Agency Name 2]

[Name and Title]

Contact Information:

[Agency Name 1]: [Phone Number, Email]

[Agency Name 2]: [Phone Number, Email]