

Community Health Resource Sharing Agreement

Date: [Insert Date]

From: [Your Organization Name]

To: [Other Organization Name]

Subject: Community Health Resource Sharing Agreement

Dear [Recipient's Name],

We, [Your Organization Name], are committed to enhancing community health through collaborative efforts. This letter serves as a formal agreement between [Your Organization Name] and [Other Organization Name] for the sharing of health resources to promote the well-being of our community.

Terms of Agreement

- **Scope of Resources:** Both parties agree to share the following resources: [List Resources]
- **Duration:** This agreement is valid for [Specify Duration].
- **Responsibilities:** Each party shall ensure [Outline Responsibilities].
- **Confidentiality:** Both parties agree to maintain confidentiality regarding shared information.

This collaboration aims to improve access to essential health services and foster community engagement.

Please signify your acceptance of this agreement by signing below:

[Your Name]
[Your Title]
[Your Organization Name]

[Recipient's Name]
[Recipient's Title]
[Other Organization Name]

Thank you for your commitment to community health.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

[Your Contact Information]