

Community Health Partnership Agreement

Date: [Insert Date]

To: [Partner Organization Name]

From: [Your Organization Name]

Subject: Community Health Partnership Agreement

Dear [Partner's Name],

We are pleased to propose a partnership agreement between [Your Organization Name] and [Partner Organization Name]. The purpose of this agreement is to enhance community health by [briefly describe the goals of the partnership].

Objectives:

- [Objective 1]
- [Objective 2]
- [Objective 3]

Responsibilities:

Both parties agree to share responsibilities in achieving the objectives outlined above, including but not limited to:

- [Your Organization's Responsibilities]
- [Partner Organization's Responsibilities]

Duration:

This partnership will commence on [start date] and will continue until [end date], with the option to extend based on mutual agreement.

We believe that together we can make a significant impact on the health of our community. Please feel free to reach out for any discussions or clarifications regarding this agreement.

Thank you for considering this partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

[Contact Information]