

Memorandum of Understanding

Date: [Insert Date]

Parties:

[Party A Name]
[Party A Address]
[Party A Contact Information]

AND

[Party B Name]
[Party B Address]
[Party B Contact Information]

Subject: Collaboration on Healthcare Project

This Memorandum of Understanding (MoU) sets forth the terms and understanding between [Party A] and [Party B] regarding the collaboration on the healthcare project titled "[Project Name]."

Purpose

The purpose of this MoU is to outline the roles, responsibilities, and contributions of each party in implementing the healthcare project.

Scope of Collaboration

1. [Specify the scope of the project and areas of collaboration]
2. [Define the responsibilities of each party]
3. [Outline timeline and milestones]
4. [Discuss funding and resource allocation]

Duration

This MoU will commence on [Start Date] and will continue until [End Date] or until terminated by either party with a written notice of [Notice Period].

Agreement

Both parties agree to the terms outlined in this MoU, and by signing below, indicate their acceptance.

Signature of Party A: _____

Name: [Name]

Title: [Title]

Date: [Date]

Signature of Party B: _____

Name: [Name]

Title: [Title]

Date: [Date]