

MEMORANDUM OF AGREEMENT
BETWEEN
[Name of your facility]
AND
[Partner's Name]

1. PURPOSE: The purpose of this Memorandum of Agreement (MOA) is to formalize an agreement between the *[Name of Your Facility]* and the *[Partner's Name]* to form a partnership to *[Insert project/partner's role]*. The areas of responsibility and relationships presented herein provide the concept under which the program will be executed.

2. MUTUAL INTEREST OF THE PARTIES: This Project is of mutual interest to the parties because it is educationally beneficial for the students attending the camp to learn about different health professions and duties associated with each profession. *{fit section to project}*

3. RESPONSIBILITIES OF THE PARTIES: *The following paragraphs identify responsibilities of the organizations involved:*

a. *[Name of Your Facility]. [Name of Your Facility] shall provide [Partner's Name] with goods and/or services in accordance with the purpose, terms, and conditions of this MOA and implementing arrangements, as appropriate. Specifically, [Name of Your Facility] will provide the following services and/or goods.*

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)

b. *The [Partner's Name] Responsibilities.*

- (1)
- (2)
- (3)

4. DISPUTE RESOLUTION: In the event of a dispute between the parties, *[Partner's Name]* and *[Name of Your Facility]* agree to use their best efforts to resolve that dispute in an informal fashion through consultation and communication, or other forms of non-binding alternative dispute resolution mutually acceptable to the parties.

5. EFFECTIVE DATE: This agreement becomes effective upon the date of the last approving signature and will remain in effect until *{Ending Date of Grant}*.

6. ACCEPTANCE OF AGREEMENT:

[Your Facility Representative Name]
[Your Facility Representative Title]
[Your Facility Mailing Address, City, State, Zip]

DATE

[Partner Representative Name]
[Partner Representative Title]
[Partner Mailing Address, City, State, Zip]

DATE