Memorandum Of Understanding

Between _____

Youth-Serving Organization Name

and _____

Community Partner Name

Effective Date: _____ Review Date: _____

I. PURPOSE

Describe the shared goals and purpose of this partnership:

_____

_____

II. BACKGROUND

Provide a brief overview of each organization and why the partnership is valuable.

_____

Youth-Serving Organization Name

_____

_____

_____

_____

Community Partner Name

_____

_____

_____

MEMORANDUM OF UNDERSTANDING (MOU)

III. ROLES AND RESPONSIBILITIES

_____ agrees to:
Youth-Serving Organization Name

1. _____
2. _____

_____ agrees to:
Community Partner Name

1. _____
2. _____

Joint responsibilities may include:

_____

_____

_____

IV. COMMUNICATION AND POINTS OF CONTACT

Primary POC for _____
Youth-Serving Organization Name

Name: _____ Title: _____

Phone: _____ Email: _____

Interim/Alternate POC: _____

Primary POC for _____
Community Partner Name

Name: _____ Title: _____

Phone: _____ Email: _____

Interim/Alternate POC: _____

V. SUCCESSION AND CONTINUITY PLANNING

Describe how staff transitions and coverage will be handled.

1. Notification timeline:

   _____

   _____

2. Interim contact process:

   _____

   _____

3. New POC transition steps:

   _____

   _____

4. Orientation support offered:

   _____

   _____

VI. TERM AND TERMINATION

This agreement is valid from _____ to _____

Termination notice period: _____

VII. CONFIDENTIALITY

Outline how youth/client confidentiality will be maintained.

_____

_____

VIII. NON-BINDING AGREEMENT

This MOU reflects the good-faith collaboration between parties and is not legally binding.

MEMORANDUM OF UNDERSTANDING (MOU)

IX. SIGNATURES

_____

Youth-Serving Organization Name

Signature: _____ Name: _____

Title: _____ Date: _____

_____

Community Partner Name

Signature: _____ Name: _____

Title: _____ Date: _____