



Building a network of shared knowledge and collaboration

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IDOH Health Equity Council Memorandum of Understanding (MOU)

Between

District (#) Health Equity Council

and

(Partner)

This Memorandum of Understanding (MOU) sets the terms and understanding between the (partner) and the (partner) to (insert activity).

Background

(Why partnership is important)

Purpose

This MOU will (purpose/goals of partnership)

The above goals will be accomplished by undertaking the following activities:

(List and describe the activities that are planned for the partnership and who will do what)

District (#) Health Equity Council will:

- Support and financially sponsor this event in the amount of (\$0.00)
- Report results of event to District Council via discussion or presentation
-

Partner (name) will:

- Complete the Health Equity Council Expense Application in a timely manner
- Deliver / Share data and information 14 days after the event takes place
-

Reporting

(Record who will evaluate effectiveness and adherence to the agreement and when evaluation will happen)



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Funding

(Specify what this MOU is intending to fund)

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners), this MOU shall end on (end date of partnership).

Contact Information

Partner name (#1)
Partner representative
Position
Address
Telephone
Fax
E-mail

Partner name (#2)
Partner representative
Position
Address
Telephone
Fax
E-mail

_____ Date:
(Partner signature)
(Partner name, organization, position)

_____ Date:
(Partner signature)
(Partner name, organization, position)



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Attached Invoice / Funding Documents:
