**Memorandum of Understanding**

Between

Beneficiary Name and Firm Name

Effective date ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose**

The purpose of this Memorandum of Understanding (MOU) between Beneficiary Name, henceforth referred to as Acronym (if applicable), and Firm Name henceforth referred to as Acronym (if applicable), is to formalize the terms and conditions of a Firm Name/Acronym funded program to support the title of program. As partners, Beneficiary Name and Firm Name can work together with other collaborative partners to meet the program needs/services/outcomes of the participants as outlined in the Scope of Work section below.

**Scope of work**

Beneficiary Name/Acronym shall be tasked with administering title of program, providing type of services to brief description of program recipients during the contract term. Beneficiary Name/Acronym staff will provide a more detailed description of program goals and activities/services. The program shall primarily serve name community, city, or county.

During the MOU term, Beneficiary Name/Acronym will:

1. Track and report Key Performance Indicators relevant to the above program
   * List KPIs relevant to the program (see attached list of KPIs)
2. Provide at minimum two biannual reports including Key Performance Indicators (KPIs) required by firm.
3. Commit to any other reporting requirements as agreed to by all parties.

During the MOU term, Firm Name/Acronym will:

1. Provide a financial contribution of $ \_\_\_\_\_ to Beneficiary Name/Acronym for the needs related to this program.
2. Payments of $ \_\_\_\_\_ will be provided through invoice(s) directly addressed to Firm Name. One payment of $\_\_\_\_\_\_\_\_ or # of payments and dates.

**Terms and Conditions**

This MOU shall be binding until date\_\_\_\_\_\_\_\_\_\_\_\_. Both Beneficiary Name/Acronym and Firm Name/Acronym can terminate this agreement for convenience without cause or penalty by either party in writing 30 days before the final date of termination. In the event of such termination, Firm Name/Acronym will pay Beneficiary Name/Acronym for services performed by Beneficiary Name/Acronym pursuant to this MOU, to the satisfaction of Firm Name/Acronym up to the date of termination.

By signing below, both parties agree to the terms of this MOU and shall put into effect the terms outlined in this document.

Beneficiary Name **Signatory**

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm Name **Signatory**

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_