

MEMORANDUM OF UNDERSTANDING

Between [DOMESTIC VIOLENCE/SEXUAL ASSAULT--DV/SA AGENCY] and [HEALTH CENTER]

This agreement is made by and between [DV/SA Agency] and [health center] to [state purpose of the MOU or project, i.e. to strengthen relationship between parties, to strengthen capacity for each entity, etc].

[Use this space to provide a brief description of each partner agency].

The parties above and whose designated agents have signed this document agree that:

- 1) Representatives of [DV/SA Agency] and [health center] will meet each other in person at least once to understand the services currently provided by their respective programs and to discuss needs/goals and next steps.
- 2) Representatives of [DV/SA Agency] and [health center] will continue to meet between [date] and [date] *[list frequency and meeting location]*.
- 3) [Health center] will hold the following roles and responsibilities: *[list the responsibilities and role of the health center—i.e. training DV/SA advocates on the health impact of abuse or clinic services; serving as a primary health care referral for clients referred by the DV/SA program; drafting and reviewing IPV policies and procedures; offering health education or resources to clients in the DV/SA program; etc.]*.
- 4) [DV/SA Agency] will hold the following roles and responsibilities: *[list the responsibilities and role of the DV/SA agency—i.e. training health center providers and staff; serving as a primary referral for health center patients in need; drafting and reviewing policies and procedures; offering DV/SA advocacy support onsite at health centers; tabling materials/resources at health fairs or other health events; etc.]*.
- 5) [Health center] will provide the following resources: *[list resources that the health center can bring to support the project’s efforts—i.e. additional staff time; materials; office space for advocates co-located at the health center; funding; key contacts; condoms or other reproductive health support; etc.]*
- 6) [DV/SA Agency] will provide the following resources: *[list resources that the organization can bring to support the project’s efforts—i.e. additional staff time; materials; key contacts; funds; etc.]*.
- 7) [DV/SA Agency] and [health center] staff will develop an evaluation plan to measure the success and challenges of the project [i.e. implementing the QA/QI tool every six months to measure progress; other measurable outcomes such as referrals made; client/patient satisfaction surveys; provider/staff training evaluations; etc.].

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding. This agreement will be valid from [date] to [date], and may be renewed at the end of this period if both parties agree.

By _____

By _____

Name _____

Name _____

Title _____

Title _____

Health Center _____

DV Program _____

Date _____

Date _____

This MOU template was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence. For more tools visit: www.IPVhealthpartners.org

