## Letter of Agreement/Memorandum of Understanding

# between [Organization A] and [Organization B]

This Agreement is made and entered into on [Date], by and between:

[Organization A]

Address: [Street, City, State, ZIP]

Phone: [Phone Number]

Primary Point of Contact: [Name, Title, Email, Phone]

and

[Organization B]

Address: [Street, City, State, ZIP]

Phone: [Phone Number]

Primary Point of Contact: [Name, Title, Email, Phone]

#### **Purpose**

The purpose of this Agreement is to define the roles and responsibilities of [Organization A] and [Organization B] in providing supportive services to participants in [Organization B]'s supportive housing program, known as [Program Name].

# **Scope of Services**

[Organization A] agrees to provide the following supportive services to eligible program participants of [Organization B]:

[Service 1, e.g., case management, mental health counseling, employment support]

[Service 2, if applicable]

[Additional Services]

Services will be delivered at [location(s)] and scheduled in coordination with [Organization B] staff.

#### **Funding and Value of Services**

Services will be provided on the following basis (select one):

In-kind match contribution, valued at \$[total value] over the period of this Agreement.

Fee-for-service basis at a rate of \$[rate] per [hour/session/participant].

Subaward in the amount of \$[total value].

The total value of services to be provided under this Agreement shall not exceed \$[cap amount], unless amended in writing by both parties.

If applicable, [Organization B] shall provide financial remuneration to [Organization A] in the amount of \$[amount] for services delivered under this Agreement, payable [monthly/quarterly/upon receipt of invoice], within [number] days of receipt of a complete invoice.

# **Participant Limits**

The number of participants to be served under this Agreement shall not exceed [number] individuals during the term of this Agreement, unless mutually amended in writing.

#### **Reporting and Coordination**

[Organization A] will provide progress updates and service data to [Organization B] in a format and at a frequency mutually agreed upon, which may include attendance records, types and units of service delivered, and outcome information, as appropriate and permitted by law.

The parties agree to meet at least [frequency, e.g., quarterly] to review service delivery, resolve issues, and make adjustments as needed.

#### Confidentiality

Both organizations agree to maintain the confidentiality of all participant information in accordance with applicable federal, state, and local laws and regulations, including any requirements related to health, mental health, and substance use information, as applicable.

#### Insurance, Licensure, and Compliance

Each organization represents that it maintains all insurance, licenses, certifications, and approvals necessary to perform its responsibilities under this Agreement and will notify the other party promptly if any required coverage or authorization lapses or is revoked.

#### **Term and Termination**

This Agreement shall take effect on [Start Date] and shall remain in effect until [End Date], unless extended by mutual written agreement.

Either party may terminate this Agreement, with or without cause, upon [number] days' written notice to the other party. Obligations incurred prior to the effective date of termination, including payment for services properly rendered, shall be honored.

#### Amendments

This Agreement may be amended only by a written document signed by authorized representatives of both organizations, which specifically states that it is an amendment to this Agreement.

## **Independent Contractors**

The parties are independent contractors and nothing in this Agreement shall be construed to create a partnership, joint venture, or employer—employee relationship between them.

#### **Non-Discrimination**

Both parties agree that services under this Agreement will be provided without discrimination on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, or any other status protected by applicable law.

#### **Entire Agreement**

This Agreement contains the entire understanding between the parties concerning the subject matter and supersedes all prior oral or written understandings relating to the same subject.

# Signatures

For [Organization A]:
Name:
Title:
Signature:
Date:
For [Organization B]:
Name:
Title:
Signature:
Date: