**Memorandum of Understanding**

PFS funded counties will need to create an MOU and/or policy with the school or community organization to sustain individual strategy efforts started through IPFS.   This MOU or policy should shift responsibilities for individual strategy implementation through IPFS to the school or community organization by the end of the IPFS Project.  Counties should consider timeframes for transition of the strategy implementation, costs associated with implementation (workbooks, copies, other supplies) and how those items will be funded as well as who (a specific point of contact) will be overseeing the implementation process after the IPFS funding ends.

IDPH will need a signed copy of the MOU or policy agreement by December 20, 2017.  This document should to be provided to IDPH through the FY18 IPFS IowaGrants.gov site via Correspondence to Julie Hibben and Janet Nelson.

[Applicant Letterhead]

**Sample Memorandum of Understanding**

WHEREAS, the **[partners]** herein desire to enter into a Memorandum of Understanding setting forth the services to be provided; and

WHEREAS, the Memorandum of Understanding prepared and approved by the county through its partners is to be submitted to the Iowa Department of Public Health on or before **DATE.**

***I) Description of Partner Agency/School/Community Organization***

*Provide some background on the agency or organization and its work regarding substance abuse prevention, specifically focusing on preventing youth binge drinking and underage alcohol use.*

***II) History of Collaboration***

* *Provide a brief history of the collaborative relationship between the partners, including when and under what circumstances the relationship began.*
* *Describe the critical and long-range goals of the collaboration.*

***III) Roles and Responsibilities***

NOW, THEREFORE, it is hereby agreed by and between the partners as follows:

* *Clearly state the roles and responsibilities each organization or agency will assume to ensure the success of the project.*
* *Specify how often the services will take place.*
* *Describe the resources each partner will contribute to the project either through time, in-kind contribution or with the use of grant funds, e.g. office space, project staff, training.*
* *Demonstrate a commitment on the part of all partners to work together to achieve stated project goals and to sustain the outcomes to the best of their abilities once grant funds are no longer available.*

1) **[Partner 1]** will provide **[specify type of program/assistance/service]** including:

***IV) Timeline***

Responsibilities under this Memorandum of Understanding are anticipated to be **DATE** through **DATE**.

***V) Commitment to Partnership***

1) The partners agree to collaborate and provide **[specify type of service through the collaboration]** as listed in the attached Memorandum of Understanding.

2) We, the undersigned have read and agree with this Memorandum of Understanding. Further, we have reviewed the proposal and approve it.

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| By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substance Abuse Prevention Agency DirectorDate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Partner/Service ProviderDate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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