## Template: Memorandum of Understanding (MOU)

Between

**[Rural Communities Opioid Response Program (RCORP)-Funded Organization]**

and

**[Insert consortium name or list of consortium members]**

### PURPOSE and SCOPE

The purpose of the Health Resources and Services Administration (HRSA) RCORP-Planning project is to support prevention of and treatment for substance use disorders, including opioid use disorder (OUD). The overall goal of the program is to reduce the morbidity and mortality associated with opioid overdoses in high-risk, rural communities by strengthening the capacity of multi-sector consortia to address one or more of three focus areas at community, county, state, and/or regional levels: (1) prevention—reducing the occurrence of opioid addiction among new and at-risk individuals, as well as fatal, opioid-related overdoses, through community and provider education and harm reduction measures, including the strategic placement of overdose-reversing devices, such as naloxone; (2) treatment—implementing or expanding access to evidence-based practices for OUD treatment, such as medication-assisted treatment (MAT); and (3) recovery—expanding peer recovery and treatment options that help people start and stay in recovery.

[RCORP-Funded Organization] has been awarded an RCORP-Planning grant that will benefit [target area].

### DURATION

This MOU shall become effective upon signature by the duly authorized representatives of the Collaborators and [RCORP-Funded Organization] and will remain in effect for the duration of the funding period for [RCORP Project Name], unless modified by mutual consent and executed in writing by the authorized representatives of all parties. The MOU is at-will and may be terminated by any party at an any time upon written notice to the other party.

### ROLES and RESPONSIBILITIES OF [RCORP-Funded Organization]

[RCORP-Funded Organization] will contribute the following expertise toward completion of the [RCORP Project Name]:

* [List expertise pertinent to the project]

As the RCORP-funding recipient, [RCORP-Funded Organization] will undertake the following activities [the MOU should only reflect allowable activities as outlined by the NOFO and as they relate to this grant]:

* Administer HRSA funds on behalf of [RCORP Project Name] in a manner consistent with federal grant guidelines
* Facilitate collaboration toward the completion of the goals, objectives, activities, management, and evaluation of [RCORP Project Name], as submitted for HRSA funding

### ROLES and RESPONSIBILITIES OF COLLABORATORS

[Collaborator’s Organization] will contribute the following expertise toward completion of the [RCORP Project Name]:

* [List expertise pertinent to the project]

[Collaborator’s Organization] commits to undertaking the following activities [the MOU should only reflect allowable activities as outlined by the NOFO and as they relate to this grant]:

* [List project goals, objectives, or activities; this could also be an appended statement or exhibit specific to each Collaborator]
* Dedicate staff time for meetings and consultations regarding [RCORP Project Name]
* Treat shared information as confidential and agree not to disclose shared information to unauthorized entities
* Disclose any conflict of interest that may arise in the course of [RCORP Project Name] activities
* Protect patients and comply with all Health Insurance Portability and Accountability Act and federal requirements

*Additional roles and responsibilities may be added and could include the following examples:*

* *Provide leadership in reducing morbidity and mortality associated with opioid overdoses in [target area/s] by strengthening the capacity of collaboration*
* *Share expertise and experience in reducing morbidity and mortality associated with opioid overdoses in [target area/s] by strengthening the capacity of collaboration*
* *Create partnerships and linkages to contribute to the overall success of the project*
* *Bring to the table a willingness to be creative and to focus on solutions rather than barriers*
* *Participate in planning and training activities targeted at reducing morbidity and mortality associated with opioid overdoses in [target area/s]*
* *Fully endorse and implement the strategic, workforce, and sustainability plans developed by [RCORP Project Name]*

### GOVERNING STRUCTURE

Insert governing structure of the consortium.

*Inclusion of by-laws is* ***optional:*** *The MOU may state that Collaborators agree with creating and supporting the by-laws of the consortium and where the by-laws can be found (e.g., in an appendix, on a website).*

### USE of [RCORP PROJECT NAME] NAME

No party will use the name or logo of [RCORP Project Name] in any advertisement, press release, or other publicity without written prior approval of [RCORP-Funded Organization]. [RCORP-Funded Organization] has the right to acknowledge Collaborator’s support of the work performed under this MOU in public communications.

### TERMINATION

It is mutually understood and agreed by and among the parties that Collaborators will provide at least [XX] days’ notice of the intention to withdraw from [RCORP Project Name]. If a Collaborator chooses to withdraw, said Collaborator commits to making arrangements to complete assigned or pending activities before termination.

### EFFECTIVE DATE AND SIGNATURE

This MOU will be effective upon the signature of each authorized representative listed in this agreement and will remain in effect for at least the duration of the funding period for [RCORP Project Name]. Parties indicate agreement with this MOU by their signatures on the appended Letter of Commitment.

**[RCORP-Funded Organization]**

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

[RCORP-Funded Organization Authorized Representative’s Name]

[Title]

[Organization Address]

[Organization Email and Phone Number]

[Organization EIN]

**[Collaborator]**

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

[Collaborating Organization’s Authorized Representative’s Name]

[Title]

[Organization Address]

[Organization Email and Phone Number]

[Organization EIN]

**[Collaborator]**

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

[Collaborating Organization’s Authorized Representative’s Name]

[Title]

[Organization Address]

[Organization Email and Phone Number]

[Organization EIN]

**[Collaborator]**

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

[Collaborating Organization’s Authorized Representative’s Name]

[Title]

[Organization Address]

[Organization Email and Phone Number]

[Organization EIN]

**[Collaborator]**

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

[Collaborating Organization’s Authorized Representative’s Name]

[Title]

[Organization Address]

[Organization Email and Phone Number]

[Organization EIN]