**Memorandum of Agreement**

**between**

**[Insert your organization name here]**

**and**

**[Designated Community Health Partner]**

**I. Concept**

Funded by the Indian Health Service (IHS), the National Congress of American Indians (NCAI) will implement a diabetes prevention program in 50 local Native American Boys & Girls Clubs.

These Clubs have received grants to be used for direct operating expenses associated with this initiative.

The **[insert your organization name here (B&GC)]** has provided a safe environment for the youth of the **[Tribe]** since 20\_\_, including prevention programming aimed at fostering healthy lifestyles and deterring risky behaviors. The **[Designated Community Health Partner (DCHP)]** has provided health prevention and treatment services to the members of the **[Tribe]** since 20\_\_.

**[B&GC]** and **[DCHP]** agree to the following collaboration designed to best deliver the diabetes prevention program to tribal members served by both entities.

**II. [B&GC] will:**

1. Coordinate collaborative program implementation and scheduling with **[DCHP]**.
2. Organize recruitment of program participants, staff and volunteers.
3. Provide financial management of the grant, including purchasing program materials as needed.
4. Insure maintenance of a safe and sanitary program space.
5. Maintain regular communication with **[DCHP]** primary contact.

**III. Designated Community Health Partner (DCHP) will:**

1. Identify select staff to serve as primary contacts for diabetes prevention program efforts, and serve as a liaison to the **[B&GC]**.
2. Provide medical expertise, information, resources and guidance through accessible **[DCHP]** staff when possible, as requested by the **[B&GC]** Program Coordinator.
3. Assist **[B&GC]** staff in identifying possible program participants through referrals of youth at-risk for diabetes.
4. Schedule, in conjunction with the **[B&GC]** Program Coordinator, a time to administer health screening of program participants, if desired.
5. Interact with Club staff and members through participation in diabetes prevention program sessions, community service activities, or other Club program areas, as available.

**IV. Term of Agreement**

This AGREEMENT shall take effect upon receipt of signatures of the parties and will continue in force until it is amended or terminated in writing by mutual agreement. This AGREEMENT may only be extended in writing and signed by all parties.

IN WITNESS THEREOF, the parties have executed this AGREEMENT on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_.

**[Insert your organization name here]**

Street Address

PO Box

City/State/Zip

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director

**[Designated Community Health Partner]**

Street Address

PO Box

City/State/Zip

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director