

MEMORANDUM OF UNDERSTANDING  
BETWEEN  
[COUNTY] COMMUNITY HEALTH CENTER & [UNIVERSITY]

This Memorandum of Understanding (MOU) is not a legal document but is evidence of the voluntary agreement between the [County] Community Health Center and [University] to work together on an NIH-funded study about [research topic]. The purpose of this MOU is to formalize the relationship between [County] Community Health Center and [University] to commit each party for the duration of the project. This MOU shall be effective from implementation date, to be determined by [County] Community Health Center and [University] and will last 12 months thereafter.

DESCRIPTION OF SERVICES

[University] agrees to:

- Provide \$[#] to each participating clinic.
- Conduct key informant interviews/discussions and structured observations of clinic processes prior to the start of the study.
- Survey clinic staff at baseline, 12 and 18 months on their knowledge, attitudes and behaviors related to [research topic].
- Provide trainings to clinic staff on [research topic] procedures.
- Provide a list of [research topic] community resources for [participants].
- Identify a liaison from [University] to provide technical assistance.
- Gain [participant] informed consent for the [research topic] subsample study and provide a [research staff member] who will facilitate baseline and 12-month [research topic] evaluation for [number of participants] at each clinic and provide results to [participants].
- Obtain [participant] contact information and conduct two 5-minute program evaluation automated telephone calls to determine satisfaction with the [research] program.
- Provide study results within 2 years of study completion.

[COUNTY] Community Health Center agrees to:

- Allow clinics to be randomized to either On-site [group A] or [group B] groups.
- Encourage interested staff to attend program trainings.
- Provide [intervention supplies] to each participating clinic.
- Provide data to [University] on number of [participants in group A] or number who [participate in group B] depending on group assignment.
- Encourage [participants] to [for example, read project related education materials].
- Provide space for [research] for a [University clinician] to facilitate baseline [assessment of participants] obtained by [University].

*In witness whereof, the parties hereto, each by a representative duly authorized there unto, do hereby execute this Memorandum of Understanding, each by the date set forth below his or her signature.*

[COUNTY] Community Health Center

[UNIVERSITY]

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

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

Representative

[P.I.]

[Department]

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

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