**MOU TEMPLATE  
Memorandum of Understanding**

**(Opioid Project)**

This Memorandum of Understanding is entered into between [Community Based Organization]and Adagio Health Inc. on this [date].

This Memorandum of Understanding identifies the commitment of [CBO] --- Example: a nonprofit organization dedicated to helping women reclaim their lives from the disease of addiction to alcohol and other drugs, and reducing the incidence of addiction in future generations—to partner and collaborate with Adagio Health Inc.—a nonprofit organization dedicated to providing health and wellness services to all women and their families with a focus on those in need.

[CBO] agrees to partner with Adagio Health Inc. as part of its Opioid Project: A outreach, education, and referral project for opioid addicted pregnant women in Allegheny County. In the event that any third party asserts any claim against either Adagio Health or [CBO], Adagio Health and [CBO] each agree to indemnify and hold harmless the other party to this MOU from any and all claims, actions or lawsuits asserted against the other party as a result of any alleged act or omission by either Adagio Health or [CBO].

[CBO] agrees to perform the following functions:

* distribute Adagio Health Inc. (Opioid Project) information
* assist in coordination of scheduling a family planning education and outreach presentation with pre and post survey during the grant time frame of (May 2017 –May 2018)
* provide feedback on Opioid presentation, curriculum, and process to assist in program and process improvement, as well as programmatic expansion
* work with Adagio Health Inc. in any other way to assure success of the Opioid Project.

Adagio Health Inc. agrees to perform the following functions:

* conduct one family planning education and outreach presentation with pre and post survey
* provide family planning education materials, STD’s and birth control options (e.g. LARCs, condoms)
* refer population in need to drug treatment facilities and/or community-based partner agencies, Magee-Women’s Hospital of UPMC’s Pregnancy Recovery Center and/or AHN West Penn Pregnancy Recovery Program.

**Name \_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_**

**Title \_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_**

**Organization \_\_\_\_\_\_\_\_\_ Organization\_\_\_\_\_\_\_\_\_**