

Interdepartmental Memorandum of Understanding

*This template is for use by University departments only to memorialize an Agreement among themselves and is* ***NOT*** *to be used by any University department and an outside entity (i.e. private firms, governmental agencies, University foundations, corporations and auxiliaries, Associated Students, Inc, nonprofit organizations, etc.) in order to obligate University funds or performance in any manner.* ***Delete this language when using the template.***

This Memorandum of Understanding (MOU) is by and between \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[enter full department name**] and **[enter full department name]**, collectively referred to as “The Parties”. The MOU is effective as of the last date of The Parties signature.

**RECITALS**

1. The MOU is required to **[insert a brief, clear and concise explanation of the need for the MOU].**
2. Consideration for this MOU shall consist of the mutual promise contained herein and the labor rates and/or fixed prices and the methodology of how costs will be charged contained in Exhibit A. ***[Note: In lieu of using an Exhibit A, if consideration is simple, it may be listed in a numbered clause titled “Payment” in the General Information and Terms section of this MOU. Payment is the cost for one or both departments charging for its services.]***

**GENERAL INFORMATION AND TERMS**

1. Purpose: **[Enter as much detail as one or both of The Parties desire in order to provide a full, complete explanation of the services, the authority to provide such services and any information that one or both Parties determine should be included.]**
2. Scope of Services: **[Enter a complete and thorough description of the services to be provided by one or both Parties. If scope is detailed and lengthy it may be included by inclusion of an Exhibit B.]**
3. Term of MOU: The term of the MOU shall be for [**enter desired period**] and [**if applicable**] may be extended for an additional period of **[enter desired period]** by mutual agreement in accordance with item 6.
4. Standards of Performance: ***[If applicable, enter any professional standards, regulatory requirements, licensing, etc. that may be required. If none, do not use this item.]***
5. Payment: **[Enter the payment terms]. [*The following language (example) may be used for multiyear MOU’s, but is not applicable for an MOU with a term of one year or less and should not be used in that circumstance:***  *Exhibit A shall be reviewed, agreed upon and adjusted by both Parties on an annual basis each July 1. Review of such costs shall be completed by August of each year. Changes to Exhibit A for any reason shall only be by confirmation of an Addendum to this MOU in accordance with item 7.*
6. Payment Terms: Payments for consideration shall be made within 30 days of receipt of an invoice which shall not be submitted more often than on a [enter frequency, ex. Monthly or quarterly] basis.
7. Amendments: Amendments, changes, revision’s, etc. to any items of this MOU may only be made in written form by issuance of an Addendum signed by both Parties. No oral representations are binding on either of The Parties.
8. Renewal: This MOU may be renewed for an additional **[insert desired number]** year term if mutually agreed upon by both of the Parties and confirmed in accordance with item 6. ***[Use only if desired, not a requirement of the MOU template].***
9. Termination: This MOU may be terminated upon 30 days written notice by either of The Parties. Entire Agreement: This MOU constitutes the entire agreement and understanding of The Parties regarding matters described herein and supersedes all prior understandings or agreements between The Parties regarding any such matters or transactions.
10. Execution of MOU: This MOU may be executed and delivered electronically via email or facsimile and a scanned or facsimile signature shall be treated as an original.
11. MOU Review: This MOU has been reviewed by the necessary authorities within each Parties department who have authorized the below to sign as a duly authorized representative of the department.

**Authorized Signatures:**

1. Enter department name

Printed name of signer

Title of signer

Signature of signer

Date of signature

1. Enter department name

Printed name of signer

Title of signer

Signature of Signer

Date of signature