

National Prostate Awareness Association

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereafter "MOU") is heretofore entered into between The National Prostate Awareness Association (Hereinafter being referred to as "the **central governing body**") for the purpose of maintaining a mutual understanding for the benefit/services of all collaborating organizations working with the founding organization (**The National Prostate Awareness Association**), and those who elected to form said association: **Name of Collaborative individual/organization, Address, Contact number, email address:**

Upon the execution of this agreement; the same will be a valid and binding document; it will commence on _____ 20____ and shall expire one (1) year later on the same date; _____ 20____. All disclosures to terminate this Memorandum of Understanding (MOU) shall be done within thirty (30) days prior to the date of the termination.

This agreement forms the basis of all parties understanding regarding the roles, responsibilities and obligations of each individual or a representative of an organization, as it relates to the activities and/or advocacy of the "**The National Prostate Awareness Association** "

It is further understood and agreed that **The National Prostate Awareness Association will serve as a central community resource for all of its collaborative organizations for the benefit of networking on all levels of having a successful "MALE HEALTH NETWORK" organization.**

All parties agree and acknowledge that the objective of the heretofore mentioned "**Memorandum of Understanding (MOU)**" is for the purpose(s) of cultivating, motivating, supporting the advocacy of **The National Prostate Awareness Association** on a statewide and national basis.

For the purpose of this agreement the following scope of work is agreed upon by all parties:

SCOPE OF WORK TO BE PERFORMED

NPAA agrees to:

1. Centralize community education/advocacy/screening administration/operation, support services
2. Statewide/national community male health clearinghouse for NPAA

Collaborating Organization / Member _____ agrees to:

1. _____ ;
2. _____

Each undersigned individual/organization listed below certifies that he or she have fully read, and/or have had read to them, and adheres to the terms and conditions of, the above Memorandum of Understanding.

Signature

Signature

Title

Title

Organization
NPAA

Organization