

# 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:**

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**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