## *[Directions: Insert information for our COIN Collaboration Agreements in the following template. Fill in our agency name and representative where indicated.]*

## Collaboration Agreement Letter Template

Date

Name, Title

Local Health Department

Address

City, ST, ZIP

Dear <*Community Organization Name*>,

I enjoyed meeting with you and talking more about how our organizations could collaborate. Our organizations could work well together on behalf of <*at-risk Population*> to improve daily communication as well as for emergency preparedness planning before an emergency and for information dissemination during an emergency. In the meeting, we agreed that the purpose of our collaboration is to

|  |
| --- |
|  |

Our common goals and objectives were identified as:

Goals

Objectives

Your organization, <*Community Organization Name*>, will fulfill the following roles, and /or provide the following services:

Name

Title

Phone

Fax

E-mail

Team members involved will be:

|  |
| --- |
|  |

Our <*Our Agency Name*>, will fulfill the following roles, and /or provide the following services:

Name

Title

Phone

Fax

E-mail

Team members involved will be:

|  |
| --- |
|  |

The collaboration will begin on <*Date*> and end on <*Date*>, at which time the partnership goals and objectives will be reviewed and a new collaboration document will be created. The terms of the agreement will only be activated upon the <*Our Agency Name*> receiving a signed copy of the agreement letter from you organization.

<*Our Agency Name*> will be responsible for the following costs your organization may incur as a partner to this process:

<*Community Organization Name*> will be responsible for the following in-kind contributions:

This document is an agreed collaboration between two organizations - <*Our Agency Name* and *Community Organization Name*>. I submit that I am able to make decisions for my company and agree to fulfill the above conditions as stated.

Date\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Community Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Your Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return a signed letter of this agreement at your earliest convenience or by the activation date mentioned above. I look forward to working with you.

Sincerely,

< *Name of Representative*>

<*Our Agency Name*>