

**Memorandum of Agreement [SAMPLE]**  
**(Agency Applying for Tobacco Grant) and the (Partnering Organization)**

**I: Purpose** *(An explanation or rationale for preventing tobacco use in your area, linking to the mission of each organization if possible. Brief history of prior partnership or successes between the two groups.)*

The *(Agency Applying for Tobacco Grant)* and the *(Partnering Organization)* are concerned about the status of tobacco use in the community. Both parties are aware that exposure to secondhand smoke places community members at risk for tobacco-related diseases.

The *(Agency Applying for Tobacco Grant)* and the *(Partnering Organization)* have worked in close coordination for *(# of years/months)*. Together we have collaborated to improve the community's health and wellbeing. *[Describe success: These include tobacco free policies in workplaces; success reducing health disparities, participation in tobacco coalitions; professional education regarding tobacco health hazards; data sharing; etc.]*

The agencies in this agreement seek to reduce tobacco's impact within the \_\_\_\_ community. The partnership intends to address these primary objectives: *[List grant objectives, for example: increase awareness and knowledge of secondhand smoke exposure; and implement and enforce a policy for businesses to go smokefree.]*

**II: Roles and Responsibilities** *(Description of activities each organization will participate in, including any specific events that are unique to these two groups).*

Through continued coordination of our efforts and partnership we will realize our organizational goals. Over the next three years, it is our intent to fulfill the following responsibilities:

*(Agency Applying for Tobacco Grant)* will:

- Provide leadership in implementing tobacco prevention and control efforts
- Work with local and statewide partners to support statewide media messages
- Advocate for smokefree and tobacco-free policies within our organization and community
- *(List additional responsibilities here)*

*(Partnering Organization)* will:

- Provide stakeholder representation and support for tobacco prevention and control efforts

- Collaborate with the (*Agency Applying for Tobacco Grant*) in the placement of information materials, media, and other promotional activities focused on awareness of the dangers of second hand smoke, preventing tobacco use initiation, and promoting tobacco cessation resources
- Advocate for smokefree and tobacco-free policies within our organization and community
- (*List additional responsibilities here*)

Both Organizations will...

- Work toward the mission for all Alaskans to live healthy and tobacco free lives,
- Promote Alaska's Tobacco Quit Line (1-800- QUIT NOW) as a resource for all community members

### **III: Termination of this Agreement**

Either part may terminate this agreement by providing the other party thirty (30) days written notice.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Executive Director  
(*Agency Applying for Tobacco Grant*)

\_\_\_\_\_  
President  
(*Partnering Agency*)