MEMORANDUM OF UNDERSTANDING

***[Name of Organization Requesting Services]***

&

***[Your Organization Name]***

agree to the following:

***[Your Organization Name] will provide:***

* Provide a representative to engage [Name of oranization requesting services] in the [development of or delivery of or production of XXXX [include date(s) of engagement]];
* A representative will participate in [insert event];
* Assign [Insert Staff Contact] as [Your Organization Name] representative to engage in the agreed upon work; *See Attachment A.*
* Assign [Insert Requesting Organization Staff Contact] to arrange travel and call logistics, invoicing, and any relevant supporting materials;
* Assign [Insert Your Organization Staff’s Contact] as the contact and coordinator for this MOU, [Insert physical address of requesting organization], Phone: [Phone Number], [email].

***[Name of Organization Requesting Services] will:***

* Compensate [Your Organization Name] for representative’s time devoted to travel, preparation, and onsite services. *See Attachment B.*
* Compensate [Your Organization Name] for all travel costs accrued by the staff representative in relation to the agreed upon work, including [select the applicable options from: transportation (air and ground), lodging, per diem, parking, and tolls] upon receipt of expense report.
* Work with [Insert your staff member fulfilling engagement] to coordinate all travel logistics;
* Remit payment to [Your Organization Name] following completed expense form and invoice, as submitted, made payable to [Your Organization Name], [Insert Your Organization Payment Address].
* Assign [Organization Representative Here]as the contact and coordinator for this MOU*,* [Insert physical address of requesting organization], Phone: [Phone Number], [email].

***Associated due dates:***

Payment is expected no later than 30 days after services have been rendered, upon submission of invoice.

Deliverables agreed to are expected no later than 30 days after services have been rendered.

***Above understanding approved by:***

[Fiscal/Management Contact] (Date)

[Organization which will cut the check]

[Your Organization Leadership Name] (Date)

[Your Organization Name]

***Attachment A***

***Scope of Work***

* Insert specific work here
* Insert specific work here

***Attachment B***

***Logistics Budget***

|  |  |
| --- | --- |
| ***Item*** | ***Estimated Amount*** |
| *Flight* | *$* |
| *Per Diem for[2] days* | *$* |
| *Hotel for [2] nights* | *$* |
| *Mileage* | *$* |
| ***Subtotal Estimated Travel*** | ***$*** |

***Services Budget***

|  |  |
| --- | --- |
| ***Item*** | **Amount** |
| *Prep Day $1000 X [1] days X [1] per consultant* | *$* |
| *On-Site Day $1000 X [1] days X [1] per consultant* | *$* |
| *Travel Day $1000 X [1] days X [1] per consultant* | *$* |
| ***Subtotal Consulting Fees*** | ***$*** |
| *Administration Fees 20% of total consultant fees* | *$* |
| ***Total Services Amount*** | ***$*** |
| *Estimated Travel* | *$* |
| ***Total*** | ***$*** |