

**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 over \_\_\_\_ years. Together we have seen important results in our community's health from these efforts. *[Describe success: These include tobacco free policies in workplaces; participation on the local tobacco control alliance; professional education regarding tobacco health hazards; and data sharing.]*

The agencies in this partnership agreement seek to reduce tobacco's impact within the \_\_\_\_ community. The partnership intends to address these primary objectives: continue the tobacco control alliance; *[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 four years, it is our intent to provide the following:

*(Agency Applying for Tobacco Grant) will:*

- Provide leadership in facilitating the local tobacco control coalition and create linkages to the regional tobacco control coalition
- Create a media advocacy plan to increase awareness of dangers of second hand smoke exposure and tobacco use health harms, develop or purchase materials and distribute to (Partnering Organization) for display.
- Provide resources, including sample language, for businesses, organizations and tribes to implement smokefree or tobacco-free policies
- Work to address the impact of second hand smoke on disparate populations through education and systems change
- Promote Alaska's Tobacco Quit Line (1-800- QUIT NOW) as a free resource for all community members

*(Partnering Organization) will:*

- Provide stakeholder representation and support for the tobacco control coalition activities
- Participate in monthly meetings with the tobacco control alliance *(specify date and time if possible, eg. 'first Monday of each month from 12-1 pm')*

- Collaborate with the (*Agency Applying for Tobacco Grant*) in the placement of information materials and other 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

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 \_\_\_\_\_, 2013

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

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