INSTRUCTIONS: The below document is identified as a draft to be customized in consultation with INSTITUTION NAME personnel to ensure it accurately describes site procedures and requirements.

* **Black text** can be considered generic text that may be appropriate for inclusion.
* ***Red text*** should be considered guidance or examples and must be reviewed and replaced with facility-specific information.

**Memorandum of Understanding**

Between

Institution Name

and

(Partner)

This Memorandum of Understanding (MOU) sets for the terms and understanding between the Institution Name and the (partner) to with regards to the coordination of (Personnel Reliability Program (PRP) related activities such as occupational health or other medical screening, drug testing, criminal background checks, etc.) efforts between INSTITUTION NAME and (partner).

**Background**

Many of the materials housed within various locations at INSTITUTION NAME poses significant risks to human health and the environment. While INSTITUTION NAME maintains an internal personnel reliability program (PRP), there is the potential that additional external support may be required to effectively administer some aspects of the PRP at INSTITUTION NAME. A partnership between INSTITUTION NAME and (partner) for this support ensures that the public, environment, and national security are kept safe.

**Purpose**

This MOU will (*purpose/goals of partnership*):

Provide coordinated PRP support capabilities

The above goals will be accomplished by undertaking the following activities:

*(List and describe the activities that are planned for the partnership and who will do what)*

INSTITUTION NAME has primary jurisdiction for the PRP at INSTITUTION NAME and will provide this service on said property, except as otherwise specified in this Memorandum of Understanding.

INSTITUTION NAME will notify (partner) of any instance where support for INSTITUTION NAME’s PRP is needed.

(Partner) will provide INSTITUTION NAME with PRP support services as detailed in the MOU.

When (partner) conducts any activity or operation in support of INSTITUTION NAME’s PRP, (partner) will contact INSTITUTION NAME (enter the PRP POC here) and deliver any reports or other information related to that support activity.

(Partner) will ensure the confidentiality and security of all information related to the services described in this MOU.

(Partner) will provide the following PRP support services for INSTITUTION NAME:

* Enter details here.
* Enter details here.
* Enter details here.

The agency heads of INSTITUTION NAME and (partner) may enter into more specific and detailed operational procedures and guidelines, provided that such additional items are not inconsistent with the above provisions.

**Reporting**

*(Record who will evaluate effectiveness and adherence to the agreement and when the evaluation will happen)*

INSTITUTION NAME and (partner) will conduct, at minimum, yearly on-site PRP training.

**Funding**

*(Specify that this MOU is not a commitment of funds)*

**Duration**

This MOU is at will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners), this MOU shall end on (end date of partnership).

**Contact Information**

Partner name

Partner representative

Position

Address

Telephone

Fax

E-mail

Partner name

Partner representative

Position

Address

Telephone

Fax

E-mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Partner signature) Date (DD/MM/YYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Partner name, organization, position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Partner signature) Date (DD/MM/YYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Partner name, organization, position)