

Memorandum of Agreement  
Between  
Your Organization,  
Partnering Organization,  
And  
Institute for Community Alliances  
For Assistance in Data Entry at  
Name of agency, specific program

This Memorandum of Agreement (MOA) establishes collaboration between your organization, partnering organization, and Institute for Community Alliances (ICA).

## I. MISSION

Brief description of your organization's mission.

Brief description of partnering organization's mission. You might want to include a sentence about the specific program data entry will take place for.

ICA administers an electronic data collection system that stores information about individuals and families that seek homeless services in the 101 rural counties of Missouri that comprise the Balance of State (BoS) Continuum of Care (CoC). This Project fully supports collaborations among partner agencies to (1) ensure data quality and completeness so that we may understand the size, characteristics, and needs of the homeless population at the local, state, and national levels, and (2) enable partner agencies to improve the services they provide by collecting information about clients' needs.

Together, the parties enter into this Memorandum of Agreement to mutually promote accurate and timely data entry for name of agency, specific program into the HMIS for the BoS CoC. Accordingly, your organization, partnering organization and ICA operating under this MOA agree as follows:

## II. PURPOSE AND SCOPE

Your organization, partnering organization and ICA are forming a collaboration to ensure accurate and timely data entry takes place for name of agency, specific program into the HMIS for the BoS CoC. A benefit of this type of community collaboration is to allow Your organization and Partnering organization to institute a creative form of service provision and managing day-to-day responsibilities. Accordingly, partnering organization will benefit by having increased data quality which will (1) portray an accurate picture of homelessness in the community, and (2) ultimately improve the Balance of State Continuum of Care's performance in several of the performance indicators as outlined by the Department of Housing and Urban Development (HUD).

Each party of this MOA is responsible for its own expenses related to this MOA. There will not be an exchange of funds between the parties for tasks associated with this MOA.

### III. RESPONSIBILITIES

Each party will appoint a person to serve as the official contact and coordinator of the activities of each organization in carrying out this MOA. The initial appointees of each organization are:

List contact persons with address and telephone number

Example:

Institute for Community Alliances  
Sandy Wilson, Missouri Director  
2415 Hyde Parke Road  
Jefferson City, MO 65109  
(573) 298-6068

The organizations agree to the following tasks for this MOU:

Your organization will:

- Have obtained a copy of the Agency Partner Agreement and Agency Policy and Procedure Manual from ICA
- Have identified the individual who will be doing the data entry
- Have reviewed, signed and submitted to the Partnering Organization an HMIS User Policies and Responsibilities form for the person doing the data entry
- Do all data entry on site at partnering organization
- Perform all duties related to self-monitoring and correcting data errors

Partnering organization will:

- Have followed the steps outlined by ICA to become enrolled
- Have signed and submitted to ICA the HMIS User Policies and Responsibilities form for the individual who will be doing the data entry

Your organization and partnering organization will:

- Ensure accuracy of client information input into the HMIS System
- Follow and maintain all security and confidentiality requirements as outlined in the Agency Partner Agreement and Agency Policy and Procedure Manual

ICA will:

- Provide training and technical assistance related to HMIS data entry for Your Organization

### IV. TERMS OF UNDERSTANDING

The term of this MOA is for a period of insert length of MOA, usually 1-3 years from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least insert how often, usually annually to ensure that it is fulfilling its purpose and to make any necessary revisions.

Either organization may terminate this MOA upon thirty (30) days written notice without penalties or liabilities.

**V. AUTHORIZATION**

The signing of this MOA designates that the signatories will meet the objectives stated in the MOA.

On behalf of the organization I represent, I wish to sign this MOA and contribute to its further development.

Your Organization

\_\_\_\_\_  
Name, Title

Date: \_\_\_\_\_

Partnering Organization

\_\_\_\_\_  
Name, Title

Date: \_\_\_\_\_

Institute for Community Alliances

\_\_\_\_\_  
Sandy Wilson, Missouri Director

Date: \_\_\_\_\_

