

**Letter of Agreement
Between State Health Department and City/County Health Department**

Date:

To:

Name of organization providing HIV Surveillance and Prevention Services:

Name of organization agreeing to the provision of HIV Surveillance and Prevention Services:

Address:

Funding source: CDC-PS18-1802

Point of contact (POC) at organization providing HIV Services:

POC at organization agreeing to the provision of HIV Services:

Dear Mr(s) (name):

This agreement is made between (name of agency) and (name of other agency) on (state date) in (state name). In the first paragraph of the letter of agreement, clearly mention the full names of the both parties and also the date and place where this agreement is being prepared. Keep it brief and formal.

The agreement should include the following provisions and indicate where the respective parties will perform their respective tasks. The second paragraph should consist of the various statements to which both parties must agree and these statements also serve as the purpose of the agreement (e.g. geographic boundaries, zip codes, specific services to be provided – HIV testing, Partner Services, Surveillance, etc.). The financial details must be clearly mentioned as these can be final and binding. Finally, include the agreement period (e.g. January 2018-December 2022).

If both parties agree to the terms, then sign and date this letter and send a copy to CDC.

Agreed and accepted

Signature:

Title:

Date:

Signature:

Title:

Date: