Sample Internal Memorandum of Understanding

NOTE: If you are a victim service provider organization that will not be providing complete legal services in-house through your proposed LAV project, we recommend that you submit an MOU instead of an IMOU.

Established in 1995, ABC Domestic Violence/Sexual Assault Organization provides safety and support for victims of domestic violence and sexual assault in the 5 county metro area of Anywhere, State.

Provide a description of the organization’s primary purposes in providing services to victims of domestic violence, dating violence, sexual assault, and/or stalking.

Provide the length of time the organization has operated.

Describe the organization’s history of providing services to victims of domestic violence, sexual assault, dating violence, and/or stalking.

Describe the organization’s major accomplishments in the community.

Describe the organization’s experience providing legal representation if legal services will be provided by in-house attorneys.

Identify any external and internal partners, including outside organizations/individuals who will provide mentoring /supervision for “in-house” attorneys; and include a brief history of any past or current collaborative relationship with these organizations/individuals.

Identify the roles and responsibilities of external and internal partners, and specify the extent of each party’s participation in developing the application.

Include a statement confirming each partner’s commitment (internal and external) to sustaining the project once grant funds have expired, and specify what each partner will do to sustain the project.

Describe the resources the organization and any external partners would contribute to the project, including in-kind match (please note that it is recommended that you do not include matching funds in your budget narrative and summary).

Included in the application is a copy of the organization’s mission statement.
*Signatories for an IMOU might include, but are not limited to (please use appropriate titles for your organization):

___________________________________    ______________
Executive Director,        Date
ABC Domestic Violence/ Sexual Assault Organization

____________________________________   _______________
Legal Director,       Date
ABC Domestic Violence/Sexual Assault Organization

____________________________________   ______________
Staff Attorney,        Date
ABC Domestic Violence/Sexual Assault Organization

____________________________________   ______________
Legal Advocate,        Date
ABC Domestic Violence/Sexual Assault Organization

____________________________________   ______________
Director of Direct Services/Counseling,    Date
ABC Domestic Violence/Sexual Assault Organization

____________________________________   ______________
Director of Shelter Services,      Date
ABC Domestic Violence/Sexual Assault Organization

____________________________________   ______________
Outreach Coordinator,       Date
ABC Domestic Violence/Sexual Assault Organization

____________________________________   ______________
Attorney,          Date
Private Practice, Inc.