

NCCIC Is a Service of the Child Care Bureau

10530 Rosehaven Street, Suite 400 • Fairfax, VA 22030 • Phone: 800-616-2242
Fax: 800-716-2242 • Email: info@nccic.org • Web: <http://nccic.acf.hhs.gov>

PARTNERSHIP AGREEMENT TEMPLATE

I. Parties, Purpose, and Term of the Agreement

- A. The parties to this agreement are _____
and _____
- B. The purpose of this agreement is to _____

- C. The term of this agreement shall be from _____
through _____
- D. Cancellation of this agreement may be by mutual consent or by either party providing 45 days written notice, except that violation of any term outlined in this agreement under Section II or Section III shall be grounds for immediate termination.

II. Scope of Services to Be Provided:

- A. Partner A agrees to:
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
- B. Partner B agrees to:
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.

III. Program Requirements That Must Be Met by Each Partner in This Agreement:

A. Partner A further agrees to:

- 1.
- 2.
- 3.
- 4.
- 5.

B. Partner B further agrees to:

- 1.
- 2.
- 3.
- 4.
- 5.

IV. Amendment of the Agreement

Alterations, amendments, or waivers of this Agreement shall only be valid when signed by both parties of the Agreement.

V. Failure to Comply

Failure to comply with any terms of this agreement or conditions specified within may be grounds for immediate termination of the Agreement at the discretion of:

VI. Authorized Signatures

Partner A

Partner B

Name/Title of Authorized Person Date

Name/Title of Authorized Person Date