**FY 2021 Letter of Agreement**

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| --- | --- |
| **Date:** | [Date] |
| **To:** | Partner A - [Project Director Name & Agency Name] |
| **From:** | Partner B - [Project Director Name & Agency Name] |
| **Re:** | PA SNAP-Ed at Shared Locations |
| **FY:** | 2021 (October 1, 2020-September 30, 2021) |

**Section 1.** This letter is to confirm that the PA SNAP-Ed programming offered by [Partner B Agency Name (Abbreviation of Partner B Name)] at locations listed in the table below is not a duplication of services offered by [Partner A Agency Name (Abbreviation of Partner A Name)].

|  |  |  |  |
| --- | --- | --- | --- |
| **Location Name** | **Street, City, Zip Code** | **Partner A** | **Partner B** |
| *STAR MID* | *STAR MID* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 2.** [Abbreviation of Partner A Name] is providing [brief description of program].

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| --- | --- |
| **STAR MID** | **Intervention Setting(s)** |
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**Section 3.** [Abbreviation of Partner B Name] is providing [brief description of program].

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| **STAR MID** | **Intervention Setting(s)** |
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**Section 4.** [Abbreviation of Partner A Name] and [Abbreviation of Partner B Name] will serve different audiences at the shared location. Describe how participant reach reporting will be coordinated.

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|  |  |  |  |  |  |  |
| [Partner B Director Name]  [Partner B Direct Title]  [Partner B Agency Name] |  | Date |  | [Partner A Director Name]  [Partner A Direct Title]  [Partner A Agency Name] |  | Date |