**MOU COVER LETTER**

*[Date]*

*[Medical/Social Services Organization]*

*[Role]*

*[Address]*

Dear *[Mr. /Ms. Name]*,

*[Title X Family Planning Provider Agency]* is pleased to collaborate with your organization, so that we may refer our clients to (or receive referrals from) your providers.

Our service site prioritizes the needs of low-income families and uninsured individuals who might not otherwise have access to family planning services. In instances where clients’ needs are beyond the scope of our care, we look forward to making referrals to your service site. Similarly, we will accept your referrals in instances where our services can address your organization’s clients’ family planning needs.

Attached you will find a memorandum of understanding (MOU) pursuant to our recent discussion. Kindly sign the document and return it at your earliest convenience.

Sincerely,

*[Name]*

*[Role]*

*[Title X Family Planning Provider Agency]*