VOLUNTARY COMMUNITY PARTNERSHIP

Memorandum of Understanding

Between HOPE Rhode Island and **[Partner Organization Name]**

Effective date: _____ | 12-month term | No client-data sharing

1. Purpose

This Memorandum of Understanding establishes a voluntary partnership between HOPE Rhode Island ("HOPE") and [Partner Organization Name] ("Partner") to improve access to accurate, current, practical service information for Rhode Islanders experiencing homelessness, housing instability, poverty, or related hardship. It is not a contract for purchased services, creates no financial obligation, and does not establish employment, agency, exclusivity, or joint liability.

2. Background

HOPE provides a free, no-login public survival guide and a Partner Workbench for verified organizational information, time-limited service status, printable materials, non-client network coordination, and privacy-first warm handoffs. Partner provides [brief description of programs and populations served]. The parties share the goal of helping people reach the right service with less confusion and fewer failed referrals.

3. HOPE commitments

- Describe Partner services accurately using Partner-confirmed public information.
- Provide a direct correction and verification path.
- Display source ownership, verification date, and call-first guidance where appropriate.
- Consult Partner before material changes to Partner's service description.
- Protect personal handoff information through minimum-necessary, temporary processing and no intentional case-file storage.
- Share only privacy-preserving, aggregate operational information when available and appropriate.
- Credit Partner as mutually agreed in public materials, projects, and funding proposals.

4. Partner commitments

- Designate a contact to verify public service information.
- Notify HOPE of material changes to hours, location, intake, eligibility, documents, accessibility, or closures.
- Use the Workbench only for organization operations and permitted referral preparation.
- Do not enter client records, SSNs, medical files, private addresses, confidential locations, or open case notes.
- Provide candid feedback about accuracy, usability, safety, and representation.
- Use reasonable means to make HOPE available to clients, such as QR posters or referral cards.

5. What this MOU does not require

- Financial contribution or exclusivity.
- Endorsement of policy positions, fundraising requests, or statements outside this MOU.
- Disclosure of client data or access to Partner case systems.
- A guarantee of service availability, eligibility, placement, or referral outcome.
- Joint employment, shared liability, or an agency relationship.

6. Term, withdrawal, and amendments

This MOU begins on the effective date and continues for twelve months. It may be renewed in writing. Either party may withdraw with thirty days' written notice, without penalty. Amendments require written agreement by authorized representatives of both parties.

7. Signatures

By signing below, each party confirms its voluntary agreement to the terms above.

HOPE Rhode Island

Robert Diamond · Founder / Project Director

Signature

Date

[Partner Organization Name]

Authorized signatory and title

Signature

Date

HOPE Rhode Island · hope401ri@gmail.com · 401-649-8377 · hope401.org
Voluntary draft for discussion. Not legal advice. Each party may review with counsel before signing.