**MOA COVER LETTER**

*[Date]*

*[Medical/Youth Serving Organization]*

*[Role]*

*[Address]*

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

*[Teen Pregnancy Prevention Provider Agency]* is pleased to collaborate with your organization in the implementation of evidence-based teen pregnancy prevention programming with youth at your agency.

Our service site prioritizes the replication of effective programming, building a knowledge base, and focus on the reduction of teen pregnancy and behavioral risk factors to communities with greatest need. In instances where there is a need to expand our reach in working with young people, we look forward to engaging your services.

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

Sincerely,

*[Name]*

*[Role]*

*[Teen Pregnancy Prevention Provider Agency]*