



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION  
JUSTICE ASSISTANCE GRANT (JAG) SDCEP PROGRAM

**MEMORANDUM OF UNDERSTANDING  
(MOU)**

*If any changes have been made to your MOU since the 14-15 grant year, this must be completed.*

**1.0 INTRODUCTION**

On \_\_\_\_\_, representatives from the organizations listed below met for the purpose of establishing a coordinated working protocol solidified by memorandum of understanding to be signed by the highest-ranking official of each partner organization:

PARTIES: Parties to this agreement are:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

2.0 PURPOSE AND SCOPE

**THESE ARE DIRECTIONS FOR MOU PAGE 2**

**PLEASE USE THE NEXT PAGE AND SUPPLY THE FOLLOWING INFORMATION:**

**SUMMARY**

*Your organization and partnering organization – describe the intended results or effects that the organizations hope to achieve, and the area(s) that the specific activities will cover.*

1. *Why are the organizations forming collaboration? Benefits for the organization?*
2. *Who is the target population?*
3. *How does the target population benefit?*

**GUIDELINES:**

Purpose of this agreement is to create a multi-jurisdictional authority to be known as the:

Name:

**NARRATIVE**

The Task Force will direct its primary enforcement efforts in the following areas:

- Covert and overt investigations concerning individuals engaged in illicit criminal activities in the \_\_\_\_\_ area with specific emphasis on \_\_\_\_\_ activity.
- Development of intelligence data regarding criminal activity in the area.
- Assimilation and maintenance of intelligence files regarding such criminal activity.
- Dissemination of intelligence activities to the appropriate federal, state, and local law enforcement agencies.
- Establishment of liaison with the State Attorney's Office(s) and the United States Attorney's Office for legal advice and encouragement of vigorous prosecution of developed cases.
- **At a minimum, the participating agency task force must include a federal agency (DEA) and state agency**

**2.0 PURPOSE AND SCOPE**

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The purpose of this agreement is to create a multi-jurisdictional authority to be known as the:

Name:

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The Task Force will direct its primary enforcement efforts in the following areas:

**THESE ARE DIRECTIONS FOR MOU PAGE 3****PLEASE USE THE NEXT PAGE AND SUPPLY THE FOLLOWING INFORMATION:****3.0 ROLES AND RESPONSIBILITIES****Name of Organization:**

*Describe organization role and responsibilities for this project.*

*Local Partners*

*All local partners agree to provide those services detailed within this MOU. All local partners agree to coordinate the project activities of all local groups participating in their local portion of the project. All local partners agree to abide by federal and state guidelines regarding equal opportunity, Drug Free Workplace and financial reporting.*

*Please list all participating agency's name roles, and responsibilities as they relate to this project.*

Nothing in the MOU should be construed to interfere with or violate the statutory authority of any of the parties.

**3.0 ROLES AND RESPONSIBILITIES**

**Name of Organization:**

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**Local Partners**

All local partners agree to provide those services detailed within this MOU. All local partners agree to coordinate the project activities of all local groups participating in their local portion of the project. All local partners agree to abide by federal and state guidelines regarding equal opportunity, drug free workplace and financial reporting.

Participating agency's name, roles, and responsibilities as they relate to this project:

Nothing in the MOU should be construed to interfere with or violate the statutory authority of any of the parties.

**4.0 CONTACTS**

The parties agree that implementation of the MOU should be carried out in the most efficient manner. For that purpose, the parties have designated a representative who will serve as the single point of contact between the parties. All significant communication concerning the implementation of the MOU will be conducted by those identified below:

*Please list all designated representatives and agency's name who will serve as point of contact.*

