

Strategic Partnership Exclusivity Form

Date

Enter date

Reference Number

Enter reference number

Partner Organization 1

Name of Organization 1

Partner Organization 2

Name of Organization 2

Purpose of the Partnership

Describe the purpose of this partnership

Exclusivity Terms

Scope of Exclusivity

Define the scope of exclusivity

Exclusivity Period

State the duration (e.g., start and end date)

Exclusivity Conditions

Outline any special conditions

Signatures

Partner 1 Name

Name

Title

Title

Date

Date

Signature

(Signature)

Partner 2 Name

Name

Title

Title

Date

Date

Signature

(Signature)