

Talent Dividend Memorandum of Understanding

On this		_ of	please be notified that,		
		mont			
wishes to sup	oport the Cha	ttanooga Reg	gion Talent Dividend Initiative as described in the website.		
			activity of the above organization is at its full discretion. Also, any or marketing purposes shall require prior written approval.	desired use o	of
graduate prodegree (i.e. A	oduction, the Associates, E	number of ci sachelors, Ma	orts setting and reporting a target objective of increasing by at leas itizens in the sixteen (16) county region that achieve at least a posasters and above). (Notice: A performance report of achievement and the aggregate, on a tri-annual basis).	t -secondary	
		•	ization may withdraw its wishes to support the Talent Dividend at Please mail the signed MOU to:	any time, with	out
c/o Dr. John	ine Trail, Cha	attanooga, TN	N 37421 om		
			Signature of Organizations Representative	Date	
			Print Name of Representative		
Primary Con	ntact:				
Name			Title		
Phone			Cell Phone		
Email					
A	ddress	_	City/County	State	Zip

