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| Estimate of Institutional Support  **[Library Name]**  **[Motto or Logo]**  Address  City, State, Zip Code  Phone |  |
| Date: [Click to Select Date] |

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| --- | --- |
| **To:**  [Partner Name]  [Department or Organization]  [Street Address]  [City, ST ZIP Code] | **For:**  MOU Project |

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| **NAME** | **JOB TITLE** | **EXPERTISE** | **HOURS** | **INSTITUTION RATE** | **MARKET**  **RATE** | **INSTITUTION TOTAL** | **MARKET**  **TOTAL** |
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[Library Name]

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| **DESCRIPTION OF HARDWARE OR SOFTWARE** | **INSTITUTION COST** | **MARKET**  **COST** | **INSTITUTION TOTAL** | **MARKET**  **TOTAL** |
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**Thank you for your library partnership.**