Group Serves 2019 School/Lodging Memorandum of Understanding

Group Serves (1515 Cascade Avenue, Loveland, CO 80538) and				
	(Facility) agree to use			
Facility Name	located in			
City	State			
• •	ty service project in the summer of 2019. The participants will s as needed for needy area residents, serving the community			

Facility authorizes use during **one** of the following weeks—Sunday through Saturday: (We do request that you give us a choice of two or more weeks—thank you!!)

June 16-22	July 7-13	July 28-Aug 3
June 23-29	July 14-20	
June 30-July 6	July 21-27	

Facility agrees to:

- Allow Group Serves staff access to the facility at least four days before the project start
- Indicate below areas that will be "off-limits" to Group Serves:

(A floor plan showing off-limits areas is really helpful—thanks!)

FOOD SERVICE/CUSTODIAL SERVICE:

___(check) In cases where food service is contracted to an outside source or vendor:

- Provide contact information for the outside source
- ___(check) In cases where Facility employs its own food service personnel:
 - Employ Facility food service staff at their regular salary/benefits packages
 - Food service staff will work with Group Serves to prepare and serve 16-17 meals. (6 breakfasts, 5 off-site lunches, 5 or 6 dinners) Starting with dinner Sunday of camp, ending with breakfast Saturday of camp.
 - Work with Group Serves to purchase all necessary food, food service items, beverages, and ice using the Facility's usual channels and vendors.
 - Receive, inventory, and store all food and service items.
 - > Inventory and return acceptable food items to vendors. Credit returns to Group Serves.
 - Employ Facility custodial staff at their regular salary/benefits packages.
 - Maintain a clean facility, with showers, shower drains, toilets, and sinks in good working order.
 - > Arrange for adequate trash disposal and removal—Group Serves will reimburse this cost.
 - Designate a representative to inspect the facility before and after our stay, to ensure we leave the facility in good condition.
 - > Provide a maintenance representative to remain "on call" as needed.

We ask that you waive "building use fees", charging us only for expenses actually incurred by our use of facilities.

Group Serves agrees to:

- Reimburse Facility for:
 - Food service and custodial wages (including benefits) at their regular rates.
 - Food and food service items used for the project.
 - Supplies used during the project (such as paper towels, toilet paper, soap, etc.).
 - Security personnel (if needed).

Reimbursement will be made within 30 days of receiving invoices. We ask that you help us prepare to expedite reimbursement by informing us of regular wage rates in the fall of 2018.

- Provide liability insurance for personal injury and property damage incurred as the result of negligent or intentional acts of Group Serves representative, staff, or volunteers.
- > Repair or replace any facility property damaged during our stay to your satisfaction.
- Inspect the condition of the facility with a designated representative before and after the project, to ensure we leave the facility in good condition.
- > Provide professional staff to facilitate and supervise the project.
- > Pay for actual utility and supplies costs incurred as a result of the project.

Facility will not be responsible for negligent acts of Group Serves representatives, staff, or volunteers. No Facility representatives, staff, or volunteers will be considered employees, staff or volunteers of Group Serves. Group Serves will not be responsible for negligent acts of Facility representatives, staff, or volunteers. No Group Serves representatives, staff, or volunteers will be considered employees, staff or volunteers of Facility.

Authority. By signing below, both Group Serves and Facility authority confirm this letter of application/agreement has been authorized by their governing boards (if applicable). Please sign this agreement and return it to Group Serves. A signed copy will be forwarded once approved locations are finalized.

Name of Lodging Facility			
Address	City	State	Zip
Authorized Agent (signature)		(Printed Name & Title)	Date
Contact email Contact Phone			