



Memorandum of Understanding

 Agency Name Date

 Mailing Address City, State, Zip

 Physical Address City, State, Zip

 Email Address

The above-named agency agrees to comply with the following requirements of The Food Bank of Nevada County. The agency must:

1. Confirm that all product received from The Food Bank of Nevada County will be used solely to assist low-income, elderly persons, infants, students and others in need.
2. Submit the following forms to be filed at The Food Bank of Nevada County:
 - a. Completed Memorandum of Understanding
 - b. Proof of 501(c)(3) status on Internal Revenue Service Letterhead
 - c. Copy of Liability Insurance (adding The Food Bank of Nevada County as additional insured)
3. Agree that no product received from The Food Bank of Nevada County will be sold, offered for sale, transferred, bartered for money, other properties, personal gain, or services. Product may not be transferred to another agency; product obtained by an agency must be used by the same agency.
4. Distribute food without discrimination in regard to race, national origin, age, religion, politics, sex, or sexual preference.
5. The agency must be able to pick up product from The Food Bank of Nevada County.
6. Agency will agree to submit monthly reports of the number of households and individuals served.
7. Inform the Food Bank of Nevada County of any changes in contact names, addresses, phone numbers, services provided, and other relevant information.
8. List persons that will be authorized to pick up food from The Food Bank of Nevada County. The Food Bank reserves the right to request an ID from these persons.
 - a. _____
 - b. _____
 - c. _____
9. Food pick up will be arranged with warehouse. Dependent on availability.

FAILURE TO COMPLY WITH ANY OF THESE REQUIREMENTS MAY RESULT IN THE AGENCY'S SUSPENSION FROM THE FOOD BANK OF NEVADA COUNTY.

 Agency Executive Director Signature

 Food Bank of Nevada County Signature

 Date

 Date



Liability Release

The undersigned agent of _____
Agency/Organization

releases the original donor, the manufacturer, and The Food Bank of Nevada County, from any liability resulting from the condition of the donated food, and further agrees to indemnify and hold harmless against all and any liabilities, damages, claims, causes of action, and suits of law, or in equity, or any obligation whatsoever arising out of, or attributed to, any action of said agency, or any personnel employed by said agency in connection with its storage and use of the donated food.

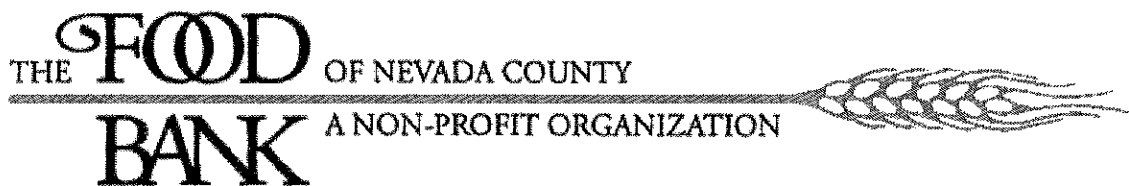
It is further agreed that:

1. The Food Bank of Nevada County and the original donor expressly disclaim any implied warranties as to the purity of fitness for consumption of any or all such donated items.
2. That all items accepted are accepted in "as is" condition.
3. The Food Bank of Nevada County is a facility that also processes, manufactures, and handles allergens and it is understood that our food may contain peanuts, wheat, milk, egg, fish, crustacean shellfish, tree nuts, soybeans and other allergens.
4. The agency will not sell or offer for sale food products received from The Food Bank of Nevada County.
5. The agency agrees to provide The Food Bank of Nevada County with a copy of liability insurance listing The Food Bank of Nevada County as additional insured.
6. All above stated conditions are in effect as long as the agency is a partner of The Food Bank of Nevada County, or until written notice from The Food Bank of Nevada County.

I HAVE READ AND UNDERSTAND ALL REQUIREMENTS LISTED ABOVE AND AGREE TO ADHERE TO THEM COMPLETELY.

Agency Director

Date



Rules for Community Agencies

Paperwork

- Monthly reports are due by the first week of the following month.
- Ensure that all necessary fields on inventory sheets are complete and legible.
- Update your insurance records with staff when they change/renew.

Safety

- Masks are required (NO EXCEPTIONS)
- Never take items from side of pallet if it will create a hazard. Ask when unsure.
- Inform staff of spills and hazards immediately.
- DO NOT enter the building
- No Public Restroom.
- No open-toed shoes.

Conduct

- We all have the same mission of feeding the community. Be considerate of other agencies.
 - Don't take more than reasonable or necessary amounts.
 - Don't take more than you can use.
- Respect quantity limits set by staff. Ask when unsure.
- Mandatory 20-minute time limit for each agency. This can affect other agencies if not followed.
- One vehicle per agency allowed in Food Bank designated parking, unless otherwise authorized by staff.
- Instruct any new representatives, from your agency, of the rules.
- Respect staff and volunteers.
- Failure to follow these rules could result in suspension or removal from the program.

Please acknowledge that you have read and received a copy of these rules.

Agency: _____

Representative Name: _____

Representative Signature: _____

Date: _____

Community Agency Procedures and Information Regarding; Coronavirus disease 2019 (COVID-19)

Coronavirus disease 2019 (COVID-19) is a respiratory illness caused by a virus called SARS-CoV-2. Symptoms often include cough, shortness of breath, fever, chills, muscle pain, sore throat, or new loss of taste or smell. Our understanding of how the virus spreads is evolving as we learn more about it, so check the CDC website for the latest information. The virus is thought to spread mainly from person-to-person:

- Between people who are in close contact with one another (within about 6 feet)
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks

Recent studies indicate that the virus can be spread by people who are not showing symptoms. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about this virus. Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

Potential sources of exposure include having close contact with individuals with COVID-19 when picking up or delivering food or groceries, or by touching surfaces touched or handled by a person with COVID-19.

As a Food and Grocery Pick-up and Delivery Driver, please abide by the following:

- Stay home if you are sick
- Screen yourself before you come. This includes a temperature check.
- Arrive at your scheduled time, please be prompt.
- Refrain from entering our facilities. We will set your food out or near the door.
- Wear a cloth face covering
- Avoid close contact with individuals as much as possible when picking up food, groceries, or other items at the Food Bank. This helps protect both you and the workers at the Food Bank.
- Practice contactless deliveries to the greatest extent possible. Contactless deliveries allow you to leave a delivery at a doorstep, move back to a distance greater than 6 feet away while verifying receipt of the delivery with the person getting the delivery, and try to do



all interactions electronically (e.g., in an app or over a phone). This eliminates the need for close contact between you and the person getting the delivery.

- Limit your contact with frequently touched surfaces during pickups and deliveries, such as countertops, hand rails, doorbells, door handles, radio buttons, etc.
- Avoid sharing scanners, pens, or other tools with staff.
- Use a foot, shoulder, elbow, hip, or forearm instead of hands when opening doors at pick-up and delivery sites, if possible.

IF YOU DEVELOP A FEVER OR SYMPTOMS, SUCH AS A COUGH OR DIFFICULTY BREATHING, CALL YOUR HEALTHCARE PROVIDER FOR MEDICAL ADVICE BEFORE VISITING THEIR OFFICE. YOU SHOULD NOT RETURN TO WORK UNTIL THE CRITERIA TO DISCONTINUE HOME ISOLATION ARE MET, AFTER TALKING WITH YOUR DOCTOR.

I HAVE READ AND UNDERSTAND ALL THE REQUIREMENTS LISTED ABOVE AND AGREE TO ADHERE TO THEM COMPLETELY.

Designated Pick-up Person: _____ Date: _____





Practice Everyday Preventive Actions

Avoid touching your eyes, nose, or mouth.

Proper hand hygiene is an important infection control measure. Keep in mind where you can access and use facilities with soap and water during your shift. Wash your hands regularly with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol.

Key times to clean hands include:

Before, during, and after preparing food

Before eating food

After using the toilet

After blowing your nose, coughing, or sneezing

Additional times to clean hands on the job include:

Before and after work shifts

Before and after work breaks

Before and after making a delivery

After putting on, touching, or removing cloth face coverings

After touching frequently touched surfaces such as doorbells or door handles

Before wearing and after removing cold-weather gloves

Before and after pumping gas

Carry tissues in your vehicle and use them when you cough, sneeze or touch your face. Throw used tissues in the trash.

Clean and Disinfect

Get and carry cleaning and disinfectant spray or disposable wipes and a trash bag with you in your vehicle.

Clean and disinfect commonly touched surfaces at the beginning and end of each shift, particularly if the vehicle is also used by other drivers, following the directions on the cleaning product's label. Clean surfaces that are visibly dirty with detergent or soap and water prior to disinfection. Frequently touched surfaces include the steering wheel, gearshift, signaling levers, door handles, and seatbelt buckles.



Wipe down items such as pens and electronic signature pads/mobile devices if shared with a delivery recipient after each use.

Appropriate disinfectants to use for hard non-porous surfaces include:

EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 [external icon](#)

Diluted household bleach solutions prepared according to the manufacturer's label for disinfection, if appropriate for the surface

Alcohol solutions with at least 70% alcohol

What steps should the food or grocery delivery company take for whom I am a driver?

The school or institution for whom you are a contract driver should develop and share a set of COVID-19 health and safety measures to inform and help protect delivery drivers.

They should:

Actively encourage sick delivery drivers to stay home.

Encourage the use of and assist you in obtaining hand sanitizer and disposable wipes and other cleaning products so that frequently touched surfaces can be wiped down by drivers.

Provide you with information on where to find accurate information about COVID-19 and how it spreads.

Develop policies and technology options that allow and prioritize contactless deliveries (e.g., no-knock, no-signature, etc.) that limit or eliminate close contact between delivery drivers and suppliers and schools.

I have read the above symptoms and preventions.

Initial: _____

COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement

RELEASE AND WAIVER. In consideration of my receiving food from The Food Bank of Nevada County, I, being 18 years of age or older, do hereby forever release, waive, discharge, and covenant not to sue and its past, current, and future officers, directors, employees, members, volunteers, contractors, representatives, parents, owners, affiliates, agents, successors, and assigns (collectively, "Service Provider") from any and all damages, injuries, losses, liability, claims, causes of action, litigation, or demands, including but not limited to those for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred, directly or indirectly, now or in the future, in any way related to COVID-19 and in connection with my participation in the Services or any travel related thereto. I promise not to sue Service Provider for any of the foregoing.

ASSUMPTION OF RISKS. I understand that while Service Provider has undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with the Services, Service Provider is not responsible in any manner for any risks related to COVID-19 in connection with the Services. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that participation in the Services (including any related travel) carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. Furthermore, I represent and warrant that I do not suffer from any medical condition or disease that might in any way hinder or prevent me from receiving the Services, including, to my knowledge, COVID-19.

This COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement ("Agreement") shall be binding on my heirs, executors, administrators, successors, and assigns. I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by applicable laws, and that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This Agreement contains the entire understanding of the parties relating to the subject matter, and shall not be altered, modified, amended, waived or supplemented in any manner whatsoever except by a written agreement signed by both parties hereto or their duly authorized representatives. This Agreement may be executed, made and delivered electronically.

To the maximum extent permitted by applicable law, I (a) covenant and agree not to elect a trial by jury with respect to any issue arising out of this Agreement or the Services that is triable of right by a jury, and (b) waive any right to trial by jury with respect to such issue to the extent that any such right exists now or in the future. This waiver of right to trial by jury is given knowingly and voluntarily.

I have read and understood this Agreement and enter into it voluntarily in consideration of the opportunity to participate in the Services. I acknowledge I am giving up legal rights and/or remedies which may be available to me.

Signature

Date

Printed Name



Community Agency Monthly Report

Organization: _____ Month: _____ Year: _____

Bags or Boxes of Food

Number of Families Served: _____

Number of Individuals Served: _____

Times per Month Food is Provided: _____

On-Site Dining

Number of Individuals Served: _____

Days per Month Meals are Provided: _____

Signature: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sierra Gold Insurance Services, Inc. 101 Providence Mine Rd., #205 P.O. Box 1830 Nevada City CA 95959		CONTACT NAME: Roger Krill PHONE (A/C, No, Ext): (530) 470-1250 E-MAIL ADDRESS: roger@sierragoldins.com FAX (A/C, No): (530) 470-1255	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: NONPROFITS' INSURANCE ALLIANCE OF	NAIC # 011845
		INSURER B: ZURICH INSURANCE COMPANY	27855
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

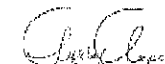
COVERAGES **CERTIFICATE NUMBER:** CL1912502147 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		2020-13507-NPO	01/06/2020	01/06/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Liquor Liability Included						MED EXP (Any one person) \$ 20,000
	<input checked="" type="checkbox"/> Contractual Liability						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER:							\$
A	AUTOMOBILE LIABILITY			2020-13507-NPO	01/06/2020	01/06/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			2020-13507-UMB	01/06/2020	01/06/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC57-10-276-03	06/01/2019	06/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	DIRECTORS & OFFICES LIABILITY			2020-13507-DC-NPO	01/06/2020	01/06/2021	Each Wrongful Act \$1,000,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Holder is additional insured per the attached as required by written agreement.

CERTIFICATE HOLDER		CANCELLATION	
Food Bank of Nevada County, Inc. 310 Railroad Ave. Grass Valley CA 95945		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 	

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Example



PHOTO RELEASE FORM

I hereby grant permission to *The Food Bank of Nevada County* to use photographs and/or video of (Agency) _____ in publications, news releases, online, and in other communications related to the mission of *The Food Bank of Nevada County*.

(Signature of Adult)

Name _____

Address _____

Phone (day) _____ (Evening) _____

Email Address (optional) _____

Thank you!