

Memorandum of Understanding

Agency Name	Date
Mailing Address	City, State, Zip
Primary Physical Address of Food Distribution	City, State, Zip
Email Address	Phone#
The above-named agency agrees to comply with County. The agency must:	the following requirements of The Food Bank of Nevada
low-income, elderly persons, infants, str 2. Submit the following forms to be filed a a. Completed Memorandum of Un b. Proof of 501(c)(3) status on Inte c. Copy of Liability Insurance (add 3. Agree that no product received from The transferred, bartered for money, other pr transferred to another agency; product of 4. Distribute food without discrimination in sexual preference. 5. The agency must be able to pick up proce 6. Agency will agree to submit monthly rep 7. Inform the Food Bank of Nevada County services provided, and other relevant inf 8. List persons that will be authorized to pi Bank reserves the right to request an ID a. b. C.	at The Food Bank of Nevada County: Inderstanding Inderstan
9. Food pick up will be arranged with ware	-
SUSPENSION FROM THE FOOD BANK OF I	SE REQUIREMENTS MAY RESULT IN THE AGENCY'S NEVADA COUNTY.
Agency Executive Director Signature	Food Bank of Nevada County Signature
Date	Date

This institution is an equal opportunity provider.



Liability Release

The undersigned agent of	
liability resulting from the condi- hold harmless against all and any or in equity, or any obligation wh	Agency/Organization anufacturer, and The Food Bank of Nevada County, from any ion of the donated food, and further agrees to indemnify and liabilities, damages, claims, causes of action, and suits of law, natsoever arising out of, or attributed to, any action of said ed by said agency in connection with its storage and use of the
implied warranties as donated items.	vada County and the original donor expressly disclaim any to the purity of fitness for consumption of any or all such
3. The Food Bank of Ne handles allergens and	d are accepted in "as is" condition. vada County is a facility that also processes, manufactures, and it is understood that our food may contain peanuts, wheat, milk, hellfish, tree nuts, soybeans and other allergens.
4. The agency will not s of Nevada County.	ell or offer for sale food products received from The FoodBank
	provide The Food Bank of Nevada County with a copy of ng The Food Bank of Nevada County as additional insured.
6. All above stated cond	itions are in effect as long as the agency is a partner of The County, or until written notice from The Food Bank of Nevada
I HAVE READ AND UNDERS' AGREE TO ADHERE TO THE	TAND ALL REQUIREMENTS LISTED ABOVE AND M COMPLETELY.
Print Name	
Agency Executive Director Signa	ture Date



Rules for Community Agencies

Paperwork

- Monthly reports are due by the first week of the following month.
- 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.

Places asknowledge that you have read and received a copy of those rules

- Respect staff and volunteers.
- Failure to follow these rules could result in suspension or removal from the program.

riease acknowledge that you have read and received a copy of these fules.
Agency:
Representative Name:
Representative Signature:
Date:

e-mail: foodbanknc@att.net

website: www.info@foodbankofnc.org FAX: 530 272-7085

TEL: 530 272-3796



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. 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) and 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.

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 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.

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:	



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.

Agency Executive Director Signature	Date
Printed Name	



CERTIFICATE OF LIABILITY INSURANCE

OArE (MM/DD/\)
12/05/201

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 policies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the po/icy, 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).

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PRODUCER			CONTACT RO	oger Krill			
Sierra Gold Insur	rance Services, Inc,		PHONE IA/C No EKtl:	(530) 470-1250		fax, Nol:	(530) 470-125
101 Providence M	Mine Rd., #205		E-MAIL ADDRESS:	roger@sierragoldins	s.com		
P.O. Box 1830					FFORDING COVERAGE		N/
Nevada City		CA 95959	INSURER A:	NONPROFITS' INSU	JRANCE ALLIANCE	OF	01
INSURED			INSURER B: Z	URICH INSURANCE	COMPANY		27
Sı	Spirit Center		INSURER C:				
27	76 Gates Place		INSURER D:				
							1

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 CONTR, II, CT OR OTHER DOCUMEr-!T 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	TYPE OF INSURANCE INSURANCE POLICY NUMBER POLICY EFF POLICY EXP		LIMITS				
						(MM/DD/YYYY)	(MM/DD/YYYY		
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO REN, ED PREMISES /Ea occurrence)	_{\$} 500,000
	Х	Liquor Liability Includ d						MED EXP (Anv one person)	_{\$} 20,000
Α	X	Contractural Liability	У		2020-13507-NPO	01106/2020	01106/2021	PERSONAL & ADV INJURY	_{\$} 1,000,000
	GEN	N'LAGGRE <u>GATE</u> LIMIT APP <u>LIE</u> S PER:						GENERAL AGGREGATE	2,000,000
	X	POLICY PROJECT LOC						PRODUCTS- COMP/OP AGG	_{\$} 2,000,000
		OTHER							\$
	AUT	TOMOBILE LIABILITY						FE t)SINGLE,LIMIT	1,000,000
	-	ANY AUTO						BODILY INJURY (Per person)	
Α		OWNED SCHEDULED AUTOS ONLY			2020·13507•NPO	01/06/2020	01/06/2021	BODILY INJURY (Per accident)	\$
	X	AUTOS ONLY NON-OWNED AUTOS ONLY						ife cEc d t?AMAGE	
									\$
	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,000
Α		EXCESS LIAB CLAIMS-MADE			2020-13507-UMB	01/06/2020	01/06/2021	AGGREGATE	1,000,000
		OED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						XI ;PER STATUTE	
В		1/N	N/A		WC57-10-276-03	0610112019	06/01/2020	E.L. EACH ACCIDENT	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		1)		0610112019	06/01/2020	E.L. DISEASE: EA EMPLOYEE	s 1,000,000	
	If yes.	describe under CRIPTION OF OPERATIONS below						E.I. DISEASE-POLICY LIMIT	_{\$} 1,000,000
	חום	AFCTORS & OFFICES LIABILITY			·			Each Wrongful Act	\$1,000,000
Α	אוט	RECTORS & OFFICES LIABILITY			2020-13507-DO-NPO	01/06/2020	01/06/2021	Aggregate	\$1,000,000
=10/	TE 1	HOLDER			CANCELLA	TION			

DESCRIPTION OF OPERATIONS/LOCATIONS I VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 19882015 ACORD CORPORATION. All rights reserved.

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The ACORD name and log EXOMPLE

e-mail: foodbanknc@att.net

website: www.info@foodbankofnc.org FAX: 530 272-7085

TEL: 530 272-3796

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PHOTO RELEASE FORM

I hereby grant permission to The Food Bank of Nevada Count	y to use							
photographs and/or video of (Agency)in publication								
news releases, online, and in other communications related to	the mission of <i>The</i>							
Food Bank of Nevada County.								
(Signature of Representative)								
Name								
Address								
Phone (day)(Evening)								
Email Address (optional)								

Thank you!

e-mail: foodbanknc@att.net TEL: 530 272-3796 website: www.info@foodbankofnc.org FAX: 530 272-7085



Community Agency Distribution Program Monthly Report

Organization:	Month:	Year:
	Bags and/or Boxes of Food d	listributed
		Monthly Totals
Total number of	Families served:	
Total number of	Individuals served:	
How many time	s per month is food provided?	
	On-Site Dining	
		Monthly Totals
Total number of	Individuals served:	
Total number of	days per month meals are prov	rided:
Print Name: Signature:		
Contact Phone:		

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