**Memorandum of Understanding for**

**Temporary Shelter (Community Partner / Non-LTC)**

This Memorandum of Understanding (MOU) is entered on <insert date> between <insert name of the LTC> (the “**Requester**”) and <insert name of organization>(the “**Provider**”).

INITIATION:

The **Provider** agrees to be available to the **Requester** and to implement this understanding at any time, 24 hours/day, 7 days/week.

In the event that the **Requester** must evacuate its residents, the **Requester** will notify the **Provider** that service is needed by calling:

Days: (   )

After Hours: (   )

The **Requester** will provide the number of sheltered residents and staff needing temporary shelter at the time the **Provider** is contacted.

The **Provider** will, if available, provide:

The **Requester** will provide:

The sheltered residents will remain with the **Provider** for no more than <insert number> days unless an agreement to extend this time period is agreed upon by both parties.

The **Provider** will maintain liability insurance on the property and the **Requester** will hold harmless the **Provider** for all claims of negligence or omission regarding the care and management of sheltered residents.

The **Requester** will reimburse the **Provider** within <insert number> days for service provided and use of the facility at a reasonable rate pre-determined or agreed upon by both parties.

This understanding will be considered in effect until such time as either party provides notification in writing and not less than 30 days prior to the need to cancel or change the understanding.

The **Requester** and **Provider** agree to review and update, if needed, this understanding annually.

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| **Requester** |  | **Provider** |
|       |  |       |
| Facility Name |  | Organization Name |
|       |  |       |
| Name of Facility Representative |  | Name of Organization Representative |
|       |  |       |
| Title of Facility Representative |  | Title of Organization Representative |
|  |  |  |
| **SIGNATURE** |  | **SIGNATURE** |
|  |  |  |
| Date Signed |  | Date Signed |