**Appendix D - Community Action Partnership of Solano, JPA**

**2016-2017 Community Services Block Grant**

**Sample MOU**

SAMPLE

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**MEMORANDUM OF UNDERSTANDING (MOU)**

**BETWEEN COMMUNITY ACTION PARTNERSHIP OF SOLANO, JOINT POWERS AUTHORITY (CAP Solano) and**

**[ORGANIZATION]**

**TOTAL [ORGANIZATION] GRANT FOR SUPPORT SERVICES:** $XX,XXX

**TOTAL CLIENTS TO BE SERVED:** XX

**TOTAL INFORMATION AND REFERRAL CALLS PROVIDED:**  X

**APPROVED EXPENDITURES:**

Funds will be paid to [Organization] to reimburse administrative, direct costs, and program costs under the program to provide direct client services to low-income individuals and/or families [individual project description].

**TERM of MOU:** November, TBD 2016 – May 31, 2017

**ADDITIONAL GRANT TERMS:**

1. [Organization] is an independent contractor and not an agent, officer or employee of CAP Solano or the City of Vacaville. As an independent contractor, [Organization] is solely responsible for claims of liability related to the work performed under this MOU. [Organization] shall maintain liability insurance adequate to cover the work performed under this MOU.
2. [Organization] agrees to comply with all federal, state, and local laws and regulations applicable to their performance, including but not limited to licensing, employment, purchasing practices, wages, hours and conditions of employment, health and safety standards, Fair Housing, and nondiscrimination.
3. [Organization] will comply with all applicable cost principles and administrative requirements for claims for reimbursement.
4. All clients must be income eligible at 100% or below the Federal poverty level.
5. Expenditures must be made between June 15, 2016 and May 31, 2017.
6. Documentation of client eligibility and appropriate expenditures/reimbursements will be maintained in client files at [Organization] offices and available for review upon request.
7. Documentation of [insert project outcomes] and information/referral calls provided must be in client/administrative files at [Organization] offices and available for review upon request.
8. [Organization] shall receive grant funds on a reimbursement basis. Supporting documentation must be submitted with reimbursement requests to include proof of client income, documentation of salaries spent towards supportive services and/or other documentation as requested.
9. Reimbursement requests must be submitted no later than the 10th of the month following the month in which the expenditures were made. Any expenditure/reimbursement request not submitted by the deadline may be denied.
10. Monthly reporting is required and must include:
    1. Progress Report (CSD form #626 – Exhibit A)
    2. Volunteer Hours (Exhibit B)
    3. CSBG Programmatic Data-Client Characteristics Report (CSD form #295 - Exhibit C)
    4. Reimbursement Request Form and supporting documentation

Reimbursement Requests and Reports are due as follows:

|  |  |
| --- | --- |
| Due Date\* | Reporting Month |
| December 10, 2016 | November 2016 |
| January 10, 2017 | December 2016 |
| February 10, 2017 | January 2017 |
| March 10, 2017 | February 2017 |
| April 10, 2017 | March 2017 |
| May 10, 2017 | April 2017 |
| June 10, 2017 | May 2017 |

\*Any expenditure/reimbursement request not submitted by the deadline may be denied.

1. Requests for monthly reimbursements, monthly reporting, and other correspondence regarding this grant should be submitted to: City of Vacaville, 40 Eldridge Avenue, Suite 2, Vacaville, CA 95688, Attn: Tamara Colden.

I agree to the terms of this MOU:

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[Authorized Signer] Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

[Organization] Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_