

**Memorandum of Understanding  
Between  
The Salvation Army (Greenfield, MA), City of Greenfield, MA and ServiceNet Shelter  
Winter Emergency Warming Center**

The Salvation Army Center for Worship & Service in Greenfield, MA (referenced in this document as TSA), the ServiceNet Shelter, and the City of Greenfield, MA agree to collaborate to address the significant unmet needs in Greenfield for the homeless by operating an emergency winter warming center. It is understood and agreed that:

**General Conditions**

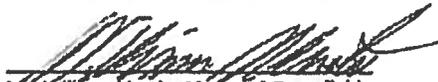
1. The Salvation Army (TSA) agrees to allow use of space in its facility located at 72 Chapman Street for an emergency overnight warming center with the following conditions:
  - a. TSA will make available the gymnasium (dining area) and downstairs bathrooms via the parking lot entrance. A second means of egress will be available for use only in case of an emergency.
  - b. TSA will open its doors once all other shelter resources have been utilized and determines a need for additional emergency overnight housing.
  - c. The agreement is for this winter season starting November 1, 2019 through April 30, 2020.
  - d. Building security is important for the safety of warming center guests, staff, and care of property. At all times, the Servicenet staff person will remain awake to provide adequate supervision.
  - e. The occupancy at TSA warming center will not exceed 30 guests per night.
  - f. TSA reserves the right to immediately terminate the program if violations of protocols occur.
2. The ServiceNet Shelter will be responsible for staffing the Warming Center (both employed and volunteers).
3. Demographic data will be collected from Warming Center guests at intake by staff of ServiceNet Shelter so use of warming center and participant needs can be assessed and used to guide future planning. Copies of demographic data will be made available to the City of Greenfield upon request.
4. The hours of operation on any given night will be from 7:00 PM – 7:00 AM. Set-up of the shelter will occur 60 minutes before opening. The premises will be thoroughly cleaned each morning and with supplies placed in storage on site.
5. It is understood that if the Warming Center interferes with scheduled TSA programs utilizing the gymnasium (dining area), either the warming center will be closed on pre-determined and announced dates, or the opening of the warming center will be delayed. TSA will provide the ServiceNet with advanced notification for planning purposes.
6. The Emergency Warming Center will not be advertised. Emergency Warming Center intakes will be conducted through the evening hours in the space provided so that individuals are admitted quickly. Therefore, there will be no line of guests outside TSA that could either hinder or expose programs and participants

**Operational Protocols**

7. TSA stipulates that the following protocols will be followed.
  - The Salvation Army is requiring that this be a "dry" warming center. Alcohol & Drugs are strictly prohibited. Anyone who appears to be under the influence will not be allowed inside the building. Only prescribed medications are allowed in the warming center.
  - This is a warming center only.

- All bags / belongings are subject to inspection. ServiceNet Shelter staff and volunteers will be on site and will conduct this procedure of searching bags /belongings as a prerequisite of staying in the Emergency Warming Center.
  - Weapons (any object that could cause harm to another person as determined by TSA /ServiceNet) are not permitted on site.
  - Should there be a problem with any Warming Center guest the Greenfield Police will be called.
  - Smoking is always prohibited on Salvation Army property.
  - Reading material that is pornographic, grotesque, or evil in nature is not allowed in the Emergency Warming Center.
8. ServiceNet will maintain a bound legal log for employed staff or volunteers on duty to utilize for documentation of all activity in the warming center. This will include all details regarding each night's operation including time shelter opened /closed, foods/beverages served, and time/outcome of security rounds, details regarding any disruption with a guest and all activities or incidents.
9. ServiceNet has an established grievance policy in place for the right of any guest to file a grievance. All guests will be informed of the policy.
10. If media coverage is necessary, ServiceNet and The Salvation Army agree to be mutually responsible for all media releases for this program, and each organization will have editing opportunity prior to release.
- a. It is agreed that the City of Greenfield will ultimately submit the agreed upon release to the media.
  - b. It is agreed that either Captain Scott Peabody or Ms. Heather MacFarlane, Director of Communications, Marketing and Public Relations will speak on behalf of TSA.
11. The Salvation Army will be paid \$1500 a month from ServiceNet to cover expenses for utilities and insurance from November 1, 2019 - April 30, 2020.

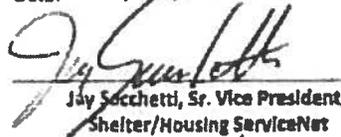
This agreement is accepted and endorsed by:

  
 Mr. William Martin, Mayor of Greenfield

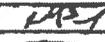
Date: 10-22-19

  
 Michael Southwick, General Counsel  
 /Legal Secretary, The Salvation Army

Date: 10/29/19

  
 Jay Sacchetti, Sr. Vice President,  
 Shelter/Housing ServiceNet

Date: 10/22/19

MASSACHUSETTS DIVISIONAL MISSION ALIGNMENT COUNCIL	
OCT 22 2019	
<input type="checkbox"/> REVIEWED	<input checked="" type="checkbox"/> RECOMMENDED
<input type="checkbox"/> FOLLOW UP NEEDED	<input type="checkbox"/> FOR APPROVAL
CHAIRMAN 	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/22/2019

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).

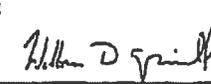
<b>PRODUCER</b> Webber & Grinnell 8 North King Street  Northampton MA 01080		<b>CONTACT NAME:</b> Andrea Feeley <b>PHONE (A/C, No, Ext):</b> (413) 586-0111 <b>FAX (A/C, No):</b> (413) 586-8481 <b>E-MAIL ADDRESS:</b> afeeley@webberandgrinnell.com	
<b>INSURED</b> ServiceNet, Inc. Attn: Jenny Schreiber 21 Olander Drive Northampton MA 01080		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity/PA Ins. NAIC # NAIC <b>INSURER B:</b> MA Healthcare Group/CoveRisk <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** Exp 1/2020      **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	ADDCSUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		PHPK1922862	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		PHPK1922869	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB859533	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		PHPK1922862	01/01/2019	01/01/2020	Per Occurrence \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Salvation Army of Greenfield is listed as Additional Insured with respects to General Liability as per the terms & conditions of the policy.

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
Salvation Army of Greenfield 72 Chapman Street  Greenfield MA 01301		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 	

## Greenfield Warming Center

Operated by: ServiceNet, Inc.

Located at: Salvation Army, 72 Chapman Street, Greenfield,  
MA 01301

Phone: 413- 773-3154

Hours: 7:00pm-----7:00am Nightly

From November 1, 2019-----April 30, 2020

Capacity: Up to 30 adult guests

Description: The Warming Center is a welcoming and safe drop in center where unsheltered adults can come and spend the night and be safe from the environmental hazards of the street during the winter months. The Center will offer a safe space, with food and warm beverages, access to bathrooms/showers. Once guests come, they will be asked to stay on site, and will go through a safety check. Guests will be given referrals to the local shelter and any other identified community resources/services. The Warming Center is intended to ensure optimal health and safety for all guests, staff, and nearby neighbors. Guests will be welcomed to the space through an intake process on the interior of the building, thereby limiting time spent outdoors. Staff will monitor guests during outside breaks.

**Staffing Shifts: 6:00pm--12:00am and 12:00am--8:00am**

**2 staff/shift**

**Expectations: (Attach the draft)**

**Policies/Procedures:**

- **Set Up: 6:00pm-7:00pm**
  - Set up laptop/staff desk/cell phone
  - Put out sign in/out sheet
  - Put out shower sign in/out sheet
  - Place warming center expectations on each table including staff desk
  - Set up hampers with plastic liner in both bathrooms and main room.
  - Prepare beverage (coffee, hot water, and water) and food for dinner
- **Open: 7:00pm—7:00am**
  - Staff welcomes guests
  - Guests arrive and sign in between the hours of 7:00pm and 9:00pm
  - Guests provided food and beverages between 7:00pm and 9:30pm
  - Clean up from dinner at 9:30pm
    - Wipe down all tables
    - Do any dishes from dinner
  - Guests complete intake with staff (once/season)

- Staff reviews expectations with guests
  - Guests provided showers as needed/must sign up(see procedure below)
    - Towels, washcloths, hygiene supplies provided as necessary
  - Staff spends time with guests talking, eating, playing games, watching a movie until 11:00pm.
  - Blankets/travel size pillow can be provided to guests if requested
- Quiet Time: 11:00pm-6:00am
  - No music/movies
  - No socializing
  - All electronic devices/phones should be on silent
- Breakfast Prep: 5:30am—6:00am
  - Prepare beverage (coffee, hot water, and water) and food for breakfast
- Breakfast 6:00am—7:00am
- Guests Leave: 7:00am
  - Prior to leaving guests place blankets/pillows in hamper
  - Guest leave and sign out
  - Guest belongings are returned
  - Guests may stay for Salvation Army breakfast if Salvation Army staff allows.
- Clean up: 7:00am—8:00am

- Wipe down all tables
- Sweep room
- Clean bathrooms
  - Restock toilet paper, paper towels, and soap as needed
- Collect laundry from both bathrooms and main room
- Store hampers
- Take out trash from kitchen area, main room, and both bathrooms and replace trash bags

#### Shower Procedure:

- Guests sign up for a designated time
  - Showers between 8:00pm and 5:00am
- Showers are limited to 15 minutes
- Towels are placed in the hampers in each bathroom
- Staff should be aware of who and how long guest is in bathroom

#### Smoking Breaks:

#### Volunteer Tasks:

- Prepare a meal and bring to warming center by 6:30pm and serve. (6:30pm-9:00pm)
- Prepare food and beverage and serve. (6:00pm-8:30pm)
- Pick up laundry at 8:00am and return by 6:00pm



THE SALVATION ARMY  
CORPS COMMUNITY CENTER  
Massachusetts Division

Reviewed & recommended  
for approval by Program  
Secretary JKJ

REQUEST FOR USE OF FACILITIES

Reviewed & recommended  
for approval by Division  
Secretary

NOTE: Please PRINT all information requested

This section to be completed by Corps Officer

1. Address of Property that is requested for use \_\_\_\_\_ 72 Chapman Street  
Street Address  
\_\_\_\_\_ Greenfield, Massachusetts  
City, State
2. List all Rooms that will be used (e.g. which entrances to building, Lobby, Toilet Rooms, Kitchen, Gym, Chapel, Classrooms, etc.)

Dining Area \_\_\_\_\_

Downstairs bathrooms \_\_\_\_\_

Kitchen \_\_\_\_\_

3. Lists dates and times requested for use \_\_\_\_\_ November 1, 2019 April 30, 2020

**NOTE:** A copy of the current Corps program schedule for each week must be attached.

4. List names of individuals (Officers, employees or other Corps members) who will be in the building to provide access to the building and protect the interest of The Salvation Army while facility is being used. **NOTE: Corps facility is not to be used by non-Salvationist groups or individuals without an Officer, Salvation Army employee or Salvation Army member present somewhere in the building during the entire time that the facility is being used.**

\_\_\_\_\_ Captain Scott Peabody \_\_\_\_\_

Name

\_\_\_\_\_ Commanding Officer \_\_\_\_\_

Position

\_\_\_\_\_ Jose Lopez \_\_\_\_\_

Name

\_\_\_\_\_ Cook \_\_\_\_\_

Position

5. Amount of monetary contribution to be received for use of facilities: \$ 1,500.00 per month  
**NOTE: A monetary contribution is expected for use of Salvation Army facilities for any activities that are not Salvation Army sponsored. Contribution must be on an hourly basis and will be expected to be adequate to cover the cost of utilities, janitorial and maintenance costs, supervision costs and administrative costs for the areas to be used listed in #2 above. Command Finance Council will consider if amount proposed for monetary contribution is adequate to cover costs of perceived use. Divisional auditors will be provided with a copy of approved Use of Facilities form to verify amounts of contributions received.**
6. A valid **CERTIFICATE OF INSURANCE** from the property user's insurance company that names The Salvation Army as additionally insured must accompany this request form. (See item # 7 on reverse side of this form)

THIS SECTION TO BE COMPLETED BY INDIVIDUAL REQUESTING USE OF FACILITIES

1. Name of Individual or Organization that will be using facilities: Servicenet Shelter/Housing

2. Group Leader John Sacchetti, Sr.

3. Address of Group Leader: 60 - 72 Wells Street  
Number and Street

Greenfield, Massachusetts 01301

City, State and Zip Code

413-448-5353 ext. 111

Emergency Phone Number with Area Code

4. Describe activity for which you are requesting the use of facilities: Warming Center for homeless population for city of Greenfield. Hours of operation 7:00 pm to 7:00 am., 7 days a week.

5. Number of Participants 30 maximum

6. Names of adults who will be responsible for supervision of program and participants:

Elizabeth Benz

Name

413-588-4327

Phone number (including Area Code)

Barbara Potts

Name

404-481-7636

Phone number (including Area Code)

7. The Group using The Salvation Army facility must carry full liability insurance for all participants in the program. The Group's insurance will be the first point of liability for any injury to person or property that is sustained during the group's activity in The Salvation Army facility. A Certificate of Insurance must be submitted with this form to indicate that the group has adequate insurance in place. The form must include the following statement:

"The Salvation Army is additionally insured under this policy for Warming Center

(name of event)

to be held on November 1, 2019 - April 30, 2020 (7:00 pm - 7:00 am) at The Salvation Army

facility located at 72 Chapman Street, Greenfield Massachusetts

(date)

(Address of The Salvation Army to J...)

8. I, the undersigned, have received a copy of the policies governing the use of properties owned by The Salvation Army and agree that the group I represent will abide by those policies. I understand that the group I represent must provide The Salvation Army with a copy of a Certificate of Insurance indicating that adequate insurance coverage purchased by the group will remain in effect during the use of Salvation Army facilities and that The Salvation Army will be named as additionally insured on that policy by inclusion of the statement noted in paragraph 7 above. A copy of the required Certificate of Insurance accompanies this request form. I state that I am authorized to sign this request form on behalf of the Organization that I represent.

John Sacchetti  
Signature

Name

10/21/19  
Date

[Signature]  
Signature

10/22/19  
Date

Maury F. Savin  
Divisional Commander Signature

10/29/19

MASSACHUSETTS COMMAND  
 FINANCE COUNCIL

Command Finance Council

OCT 29 2019

Reviewed  Recommended for approval

Approved  Deferred  Denied

Chairman [Signature]

**THE SALVATION ARMY**  
Massachusetts Division  
25 Shawmut Ave  
Canton, Massachusetts 02021

**Use of Facilities Policy**

Community organizations, having a defined structure of organization and/or registration for licensing and whose purpose is not in conflict with The Salvation Army's philosophy of service, may utilize The Salvation Army facilities, if approved by The Salvation Army, for programming within the following guidelines.

1. The program may not cause the cancellation of existing community serving programming of The Salvation Army.
2. The Salvation Army must be provided with a written request for facility use which states the date, extent of facilities to be used, time of usage and names/addresses/telephone numbers of individuals responsible for the programming.
3. The Salvation Army Insurance Coverage is limited to public liability. Organizations using the facility will be responsible for injury or accident not adjudicated as "liability" - the use of the facility indicates consent to this responsibility.
4. The following rules must be observed:
  - a) No alcoholic beverages or drugs are permitted in the building or on the property.
  - b) Smoking is not permitted in our facility.
  - c) Facility usage is limited to areas previously approved
  - d) The organization shall be responsible for general clean-up and appearance of facilities used. Failure to provide adequate supervision and violation of the above will result in the cancellation of use of privileges and will negate subsequent requests for facilities used.

It is anticipated that a monetary contribution will be made to The Salvation Army to reimburse the cost of utilities, custodian services and related expenses, unless such contributions are waived by The Salvation Army Command Finance Council.