

MEMORANDUM OF UNDERSTANDING

A MEMORANDUM OF UNDERSTANDING FOR MINISTRY PARTNERSHIP BETWEEN

AND CORNERSTONE ASSISTANCE NETWORK

This Memorandum of Understanding (MOU) is entered by and between Cornerstone Assistance Network (CAN), and _____, for the purpose of clearly defining Network Partner roles and responsibilities in the implementation of services to the poor and needy in our community.

The Administrator for

_____ will be _____
Name of Organization Name of Administrator

Address (with City/Zip)

Telephone

E-mail

I. ROLES AND RESPONSIBILITIES

A. CAN will:

1. Operate with organizational integrity and accountability as evidenced through a long-time membership with the Evangelical Council of Financial Accountability (EFCA).
2. Make available professional staff and expertise for assistance in assessing individual and community needs.
3. Provide staff, volunteers, and clients access to available resources including emergency food, clothing, furniture, medical, housing, and job training opportunities.
4. Provide individual and group volunteer training and service opportunities.
5. Offer Quarterly Networking luncheons;
6. Organizational training and technical assistance for leaders and start-up ministries;
7. Provide community recognition as a "Network Partner" of Cornerstone.

B. _____ will:

1. Be a Network "Service Point" to the poor in your community.
2. Designate a staff person or member as a Client Network Liaison.
3. Identify case managers and/or mentors for client follow-up and accountability.

4. Reach out to and invite those who are helped to become a part of a church congregation.
5. Attend volunteer and mentor trainings as required.
6. Pray diligently for individual and congregational obedience to God and His commands to care for the poor, for more “harvesters” because “the fields are ripe for harvest” (Matthew 9:37-38), for wisdom and discernment of Cornerstone staff as they serve, and for the poor in our area and that poverty would be alleviated.

Signed on this date: _____

Signature of Administrator of MOU

Cornerstone Assistance Network

Print Name of Administrator of MOU

Position

Signature of Authorized Staff Person

Secondary Contact for Client Aid

Printed Name of Authorized Staff Person

Printed Name of Secondary Contact

Position

Secondary Contact Phone

Authorized Staff Person Email Address

Secondary Contact Email Address