

COMMUNITY DELIVERY PARTNERSHIP

MEMORANDUM OF AGREEMENT

The _____ (library name) agrees to serve as the primary delivery location for a Community Delivery Partnership that includes the following libraries:

_____ (library name)

_____ (library name)

_____ (library name)

_____ (library name)

Add additional partner libraries on a separate sheet.

TERMS

- All participating libraries must be full members in good standing of IHLS or RAILS (circle one) and agree to comply with the Illinois State Library's annual certification process.
- All participants must abide by the list of Community Delivery Partnership responsibilities (see attached).
- All participating libraries agree to provide accurate and up-to-date information in the L2 database.
- The primary delivery library must agree to be accessible to the service provider and all partner libraries on each delivery day. The means of access will be negotiated between the primary library, the service provider and the partner libraries.
- Neither the primary delivery library nor any of the partner libraries may charge for participation in the Community Delivery Partnership.

- Each participant in the Community Delivery Partnership shall assume responsibility for any and all the risks and liabilities associated with the agreement.
- IHLS, RAILS or CARLI/ILDS (circle one), shall be held harmless from any liability, injury, or damage to any person or tangible property caused by negligence or willful misconduct in connection with the Community Delivery Partnership.
- Each participant in the Community Delivery Partnership may terminate its participation in this agreement with 45 days written notice to all other participants, the appropriate library system, CARLI/ILDS (if applicable) and the Illinois State Library.
 - Notice to terminate the Community Delivery Partnership must specify the reason(s) for requesting the termination, and
 - Prior to termination the participants agree to work with the library system, CARLI/ILDS and the Illinois State Library to resolve issues.

SIGNATURE PAGE

(Add additional sheets as needed)

Primary Delivery Library: _____

Address: _____

Authorized Contact: _____

Phone: _____

E-mail: _____

Authorized signature: _____

Date: _____

Partner Libraries

Library: _____

Address: _____

Authorized Contact: _____

Phone: _____

E-mail: _____

Authorized signature: _____

Date: _____

Library: _____

Address: _____

Authorized Contact: _____

Phone: _____

E-mail: _____

Authorized signature: _____

Date: _____

Library: _____

Address: _____

Authorized Contact: _____

Phone: _____

E-mail: _____

Authorized signature: _____

Date: _____

Library: _____

Address: _____

Authorized Contact: _____

Phone: _____

E-mail: _____

Authorized signature: _____

Date: _____

Library System: _____

Delivery Consultant Signature: _____

Date: _____

CARLI/ILDS: (if applicable)

Signature: _____

Date: _____