

SERVICE INSIGHTS TECHNOLOGY AGREEMENT

In order to implement a common online intake system among our agency partners, Good Shepherd Food Bank (GSFB) recognizes that agencies must have access to adequate technology. For a limited time, and with limited resources, GSFB may be able to provide this support to partner agencies who are committed to implementing the Service Insights Initiative (SII).

Good Shepherd Food Bank agrees to the following:

1. GSFB may provide hardware, including a Chromebook or tablet, for the agency to participate in SII.
2. If the agency is not currently connected to the internet and/or Wi-Fi service, GSFB may assist with the cost of this service for the agency for up to one year, in order for the agency to participate in SII.
3. GSFB reserves the right to withdraw this assistance if the agency is no longer fulfilling the SII Agreement.

The Agency agrees to the following:

1. The agency shall attempt to fulfill all of the provisions of the Service Insights Initiative Agreement.
2. The primary use of the technology assistance is to improve the services the agency provides, including but not limited to participating in the Service Insights Initiative, online ordering, and communications with GSFB and with other partner agencies.
3. The agency shall notify GSFB if there are any changes in the agency's intent to continue participating in the Service Insights Initiative, at which time any hardware provided will be returned for other agencies' use.
4. The agency is responsible for covering the cost of damaged, lost, or stolen equipment.

Please complete the following fields to describe any technology needs you may have to fully implement the Service Insights Initiative.

EQUIPMENT REQUEST	Desired Quantity
Laptops	
Tablets	

INTERNET REQUEST *Please provide quotes from your provider and/or proof of payment.*

# Months of Service	Monthly Cost of Service	Additional Charges (equipment, installation, etc.)	Total Amount of Award
(X) +	\$

If your organization agrees to these terms, please have an authorized representative sign and return one copy of this letter. We are excited to assist you with your efforts!

ACCEPTED AND AGREED:

AGENCY REPRESENTATIVE

DATE

AGENCY NAME

REQUEST REVIEWED AND APPROVED BY:

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Good Shepherd Food Bank Representative

Date

