Memorandum
Of Understanding

TO: Pipestone Area Schools

FROM: Pipestone County Food Shelf

SUBJECT: GroShed

This Memorandum of Understanding (MOU) sets the terms and understanding between Pipestone Area Schools and the Pipestone County Food Shelf to transfer the use of a GroShed.

Purpose

A GroShed is a pre-manufactured 8 x 12 thermal hydroponic growing system. It was purchased with Statewide Health Improvement Partnership (SHIP) grant dollars through Southwest Health and Human Services (SWHHS) to be used for educational purposes and to help supply fresh produce outside the normal growing season to those at risk of food insecurity in Southwest Minnesota.

Pipestone County Food Shelf will transfer ownership of the GroShed to Pipestone Area Schools. Pipestone Area Schools agrees to carry insurance on the GroShed as well as provide a source of water and electricity for the shed. The GroShed requires a water source and a standard 15 amp outlet to run. Pipestone Area Schools will utilize students and employees to maintain the shed and grow produce. Fresh produce will be used within Pipestone Area Schools school nutrition programs or donated to local food shelves. Once Pipestone Area Schools takes ownership of the GroShed, the Pipestone County Food Shelf shall have no ownership or control over the GroShed.

Reporting

Pipestone Area Schools will keep necessary records to successfully manage hydroponic growing. All produce donations made to school nutrition programs or local food shelves will be recorded.

Duration

This MOU shall become effective upon signature by the authorized officials from Pipestone Area Schools and Pipestone County Food Shelf and will remain in effect until modified or terminated by mutual consent. If, at any time, Pipestone Area Schools chooses to no longer utilize the GroShed, they will contact SWHHS as the original purchaser. SWHHS will then have the exclusive first option to arrange ownership of the GroShed with the next most appropriate entity. In the absence of mutual agreement by the authorized officials from Pipestone Area Schools and Pipestone Area Food Shelf this MOU shall end when the GroShed is no longer operational.

_____ _____

Southwest Health and Human Services Representative Date

_____ _____

Pipestone Area Schools Representative Date

_____ _____

Pipestone County Food Shelf Representative Date

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