

CONTRACT ROUTING FORM

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.

Department: Council on Aging

Department contract file name (use effective date): TownofSilerCity\_AgingServices\_20240326

Project Code: Click here to enter text.

Contract type: Contract

Contracted Services/Goods: Pool for aquatics classes.

Contract Component: Master

Change Order Number/Addendum Number: Click here to enter text.

Vendor Name: Town of Siler City

Effective Date: 03/26/2024

Approved by: County Manager

Date approved by the BOC: Click here to enter text.

Ending Date: 8/28/2024

Total Amount: N/A

Please Return Contract to:  
Name: Ashlyn Martin  
Email: ashlyn.martin@chathamcountync.gov  
Special Instructions for Clerks Office:  
Thank you!

2. Department Head or his/her designee has read the contract in its entirety.

By: Ashlyn Martin (Department Head signature required)

3. County Attorney has reviewed and approved the contract

County Attorney has reviewed and rejects the contract  Reason: \_\_\_\_\_

This is an automatic renewal and does not require approval from the County Attorney: Yes  No

If this box is checked the County Attorney’s Office has reviewed the contract but has not made needed changes to protect the County because the contract is a sole source contract and the services required by the County are not available from another vendor.

4. Technical/MIS Advisor has reviewed the contract if applicable. Yes  No

5. Vendor has signed the contract. Yes  No

6. A budget amendment is necessary before approval. Yes  No

If budget amendment is necessary, please attach to this form.

7. Approval

Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.

Requires approval by the Manager – contracts \$100,000 or less.

8. Submit to Clerk.

Clerk’s Office Only

Finance Officer has signed the contract

The Finance Officer is not required to sign the contract

MEMORANDUM OF UNDERSTANDING

in the manner required by the Local Government Budget and Fiscal Control Act.
2/20/24
Date

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Between
Town of Siler City
and
Chatham County

Roy Lynch
Roy Lynch, Finance Officer

This MEMORANDUM OF UNDERSTANDING ("MOU") is hereby made and entered into by and between the Town of Siler City ("Town") and Chatham County ("County"). Either the Town or the County may be referred to herein as a "Party" or collectively as the "Parties."

PURPOSE:

The purpose of this MOU is to continue to develop and expand a framework of cooperation between the Town and the County to offer sixteen (16) Aqua Arthritis classes weekly on Mondays and Wednesdays from 9:00 a.m. – 10:00 a.m. from June 24, 2024 – August 28, 2024. These classes are offered to benefit the physical and mental health of Chatham County seniors.

THE TOWN OF SILER CITY PARKS & RECREATION DEPARTMENT SHALL:

- Provide a pool with a temperature between 83 and 90 degrees Fahrenheit.
• Provide readily available safety and rescue equipment.
• Provide a lifeguard with water safety/rescue certification during class times.
• Provide an emergency action plan on how to deal with any type of emergency, incident, or accident.

THE COUNTY SHALL:

- Provide a trained instructor with a valid CPR certification.
• Teach Aquatic Arthritis classes twice a week on Mondays and Wednesdays from 9:00 a.m. – 10:00 a.m.
• Ensure that pool area is left in same condition after class as before.

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

- MODIFICATION: Modifications to this MOU shall be made by mutual consent of the Parties by the issuance of a written modification, signed and dated by authorized officials, prior to any changes being implemented.
• TERMINATION: Either Party, upon thirty (30) days written notice, may terminate the agreement in whole, or in part, at any time before the date of expiration.
• PRINCIPAL CONTACTS: The principal contacts for this agreement are:
The Town of Siler City: Tylr Stinson, 919-742-2699
Chatham County Aging Services: Olivia Hayden, Siler City Activity Coordinator, 919-742-3975 or olivia.hayden@chathamcountync.gov
• COMMENCEMENT/EXPIRATION DATE: This MOU is executed as of the date of last signature, will be reviewed yearly, and will remain in effect unless and until terminated.
• LIABILITIES: It is understood that neither party to this Agreement of Understanding is the agent of the other and neither is liable for the wrongful acts or negligence of the other. Each Party shall be responsible for its negligent acts or omissions and those of its officers, employees, agents, or students (if applicable), howsoever caused, to the extent allowed by North Carolina state law.

AUTHORIZATION:

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach the purpose stated above. In witness whereof, the Parties hereto have executed this agreement as of the last written date below.

Town of Siler City:
Hank Raper, Siler City Town Manager
2-21-24
(Date)

Chatham County:
Dan Lamontagne, County Manager
3/26/2024
(Date)