## SANTA CLAUS, INC.

## **MEMORANDUM OF UNDERSTANDING (MOU)**

DECEMBER 3, 2024 TO DECEMBER 2, 2025

PLEASE RETURN TO: <u>karen.dicarlo@santaclausinc.com or P. O. Box 2642, San Bernardino.</u> 92406

Name of School, School District, Nonprofit, or Church <u>San Bernardino County Department of Public</u> Health (DPH) black Infant Health Program

The school, school district, Nonprofit or church named in this MOU agrees that it will at all times comply with the Santa Claus, Inc. recipient guidelines below:

• SCI will provide products when available to eligible nonprofits, churches, schools, and school

districts to enhance opportunities	for needy families(Initial)
<ul> <li>I attest that no product donations use. (initial)</li> </ul>	from SCI shall be sold, bartered, traded, or taken for personal
<del></del>	the all pageses we stone to whale some the above will a see
	ke all necessary steps to make sure the above rules are
followed by our recipients and reci	- 47
adhered to. (initial)	vices if the stated provisions in the signed agreement are not
7.	scheduled date and time. Failure to pick up on th€
	ult in the termination of the partnership(initial)
	ia, letters, testimonies, pictures, and available data reflecting
	d are <b>REQUIRED</b> to receive services. (initial)
	DUCT DISTRIBUTIONS LISTING THE NUMBER OF RECIPIENTS
(initial)	IS DUE BEFORE NEW 2025-2026 AGREEMENTS ARE SIGNED.
<del></del>	des and Handling Farall areas and Andrew Steering C. H. at Hand
	vice and Handling Fees" may apply to large item or full pallet
pickups. X Yes No (i	nitial)
** Lundarstand that if full pollate of Christ	man to do and available, they may be distributed for a
	mas toys are available, they may be distributed for a
"Service and Handling Fee" of \$500 per pa	llet(initial).
**I am interested in participating in the A	mazon Gaylord Program and Agree to pay an Administrative
Fee of \$150 per gaylord due at pickup.	
7 1 Start Baylord due at pickup.	Tes
Stayort Hunter	Addis A J A THE
Printed Name of Representative	Signature of Representative
Timed Name of Representative	Signatore of Representative
Program Manager	95-6002748
Title	EIN# (required)
	(
SHunter@dph.sbcounty.gov	(909) 383-3044
Email	Cell Phone #
Davis Bassa Chair Bassa L. C.	
Dawn Rowe, Chair, Board of Supervisors	Date

***501(C)(3) IRS Tax exempt letter must be downloaded with this application.



# 2024-2025 NEEDS ASSESSMENT

# Must be completed in full and submitted with MOU AND Nonprofit Tax-Exempt 501(c)(3) Letter

\*SANTA CLAUS, INC. WILL EMAIL OR CALL ORGANIZATIONS TO NOTIFY THEM WHEN PRODUCTS REQUESTED ON THE NEEDS ASSESSMENT ARE AVAILABLE FOR PICKUP.

#### NAME OF NONPROFIT, CHURCH, SCHOOL, OR SCHOOL DISTRICT

<u>San Bernardino County – Department of Public Health Black Infant Health</u>
Program
MAIN CONTACT(PRINT) Kanisha Neal PHONE 909-387-6481
EMAIL <u>kanisha.neal@dph.sbcounty.gov</u>
DO YOU HAVE A WAREHOUSE?YESxNO SECURITYx _YESNO
% OF INCOME LEVELS OF FAMILIES SERVED:
1011
LOW55% EXTREMELY LOW _44% HOMELESS1%
% OF ETHNICITIES OF FAMILIES SERVED:
<u> </u>
ASIAN BLACK100% CAUCASION HISPANIC NATIVE AMERIAN
AREAS OF NEED (MARK ALL THAT APPLY):
x CHRISTMAS TOYS
x CLOTHING (CHILDREN x ADULT )
x SHOES/SOCKS
x UNDERWEAR/UNDERGARMENTS (CHILDREN x ADULT x )
x BACKPACKS/SCHOOL SUPPLIES x BLANKETS, BEDDING, TOWELS
XBLANKETS, BEDDING, TOWELSX_HYGIENE PRODUCTS
BIRTHDAY BAGS
x HOMEGOODS
xCLEANING SUPPLIES
x SMALL APPLIANCES
PAPER GOODS
x DORM ROOM PRODUCTS