

MIDDLESEX COUNTY BOARD OF SOCIAL SERVICES

181 How Lane

P.O Box 509

New Brunswick NJ 08903

(732) 745-3500



This is a Memorandum of Understanding between the **Middlesex County Board of Social Services (MCBSS)** and **Somerset Hospitality Holdings, LLC**, the motel, for the utilization of rooms for the purposes of temporarily housing MCBSS clients. MCBSS is required to follow state regulations regarding the accommodations for the number of people per room and the corresponding payment for the motel room(s). The following terms must be adhered to as part of this agreement:

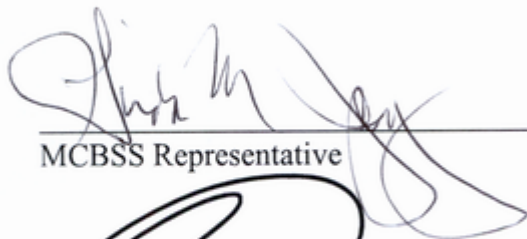
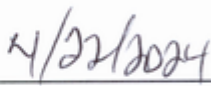
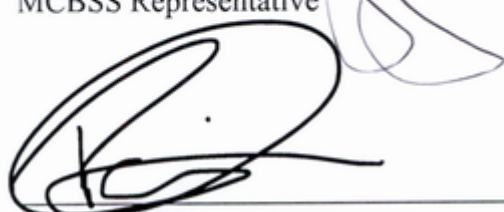
- The payment rates are determined by state regulation and are not subject to negotiation or change. The daily rate pays for the total cost of the room(s). No additional funds are to be charged to the agency or to the authorized occupant.
- The rate is only for the use of the room and does not cover room service, snack bar items, telephone charges, movie rentals, etc. Any such charges are the responsibility of the occupants and they are on fixed incomes.
- An authorization form will be submitted by a MCBSS employee to approve the room rental and the occupants. Any person(s) not listed on the authorization form are considered to be an unauthorized occupant and may not use or stay in the room. MCBSS does not approve of the practice of additional \$10/night for unauthorized persons in the room. Any presence of unauthorized persons in the room must be reported to MCBSS as soon as possible. MCBSS is not responsible for any associated cost for unauthorized occupants.
- If the authorized occupant(s) is absent and not using the room, even for one night, this must be reported to MCBSS. MCBSS will not pay for unoccupied rooms.
- If it is discovered and verified that a client has not been in a room but MCBSS has been charged for this period, payment will be adjusted accordingly or a refund will be requested for the time period.
- Clients are responsible for a portion of their motel stay. Notification as to the source of the payment, the amount to collect from the client at the beginning of each month and the start date will be sent to vendors. Some clients pay for this portion out of pocket and for others, a monthly check for their portion is sent by MCBSS. Failure to pay their portion is a reason to terminate a client's stay, vendors are required to notify MCBSS if a client fails to pay their portion.
- MCBSS is not responsible for damage to the room or theft. If a client or a member of their household is disruptive, the vendor is required to notify MCBSS in writing so the matter can be addressed. Matters or situations of a criminal nature should be reported to the local police.
- Room rental authorizations will be renewed on a monthly basis as applicable. The absence of an authorization for a new month should not be interpreted as a renewal.
- If a room placement is terminated, a Stop Payment form will be faxed to your facility. A Stop Payment takes precedent over a previous authorization for the month and the occupants should no longer occupy the room as of the date stated. If they remain in the room, it is at their cost and not at the cost of MCBSS.
- The Vendor shall save, protect, defend, indemnify and hold harmless the Middlesex County Board of Social Services, its Board members, officers and employees from any and all damages and/or claims for damages to persons or property, which are caused by the acts, omissions, failure to act or negligence of the Vendor or its employees or agents in providing services to Board clients hereunder.

The approved rates are as follows:

1 Person/ 1room	\$62.00
2 Persons/1 room	\$72.00
3 Persons/1 room	\$87.00
4 Persons/ 1 room	\$87.00
4 Persons/ 2 rooms	\$117.00
5 Persons/ 1 room	\$97.00
5 Persons/ 2 rooms	\$117.00

An invoice and vouchers for authorized stays will be presented within five days of the end of the month to MCBSS for processing.

This agreement is in effect until either party terminates the agreement with a 30-day written notice.

	
_____ MCBSS Representative	_____ Date
	
_____ Vendor Representative	_____ Date

(rev. 9/19/2022)