

Family Assistance Center - Memorandum of Understanding - Location Only

XXXXXX County Emergency Management Agency Memorandum of Understanding with the FAC Site Host:

--

Name of Church, Organization, or Facility

This Memorandum of Understanding between XXXXXX County Emergency Management Agency (EMA) and the FAC Site Host listed above shall be effective as of 1 February 2021.

This MOU memorializes the commitment of FAC Site Host to provide a location to activate and operate a Family Assistance Center (FAC).

As part of this agreement, the FAC Site Host will:

1. During a disaster incident, make the facility available for use as a FAC to support survivors and family members during a mass casualty event.
2. Allow you to the parking area for volunteers and customers when the FAC is activated.
3. Allow use of the Wi-Fi until which time additional service can be brought in specifically to support the FAC.
4. Provide 24-hour contact information for a facility manager for access to the fact during after-hours, weekends, and holidays.

As part of this agreement, the EMA will:

1. Return the facility to its original configuration upon demobilization of the FAC.
2. provide paid cleaning when and where necessary due to spills, accidents, or damage, when a FAC was operational.
3. Provide replacement supplies for consumable items used by the FAQ and its staff.
4. Remaining consumable items purchased for FAQ use, but not used before demobilization, may be provided to the facility for its use.

HOLD HARMLESS: To the extent permitted by law, the County agrees to indemnify and hold harmless the facility and any of its staff against all losses arising out of the use of their facilities as part of a family assistance center (FAC).

TERMINATION: Either party may terminate this agreement after sixty (60) days written notice to the other responsible party. Such notification shall be in writing, dated, and signed by the party's leadership.

RENEWAL: This agreement shall automatically renew each year on the effective date, unless otherwise terminated.

Thereby acknowledge this agreement with the above tenets and conditions.

By _____ Date _____

EMA Director

By _____ Date _____

Name _____ Title _____

Organization _____

I certify I am authorized to represent my organization and allow use of the facility and the resources described above during a FAC.