

TEMPLATE

MEMORANDUM OF UNDERSTANDING (MOU)

[AGENCY NAME]

[INSERT AGENCY LOGO]

[INSERT DATE]

[INSERT REVISION OR VERSION NUMBER]

NOTICE: This document contains information pertaining to the deployment, mobilization, and tactical operations of [AGENCY NAME] in response to emergencies and is exempt from public disclosure under the provisions of [INSERT APPLICABLE PUBLIC RECORDS EXEMPTION STATUTE].

MEMORANDUM OF UNDERSTANDING (MOU)

(Between Agency and Agency)

Background

The participating agencies recognize the necessity of an MOU to ensure continuity of public safety dispatch services in the event that normal operations are disrupted at any of the communication centers listed in the MOU. Each of the undersigned agrees to and understands the procedures that will be in effect and adhered to during the transfer of dispatch services. *(Note: you can include the location of the procedures)*

Purpose

This document establishes an understanding between the participating agencies for the continuity of public safety dispatch communications services. The procedures associated with this MOU will be implemented at the request of a participating agency when conditions necessitate the use of external resources.

Scope

The scope of this MOU includes *(Note: insert participating public safety dispatch agency names)* and the entities for which they will be providing service. *(Note: Listing of all law, fire and EMS services can be inserted here or in an appendix)*

Policy

The resources and services of this MOU are available for use on an as needed basis. Activation or deactivation of this MOU will be authorized by the appropriate command level as listed below. *(Note: insert list of personnel authorized to approve by position title not by name)* A list of capabilities and resources by agency name can be found in Appendix __ *(Note: insert name and number of Appendix)*

Informational/Procedural Requirements

Note: recommend the following information and procedures relating to the Communications Center and supported Agencies be included in an appendix:

- *Work space and number of consoles needed/available*
- *Number of 911 trunks available*
- *Equipment available to supported agency*
- *Equipment supported agency needs to provide (headsets etc.)*
- *Available resources; consider including updated info-maps, phone numbers, officer lists, stations, radio templates, etc. (Note: recommend agencies develop a FTP site to share information. If this is done procedures should be developed relating to updating the information on the server)*
- *Minimum staffing requirements/maximum capability*

- *Sharing of radio services (Communication Plan, radio templates etc.)*
- *Fiscal requirements (include any reimbursement costs for using space and equipment?)*
- *Steps to take upon evacuation/Duration of support*
- *Back-up center notification process*
- *Stranded in place employees*
- *Training/Cross training with other centers*
- *Termination of any particular backup operational period*
- *Liability issues*
 - *Certifications – credentialing, POST certification, EMD & BCI*
 - *Personnel concerns i.e. injuries*
- *ID badges (picture),*
- *Building access (issuing keys, etc.)*
- *Care and condition of equipment – general due care with equipment will be exercised, routine testing*

Oversight

Oversight of this MOU is administered by participating agencies. *(If there are more than two participating agencies, a working group will be established).*

Any issues affecting policy recommendation and/or subsequent changes that alter the content or purpose of this MOU will be implemented after a consensus agreement *(list the participating agencies or working group).*

It is strongly recommended that each participating agency develop a Continuity of Operations Plan (COOP) that is specific to their agency or region using the guidelines established in this MOU. (Note: consider noting MOU section)

MOU Effective Date, Amendment and Termination Provisions

This MOU shall become effective immediately upon its ratification by the participating agencies and will be binding until terminated by one or more of the participating agencies. This MOU shall be reviewed every 2 years, or as needed, and may be amended at any time by written mutual agreement between all parties.

Approval/Signatures *(add as many signatories as needed)*

By: _____
Title: _____
Agency: _____
Date: _____