Memorandum of Understanding
-Off Campus Evacuation Point-

This agreement is made and entered into between [SCHOOL NAME] and [LOCATION NAME] to establish an evacuation site and terms of use in the event of an evacuation of the students and staff of [SCHOOL NAME].

[SCHOOL NAME] will make every effort to notify [LOCATION NAME] of evacuation possibilities with as much notice as possible. Contact information between the two parties shall be maintained in a separate appendix and is considered confidential information and is not subject to public disclosure.

[LOCATION NAME] agrees to offer their _____located at [ADDRESS HERE] as an evacuation location for [SCHOOL NAME] and to provide assistance to the extent possible to the students and staff evacuated during an emergency situation. [LOCATION NAME] has a capacity to accommodate approximately _____ people on the [INSERT LOCATION]

[LOCATION NAME] understands that their organization will be responsible for making the _____ space and restrooms available for [LOCATION NAME] students, staff, and faculty while they are sheltered at [LOCATION NAME]. [SCHOOL NAME] will provide sufficient supervision for all students during the time that they are sheltered at [LOCATION NAME].

[SCHOOL NAME] agrees that it shall exercise care in the conduct of its activities while sheltering at [LOCATION NAME] and further agrees to replace or reimburse [LOCATION NAME] for any items, materials, equipment or supplies that may be used by the school in the conduct of its sheltering activities in said facilities.

[SCHOOL NAME] will be responsible for replacing, restoring or repairing any damage occasioned by the use of any building, facilities or equipment belonging to [LOCATION NAME].

[SCHOOL NAME] will reimburse [LOCATION NAME] for any bona fide expenditure of personnel required to maintain the facility, including overtime costs, upon production of receipts or time sheets. [SCHOOL NAME] will not be required to pay any operational or administrative fees to [LOCATION NAME].

[SCHOOL NAME] will make every effort to recognize the hospitality of [LOCATION NAME] in any press or media releases pertaining to the re-location and sheltering of students and staff.

Nothing in this MOU is intended to conflict with current laws or regulations of the United States of America or local government. If a term of this agreement is inconsistent with such authority, then

that term shall be invalid, but the remaining terms and conditions of this MOU shall remain in full force and effect.

This agreement shall become effective on [INSERT DATE AGREED UPON] and may be modified upon the mutual written consent of the parties.

The terms of this agreement, as modified with the consent of both parties, shall be self-renewable for a period of five (__) years from the end date of the agreement unless written termination is given by either party. Either party, upon sixty (60) days written notice to the other party, may terminate this agreement.

The terms of this agreement, as modified with the consent of both parties, AND NOW, [INSERT DATE AGREED UPON] the parties hereby acknowledge the foregoing as the terms and conditions of their understanding.

_____ _____

Authorized Signature, [SCHOOL NAME] Authorized Signature, [LOCATION NAME]

_____ _____

Date Date

Addendum 1:

Contact information for [SCHOOL NAME] designated individual(s)

Designated Individual 1 Name: _____

Designated Individual 1 Title: _____

Designated Individual 1 Office Phone: _____

Designated Individual 1 Cell Phone: _____

Designated Individual 2 Name: _____

Designated Individual 2 Title: _____

Designated Individual 2 Office Phone: _____

Designated Individual 2 Cell Phone: _____

Designated Individual 3 Name: _____

Designated Individual 3 Title: _____

Designated Individual 3 Office Phone: _____

Designated Individual 3 Cell Phone: _____

Addendum 2:

Contact information for [LOCATION NAME] designated individual(s)

Designated Individual 1 Name: _____

Designated Individual 1 Title: _____

Designated Individual 1 Office Phone: _____

Designated Individual 1 Cell Phone: _____

Designated Individual 2 Name: _____

Designated Individual 2 Title: _____

Designated Individual 2 Office Phone: _____

Designated Individual 2 Cell Phone: _____

Designated Individual 3 Name: _____

Designated Individual 3 Title: _____

Designated Individual 3 Office Phone: _____

Designated Individual 3 Cell Phone: _____