

# MEMORANDUM OF UNDERSTANDING

This agreement is made and entered into by and between the Dearborn County Health Department and

\_\_\_\_\_  
Name of Agency/Organization

\_\_\_\_\_  
Name of Primary Contact –Agency/Organization

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
After Hours Ph. Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

Whereas, Indiana Code 10-14-3-7 declares it the policy of the state to authorize and provide coordination of activities relating to disaster prevention, preparedness, response, and recovery.

Whereas, the parties recognize the vulnerability of the people and communities located within the County to damage, injury, and loss of life and property resulting from disasters and/or civil emergencies and recognize that disasters and/or civil emergencies may present equipment, manpower, and facility requirements beyond the capacity of the County.

Whereas, a mass prophylaxis clinic is a site where prophylaxis is provided to a large number of citizens within a short time period, in response to an emergency that involves an actual or imminent infectious disease threat.

The parties here do mutually desire to reach an understanding that will result in making the following available to the Dearborn County Department of Health for the aforesaid use:

- Volunteers
- Assistance in notifying special populations (including senior citizens & families with pre-school children) of a public health emergency
- Assistance in providing prophylaxis and/or treatment to special populations in a public health emergency
- Other \_\_\_\_\_

Now, therefore, it is mutually agreed between the parties as follows:

1. \_\_\_\_\_ agrees that it will permit to the extent of its ability and upon the request of the Dearborn County Department of Health, the use of the previously mentioned resources by the Dearborn County Department of Health within 8 hours of the request and for the time period being requested, for mass clinics for disease prevention and control activities.
2. The parties shall review this agreement at least annually. Modifications shall be made upon mutual written agreement of the parties. Either party may terminate this agreement upon written notice to the other party.

The parties having read and understood the foregoing terms of this agreement do by their respective signatures dated below hereby agree to the terms thereof.

\_\_\_\_\_  
Agency/Organization Authorized  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gary E. Scudder, M.D., Health Officer  
Dearborn County Health Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Douglas J. Baer, Env & Preparedness Supv. Date  
Dearborn County Health Department