**Annex 13**

**Memorandum of Understanding (MOU’s)**

**Memorandum of Understanding**

Memorandum of Understanding (MOU) should be developed with following:

1. Facility
2. Law Enforcement
3. Service Agencies (food service, garbage, cleaning, etc.)

The MOU should include:

1. Purpose – The purpose of this memorandum is to describe the responsibilities of the organization and the POD in a collaborative effort related to the XXXX POD plan
2. Objectives – The objective is to work together to respond immediately to a public health emergency or event that would require the rapid dispensing of medications or vaccinations.
3. Roles and Responsibilities – The roles and responsibilities describe the primary responsibility the facility/service agency agreed to perform or provide. Include any equipment, supplies, personnel, and etc. that are excluded in this agreement. The POD agrees to provide services in response to the public health emergency or event.
4. Period of Agreement – This agreement becomes effective on the date of the last signature and continues indefinitely. It may be modified by mutual written consent to the two parties. This agreement may be terminated by either party upon a 30-day advance, written notice.
5. Signatures and Titles – Includes the signatures and titles along with the date of the signatures.

If parties are unwilling to sign the MOU, documentation of a verbal agreement should be included in the Annex.

Following is an example of an MOU; however, any MOU agreeable to both parties is acceptable.

MEMORANDUM OF UNDERSTANDING

Between

Insert Facility or Local Service Agency here

Include complete address

and

Insert POD Manager here

Include complete address

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

Insert Name, Title and Affiliation of Facility or Local Service Agency contact

Insert Name, POD Manager and Name of POD

**Memorandum of Understanding**

**Purpose**

The purpose of this memorandum is to describe the responsibilities of (insert the provider) in a collaborative effort related to the XXXX POD Plan.

**Objectives**

The objective is to work together to respond immediately to a public health emergency or event that would require rapid dispensing of medications or vaccinations.

**Roles and Responsibilities**

1. Provider:
* Describe the primary responsibilities the facility agreed to perform or provide. Include any equipment, supplies, personnel that are included in this agreement.
1. POD:
* Agrees to provide services in response to the public health emergency or event.

**Period of Agreement**

This agreement becomes effective on the date of the last signature and continues indefinitely. It may be modified by mutual written consent of the two parties. This agreement may be terminated by either party upon a 30-day advance, written notice.