



**Memorandum of Understanding
Between
Michigan (MI) 2-1-1 and **ORG NAME****

1. Purpose:

In times of unexpected closures, outages, extended service interruption, and emergencies or disasters, MI 2-1-1 and **ORG NAME** agree to provide mutual aid to one another to minimize disruption of Information and Referral service for our respective service areas, 24 hours a day, 365 day a year, to the best of ability.

2. Term of Service:

The term of this Memorandum of Understanding (MOU) shall commence on the Effective Date of **XXXX**, or on the date when both parties have signed this MOU (whichever comes first) and shall continue until the Effective End Date of **XXXX**.

3. **ORG NAME and MI 2-1-1 Both Agree to:**

Review and maintain Emergency Operations Manual and disaster related plans and standard operating procedures regularly.

To the extent possible, prepare mutual aid related training materials in advance of activation.

Conduct a bi-annual activation exercise to prepare for mutual aid support.

Communicate with the designated Point of Contact when their 2-1-1 service is interrupted or is imminent risk of being interrupted. For example:

- Extended electrical outages
- Natural disasters
- Human disasters

Commit to reviewing current capacity and offer assistance to handle both general I&R and event specific calls/text/chats as capacity allows, in times of disaster or emergency. Handling of calls/texts/chats related to specific contracts will be decided on a case-by-case basis at the time of requested support.

In good faith, support the requesting 2-1-1 center's request for back-up coverage with the acknowledgment that each party is not responsible for reimbursement for support services rendered unless FEMA or State Emergency Management funding



Michigan

becomes available for the requesting event. The aiding 2-1-1 center will document all staffing schedules and relevant payroll information in accordance with any FEMA or State Emergency Management protocols.

Provide the requesting 2-1-1 center with routing and technology support needed to assure calls and texts are being answered.

Address funding restraints if capacity is needed during interruptions.

4. Disaster/Emergency Activation Expectations:

The 2-1-1 center requesting assistance (henceforth 'requesting center'), will provide the following as quickly as possible to assist the aiding 2-1-1 center with timely activation and response planning.

A general description of the imminent or current danger or pending emergency, including as much forewarning as possible of the event, to the designated point of contact.

A reasonable estimate of the length of time the support will be needed. This would include routine check-in to determine the ongoing length of support; In response, the aiding center will promptly communicate the level of support available from the aiding 2-1-1 center.

Specific response protocols related to the disaster/emergency, methods of identifying emergency calls and for emergency provisions, as available. This includes gathering and providing updates about resource and referral information from the affected area of the requesting 2-1-1 center to the aiding 2-1-1 center (e.g.: workflows, resource guides, etc.).

The aiding 2-1-1 center will notify of any shortfall or inability to fulfill the requesting 2-1-1 center's needs for disaster or emergency support in a timely manner. The requesting 2-1-1 center is responsible for communicating additional support requests to the national network of 2-1-1 call centers.

5. Modification and Termination:

ORG NAME and MI 2-1-1 may choose at any time to modify this MOU with the mutual and signed consent of the other. **ORG NAME** and MI 2-1-1 each may choose at any time to terminate this MOU for any reason by providing a 90-day written notice to the other.



Michigan

6. Communication and Activation Plans:

ORG NAME and MI 2-1-1 will both provide Point of Contacts (POC's) and up-to date communications plans, and on a regular basis as outlined in **Attachment A: Activation Points of Contact**.

7. Signatures:

Signature: _____

Signature: _____

Date: _____

Date: _____

NAME
TITLE
ORG NAME
ADDRESS 1
ADDRESS 2

NAME
TITLE
ORG NAME
ADDRESS 1
ADDRESS 2



**Memorandum of Understanding
Between**

ORG NAME POC's
1. Contact Name: Cell: Email:
2. Operations: Cell: Email:
3. QA & Training: Cell: Email:
4. Resources and Data Team: Cell: Email:
5. Supervisors Desk on Duty 24/7: Cell: Email:
6. IT: Carolyn Shermer Cell: Email:

MI 2-1-1 POC's
1. EM Officer: Cell: Email:
2. Executive Director: Cell: Email:
3. Technology Director: Cell: Email:

Michigan (MI) 2-1-1 and ORG NAME

Attachment A: Activation POC's *

** This information is not for public use or sharing.*

