

THE CITY OF GEARHART EMERGENCY CACHE CONTAINER PROGRAM MEMORANDUM OF UNDERSTANDING



This Memorandum of Understandi	ng (the "MOU") is made or	mm./dd./yyyy	, by and between
resident name(s)	, of street		,
city, state zip	, and The City of Gearhart,	of 698 Pacific Wa	ay, Gearhart, OR 97138,

(the "Parties") for the purpose of establishing an understanding of expectations pertinent to involvement in the City's community *Emergency Cache Container Program* (the "Program").

WHEREAS, the Parties desire to enter into an agreement to engage in mutual emergency preparation and hazard mitigation through Program participation;

WHEREAS, the Parties desire to memorialize certain terms and conditions pertaining to the Program;

NOW, THEREFORE, in consideration of agreements contained herein, the Parties agree as follows:

Objective

The purpose of this MOU is to provide the framework for participation in the Program.

Obligations

The Parties acknowledge that no contractual relationship is created between them by this MOU, but agree to work together in the spirit of partnership to ensure cooperation and to demonstrate a communal, administrative and financial commitment to the Program through execution of the following itemized Program participation requirements:

- a. Items evident models will adhere to include:
 - Self-purchase drum from a local retailer, online vendor, or other _____ (initials)
 - Only a 30-gallon drum will be allowed _____ (initials)
 - Only a polyethylene (plastic) drum WITH lid will be allowed ______ (initials)
 - Drum measurements *cannot* exceed: 29-30" H x 18-20" D _____ (initials)
 - Drum weight *unfilled* may not exceed: 14-16 lbs _____ (initials)
 - Gasoline, kerosene, (contaminable) plastic water bottles are *excluded* ______ (initials)
 - A \$40 storage fee will be paid to the City annually _____ (initials)

b. Items the **City of Gearhart** will adhere to include:

- Store zip sealed drum in locked conex bin _____ (initials)
- Provide locked gate security ______ (initials)
- Provide security camera surveillance _____ (initials)
- Provide drum access dates twice a year (April/October) _____ (initials)
- Enlist CERT to assist with the un/loading of drum during access dates ______ (initials)
- Track drum through numbering system and other identifiers ______ (initials)

Term

The Program runs annually. Conex/drum access will <u>only</u> occur once in April and once in October.

Payment

The annual cost is \$40. We accept cash, check (payable to: *City of Gearhart*), or credit/debit card (+3%).

Unique Circumstances

assert the following instruction for their cache drum in the event it has not been claimed during a catastrophic incident after a *reasonable period of time* has passed due to reasons including, but not limited to, prolonged missing persons designation, abandonment, or death.

- _____ is named to take possession of my drum _____ (initials)
- (mark & initial ONE) If no person named in this MOU claims my drum, The City of Gearhart:
 - May distribute my drum to people in need (initials)
 - May NOT distribute my drum to people in need _____ (initials)

Termination

The named resident(s) own both the drum and items therein. Therefore, a resident may pull their drum from the Program at any time. The annual fee will not be prorated and/or refunded for early termination requests. Requests to terminate any time other than an April or October access date will be assessed a <u>\$300 fee</u> to cover time, conex access, and drum retrieval. This fee will go toward future emergency preparation projects. The City also reserves the right to remove a resident from the Program for non-payment of the annual fee, and/or including excluded items within their drum.

Disclosure

As previously defined, the City cannot guarantee individuals will promptly receive their cache drum, especially in the event of tsunami. The Program is meant to aid during the recovery phase. *It is imperative individuals prepare a 72-hour (minimum) Go Bag* to sustain themselves during the immediate aftermath of any catastrophic event.

Liability

No liability will arise or be assumed between the Parties as a result of this MOU.

Understanding

Both Parties have read this document in its entirety and understand all required Program obligations.

Signatories

The signatures below demonstrate mutual agreement and official participation in the Program: RESIDENT NAME(S) CITY OF GEARHART

Signed:		Signed:	
Ву:		Ву:	
Date:	_	Date:	
******	******	******	******
OFFICE USE ONLY:			
Barrel # S/N	Last Name		House #
(check) PAID Date:	Method: CC#	* x * CK#	* (circle) CASH