

**Memorandum of Understanding
Between the
(Insert county name) County Health Department
and
(Insert printing company name)**

PURPOSE

The purpose of this document is to state the terms of a mutual agreement between the (insert county name) County Health Departments) and (insert printing company name) where in case of a disaster/act of terrorism in said county, healthy department may use ((insert printing company name) facilities to print public health materials to be distributed to those affected by the disaster/act of terrorism. The printing facility is located at (insert address). All parties agree to the terms expressed in this agreement.

RESPONSIBILITIES

(Insert county name) County Health Department

1. The public information officer (PIO) or a designated representative of the health department will provide all information to the printer via e-mail or hand delivery. The PIO will be responsible for layout and design of material to be printed, unless PIO and printer agree, by both parties signing an agreement, to do otherwise.
2. Will distribute all materials printed.

(Insert printing company name)

1. During the disaster/act of terrorism in said counties, (insert printing company name) will print materials requested by the health department within the allotted time presented by the health department, unless the health department and the printer agree, by both parties signing an agreement, to do otherwise.

DURATION OF THE AGREEMENT

This agreement shall remain in place until otherwise agreed by the parties. The agreement may be terminated at any time, given 120 days advance written notice from either party.

AMENDMENTS

This agreement, or any of its specific provisions, may be amended by signature approval of both parties.

POINTS OF CONTACT

For Public Health
(Insert contact name)
Telephone: (xxx-xxx-xxxx)

(Insert printing company name)
Danny Yarbrough
Telephone: (xxx-xxx-xxxx)

CAPACITY TO ENTER INTO AGREEMENT

The persons executing this Memorandum of Understanding on behalf of their respective entities hereby represent and warrant they have the right, power, legal capacity and appropriate authority to enter into this Memorandum of Understanding on behalf of the entity for which they sign.

Health Department
(Insert name of person signing)
Date:

(Insert printing company name)
(Insert name or person signing)
Date: