

### **Coalition Mission Statement**

To reduce the burden of illness, injury and loss of life in the event of an emergency or disaster through coordinated emergency preparedness and response.

### **Membership Criteria**

The Northeast Texas Preparedness Coalition is open to all healthcare organizations providing services in Trauma Service Area-F (TSA-F) and all organizations supporting emergency preparedness operations in TSA-F. TSA-F includes the counties of Bowie, Cass, Delta, Hopkins, Lamar, Morris, Red River and Titus in Texas.

### **Expectation of Membership**

As general evidence of commitment, all members agree to do the following:

- Appoint one to three (1-3) representative(s) to attend coalition meetings and activities by filling out the Membership Information Form.
  - Authorize Member representative(s) to make decisions on Member's behalf.
  - If there are exceptions to the representative's decision-making authority, please list them here:

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- Provide organizational data for the development of coalition projects including surveys, focus groups, preparedness plans, disaster plans, logic models, strategic implementation plans, evaluation and sustainability plans.
- Encourage local partners to participate in coalition efforts.
- Consent to the inclusion of Member name and/or logo to be included on outreach materials as a "Recognized Member" of the TSA-F Healthcare Coalition.
- Read minutes, reports, and newsletters to keep abreast of coalition decisions/activities.
- Disseminate relevant information to organization members or employees through list serves, websites and/or newsletters.
- Keep coalition informed of our organization's related activities.

### **Receipt of Coalition Assets**

If the member of NETPC receives any funding from the Hospital Preparedness Program (HPP) or receives any coalition asset for storage/holding or a regional response, the member agrees to do the following:

- Prioritize activities and allocate funds from the HPP in the TSA Region based on:
  - An evaluation of the most recent TSA Regional Hazard Vulnerability Assessment (HVA), to be completed and submitted on an annual basis; and
  - The HPP HCC Capability Planning Guide (CPG) and the 2017-2022 Health
  - Health Care Preparedness and Response Capabilities located at <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>.

- No purchases will be made without the approval of the contract agency, Piney Woods Regional Advisory Council (RAC-G), to ensure the expenses are allowable and compliant with grant and System Agency guidelines.
- Comply with the inventory system of RAC-G to monitor all HPP-funded equipment and supplies, including compliance with member's property control system. If member does not have an existing property control system or inventory system in place, the member will be required to adopt a system established or provided by RAC-G. Inventory systems must include description, quantity, model, serial number/unique identifier, location, and the responsible party which has maintains and has custody of the equipment and supplies.
- Member agrees to provide access for RAC-G staff to verify assets purchased with HPP funds.

**Membership Information Form**

**Organization:** \_\_\_\_\_ **Primary Member:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**State:** TX **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*(Alternate Members are optional.)*

**Alternate Member:** \_\_\_\_\_ **Alternate Member:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**County(ies) in which organization operates?**

- |                                |                                 |                                    |                                  |
|--------------------------------|---------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Bowie | <input type="checkbox"/> Cass   | <input type="checkbox"/> Delta     | <input type="checkbox"/> Hopkins |
| <input type="checkbox"/> Lamar | <input type="checkbox"/> Morris | <input type="checkbox"/> Red River | <input type="checkbox"/> Titus   |

**Type of organization (please check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> EMS  |
| <input type="checkbox"/> Emergency Management Organization                              | <input type="checkbox"/> Public Health Agency   |
| <input type="checkbox"/> Community Emergency Response Team                              | <input type="checkbox"/> Behavioral Health Service/Organization                             |
| <input type="checkbox"/> Dialysis Center/End-Stage Renal Disease Network                | <input type="checkbox"/> Federal Facility   |
| <input type="checkbox"/> Home Health Agency   | <input type="checkbox"/> Infrastructure Company (e.g., utility and communication companies) |
| <input type="checkbox"/> Jurisdictional Partner, including cities, counties, and tribes | <input type="checkbox"/> Local Public Safety Agency   |
| <input type="checkbox"/> Local Chapter of Healthcare Professional Organization          | <input type="checkbox"/> Medical and Device Manufacturers and Distributors                  |
| <input type="checkbox"/> Primary Care Provider  | <input type="checkbox"/> Educational Institution  |
| <input type="checkbox"/> Long-Term Care   | <input type="checkbox"/> Other: _____   |

Which workgroup(s) would you like to be a part of? (If you have more than one coalition member representing your organization, please indicate which representative will be in the workgroup(s).)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hospital Planning      | <input type="checkbox"/> Communications                                | <input type="checkbox"/> Training & Exercise |
| <input type="checkbox"/> Vulnerable Populations | <input type="checkbox"/> Disaster Medical Coordination Center (EMTF-4) |  |

This Memorandum of Understanding (MOU) is made and entered into between  
Northeast Texas Preparedness Coalition (NETPC) and \_\_\_\_\_ (Member).

The agreement creates a voluntary agreement on common goals and expectations. This agreement is in effect until a cancellation notice by either party.

**STATEMENT OF AGREEMENT (Memorandum of Understanding):**

This MOU reflects an entirely voluntary commitment among the parties to cooperate and work together to achieve the vision and/or mission articulated herein. This Memorandum of Understanding in no way obligates or restricts the activity of any party in any way. No member shall obligate, or purport to obligate, any other member with respect to any matter. Members must also receive verbal or written consent to represent the Trauma Service Area-F Healthcare Coalition from the recognized Lead Organizer or designated party in all matters related to Trauma Service Area-F Healthcare Coalition business. Any party may withdraw from the TSA-F Healthcare Coalition at any time. Members agree to the above roles and responsibilities and further agree that they have read and understood all that is expected as part of this agreement.

**Authorized Signer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name/Title:** \_\_\_\_\_

**Signature HPP Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_