



Cedar Hill Fire Department
P. O. Box 96
Cedar Hill, Texas 75106
1212 W. Belt Line Rd.
Cedar Hill, Texas 75104
972-291-1011
Fax: 972-291-3473

MEMORANDUM OF UNDERSTANDING FOR SHELTER & MASS CARE ACTIVITIES

This Memorandum of Understanding is made and entered into between the City of Cedar Hill, referred hereinafter as the City and Cedar Hill Independent School District, referred hereinafter as the Organization.

The City desires the assistance of volunteer and charitable organizations in providing shelter and mass care for the members of public affected by emergency situations. The Organization wishes to volunteer its resources for such purposes during emergency situations. The purpose of this memorandum is to outline the actions that each party is willing to undertake with respect to shelter and mass care operations as a basis for further planning and preparation by both parties.

When requested by an authorized representative of the City, the Organization will use its best efforts to provide the following services for disaster victims:

- ☐ Activate and operate temporary shelters and register people using those shelters.
- ☐ Activate and operate mass feeding facilities a fixed site or sites.
- ☐ Activate and operate a mobile feeding facility.
- ☐ Provide meal preparation facilities to feed victims lodged in other facilities.
- ☐ Provide replacement clothing.
- ☐ Provide replacement furnishing and household goods.
- ☐ Provide crisis counseling.
- ☐ Provide assistance in home cleanup.
- ☐ Provide assistance with home repairs.
- ☐ Provide assistance in caring for pets of persons displaced from their homes.
- ☐ Receive, sort, and distribute goods donated for disaster victims.
- ☐ Other (describe):
- ☐ Other (describe):
- ☐ Participate in pre-disaster shelter and mass care planning with the City.
- ☐ During emergency operations, provide periodic reports on its shelter and mass care activities to the Shelter Officer in the Emergency Operating Center.

Steve S. Pollock, *Fire Chief*
John Ballard, *Assistant Fire Chief*, Randal P. Jordan, *Fire Marshal*, Kevin Cunningham, *EMS Chief*

The City will use its best efforts to:

- ☒ Where possible, provide advance warning to the Organization of the possible need for shelter and mass care operations so that the Organization may mobilize its resources.
- ☒ Provide security for shelter and mass care facilities.
- ☒ Provide fire inspections for shelter and mass care facilities.
- ☒ Provide traffic control in the vicinity of shelter and mass care facilities.
- ☒ Provide information to disaster victims through the media on what they should bring and should not bring to shelter and mass care facilities.
- ☒ Provide or arrange transportation for shelter and mass care equipment and supplies that cannot be transported by the Organization.
- ☒ Coordinate with state and federal agencies to obtain supplementary food supplies, if required.
- ☒ To the extent possible, ensure utilities are operable at shelter and mass care facilities.
- ☒ Provide updated information on the emergency situation to shelter managers to be passed on to shelter occupants.
- ☒ Invite volunteer and charitable organizations to participate in periodic emergency exercises to test plans, procedures, and coordination.

In witness of these understandings, the authorized representative of governing board of the Organization and the chief elected official of the [County/City] have fixed their signatures to this memorandum, which shall become effective and operative upon the fixing of the last signature hereto.

President, Chairperson

Mayor

Organization

City of Cedar Hill

Date

Date

Steve S. Pollock, *Fire Chief*
John Ballard, *Assistant Fire Chief*, Randal P. Jordan, *Fire Marshal*, Kevin Cunningham, *EMS Chief*

City of Cedar Hill Shelter Facility Survey

Capacity: _____ (GPS Information) Latitude: _____ Longitude: _____
Map Locator information: _____

Site Name: _____
Street Address: _____
City: Cedar Hill _____ County: _____
State: Texas _____ Zip Code: _____
Phone: _____ Fax: _____

To Authorize Facility Use;

Name: _____ Title: _____
Daytime Phone # _____ After Hours # _____

To Open Facility;

Name: _____ Title: _____
Daytime Phone # _____ After Hours # _____

Alternate contact to open facility;

Name: _____ Title: _____
Daytime Phone # _____ After Hours # _____

Limitation on Facility Use:

- ☐ This facility will be available for use at any time during the year.
☐ This facility is **only** available for use during the following time periods.
☐ This facility is **not** available for use during the following time periods.

From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

Facility Information:

Number of parking spaces: _____ Handicapped spaces _____

Does the facility have fire extinguishers? Yes ☐ No ☐
Does the facility have fire sprinklers? Yes ☐ No ☐
Does the facility have a fire alarm? Yes ☐ No ☐

Satiation	Men	Women	Unisex
Number of toilets available:	_____	_____	_____
Number of sinks available:	_____	_____	_____
Numbers of showers available:	_____	_____	_____

Utilities

Emergency generator on site? Yes ☐ No ☐ Capacity in Kilowatts _____

Utility company name: _____
Contact person _____ Emergency # _____

**City of Cedar Hill
Shelter Facility Survey**

Utilities

Business phone available to shelter staff?

of phones _____ Location _____

Food Preparation

☐ None on site

☐ Warming oven only

☐ Full service Kitchen

Feeding Areas

None on site

Snack Bar

Cafeteria

Total estimated seating capacity for eating: _____

Comments related to feeding: _____

Laundry Facilities

Number of washers _____ Number of Dryers _____

Special conditions or restrictions _____

Recommendations/Other Information

Survey Completed by:

Print Name: _____

Signature: _____ Date: _____

***** Attach a sketch or copy of the facility floor plan*****