Partner Agreements (page 1 of 3)

Required Signature of the Authorized Representative

Name of Higher Education Institution: ____________________________

Location of Campus (City, State): ____________________________

Signature of the Authorized Representative: ______________________

Title of the Authorized Representative: __________________________

Date: ____________________________

Description of the applicant’s role and responsibility in grant implementation and partner coordination for the EMHE grant project:

IHE will utilize the knowledge and expertise of the City of _______ and _______ County law enforcement and emergency management personnel in the write-up of its EOP. IHE will also provide trained personnel and available facilities to the City and County to provide training and to respond to incidents.
Partner Agreement 1: Local or State Government (page 2 of 3)

Name of Higher Education Institution: ______________________

Below is a signature from a representative of the local or State government for the locality in which my campus is located:

Signature: ______________________________

Name of Local/State Government: City of ______________________

Title of Signatory: Fire Chief / Emergency Manager ______________________

Date: ______________________

Description of local/State government's roles and responsibilities in reviewing and improving the campus-based plan and supporting the EMHE grant project:

The City of __________ is the primary responder to any incident on campus, and will have significant input on the write-up of the EOP. The City also conducts annual reviews of the campus facilities.

My campus is unable to include this signature for the following reason(s):

________________________________________
Partner Agreement 2: Local or State Emergency Management Coordinating Body (page 3 of 3)

Name of Higher Education Institution: ___

Below is a signature from a representative of the local or State emergency management coordinating body for the locality in which my campus is located:

Signature: ___

Name of Emergency Management Coordinating Body: ___

County Emergency Management

Title of Signatory: ___

Date: ___

Description local or State emergency management coordinating bodies roles and responsibilities in reviewing and improving the campus-based plan and supporting the EMHE grant project:

[Signature text]

My campus is unable to include this signature for the following reason(s): ___

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