**SAMPLE MEMORANDUM OF UNDERSTANDING FOR JOINT APPLICANTS**

**NOTE: The Missouri 911 Service Board’s rules REQUIRE all joint applicants to submit an MOU. This document provides a suggested format to aid applicants.**

WHEREAS, **[Applicant 1]** is [*insert background information, including the boundaries of its jurisdiction, the number of constituents serviced, and its role in providing or ensuring the operation and maintenance of 911 services*]*.*

WHEREAS, **[911 Services Authority of Applicant 1]** is [*insert background information, including the boundaries of its jurisdiction, the number of constituents serviced, and its role in providing or ensuring the operation and maintenance of 911 services*]*.*

WHEREAS, **[Applicant 2]** is [*insert background information, including the boundaries of its jurisdiction, the number of constituents serviced, and its role in providing or ensuring the operation and maintenance 911 services*]*.*

WHEREAS, **[911 Services Authority of Applicant 2]** is [*insert background information, including the boundaries of its jurisdiction, the number of constituents serviced, and its role in providing or ensuring the operation and maintenance 911 services*]*.*

WHEREAS, **[Applicant 3]** is [*insert background information, including the boundaries of its jurisdiction, the number of constituents serviced, and its role in providing or ensuring the operation and maintenance 911 services*]*.*

WHEREAS, **[911 Services Authority of Applicant 3]** is [*insert background information, including the boundaries of its jurisdiction, the number of constituents serviced, and its role in providing or ensuring the operation and maintenance 911 services*]*.*

WHEREAS, **[Applicant 1]**, **[911 Services Authority of Applicant 1], [Applicant 2], [911 Services Authority of Applicant 2], [Applicant 3]** and **[911 Services Authority of Applicant 3]** (collectively, the “Parties”) desire to collaborate on a 911 communications service project that will improve 911 services in all of their jurisdictions and promote the health, welfare, and safety of their constituents;

WHEREAS, the Parties further desire to make a joint application to the Missouri 911 Service Board (“Board”) for financial assistance from the Missouri 911 Service Trust Fund to help fund their 911 communications service project; and

WHEREAS, together, the Parties enter into this Memorandum of Understanding to mutually promote their 911 communications service project. Accordingly, the Parties, operating under this MOU agree as follows:

**I. PURPOSE AND SCOPE**

[*Describe the Parties’ 911 communications service project, the purposes of the project (including award priority areas included in the project), the target population, and the benefits to the target population. Summarize activities to occur during project implementation and the project cost.*].

**II. RESPONSIBILITIES**

A. Each Party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU. The initial appointees of each organization are:

*List contact persons with address and telephone information*

B. The Parties agree to the following tasks for this MOU:

[*Insert bullet point list of project tasks and activities*].

C. The Parties agree that the total project cost will be $\_\_\_\_\_\_\_\_\_\_\_\_ and that $\_\_\_\_\_\_\_ is the minimum amount of matching funds that must be provided by the Parties for the project in order to qualify for financial assistance from the Missouri 911 Service Trust Fund.

D. Project tasks and funding will be provided by the Parties as follows:

1. [**911 Services Authority of Applicant #\_\_**] agrees to serve as the Designated Lead 911 Services Authority for the project and will prepare the application to be submitted to the Board. The application will be prepared and submitted by the deadline set by the Board. [**911 Services Authority of Applicant #\_\_**] also will:

[*Insert bullet point list of other tasks to be performed, total project costs to be funded (referencing % age of match funds provided, if applicable.*]

2.[*Insert one additional paragraph like the immediately preceding paragraph for each Party*].

3.[*Insert additional paragraphs as needed for tasks to be shared. Start with a list of names of appropriate parties, e.g. 911 Services Authority of Applicant 1, Applicant 1, and 911 Services Authority of Applicant 2, etc.,*] will:

4.[*List shared tasks as bullet points and note the cost of each and how it will be funded.*]

**III. TERMS OF UNDERSTANDING**

The term of this MOU is from the effective date of this Agreement until the later of the date of completion of the above-referenced 911 communications services project unless the Board denies the Parties’ joint application for funding from the Missouri 911 Service Trust Fund. In the event of Board denial, the Agreement shall automatically terminate. This Agreement may be extended upon written mutual agreement. It shall be reviewed at least *insert how often, usually annually* to ensure that it is fulfilling its purpose and to make any necessary revisions.

**Authorization**

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU.

On behalf of the Party I represent, I execute this MOU and contribute to its further development.

*Applicant #1:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Signatory Date

Title

*911 Services Authority of Applicant #1:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Signatory Date

Title

*Applicant #2:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Signatory Date

Title

*911 Services Authority of Applicant #2:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Signatory Date

Title

*Applicant #3:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Signatory Date

Title

*911 Services Authority of Applicant #3:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Signatory Date

Title