

PARTNER AGENCIES ACKNOWLEDGEMENT OF BYLAWS AND PRIMARY POINT OF CONTACT INFORMATION

(This form is for Local Public Health, Emergency Management, Volunteer Organizations, and other non-health care partners only)

Agency/Organization Name:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

By signing this document, it is agreed that _____ (Agency/Organization), will support the Central and/or West Central Minnesota Health Care Preparedness Coalition and its members in their preparedness efforts. The Agency/Organization has reviewed the coalition bylaws and agrees to provide updated contact information if/when any changes occur within the organization.

This agreement is considered in perpetuity – and will end only when the signing organization withdraws or the coalition ceases to exist.

Authorized signer:

Name Printed: _____

Title: _____

Signature: _____

Phone number: _____

Email Address: _____

Date signed: _____

**** Please provide all relevant additional points of contact on page 2****

Coalition acknowledgement of receipt:

Name Printed: _____

Title: _____

Signature: _____

Date signed: _____

Agency Information

Legal Partner Agency Name: _____

Facility Phone number: _____

Command Center Phone #: _____ Command Center Email: _____

Address: _____

Agency Administrator Contact Information

The Administrator contact information is accurate and there are no changes.

Name: _____ Position Title: _____

Primary Phone: _____ Email: _____

Agency Emergency Preparedness Representative

The Emergency Preparedness Representative contact information is accurate and there are no changes.

Name: _____ Position Title: _____

Primary Phone: _____ Email: _____

Alternate 1 Agency Emergency Preparedness Representative

The Alternate 1 contact information is accurate and there are no changes.

Name: _____ Position Title: _____

Primary Phone: _____ Email: _____

Alternate 2 Agency Emergency Preparedness Representative (only complete if applicable)

The Alternate 2 contact information is accurate and there are no changes.

Name: _____ Position Title: _____

Primary Phone: _____ Email: _____