

MEMORANDUM OF AGREEMENT - TEMPLATE

(Insert State Agency receiving COOP assistance)
and
(Insert Agency providing COOP assistance)

The following Memorandum of Agreement (MOA) sets forth the terms between *(Insert State Agency receiving COOP assistance)* and the *(Insert Agency providing COOP assistance)* with regard to sharing the same Continuity Coordinator to develop a Continuity of Operations (COOP) Plan for both agencies.

I. Purpose of MOA

The purpose of this MOA is to establish the responsibilities of each Party as they relate to developing a COOP Plan according to the requirements defined in the Texas State Policy letter dated October 24, 2013 and established in the Texas Labor Code (Section 412.054), and any applicable rules and standards. The COOP Plan must address the minimum content requirements specified in the Texas Continuity Planning Crosswalk.

II. Duration of MOA

This MOA is effective upon signature of the Executive Director, *(Insert State Agency receiving COOP assistance)* and the Executive Director, *(Insert Agency providing COOP assistance)*, and shall remain in full force and effect unless cancelled in writing by either party.

III. Program Description

Under Continuity of Operations directives, Texas State agencies must be capable of performing their essential functions with minimal disruption of operations under all threat conditions for a period of up to 30 days or until normal operations resume.

IV. General Provisions

It is understood by both the Executive Director, *(Insert State Agency receiving COOP assistance)* and the Executive Director, *(Insert Agency providing COOP assistance)*, that each office should be capable of fulfilling its responsibilities under this MOA. If at any time *(Insert Agency providing COOP assistance)* is unable to perform its functions under this MOA, *(Insert Agency providing COOP assistance)* shall immediately provide notice to the Executive Director, *(Insert State Agency receiving COOP)*.

V. Responsibilities of the Parties under MOA

(Insert Agency providing COOP assistance) COOP Coordinator agrees to be responsible for the development of *(Insert State Agency receiving COOP assistance)* COOP Plan and completing the Texas

Continuity Planning Crosswalk. Beginning as soon as practicable, but no later than Fiscal Year 2015, **(Insert Agency providing COOP assistance)** will conduct an annual exercise of agency continuity plans and report completion to SORM and will schedule and post exercise information on preparingtexas.org.

By October 31, 2014, **(Insert Agency providing COOP assistance)** COOP Coordinator will develop an agency-level continuity training program to ensure mission-critical personnel are prepared to perform required functions during an emergency.

(Insert State Agency receiving COOP assistance) appoints a Continuity of Operations (COOP) Planner that will be responsible for their agency's Continuity of Operations Program. The **(Insert State Agency receiving COOP assistance)** is ultimately accountable for meeting all COOP standards and reviewing, approving and electronically submitting the COOP Plan and Crosswalk to SORM, as well as assisting/guiding **(Insert Agency providing COOP assistance)** COOP Coordinator with the development of the agency-level continuity training program. The agency's COOP Planner will acquire FEMA Continuity Practitioner Level I certification, or an equally acceptable designation.

VI. Allocation of Costs

There are no anticipated costs associated with this MOA. Should any costs be incurred however, such costs will be the full responsibility of the **(Insert State Agency receiving COOP assistance)**

VII. Points of Contact (POC)

For (Insert State Agency receiving COOP assistance)	For (Insert Agency providing COOP assistance)
Point of Contact (POC) Name	COOP Coordinator Name
Office Address	Office Address
City, State and Zip	City, State and Zip
Office Phone:	Office Phone:
Cell Phone:	Cell Phone:
Email address:	Email address:

APPROVED

The undersigned parties bind themselves to the faithful performance of this MOA.

State Agency receiving, COOP Coordinator

(Agency providing COOP Coordinator)

BY: _____
Name
Position/Title

By: _____
Name
Position/Title

Date: _____

Date: _____