IPAWS MEMORANDUM OF AGREEMENT (MOA) APPLICATION

OMB Control No. 1660-0140

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-NEW). **NOTE: Do not send your completed form to the above address.**

PRIVACY NOTICE

Authorities: Executive Order 13407,"Public Alert and Warning System"

Purpose: FEMA is collecting this information to assess an entity's eligibility to use FEMA's Integrated Public Alert and Warning System (IPAWS), and to provide access to specific members of the requesting entity to facilitate access to IPAWS.

Routine Uses: The information will be used by and disclosed to DHS personnel or other agents who need the information to assist in activities related to the use of IPAWS. The information on this form may be disclosed as generally permitted under the Privacy Act of 1974, as amended (5 U.S.C. § 552). This includes using this information as necessary and authorized by the routine uses published in **DHS/ALL-004 General Information Technology Access Account Records System (GITAARS)** (September 29, 2009, 74 Fed. Reg. 49,882, and upon written request, by agreement, or as required by law.

Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent DHS/FEMA from providing the requested access to its IPAWS system.

Instructions for Organizations Applying for Access to IPAWS-OPEN

1. Review the following eligibility criteria to determine if your organization and interoperable software system qualify for access to IPAWS-OPEN:

- State, local, tribal, territorial, or federal governmental organization of the United States.
- The interoperable software developer has executed an MOA with FEMA for system testing. See the IPAWS-OPEN Developers list posted at http://www.fema.gov/library/viewRecord.do?id=5670.

2. If your organization and interoperable software system meet the criteria, complete the Memorandum of Agreement (MOA) application form and return to ipaws@fema.dhs.gov. Please indicate "Operational COG Application" in the subject line of your email.

3. Notes on the MOA Application

a. Name of Sponsoring Eligible Organization: This organization must meet the eligibility criteria above and be responsible for ensuring the provisions of the MOA and accompanying Rules of Behavior are enforced. A Collaborative Operating Group (COG) is a term used by IPAWS to designate an organization that is responsible for coordinating emergency management or incident response activities. A COG may have members from multiple organizations (e.g., a regional mutual aid organization); however, an official Sponsoring Organization must execute the MOA on behalf of the COG membership.

b. Name and Title of individual who will sign the MOA on behalf of the Sponsoring Organization: The person who will execute the MOA on behalf of the Sponsoring Organization should be an individual who has the authority to enter agreements with the United States government on behalf of the organization.

c. Primary Point of Contact Information: This information pertains to the individual completing the application on behalf of the Sponsoring Organization. An official email address must be provided.

d. Alternate Point of Contact Information: This information will be only used by FEMA in the event the Primary Point of Contact cannot be reached.

e. Technical Point of Contact Information: This information pertains to the individual who is responsible for system administration for the Sponsoring Organization.

f. System Information: Three blank forms are provided to complete interoperable system information, which will be used to populate Appendix A of the MOA. Complete one form for each interoperable system as needed. (e.g., if only one interoperable system is used, complete only one form. If additional forms are required, contact the FEMA IPAWS MOA Coordinator.) If necessary, consult your system vendor/developer to ensure accuracy of the information. Vendor/developer contact information will only be used in the event that technical clarification is required.

4. Next Steps

Once the application has been submitted to the FEMA IPAWS MOA Coordinator, the MOA will be prepared and returned to the Primary Point of Contact for signature and return by the Sponsoring Organization. It will then be routed to the FEMA IPAWS-OPEN System Owner. Once executed, a COG ID and digital certificate will be generated and implemented in IPAWS-OPEN. A copy of the executed MOA, COG ID, and digital certificate will be returned to the Primary Point of Contact.

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Name of Sponsoring Eligible Organization: _____

Individual who will sign the MOA on behalf of the Sponsoring Eligible Organization

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Organization: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Point of Contact

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Organization: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Alternate Point of Contact

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Organization: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Technical Point of Contact

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Organization: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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Interoperable System 1

(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)

Name of Interoperable Software System:

_____

Function:

Is this system intended to be used to issue public alerts for dissemination over the Emergency Alert System (EAS), the Wireless Emergency Alert (WEA) System and/or NOAA Weather Radio All Hazards via IPAWS-OPEN? ○ Yes ○ No

(Briefly describe the purpose of the system.)

Host Server Location:

Type of Third Party Software System:

☐ Commercial Off The Shelf Software (COTS)   Company: _____

☐ Custom Designed Software   Company: _____

☐ Other   If "Other", please describe: _____

Data Sensitivity: (*Note: Classified systems cannot be connected to IPAWS-OPEN*)

☐ Interoperable System 1 does not contain classified data. I understand that IPAWS-OPEN system data is considered Sensitive But Unclassified (SBU) and this level of security is adequate for our requirements. I also understand that Law Enforcement Sensitive or Sensitive Personally Identifiable Information (SPII) (such as Social Security Numbers) should not be passed through IPAWS-OPEN.

Data Description: (*Describe only data that will be relayed to or retrieved from IPAWS-OPEN.*)

Vendor/Developer Contact Information:

Name: _____   **Title:** _____

Email: _____   **Telephone:** _____

Do you authorize FEMA to send information necessary to set up your alerting access to this vendor?   ○ Yes ○ No

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Interoperable System 2

(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)

Name of Interoperable Software System:

_____

Function:
Is this system intended to be used to issue public alerts for dissemination over the Emergency Alert System (EAS), Wireless Emergency Alert (WEA) System and/or NOAA Weather Radio All Hazards via IPAWS-OPEN?　　○ Yes　○ No

(Briefly describe the purpose of the system.)

Host Server Location:

Type of Third Party Software System:

☐ Commercial Off The Shelf Software (COTS)　　　　　Company: _____

☐ Custom Designed Software　　　　　　　　　　　　Company: _____

☐ Other　　If "Other", please describe: _____

Data Sensitivity: (*Note: Classified systems cannot be connected to IPAWS-OPEN*)

☐ Interoperable System 2 does not contain classified data. I understand that IPAWS-OPEN system data is considered Sensitive But Unclassified (SBU) and this level of security is adequate for our requirements. I also understand that Law Enforcement Sensitive or Sensitive Personally Identifiable Information (SPII) (such as Social Security Numbers) should not be passed through IPAWS-OPEN.

Data Description: (*Describe only data that will be relayed to or retrieved from IPAWS-OPEN.*)

Vendor/Developer Contact Information:

Name: _____　　　　　**Title:** _____

Email: _____　　　　　**Telephone:** _____

Do you authorize FEMA to send information necessary to set up your alerting access to this vendor?　　○ Yes　○ No

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Interoperable System 3

(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)

Name of Interoperable Software System:

_____

Function:

Is this system intended to be used to issue public alerts for dissemination over the Emergency Alert System (EAS), Wireless Emergency Alert (WEA) System and/or NOAA Weather Radio All Hazards via IPAWS-OPEN?   ○ Yes   ○ No

(Briefly describe the purpose of the system.)

Host Server Location:

Type of Third Party Software System:

☐ Commercial Off The Shelf Software (COTS)   Company: _____

☐ Custom Designed Software   Company: _____

☐ Other   If "Other", please describe: _____

Data Sensitivity: (*Note: Classified systems cannot be connected to IPAWS-OPEN*)

☐ Interoperable System 3 does not contain classified data. I understand that IPAWS-OPEN system data is considered Sensitive But Unclassified (SBU) and this level of security is adequate for our requirements. I also understand that Law Enforcement Sensitive or Sensitive Personally Identifiable Information (SPII) (such as Social Security Numbers) should not be passed through IPAWS-OPEN.

Data Description: (*Describe only data that will be relayed to or retrieved from IPAWS-OPEN.*)

Vendor/Developer Contact Information:

Name: _____   **Title:** _____

Email: _____   **Telephone:** _____

Do you authorize FEMA to send information necessary to set up your alerting access to this vendor?   ○ Yes ○ No