



SALINE COUNTY
300 W. Ash, Room 217
P. O. Box 5040
Salina, KS 67402-5040
Telephone: 785-309-5810

MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Bennington EMS

Name of Person Submitting the Request: Tyler VanCoevern

Phone: 785-392-2157 Email: deputyvancoevern@gmail.com

This Memorandum of Understanding ("MOU") is executed between Saline County, Kansas and the above requesting agency.

Each agency operates on 800 MegaHertz (MHz) Project 25 (P-25) trunked radio systems; and are desirous of continuing to monitor and transmit in each other's law enforcement, fire, rescue, and other pertinent radio frequencies/talkgroups for emergency and/or mutual aid purposes.

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Frequency/Talkgroup Information:

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<input type="checkbox"/> SA SCENE 1*	<input type="checkbox"/> SA SCENE 2*	<input type="checkbox"/> SA SO JAIL OPS
<input type="checkbox"/> SA FD OPS	<input checked="" type="checkbox"/> SA EMS OPS	<input checked="" type="checkbox"/> SA RFD 3
<input type="checkbox"/> SA RFD 1	<input type="checkbox"/> SA RFD 2	<input checked="" type="checkbox"/> SA RFD 7
<input checked="" type="checkbox"/> SA RFD 5	<input type="checkbox"/> SA RFD 6	
<input checked="" type="checkbox"/> SARFD 1ST RESP	ADDITIONAL AUTHORIZATION <u>SA EMS ER</u>	

* Denotes Talkgroup with AES-256 Encryption

Approvals:

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Saline County

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Bennington EMS _____ County or Agency

Printed Name: Tyler VanCoevern

Title: Under Sheriff

Signature: 



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Delphos Rural Fire District

Name of Person Submitting the Request: Tyler VanCoevern

Phone: 785-392-2157

Email: deputyvancoevern@gmail.com

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Printed Name: _____

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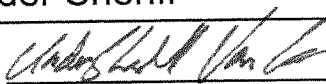
Signature: _____

Date: _____

Delphos Rural Fire District County or Agency

Printed Name: Tyler VanCoevern

Title: Under Sheriff

Signature: 



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Culver Rural Fire District 5

Name of Person Submitting the Request: Tyler VanCoevern

Phone: 785-392-2157

Email: deputyvancoevern@gmail.com

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Saline County

Printed Name: _____

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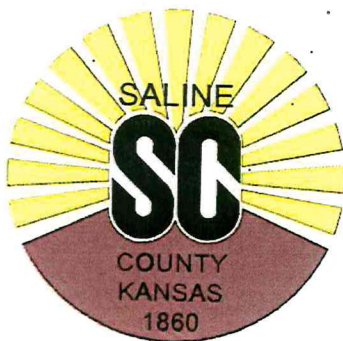
Date: _____

Culver Rural Fire District 5 County or Agency

Printed Name: Tyler VanCoevern

Title: Under Sheriff

Signature: 



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Ottawa County Rural Fire District 6 - Tescott

Name of Person Submitting the Request: Tyler VanCoevern

Phone: 785-392-2157

Email: deputyvancoevern@gmail.com

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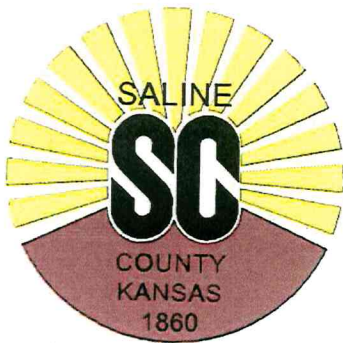
Date: _____

Ottawa County Rural Fire District 6 - Tescott _____ County or Agency

Printed Name: Tyler VanCoevern

Title: Under Sheriff

Signature: 



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Ottawa County Rural Fire District 2 - Minneapolis

Name of Person Submitting the Request: Tyler VanCoevern

Phone: 785-392-2157

Email: deputyvancoevern@gmail.com

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Saline County

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Ottawa County Rural Fire District 2 - Minneapolis _____ County or Agency

Printed Name: Tyler VanCoevern

Title: Under Sheriff

Signature: 



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Ada Fire Department

Name of Person Submitting the Request: Tyler VanCoevern

Phone: 785-392-2157 Email: deputyvancoevern@gmail.com

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Saline County

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Ada Fire Department _____ County or Agency

Printed Name: **Tyler VanCoevern** _____

Title: **Under Sheriff** _____

Signature:  _____



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Ottawa County Fire District 4 - Bennington
Name of Person Submitting the Request: Tyler VanCoevern
Phone: 785-392-2157 Email: deputyvancoevern@gmail.com

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Saline County

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Title: _____

Signature: _____

Date: _____

Ottawa County Fire District 4 - Bennington _____ County or Agency

Printed Name: Tyler VanCoevern

Title: Under Sheriff

Signature: 



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Twin Valley USD 240

Name of Person Submitting the Request: Tyler VanCoevern

Phone: 785-392-2157

Email: deputyvancoevern@gmail.com

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Saline County

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Twin Valley USD 240 _____ County or Agency

Printed Name: **Tyler VanCoevern** _____

Title: **Under Sheriff** _____

Signature:  _____



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Ottawa County Emergency Management

Name of Person Submitting the Request: Tyler VanCoevern

Phone: 785-392-2157 Email: deputyvancoevern@gmail.com

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Printed Name: _____

Title: _____


Signature: _____

Date: _____

Ottawa County Emergency Management _____ County or Agency

Printed Name: Tyler VanCoevern

Title: Under Sheriff

Signature: 



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MEMORANDUM OF UNDERSTANDING AND TALKGROUP AUTHORIZATION FORM

Requesting Agency: Minneapolis EMS
Name of Person Submitting the Request: Tyler VanCoevern
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Each agency operates on 800 MegaHertz (MHz) Project 25 (P-25) trunked radio systems; and are desirous of continuing to monitor and transmit in each other's law enforcement, fire, rescue, and other pertinent radio frequencies/talkgroups for emergency and/or mutual aid purposes.

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This MOU shall commence on the date that it is fully executed by all parties and shall continue in full force and effect unless and until terminated by either party. Either party may terminate this MOU upon thirty (30) days written notice to the other party. Each party will be individually responsible for any cost resulting from the reprogramming or modification to any agency's respectively owned equipment.

Any amendments and/or modifications to this MOU must be in writing and executed by all parties.

Frequency/Talkgroup Information:

SA LAW OPS, SA LAW INV, SA SCENE 1, AND SA SCENE 2 are all used by all allied law enforcement agencies within Saline County for day-to-day use, tactical operations, and talk-group overflow if needed. ***These Talkgroups will not be shared with non-law enforcement agencies.***

Saline County, Kansas here by agrees to allow access to the following checked frequencies/talkgroups:

<input type="checkbox"/> SA LAW OPS	<input checked="" type="checkbox"/> SA EVENT A	<input checked="" type="checkbox"/> SA EVENT B
<input checked="" type="checkbox"/> SA EVENT C	<input type="checkbox"/> SA EVENT D*	<input type="checkbox"/> SA LAW INV*
<input type="checkbox"/> SA SCENE 1*	<input type="checkbox"/> SA SCENE 2*	<input type="checkbox"/> SA SO JAIL OPS
<input type="checkbox"/> SA FD OPS	<input checked="" type="checkbox"/> SA EMS OPS	<input checked="" type="checkbox"/> SA RFD 3
<input type="checkbox"/> SA RFD 1	<input type="checkbox"/> SA RFD 2	<input checked="" type="checkbox"/> SA RFD 7
<input checked="" type="checkbox"/> SA RFD 5	<input type="checkbox"/> SA RFD 6	
<input checked="" type="checkbox"/> SARFD 1ST RESP	ADDITIONAL AUTHORIZATION _____	

* Denotes Talkgroup with AES-256 Encryption

Approvals:

Parties are public agencies. Neither party shall be deemed an employee or agent of any other party. Nothing in this MOU shall be interpreted to establish any relationships other than that of independent parties, or between their respective employees, agents, subcontractors, partners, or assigns, during or after the performance of this MOU.

Saline County

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Minneapolis EMS _____ County or Agency

Printed Name: Tyler VanCoevern

Title: Under Sheriff

Signature: 