



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: Ottawa County Health Center

Name of Person Submitting the Request: Staci Soden

Phone: 785-392-2122 Email: ssoden@oachc.net

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.

All included agencies shall manage the day-to-day operations of their own infrastructure and user equipment operating on their P-25 system. All personnel and contractors necessary to operate, improve and maintain each host agency's P-25 system shall be under the direction of that host agency and shall be responsible to the same.

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 type="checkbox"/> SA RFD 3
<input type="checkbox"/> SA RFD 1	<input type="checkbox"/> SA RFD 2	<input type="checkbox"/> SA RFD 7
<input 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:

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: \_\_\_\_\_

Ottawa County Health Center County or Agency

Printed Name: Staci Soden

Title: DON

Signature: SSoden, RN DON