

05/30/07

**AGREEMENT TO PERMIT THE USE
OF A FACILITY AS A RED CROSS EMERGENCY SHELTER**

Effective Date: Upon execution.

Expiration Date: None. Owner or Red Cross may terminate the agreement upon 30 days' notice to the other party.

Owner: The School Board of Palm Beach County, Florida

Owner's 24 Hour Point of Contact (name and cell phone number)

Primary: Chief Jim Kelly – 561-719-1303

Alternate: Major Debbie Simpson – 561-719-4481

Owner's Address for Legal Notices: 3300 Forest Hill Boulevard, West Palm Beach, Florida 33406

Red Cross: The American National Red Cross, a not-for profit corporation under the laws of the United States.

Red Cross 24 Hour Point of Contact (name and cell phone number)

Primary: Mary Blakeney – 561-718-3529

Alternate: Armen Gregorian – 561-718-1539

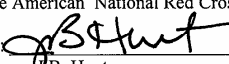
Red Cross Address for Legal Notices: The American National Red Cross, Greater Palm Beach Area Chapter, 825 Fern Street, West Palm Beach, Florida 33401 with a copy to The American National Red Cross, Office of the General Counsel, 2025 E Street, N.W., Washington, D.C. 20006 and with a copy to The American National Red Cross, Disaster Operations, 2025 E Street, N.W., Washington, D.C. 20006;

Red Cross Address for Invoices: 825 Fern Street, West Palm Beach, Florida 33401, with a copy to: Facilities Associate, Field Logistics, The American National Red Cross, Disaster Response 2025 E Street, Washington, D.C. 20006.

Name and Address of Shelter: See Shelter List Attached.

OWNER:

By: _____
Name: _____
Title: _____
Date: _____

RED CROSS:
The American National Red Cross
By: 
Name: G.B. Hunt
Title: Chapter CEO
Greater Palm Beach Area Chapter
Date: April 18, 2007

**Reviewed and Approved
as to Legal Sufficiency** *Chris K... 5/30/07*

TERMS AND CONDITIONS

...made for the temporary use of a facility designated by Owner for use as a public shelter during a declared or undeclared natural disaster or other condition or event requiring the activation of the disaster relief functions of The American National Red Cross (referred to as an "Emergency"). The parties desire to reach an understanding that will result in providing the facility owned by the Owner to the Red Cross to operate an emergency shelter for the benefit of Owner's community.

1. Owner's Responsibilities.

(a) Owner has identified the facility, and Red Cross has determined that the facility may be suitable for use as a public shelter, or staging area, or for other purposes in connection with disaster relief operations. (The facility is referred to as the "Shelter"). Upon request by the Red Cross (which may be made orally or in writing and directed to the owner's primary contact listed on page 1 of this agreement) Owner will make the facility available to Red Cross for use as a Shelter.

(b) Owner will appoint a person to coordinate the Owner's activities (This individual is referred to as the Owner's "Facility Coordinator"). The Facility Coordinator will coordinate the use of the Shelter with the Red Cross's designated official. (The Red Cross official is referred to as the "Shelter Manager"). The Facility Coordinator and the Shelter Manager will collaborate to resolve questions regarding Shelter operations. The Facility Coordinator and the Shelter Manager will jointly conduct a pre-inspection survey of the Shelter before it is turned over to the Red Cross. The pre-inspection survey, attached as Exhibit A, will be used to identify and record any existing damage or conditions. The Facility Coordinator will secure all equipment that is not supposed to be used by the Red Cross in the operation of the Shelter.

(c) The Facility Coordinator will, on request and if feasible, designate a "Foodservice Manager" to establish a feeding schedule and determine foodservice inventory and supply needs. The Facility Coordinator also will, on request and if feasible, designate a Facility Custodian, to establish and direct the sanitation inventory and supply needs. The Shelter Manager and the Facility Coordinator will jointly coordinate a work schedule for any personnel who are not Red Cross employees, volunteers, or contractors. If it is not feasible for one or both of a Foodservice Manager or a Facility Custodian to be designated by the Facility Coordinator, the Facility Coordinator will inform the Shelter Manager, who may obtain such services by contract.

(d) At the direction of and in cooperation with the Shelter Manager, the Foodservice Manager will provide the food and supplies needed for meals at the Shelter site and as provided in Exhibit C. If, in the opinion of the Shelter Manager, additional food or supplies are needed, the Shelter Manager will coordinate the procurement of the additional food or supplies. Red Cross will pay or reimburse Owner for all food and supplies as approved by the American Red Cross Administrator and used in the course of operating the Shelter.

(e) The Facility Custodian will provide supplies for custodial care at the Shelter as directed by the Shelter Manager. The Facility Custodian will provide custodial services as provided in Exhibit C. The Facility Coordinator or Facility Custodian will order and provide all additional sanitation and custodial supplies and services as shall be determined by the Shelter Manager. Red Cross will pay or reimburse Owner for all sanitation supplies and services as approved by the American Red Cross Administrator and used in the course of operating the Shelter.

(f) Red Cross is not responsible for police or public safety at the Shelter. Any private security services that are to be the responsibility of Red Cross must be arranged under a separate agreement. Shelter population shall be exclusively the role of Red Cross. Owner shall not distribute or reveal any information concerning occupants of a Shelter without the express written consent of the Shelter Manager. No press releases or other information shall be disseminated without the express written consent of the Shelter Manager. Owner will refer all media questions related to the Shelter to the Shelter Manager.

(g) Within thirty (30) days after the close of a Shelter, the Facilities Coordinator shall submit to the Red Cross all invoices to the address above. Invoice backup must include a list of the Shelter operations personnel and hours worked at the Shelter, and details on any materials or goods used or consumed.

2. Red Cross's Obligations.

(a) The Red Cross Shelter Manager has primary responsibility for the operation of the Shelter. Red Cross will provide additional Red Cross staff and volunteers to carry out the activities of the Shelter. Red Cross will post signs identifying the Shelter. Red Cross will remove all Red Cross signs when the Shelter is closed. Red Cross and all of its agents, and employees, and volunteers will exercise reasonable care in the operation of any Shelter.

(b) Storm damage or other damage caused by the Emergency is not the responsibility of Red Cross. Red Cross reimburses personnel costs at actual current per hour straight time rate for instruction, custodial, maintenance, and food service. Red Cross will reimburse Owner for the reasonable actual out-of-pocket costs and expenses for operational expenses, including the replacement of food, supplies, equipment. Property damaged, lost or stolen due to the negligence of Red Cross will be compensated based on depreciated actual cash value. Reimbursement for any extraordinary or capital expenses (including without limitation painting, carpeting, wiring, and structural work) will be limited to replacement at actual cash value of the property. In such cases, Red Cross will select from among bids from at least three reputable contractors.

(c) Red Cross will notify the Owner or Facilities Coordinator of the closing schedule for the Shelter. After the Shelter has been closed, the Facility Coordinator and the Shelter Manager will conduct a post-disaster facilities survey to ensure that the Shelter is returned to the Owner in the same condition as it was when it was opened, ordinary wear and tear excepted. The form to be used for this post-operation survey is Form 6556 (Release of Facility) attached as Exhibit B.

(d) Red Cross is responsible for the provision of food at the shelters. Upon notification of the opening of the shelters, Red Cross will make arrangements to supply adequate food to the shelters based on the projected capacity.

Exhibits A and B

Exhibit A: https://crossnet.redcross.org/office/forms/disaster_6564_shelter_Shelter-survey.dot

Exhibit B: https://crossnet.redcross.org/forms/disaster_6556_release_of_Shelter.pdf

Exhibit C:

Maximum Shelter Staffing By Formula

	Capacity	# Custodians	# Food Service	# Facility Coordinator
Atlantic HS	5750	13	13	1
Boca Raton HS	3900	9	9	1
Boynton Beach HS	2720	7	7	1
Discovery Key ES	800	3	3	1
Dr. McLeod Bethune ES	500	2	2	1
Forest Hill HS	4000	9	9	1
Frontier ES	800	3	3	1
Glades Central HS	3800	9	9	1
Heritage ES	500	2	2	1
Independence MS	410	2	2	1
John I. Leonard HS	TBD	TBD	TBD	1
Lake Shore MS	2800	7	7	1
Palm Beach Central HS	4590	11	11	1
Park Vista HS	4950	11	11	1
Seminole Ridge HS	3900	9	9	1
West Boca HS	3900	9	9	1
WT Dwyer HS	1900	5	5	1

Food Service – Each shelter shall have one Coordinator plus one worker per 500 projected occupants.

Custodians – Each shelter shall have at least one Custodian plus one custodian per 500 projected occupants. Red Cross also agrees to pay the straight hourly time of custodians to clean the shelters.

SHELTER FACILITY SURVEY

Please print all information. This form is generic to many types of shelters; some of the questions on this form might not apply to every site. In such cases, answer N/A (not applicable).

Site Name: _____
Street Address: _____
Town/City: _____ County/Parish: _____ State: _____ Zip Code: _____
Mailing Address (if different): _____
Phone: (____) _____-____ Fax: (____) _____-____
Email address (if applicable): _____

EMERGENCY CONTACT INFORMATION:

To authorize facility use, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:

To open the facility 24/7, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:

Directions to the facility from the nearest major highway evacuation route. Use major landmarks (e.g., highways, intersections, rivers, railroad crossings, etc.). Do not use landmarks likely to be destroyed or unrecognizable after the disaster. Include latitude and longitude if available (they can be obtained via GPS).

Latitude: _____ Longitude: _____

CAPACITY

Capacity for all shelters should be calculated using any space that could feasibly be used as sleeping space for an event. In an evacuation shelter, capacity should be calculated using 15 to 20 square feet per person. In a general shelter, use 40 to 60 square feet per person to determine capacity.

Capacity Evacuation = _____ at _____ square feet
 General = _____ at _____ square feet

LIMITATIONS ON FACILITY USE

Some facilities are only available during certain times due to other activities. Please indicate the dates that the facility is available.

- This facility will be available for use at any time during the year.
- This facility is **only** available for use during the following time periods.
- From: _____ to _____
- From: _____ to _____
- This facility is **not** available for use during the following time periods:
- From: _____ to _____
- From: _____ to _____

Some facilities have specific areas that can be used as an emergency shelter. Please indicate restrictions on use of certain areas of the building or if the entire facility is available for use.

GENERAL FACILITY INFORMATION

FIRE SAFETY

Some facilities that appear to be suitable for sheltering might not meet fire codes based on building capacity. This list of questions is not meant to be exhaustive. It is recommended that local codes be examined to determine if the facility meets them. In addition, contact can be made with the fire department to ensure compliance.

Does the facility have inspected fire extinguishers? Yes No

Does the facility have functional fire sprinklers? Yes No

Does the facility have a fire alarm? Yes No

If yes, choose one: Manual (pull-down) Automatic

Does the fire alarm directly alert the fire department? Yes No

Comments from fire department, if available: _____

UTILITIES

A major concern in running an emergency shelter is whether or not utilities can continue to run after a storm. This section is designed to evaluate the capabilities of the facility and to list the appropriate contacts in case the utilities fail.

Emergency generator on site? Yes No

IF YES- Capacity in kilowatts _____ Power for entire shelter? Yes No
If no, what will it operate? _____

Operating time, in hours, without refueling, at rated capacity: _____

Auto start Manual start Fuel type _____

Utility company name: _____

Contact name: _____ Emergency phone number: (____) ____ - ____

Generator fuel vendor: _____ Emergency phone number: (____) ____ - ____

Generator repair contact: _____ Emergency phone number: (____) ____ - ____

IF NO- Emergency generators do not have to be present in order to use the facility as a shelter. However, care must be taken to evaluate the appropriateness of the facility in emergency situations. For example, if there are no appropriate facilities in the area available for sheltering that have emergency generators, consideration should be made to use those facilities. Most pre-identified emergency shelters do not have generators. In addition, if a shelter does not have a generator on site, it is appropriate to pre-identify vendors so that a generator could be brought in if necessary.

Heating Electric Natural gas Propane Fuel Oil

Utility/vendor name: _____

Contact name: _____ Emergency phone number: (____) ____ - ____

Repair contact: _____ Emergency phone number: (____) ____ - ____

Cooling Electric Natural gas Propane

Utility/vendor name: _____

Contact name: _____ Emergency phone number: (____) ____ - ____

Repair contact: _____ Emergency phone number: (____) ____ - ____

Cooking Electric Natural Gas Propane No cooking facilities on site

Form 6564 revised February 2007

Utility/Vendor name: _____

Contact name: _____ Emergency phone number: (____) ____-____

Repair contact: _____ Emergency phone number: (____) ____-____

See the Food Preparation section below.

Telephones Business phones available to shelter staff? Yes No

Phones available to shelter residents? Yes No

Number of phones: _____ Locations: _____

Utility/vendor name: _____

Contact name: _____ Emergency phone number: (____) ____-____

Repair contact: _____ Emergency phone number: (____) ____-____

Water Municipal Well(s) Trapped water

If trapped: Potable (drinkable) storage capacity in gallons: _____

Non-potable (undrinkable) storage capacity in gallons: _____

Utility/vendor name: _____

Contact name: _____ Emergency phone number: (____) ____-____

Repair contact: _____ Emergency phone number: (____) ____-____

Planning for Drinking Water

The recommended amount of potable water to have on hand per evacuee is one gallon per day. Presuming that existing water supplies remain available, and that the goal for resources on hand is for three days after the shelter opens, you should strive to have three gallons on hand for each projected shelter resident.

Projected population x 3 = projected number of gallons of water needed.

Projected population x 3 _____

_____ - Total available

Gallons of Water Needed _____

MATERIAL SUPPORT

COTS & BLANKETS

During evacuation sheltering, it is often impractical to have cots and bedding for all evacuees. However, it is desirable to have some cots and bedding on hand to be provided on a case by case basis to shelter residents who could, for a variety of reasons, experience hardship by sleeping on the floor. A good planning target for the quantity of cots to have on hand for evacuation sheltering is enough for 10% of the projected population. Generally, it is recommended to have two blankets per person in the shelter.

Projected population ÷ 10 = projected number of cots needed.

Projected population ÷ 10 _____

_____ - Total available

Cots needed _____

Projected population ÷ 5 _____

_____ - Total available

Blankets needed _____

ACCESSIBILITY FOR PEOPLE WITH DISABILITIES

Many people with disabilities can be accommodated in general shelters. It is important to evaluate a building to determine if it is accessible to people with disabilities. No single deficiency in the following list makes a facility "out of compliance" or unfit for consideration. There are many acceptable temporary mechanisms that can make a facility accessible. For guidance in this area, contact your local building or safety department, an assisted living center or a disability advocacy organization.

Access to building

- Curb cuts (minimum 35 inches wide)
- Accessible doorways (minimum 35 inches wide)
- Automatic doors or appropriate door handles
- Ramps (minimum 35 inches wide) Are ramps: Fixed Portable
- Level Landings

Accessible and accommodating restrooms

- Grab bars (33-36 inches wide) Sinks @ 34 inches in height
- Stall (38 inches wide) Towel dispenser @ 39 inches in height

Showers

- Shower stall (minimum 36 inches by 36 inches) Grab bars (33-36 inches in height)
- Shower seat (17-19 inches high) Hand-held spray unit with hose
- Fixed shower head (48 inches high)

Accessible and accommodating cafeterias

- Tables (28-34 inches high)
- Serving line [counter] (28-34 inches high)
- Aisles (minimum 38 inches wide)

Accessible telephones

- Maximum 48 inches high TDD available Earpiece (volume adjustable)

SANITATION

TOILETS

The American Red Cross recommended ratio for toilet facilities is a minimum of 1 restroom for 40 people. Count only those facilities that will be accessible to shelter residents and shelter staff.
Projected population ÷ 40 = projected needed number of toilet facilities.

Number of toilets available:	Men	Women	Unisex	People with Disabilities
Projected need:	Men	Women	Unisex	People with Disabilities
- Total available:	Men	Women	Unisex	People with Disabilities
Portable toilets needed:	Men	Women	Unisex	People with Disabilities

SINKS

The recommended ratio of sinks is one sink for every two toilets.

Number of sinks available:	Men	Women	Unisex	People with Disabilities
Projected need:	Men	Women	Unisex	People with Disabilities
Total available:	Men	Women	Unisex	People with Disabilities
Portable sinks needed:	Men	Women	Unisex	People with Disabilities

SHOWERS

The best case scenario for showers is 1 shower for every 40 residents. In the case of evacuation shelters, the ratio can be higher. However, if it is determined that an evacuation shelter will be open longer term, alternative arrangements will have to be made. There might be a nearby facility that, while it couldn't be used a shelter, might have showers available. Consider requesting transportation through partner agencies; when a Disaster Relief Operation (DRO) has been set up, requests can go through Partner Services at the DRO. Portable showers might need to be acquired.

Number of showers available: Men _____ Women _____ Unisex _____ People with Disabilities _____

Number of showers needed: Men _____ Women _____ Unisex _____ People with Disabilities _____

Are there any limitations on the availability of showers (time of day, etc.)? Yes No

Alternatives for showers on-site:

Alternatives for showers off-site:

FOOD PREPARATION

None on site Warming oven kitchen

Full-service kitchen

(If full-service meals, "per meal" number that can be produced): _____

Facility uses central kitchen — meals are delivered

Central kitchen contact: _____ Phone Number: (____) _____-_____

Planning for shelter feeding

While people coming to evacuation shelters are encouraged to bring food with them, for a variety of reasons this doesn't always occur. Therefore, it pays to be prepared to feed shelter residents. For planning purposes, it is helpful to think in terms of three to five days of meals with no outside assistance. This covers the possibility of widespread damage to commercial food sources and infrastructure. Meals can range from freshly prepared food at shelter facilities that have adequate kitchen facilities to prepackaged shelf-stable meals (military-style Meals Ready to Eat [MREs], Heater Meals, etc.). The planning target should be 5 meals worth of food in inventory for each projected shelter resident.

Projected population x 5 = projected number of meals needed.

Projected need _____

- Total available _____

Meals Needed _____

Equipment (Indicate quantity and size [sq. ft.] as appropriate).

Refrigerators _____ Walk-in refrigerators _____ Ice machines _____

Freezers _____ Walk-in freezers _____ Braising pans _____

Burners _____ Griddles _____ Warmers _____

Ovens _____ Convection ovens _____ Microwave ovens _____

Steamers _____ Steam kettles _____

Sinks _____ Dishwashers _____

FEEDING AREAS

None on site Snack Bar (seating capacity: _____) Cafeteria (seating capacity: _____)

Other indoor seating (describe, including size and capacity estimate): _____

Total estimated seating capacity for eating: _____

Comments related to feeding: _____

OTHER CONSIDERATIONS

ARC 4496

“Standards for Selection of Hurricane Evacuation Shelters,” or ARC4496, is a document published by the American Red Cross. Planning considerations for hurricane evacuation shelters involve a number of factors and require close coordination with local officials responsible for public safety. Technical information contained in hurricane evacuation studies, storm surge mapping, flood mapping and other data can now be used to make informed decisions about the suitability of shelters. Anyone considering using a facility as a hurricane evacuation shelters should carefully review ARC 4496 and consult with local officials to ensure safety of the facility is considered.

HEALTH SERVICES

Number of rooms available: _____ Number of beds or cots available: _____

Number of rooms needed: _____ Number of beds or cots needed: _____

Total square footage of available health care space: _____

BABY AND INFANT SUPPORT SUPPLIES

Diaper changing tables are extremely important due to health safety considerations. While there is not a recommended number of tables by population, there should be changing tables available. Beyond diaper changing, it is helpful to know in advance what baby supplies are available, if needed.

of diaper changing tables: _____

of diapers available: _____

Cans of formula available: _____

LAUNDRY FACILITIES

Generally, shelters do not have access to laundry facilities. Availability of such facilities would be considered an extra and not a necessity. These facilities would be especially useful for a shelter open longer than a week.

Number of clothes washers: _____ Number of clothes dryers: _____

Will the shelter worker or shelter residents have access to these machines? Yes No

Are laundry facilities coin operated? Yes No

Special conditions or restrictions: _____

ADDITIONAL INFORMATION

Does the entity that plans to manage the shelter own the building? Yes No

If NO- is there a current written agreement to use this site? Yes No

Is this facility within five miles of an evacuation route? Yes No

Is this facility within ten miles of a nuclear power plant? Yes No

Groups associated with this facility

Facility staff required when using facility? Yes No

Paid feeding staff required when using facility? Yes No

Church auxiliary required when using facility? Yes No

Fire auxiliary required when using facility? Yes No

Other: _____ Required Yes No

Other: _____ Required Yes No

Will any of the above groups be trained or experienced in shelter management?

IF YES, please list: _____

RECOMMENDATIONS/OTHER INFORMATION (Be specific):

******* Attach a sketch or copy of the facility floor plan *******

Survey completed/updated by

Printed Name

Signature

Date completed

Printed Name

Signature

Date completed

American Red Cross

RELEASE OF FACILITY

This is to certify that the _____
(Name)

(Address)

(Telephone)

controlled, owned or operated by _____ and used temporarily by the American
Red Cross, DR # _____, _____ as an emergency disaster facility from
(#) (Name)
_____ to _____, is hereby returned by the American Red Cross to _____
in a satisfactory condition, less the following deficiencies:

_____ Signature of Owner/Operator	_____ Signature of American Red Cross Representative
_____ Printed Name & Title	_____ Printed Name & Title
_____ Date	_____ Date