**SUBSCRIBTION FORM – REGION 3 HMCC BIDLS EQUIPMENT CACHE**

As the duly authorized contracting authority of the municipality named below as the "Borrower", I hereby express my intent to access and borrow equipment available through the Bureau of Infectious Disease and Laboratory Science (BIDLS) cache established by and managed under the jurisdiction of the Region 3 HMCC (Health and Medical Coordinating Coalition), and the Host Sites.

As a condition of borrowing from the BIDLS cache, I acknowledge and understand the following rules:

1. Parties eligible to borrow and use the BIDLS equipment procured with BIDLS Funds shall include:
   1. Region 3 Health and Medical Coordinating Coalition (HMCC) Public Health Department as defined by the Region 3 Preparedness Plan that have signed this form;
   2. Other Region 3 HMCC discipline member as defined by the Region 3 Preparedness Plan that have received authorization from the Office of Preparedness and Emergency Management (OPEM) and that have signed this form.
2. The equipment subject to these rules is intended for use by Local Public Health Departments in response to establishing and operating an influenza immunization clinic, but can be request for other clinics pre-approved by OPEM.
3. In order to borrow equipment, my municipality/facility must first contact the HMCC Duty Officer as outlined in the Region 3 HMCC Duty Officer Plan. All request must be submitted no later than 10 business days prior to request date. All requests for equipment for purpose other than an influenza immunization clinic must be submitted no later than 20 business days prior to request date. Prioritization of requests will be conducted by the Region 3 HMCC Staff.
4. Equipment in the cache is subject to availability.
5. My municipality understands upon approval of request from the HMCC it is responsible to contact the Host Site to coordinate pick up. Equipment is not available for pick up outside of regular business hours unless previously coordinated with the HMCC Duty Officer and the Host Site.
6. My municipality understands it is responsible to return all equipment by pre-determined return date, time and location. Generators must be refueled prior to return to Host Site. Equipment will not be returned outside of regular business hours unless previously coordinated with HMCC Duty Officer and the Host Site.
7. My municipality understands they may request a set up team from the Medical Reserve Corps (MRC) through their MRC Coordinator. If the local MRC does not have availability, my municipality can contact the Region 3 HMCC Duty Officer for assistance. Set up teams are subject to availability and are not guaranteed with all requests.
8. My municipality/facility may not provide borrowed equipment to another party, but am instead obligated to direct other interested parties to the HMCC Duty Officer.
9. My municipality/facility is solely responsible to arrange and pay the cost of transport of borrowed equipment to and from the cache.
10. My municipality/facility is solely responsible to provide the appropriate municipal vehicle to tow the trailer and is responsible to ensure there is appropriate insurance and a properly municipal licensed operator.
11. These rules for borrowing are set by Region 3 HMCC, are applied by the Host site, and may be changed at any time by the Region 3 HMCC’s discretion, with or without notice.
12. My municipality accepts that I and all of all my agents are obliged to conform to the above terms as a condition of continued borrowing privileges.
13. Equipment may be refused for non-compliance with these rules.
14. I accept on behalf of my municipality  responsibility for any and all injuries to persons and damage to property from my municipality’s custody and use of borrowed  equipment that is not attributable to neglect on the part of the Cache Hosts, the Region 3 HMCC, or its agents, and agree to indemnify and hold them harmless from any such claims brought against me, my agents, my municipality or them through my custody and use of borrowed equipment.

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| **Municipality/Facility** |  |  |
| **Discipline (Choose One)** |  |  **Public** **Health** **Department** **Other (Please Specify)**  |
| **Contracting Authority** |  |  |
| **Signature** |  | **Date:** |
| **Name** |  | **Title:** |
| **Address:** |  | **Street:** |
|  |  | **City:**  **State:** **Zip:** |
| **Phone** |  | **Office:** **Cell:** **Fax:** |
| **E-mail 1** |  | **E-mail 2:** |