

STATE OF ALABAMA     )  
COUNTY OF BALDWIN    )

**TRI-PARTY  
SECONDARY SHELTER AGREEMENT**

This Tri-Party Secondary Shelter Agreement (the "Agreement") between Fairhope United Methodist Church (the "Owner"), The American National Red Cross, a not-for-profit corporation (the "Red Cross") and The Baldwin County Commission, a political subdivision of the State of Alabama (the "County"), and all collectively known as the "Parties", generally concerning the use of certain Owner-owned facilities for the purpose of providing emergency shelters for the general benefit of Baldwin County.

WITNESSETH:

**WHEREAS**, in reference to the general circumstances surrounding emergencies and natural disasters likely to impact the citizens of Baldwin County, the County has, in the past, been met with disasters too great in magnitude to be dealt with unassisted; and,

**WHEREAS**, during a local state of emergency, the Owner, the Red Cross and the County wish to partner to provide for non-traditional (e.g., hurricane) evacuee and/or public sheltering needs; and,

**WHEREAS**, the County considers the provision of non-traditional evacuee shelters, public sheltering, the staffing thereof, and related resources as emergency management functions pursuant to § 31-9-1, et seq. Code of Alabama 1975; and,

**WHEREAS**, the County also considers the Owner's provision of such facilities, to house evacuees, along with the Red Cross' providing of staff and resources all to be great acts of benevolence in harmony with the County's efforts to provide emergency protective measures to save lives and protect public health and safety during and following times and events of emergency and/or disasters.

**NOW THEREFORE**, in consideration of the premises and the mutual covenants contained herein, the sufficiency of which being hereby acknowledged, the Parties enter into this Tri-Party Secondary Sheltering Agreement as follows:

- 1) Recitals Included.     The above recitals and statements are incorporated as part of this Agreement, and shall have the binding effect and enforceability as all other provisions herein.
  
- 2) Effective Date.       The Parties acknowledge that this Agreement shall be effective on the last date that the same is fully executed by the Parties.

- 3) Limited Agreement. The Parties agree that this Agreement is limited in scope to the Owner providing a facility as an evacuee shelter if necessary, the Red Cross providing various disaster relief functions including operation of the facility, and the County procuring listed resources and reimbursing the Owner if and when necessary. Notwithstanding the scope of this Agreement, nothing shall prevent the Owner from submitting any eligible expenses in their requests for consideration of reimbursement from the County.
- 4) General Certifications of the Parties. The Parties generally certify the following:
- i) The costs associated with general wear and tear within the Owner's facility shall be non-reimbursable, and the same shall be omitted from any Owner requests for reimbursement from the Red Cross or County.
  - ii) Any change, improvement, alteration or modification, of any kind, made to or for the facility and/or property, without limitation, during, prior to, or in anticipation of occupancy must first receive written consent from the Baldwin County Commission in order for such modifications to be considered for County reimbursement.
  - iii) All Parties will conduct a pre-occupancy inspection, attached as Exhibit A, of the facility to identify, in writing, existing but obvious facility flaws, problems and/or defects before the facility is used as a shelter.
  - iv) All Parties following the closing of the shelter will conduct a post-occupancy inspection of the facility, attached as Exhibit B, in order to identify in writing existing but obvious facility flaws, problems and/or defects.
- 5) Owner Certifications. The Owner certifies that:  
The Owner shall herein designate and provide certain Owner-owned facilities for the purposes of housing individuals affected by natural disasters, emergency events, or other conditions which require the activation of the disaster relief functions of the Red Cross. Red Cross will determine if the facility is suitable for use as a public shelter and will determine the capacity of the shelter. The Owner will make the facility available to Red Cross for use as a shelter, upon Red Cross' oral or written request. The Owner shall provide support and necessary access to resources found within the respective facility to include, without limitation, telecommunications, electricity, natural gas, furnishings, water, and food.
- i) The Owner shall provide an accessible primary and alternate contact person, without limitation, prior to and during the entire time the facility is utilized as a shelter.
  - ii) The Owner may remit to the County eligible costs incurred which have not been reimbursed by the Red Cross, for the sheltering of evacuees and/or displaced individuals including related expenses.
  - iii) The Owner will, to the extent as possible, seek out volunteers and/or staff to assist the Red Cross in its overall effort to house and generally provide for those occupying and/or being served by the facility.

- iv) The Owner will appoint a person to coordinate the Owner's activities ("Facility Coordinator"). The Facility Coordinator will coordinate the use of the shelter with Red Cross' designated official ("Shelter Manager") and will collaborate to resolve questions or dilemmas regarding shelter operations. The Facility Coordinator will secure all equipment that is not to be used by Red Cross before the shelter is turned over to Red Cross.
- v) The Facility Coordinator shall, if feasible, designate a Foodservice Manager who will establish a feeding schedule and determine foodservice inventory and supply needs. At the direction of and in cooperation with the Shelter Manager, the Foodservice Manager will provide food and supplies needed for meals at the shelter site. 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 Shelter Manager and used in the course of operating the shelter.
- vi) The Facility Coordinator shall, if feasible, designate a Facility Custodian who will establish and direct the sanitation inventory and supply needs. The Facility Coordinator or Facility Custodian will order and provide all sanitation and custodial supplies and services, as determined by the Shelter Manager. Red Cross will pay or reimburse Owner for all sanitation supplies, as approved by the Shelter Manager and used in the course of operating the shelter.
- vii) The Facility Coordinator and the Shelter Manager shall, if feasible, jointly coordinate a work schedule for any personnel who are not County or Red Cross employees, volunteers, or contractors. If the Owner experiences shortfalls in personnel and is unable to appoint a Foodservice Manager or Facility Custodian, the Facility Coordinator will notify the Shelter Manager, who may obtain such services by contract.
- viii) Red Cross is not responsible for coordinating police or security for the shelter. Any private security services that are to be the responsibility of Red Cross must be arranged under a separate agreement.
- ix) Within thirty (30) days after the close of a shelter, the Owner shall submit to the Red Cross its request for reimbursement, with supporting invoices, to the address included herein. Invoices and the supporting documentation shall include a list of the Owner's operations personnel and hours worked at the shelter, and details on any materials or goods used or consumed.
- x) Should the Owner not be reimbursed by the Red Cross, the Owner shall immediately submit such non-reimbursed costs to the County for consideration of reimbursement by the County.
- xi) The Owner shall not release any information concerning occupants of, or people served by, the shelter without express written consent of the Red Cross. Owner will refer all media questions related to the shelter to the Shelter Manager. Press releases issued to the media will credit all Parties.
- xii) Signage identifying the shelter will be allowed from all Parties and each will be responsible for removal of signage, if necessary, upon closing of the shelter.

6) County Certifications. The County certifies the following:

- i) To the extent any of Owner's personnel costs are not reimbursed by the Red Cross, the County will reimburse personnel costs at actual, current, per-hour straight time rate for instruction, custodial, maintenance, and food service.
- ii) To the extent any of Owner's out-of-pocket operational expenses are not reimbursed by the Red Cross, the County will reimburse the Owner for the reasonable out-of-pocket costs and expenses for the operational expenses, including the replacement of food, supplies, and equipment.
- iii) The County recognizes secondary shelters as a vital function in disaster response and recovery, and sanctions them as part of the County's Emergency Management Operations Plan.
- iv) The County may, when deemed necessary and requested and approved by the Shelter Manager, procure resources for the Red Cross and/or the Owner which could include, without limitation or guarantee, the following:
  1. Generators
  2. Emergency Lighting Kits
  3. Communications Equipment
  4. Cots, Blankets, Pillows
  5. Towels, Washcloths
  6. Fans
  7. Showering Facilities
  8. Extension Cords
  9. Gasoline for Generators
  10. Food
  11. Beverages
  12. Janitorial Supplies
  13. Paper products
  14. Toiletries
  15. Augment Personnel
  16. Interpreters
  17. Security
  18. Transportation
  19. Message Boards/Signage

7) Red Cross Certifications. The Red Cross Certifies the following:

- i) The Red Cross Shelter Manager has primary responsibility for the operation of the shelter. The Red Cross will provide additional Red Cross staff and volunteers to carry out the activities of the shelter.
- ii) The Red Cross and all of its agents, employees, and volunteers will exercise reasonable care in the operation of the shelter facility.

- iii) The Red Cross will reimburse the Owner for personnel costs at actual, current, per-hour straight time rate for custodial, maintenance, and food service.
- iv) The Red Cross will reimburse the Owner for the reasonable out-of-pocket costs and expenses for the operational expenses it incurs due to the use of the facility as a shelter, including the replacement of food, supplies, and equipment. Property damaged, lost or stolen due to the negligence of the 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, the Red Cross will select from among bids from at least three reputable contractors. Storm damage and other damage caused by the disaster is not the responsibility of the Red Cross.
- v) The Red Cross will notify the Owner or Facilities Coordinator of the closing schedule for the shelter.
- 8) Review of Receipts Limited & No Guarantee. The County will receive and document all non-reimbursed costs submitted by the Owner. Notwithstanding such receipt, the County makes no guarantee, warrantee or opinion as to the eligibility or payment of such expenditures.
- 9) 24-Hour Points of Contact.

OWNER PRIMARY: John Douthett  
 Cell #: Charm Distess

OWNER ALTERNATE: \_\_\_\_\_  
 Cell #: \_\_\_\_\_

RED CROSS: Leah Odeneal  
 Cell #: 259-2609

COUNTY: Scott Wallace  
 Cell #: 251-213-5785

10) Notices:

OWNER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RED CROSS: The American National Red Cross  
 Alabama Gulf Coast Chapter  
 P.O. Box 1764  
 Mobile, AL 36633  
With a copy to:  
 The American National Red Cross  
 Office of the General Counsel  
 2025 E Street, N.W.  
 Washington, D.C. 20006

With a copy to:  
The American National Red Cross  
Disaster Operations  
2025 E. Street, N.W.  
Washington, D.C. 20006

Invoices to:  
The American National Red Cross  
Alabama Gulf Coast Chapter  
P.O. Box 1764  
Mobile, AL 36633

COUNTY: The Baldwin County Commission  
c/o The Chairman  
312 Courthouse Square  
Bay Minette, AL 36507

With a copy to:  
The Baldwin County EMA  
23100 McAuliffe Drive  
Robertsdale, AL 36567

- 11) Designated Non-Traditional Facilities. The Parties agree that the following Owner-owned properties may be utilized, during natural disasters or local emergencies, as evacuee-shelter facilities:

<u>Facility description:</u>	<u>Location/Address:</u>	<u>Approx. size:</u>
Fairhope United Methodist Church		11,824 sq.ft.
	155 Section St., Fairhope, AL 36532	

- 12) Term and Termination of the Agreement. Any of the Parties shall be able to, upon 30 days advance written notice, terminate this Agreement.
- 13) No Agency Created. This agreement does not create an agency relationship between or among any of the parties hereto. It is neither the express nor the implied intent of the Parties to create an agency relationship pursuant to this Agreement and the creation of such a relationship is prohibited and void.
- 14) Unenforceable Provisions. If any one or more of the provisions contained herein shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision

hereof. This Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

- 15) Entire Agreement. This Agreement represents the entire and integrated agreement between the Parties and supersedes all prior negotiations, representations, or agreements, either written or oral. This Agreement may be amended only by written instrument signed by all Parties.
- 16) Failure to Strictly Enforce Performance. The failure of the Parties to insist upon the strict performance of any of the terms, covenants, agreements and conditions of this Agreement shall not constitute, and shall never be asserted by the other Parties as constituting a default or be construed as a waiver or relinquishment of the right of the other Parties to thereafter enforce any such term, covenant, agreement, or condition, but the same shall continue in full force and effect.
- 17) Assignment. This Agreement or any interest herein shall not be assigned transferred or otherwise encumbered by the Parties without the prior written consent of the other Parties, which each party may withhold or grant in its sole discretion.

**IN WITNESS THEREOF**, the Parties hereto have executed this Agreement effective on the last date that the same is fully executed by the Parties as herein written.

**SIGNATURE AND NOTARY PAGE TO FOLLOW**

**THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK**

COUNTY:

Calvin M. ...  
Chairman  
Baldwin County Commission

7/20/10  
Date

ATTEST:

Michael L. Thompson

County Administrator

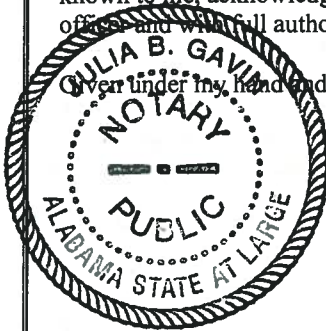
OWNER:

John Northcutt  
Authorized Representative /Date  
Chairman Trustees

STATE OF ALABAMA  
COUNTY OF BALDWIN

I, Julia B. Gavin, a Notary Public in and for said County, in said State, hereby certify that John Northcutt, whose name as Chairman Trustees, and as the duly authorized representative of Fairhope U M Church is signed to the foregoing Agreement, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Agreement, he/she, as such officer and with full authority, executed the same voluntarily for and as the act of said entity.

Given under my hand and official seal, this the 19 day of July, 2010.



Julia B. Gavin  
Notary Public  
My Commission Expires: 2/16/2013

THE RED CROSS:

Leslie E. Mims, 6/18/2010  
Authorized Representative /Date

STATE OF )  
COUNTY OF )

I, Sandra Lanier, a Notary Public in and for said County, in said State, hereby certify that Leslie E. Mims, whose name as Executive Director, and as the duly authorized representative of the American National Red Cross is signed to the foregoing Agreement, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Agreement, he/she, as such officer and with full authority, executed the same voluntarily for and as the act of said entity.

Given under my hand and official seal, this the 18 day of June, 2010.

Sandra Lanier  
Notary Public  
My Commission Expires: 03/13/2013



## 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: **Fairhope United Methodist Church**

Street Address: **155 Section St.**

Town/City: **Fairhope** County/Parish: **Baldwin** State: **Alabama** Zip Code: **36532**

Mailing Address (if different): \_\_\_\_\_

Phone: (251) 928-1148 Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email address (if applicable): office@fairhopeumc.org

### EMERGENCY CONTACT INFORMATION:

To authorize facility use, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:  
Rob Haynes 251-610-2695 Cell, 251-928-1148. Jennifer Myrick 251-510-1628 Cell, 251-928-2803 Church

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

**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 =    **591** at **11824** square feet  
                          General =        **295** at **11824** 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.

See drawing

**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? X Yes  No

Does the facility have functional fire sprinklers? X Yes  No

Does the facility have a fire alarm? X Yes  No

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

Does the fire alarm directly alert the fire department? X 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 X 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** X Electric  Natural gas  Propane  Fuel  Oil

Utility/vendor name: Fairhope Public Utilities

Contact name: \_\_\_\_\_ Emergency phone number: (251) 928-2885

Repair contact: Robertsdale Heating & Air Emergency phone number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Cooling** X Electric  Natural gas  Propane

Utility/vendor name: Fairhope Public Utilities

Contact name: \_\_\_\_\_ Emergency phone number: (251) 928-2885

Repair contact: Robertsdale Heating & Air Emergency phone number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Cooking** X Electric X Natural Gas  Propane  No cooking facilities on site

Utility/Vendor name: Fairhope Public Utilities

Contact name: \_\_\_\_\_ Emergency phone number: (251) 928-2885

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: 3+

Locations: Parlor

Utility/vendor name: ATT/Bell South

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: Fairhope Public Utilities

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**

X Curb cuts (minimum 35 inches wide)

X Accessible doorways (minimum 35 inches wide)

Automatic doors or appropriate door handles

Ramps (minimum 35 inches wide)      Are ramps:  Fixed       Portable

X Level Landings

**Accessible and accommodating restrooms**

X Grab bars (33-36 inches wide)      X Sinks @ 34 inches in height

X Stall (38 inches wide)      X Towel dispenser @ 39 inches in height

**Showers**

X Shower stall (minimum 36 inches by 36 inches)      X Grab bars (33-36 inches in height)

X Shower seat (17-19 inches high)      X Hand-held spray unit with hose

Fixed shower head (48 inches high)

**Accessible and accommodating cafeterias**

X Tables (28-34 inches high)

X Serving line [counter] (28-34 inches high)

X 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	3+2 Urinals	Women	4	Unisex	People with Disabilities	2
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	2	Women	4	Unisex	1	People with Disabilities	2
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 2 Women 2 Unisex \_\_\_\_\_ People with Disabilities yes

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

X Full-service kitchen

(If full-service meals, "per meal" number that can be produced): 800

Facility uses central kitchen — meals are delivered

Central kitchen contact: same as above 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 2 Walk-in refrigerators \_\_\_\_\_ Ice machines 1  
Freezers 2 Walk-in freezers \_\_\_\_\_ Braising pans \_\_\_\_\_  
Burners 10 Griddles \_\_\_\_\_ Warmers 3  
Ovens 2 Convection ovens 2 Microwave ovens 1  
Steamers \_\_\_\_\_ Steam kettles \_\_\_\_\_  
Sinks 1-2 basen/1-3basen Dishwashers 1 2 steam tables& 1 cold bar.

**FEEDING AREAS**

None on site  Snack Bar (seating capacity: \_\_\_\_\_) Cafeteria (seating capacity: 300)

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

Total estimated seating capacity for eating: 300

Comments related to feeding: Seating will be dependent on weather clients are bunked in the Fellowship Hall

## 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: 1                      Number of beds or cots available: \_\_\_\_\_

Number of rooms needed: \_\_\_\_\_                      Number of beds or cots needed: \_\_\_\_\_

Total square footage of available health care space: Adequate

### 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: 2

# 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: 1                      Number of clothes dryers: 1

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

Are laundry facilities coin operated?  Yes  No

Special conditions or restrictions: Staff only

OTHER: Parlor and loft for staff only. See diagram for off limits areas. Nursery can be used for health care or one room in loft.

**ADDITIONAL INFORMATION**

Does the entity that plans to manage the shelter own the building? X 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? X Yes  No  
Is this facility within ten miles of a nuclear power plant?  Yes X No

**Groups associated with this facility**

Facility staff required when using facility? X Yes  No  
Paid feeding staff required when using facility?  Yes X No  
Church auxiliary required when using facility?  Yes  No  
Fire auxiliary required when using facility?  Yes X 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: We will train

**RECOMMENDATIONS/OTHER INFORMATION (Be specific):**

\_\_\_\_\_

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

Survey completed/updated by

Roger Reetz  
Printed Name

\_\_\_\_\_  
Signature 04/22/2010  
Date completed

Wanda Reetz  
Printed Name

\_\_\_\_\_  
Signature 04/22/2010  
Date completed