



LETTER OF COMMITMENT

_____ (Interested organization) is making a commitment to the Linn Benton Community Organizations Active in Disasters (LBCOAD). This commitment is with the understanding that:

- ❖ The mission of the LBCOAD is to bring together a broad array of community organizations to foster an effective response to the people of Linn Benton Counties in times of disaster.
- ❖ LBCOAD members may offer services and resources during a disaster under their own direction and as their resources allow.
- ❖ Each member organization maintains its own identity and independence yet works closely with other agencies to improve services and eliminate unnecessary duplication.
- ❖ LBCOAD members promote coordination among members to facilitate access to available resources and services.
- ❖ LBCOAD is a volunteer organization assisting in coordination of resources. Services and/or resources volunteered by a member organization before, during, or after a disaster should not create an expectation for reimbursement or preference in contracting with local emergency management unless otherwise agreed upon.
- ❖ The best time to prepare, train, and become acquainted with one another is prior to an actual event.
- ❖ LBCOAD members will be encouraged to increase their internal capacity to be ready to respond as indicated in this Letter of Commitment.
- ❖ Member organizations are required to have at least one listed representative present at 50%, or more, of meetings yearly.
- ❖ LBCOAD members agree to abide by the LBCOAD Bylaws.

_____ (Interested organization) anticipates being able to commit the following resources during a disaster. It is understood that this does not constitute an obligation, but the intent to follow through as resources and the situation allows. Examples of resources include: food, shelter, mass feeding, transportation, donation management, volunteer management, & financial assistance.

By signing this letter of commitment, the organization commits to the work of the LBCOAD and the highest functioning of its members.

Organization's Name

Primary Representative's Printed Name

Date

Primary Representative's Signature



Member Organization Contact information

Name of Organization:		
Physical Address:		
City:	State:	Zip code:
Mailing Address (if different from above):		
City:	State:	Zip code:
Office Phone:	Social Media (facebook, twitter, etc.):	
Email:	Website:	
Type of Organization:	Non-profit	Private Business
Religious Org	City/County/State	Other: _____
(Y / N) Are you a current partner of 211info? (information and referral services database partner)	(Y / N) Are you interested in learning more about 211info?	
Organization's Disaster Related Services:		
Organization's Service Area(s):		
Population Served:		



Member Organization Representative(s) Contact Information

Primary Representative Name & Title:		
Office Number:	Cell Number:	Texting (Y / N)
24/7 Contact Number:	Email:	Social Media Ability? None ---- moderate---- Advanced
Best Method of Contact:		
Secondary Representative Name & Title:		
Office Number:	Cell Number:	Texting (Y / N)
24/7 Contact Number:	Email:	Social Media Ability? None ---- Moderate ---- Advanced
Best Method of Contact:		
Tertiary Representative Name & Title:		
Office Phone:	Cell Phone:	Texting (Y / N)
24/7 Contact Number:	Email:	Social Media Ability? None ---- Moderate ---- Advanced
Best Method of Contact:		

Thank you for your interest in joining the LBCOAD!

Please return the membership application to the LBCOAD Secretary via email at:

linnbentoncoad@gmail.com