

MEMORANDUM OF UNDERSTANDING  
FOR USE OF SPACE OR ROOMS  
UNDER EMERGENCY CONDITIONS

This Memorandum of Understanding is between Tennessee Technological University (“TTU”) and \_\_\_\_\_ (“Provider”), located at [ENTER PROVIDER’S ADDRESS] \_\_\_\_\_ (“Location”) and shall be effective when signed by both TTU and Provider (“effective date”).

1. Provider agrees to allow TTU to use Provider’s space or rooms at its Location in the event TTU declares that emergency conditions (“Event”) exist that prevent TTU from using its own space for normal operations.
2. TTU and Provider will determine the extent of the space or rooms that will be made available at the time of the Event.
3. Provider understands that should an Event occur, TTU will use the space or rooms to conduct the business of the university, including but not limited to, use of the space or rooms as classrooms, offices and secured storage space.
4. TTU agrees that it will cooperate with Provider in scheduling the use of the space or rooms and will make every effort to minimize the impact of TTU’s use on Provider’s normal operations.
5. Provider agrees it will allow access to the space or rooms for the duration of the Event.
6. TTU agrees it will abide by Provider’s rules related to access to and security of the Location.
7. Provider agrees there will be no charge for use of the space or rooms unless TTU and Provider agree to such charges in a separate written document executed by authorized representatives of TTU and Provider.
8. TTU and Provider will use the following contact information for all communications related to this Memorandum:

[INSERT TTU CONTACT INFO TO INCLUDE EMERGENCY CONTACT INFO]

[INSERT PROVIDER CONTACT INFO TO INCLUDE EMERGENCY CONTACT INFO]

9. This Memorandum shall remain in effect for five years from the effective date unless cancelled as provided in Section 10.
10. Either TTU or Provider may cancel this Memorandum without cause or reason by giving the other party 90 days’ notice of the intent to cancel this Memorandum.

TTU

PROVIDER

\_\_\_\_\_  
Signature  
[VP OR EQUIVALENT IN CHARGE OF OPERATIONAL AREA]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date