

Instructions for Organizations Applying for Access to IPAWS-OPEN

1. Review the following eligibility criteria to determine if your organization and interoperable software system qualify for access to IPAWS-OPEN:

- State, local, tribal, territorial, or federal governmental organization of the United States.
- The interoperable software developer has executed an MOA with FEMA for system testing. See the IPAWS-OPEN Developers list posted at <http://www.fema.gov/library/viewRecord.do?id=5670>

2. If your organization and interoperable software system meet the criteria, complete the Memorandum of Agreement (MOA) application form and return to ipaws@dhs.gov. Please indicate "Operational COG Application" in the subject line of your email.

3. Notes on the MOA Application

a. Name of Sponsoring Eligible Organization: This organization must meet the eligibility criteria above and be responsible for ensuring the provisions of the MOA and accompanying Rules of Behavior are enforced. A Collaborative Operating Group (COG) is a term used by IPAWS to designate an organization that is responsible for coordinating emergency management or incident response activities. A COG may have members from multiple organizations (e.g., a regional mutual aid organization); however, an official Sponsoring Organization must execute the MOA on behalf of the COG membership.

b. Name and Title of individual who will sign the MOA on behalf of the Sponsoring Organization: The person who will execute the MOA on behalf of the Sponsoring Organization should be an individual who has the authority to enter agreements with the United States government on behalf of the organization.

c. Primary Point of Contact Information: This information pertains to the individual completing the application on behalf of the Sponsoring Organization. An official email address must be provided.

d. Alternate Point of Contact Information: This information will be only used by FEMA in the event the Primary Point of Contact cannot be reached.

e. Technical Point of Contact Information: This information pertains to the individual who is responsible for system administration for the Sponsoring Organization.

f. System Information: Three blank forms are provided to complete interoperable system information, which will be used to populate Appendix A of the MOA. Complete one form for each interoperable system as needed. (E.g., if only one interoperable system is used, complete only one form. If additional forms are required, contact the FEMA IPAWS MOA Coordinator.) If necessary, consult your system vendor/developer to ensure accuracy of the information. Vendor/developer contact information will only be used in the event that technical clarification is required.

4. Next Steps

Once the application has been submitted to the FEMA IPAWS MOA Coordinator, the MOA will be prepared and returned to the Primary Point of Contact for signature and return by the Sponsoring Organization. It will then be routed to the FEMA IPAWS-OPEN System Owner. Once executed, a COG ID and digital certificate will be generated and implemented in IPAWS-OPEN. A copy of the executed MOA, COG ID, and digital certificate will be returned to the Primary Point of Contact.

**Application for Memorandum of Agreement (MOA) between
FEMA and Collaborative Operating Group (COG)
for Access to IPAWS-OPEN by Interoperable Software System(s)**

Name of Sponsoring Eligible Organization:

Individual who will sign the MOA on behalf of the Sponsoring Eligible Organization

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Organization: _____

Physical Address: _____

City: _____ **State** _____ **Zip Code** _____

Primary Point of Contact

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Organization: _____

Physical Address: _____

City: _____ **State** _____ **Zip Code** _____

Alternate Point of Contact

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Organization: _____

Physical Address: _____

City: _____ **State** _____ **Zip Code** _____

Technical Point of Contact

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Organization: _____

Physical Address: _____

City: _____ **State** _____ **Zip Code** _____

Interoperable System 1

(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)

Name of Interoperable Software System:

Function:

Is this system intended to be used to issue public alerts for dissemination over the Emergency Alert System (EAS), the Commercial Mobile Alert System (CMAS) and/or National Weather Service dissemination systems (HazCollect) via IPAWS-OPEN? Yes No

(Briefly describe the purpose of the system.)

Host Server Location:

Type of Third Party Software System:

- Commercial Off the Shelf Software (COTS) Company: _____
 - Custom Designed Software Company: _____
 - Other If "Other", please describe:
-

Data Sensitivity: *(Note: Classified systems cannot be connected to IPAWS-OPEN)*

- Interoperable System 3 does not contain classified data. I understand that IPAWS-OPEN system data is considered Sensitive But Unclassified (SBU) and this level of security is adequate for our requirements. I also understand that Law Enforcement Sensitive or Sensitive Personally Identifiable Information (SPII) (such as Social Security Numbers) should not be passed through IPAWS-OPEN.

Data Description: *(Describe only data that will be relayed to or retrieved from IPAWS-OPEN.)*

Vendor/Developer Contact Information:

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Interoperable System 2

(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)

Name of Interoperable Software System:

Function:

Is this system intended to be used to issue public alerts for dissemination over the Emergency Alert System (EAS), the Commercial Mobile Alert System (CMAS) and/or National Weather Service dissemination systems (HazCollect) via IPAWS-OPEN? Yes No

(Briefly describe the purpose of the system.)

Host Server Location:

Type of Third Party Software System:

- Commercial Off the Shelf Software (COTS) Company: _____
- Custom Designed Software Company: _____
- Other If "Other", please describe: _____

Data Sensitivity: *(Note: Classified systems cannot be connected to IPAWS-OPEN)*

- Interoperable System 3 does not contain classified data. I understand that IPAWS-OPEN system data is considered Sensitive But Unclassified (SBU) and this level of security is adequate for our requirements. I also understand that Law Enforcement Sensitive or Sensitive Personally Identifiable Information (SPII) (such as Social Security Numbers) should not be passed through IPAWS-OPEN.

Data Description: *(Describe only data that will be relayed to or retrieved from IPAWS-OPEN.)*

Vendor/Developer Contact Information:

Name: _____ Title: _____

Email: _____ Telephone: _____

Interoperable System 3

(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)

Name of Interoperable Software System:

Function:

Is this system intended to be used to issue public alerts for dissemination over the Emergency Alert System (EAS), the Commercial Mobile Alert System (CMAS) and/or National Weather Service dissemination systems (HazCollect) via IPAWS-OPEN? Yes No

(Briefly describe the purpose of the system.)

Host Server Location:

Type of Third Party Software System:

- Commercial Off the Shelf Software (COTS) Company: _____
- Custom Designed Software Company: _____
- Other If "Other", please describe:

Data Sensitivity: *(Note: Classified systems cannot be connected to IPAWS-OPEN)*

Interoperable System 3 does not contain classified data. I understand that IPAWS-OPEN system data is considered Sensitive But Unclassified (SBU) and this level of security is adequate for our requirements. I also understand that Law Enforcement Sensitive or Sensitive Personally Identifiable Information (SPII) (such as Social Security Numbers) should not be passed through IPAWS-OPEN.

Data Description: *(Describe only data that will be relayed to or retrieved from IPAWS-OPEN.)*

Vendor/Developer Contact Information:

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____