Clinton Regional Hospital
100 N. 30th
Clinton, OK 73601

Memorandum of Understanding for Essential Utilities

with

Vendor Name: Church of Christ

Street Address: 2601 Custer Avenue

City: Clinton, OK 73601

Contact:

Telephone: 580-323-1648

Fax:

email:

Type of Equipment/Services:

This Memorandum of Understanding (MOU) is a: New Renewal

It demonstrates a mutual agreement with the vendor for the listed services in the event of a failure or disruption, including in the event of a disaster or emergency situation. This MOU may be amended or terminated in writing at any time at the request of either party and will be reviewed at least every three years.

This MOU will be effective until __10-1-2029_____

Company: Custer Ave. Church of Christ Date: 9-16-26

Clinton Regional Hospital: ____Brian Baker_____ Date: 9-16-26

Memorandum OF Understanding

(MOU)

FOR ALTERNTE CARE SITE

A MEMORANDUM OF UNDERSTANDING (MOU) Between:

CLINTON REGIONAL HOSPITAL 100 N. 30TH Clinton, OK 73601

AND

Church of

Christ_____

Purpose

Clinton Regional Hospital and ___Church of Christ_____
_____ to
establish an ALTERNATE CARE SITE (ACS).

_____Church of Christ_____shall provide the following support to Clinton Regional Hospital in the event of evacuation or major patient overflow is encountered as a result of either an internal or external mass casualty event occurring within the facility.

The use of the ___Church of Christ_____and needed/required utilities for the purpose of housing patients and/or hospital staff during times of mass casualty events that causes an influx of casualties or evacuation beyond the capacity of Clinton Regional Hospital.

Clinton Regional Hospital will work together in planning, preparation, and implementation of the MOU for the good of our citizens of Western Oklahoma. Clinton Regional Hospital shall provide personnel; supplies and materials required ensuring the quality care of any and all individuals utilizing the ACS.

The MOU shall be a living document to be amended, changed or section deleted as needed or required by either party to complete the mission/task of each occurrence that may arise.

Review of the MOU by both parties shall occur on an annual basis.

The MOU may be canceled by either party with 30 days written notice.

This MOU shall remain in effect for a period of 3 years from the date of execution.

Contact Information
Clinton Regional Hospital

_____Brian Baker_____(who)
____Facilities Director_____(dept)

100 N. 30th Clinton, OK 73601

_____580-547-5128_____(phone)
_brian.baker@crhaok.com_____(email)

Date: 9-16-26
(partner signature)

Date: 9-16-26
(partner signature)