



# ITASCA COUNTY HEALTH AND HUMAN SERVICES ITASCA RESOURCE CENTER

1209 S.E. 2nd Ave., Grand Rapids, Minnesota 55744-3983

Hearing Impaired Number TDD: 218-327-5549

**218-327-2941**

Visit us at: [www.co.itasca.mn.us](http://www.co.itasca.mn.us)

## Memorandum of Understanding

The purpose of this understanding is to clarify the expectations and level of support that the **City of Grand Rapids** will provide on behalf of the **Itasca County Toward Zero Deaths Coalition** TZD Safe Roads Coalition during the period beginning **October 1, 2021** and ending **September 30, 2022**.

The goal of this collaboration is to work together toward the goal of zero traffic deaths and serious injuries on our roads and highways.

Agreement:

**City of Grand Rapids** hereby agrees to:

1. Regularly attend TZD Safe Roads Coalition meetings.
2. Regularly attend Fatal Review Committee meetings.
3. Actively participate in TZD Safe Roads Coalition activities.
4. Report outcomes of activities to the TZD Safe Roads Coalition Coordinator.
5. Assist in obtaining crash information for Fatal and Serious Injury Committee meetings (Enforcement agencies only).

The **Itasca County Toward Zero Deaths Coalition** hereby agrees to:

1. Provide adequate notice of scheduled TZD Safe Roads Coalition meetings.
2. Provide TZD Safe Roads Coalition meeting minutes.
3. Provide adequate notice of scheduled Fatal Review Committee meetings.
4. Provide Fatal Review Committee meeting minutes.
5. Actively participate in TZD Safe Roads Coalition activities.

To accomplish these objectives, TZD Safe Roads Coalition meetings will be held at least six times a year. Fatal and Serious Injury Review Committee meetings will be held at least four times a year.

This memorandum may be terminated by either party giving the other party one month notice in writing.

Nothing in this MOU shall be deemed to be a commitment or obligation of funds from either party.

This MOU is at-will and may be modified with the mutual consent of the authorized individuals of both parties.

Signed,

Name: \_\_\_\_\_

Organization: **City of Grand Rapids**

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Name: Kelly Chandler

Organization: **Itasca County Public Health**

Title: **Public Health Division Manager**

Date: 7-20-2021