



NATIONAL ASSOCIATION OF EMS EDUCATORS

250 Mt. Lebanon Blvd
Suite 209
Pittsburgh, PA 15234

Phone: 412-343-4775
Fax: 412-343-4770
Email: naemse@naemse.org
Web: <http://www.naemse.org>

Cooperative Agreement Between The National Association of EMS Educators AND Fort Bend County EMS

This agreement between the National Association of EMS Educators, herein referred to as "NAEMSE" and Fort Bend County by and through Fort Bend County EMS, herein referred to as "Fort Bend County EMS", is for the purpose of hosting the NAEMSE EMS Instructor Course Level 2 on July 14-15, 2017.

Fort Bend County EMS agrees to provide the following:

1. The meeting space at Fort Bend County EMS defined as a facility of appropriate size to hold 100 participants at round or square tables (8-10 per table) at no cost to NAEMSE. Meeting space to be determined by County.
2. **Mandatory that we have access to the facility the day or evening before class to set up our materials.**
3. The following AV equipment needed for the course: Desk top computer and/or Laptop, Smartboard, and Projector
4. Help with marketing of the course in Texas through program websites and mailings to state education groups, provided that no cost is incurred by County.
5. Permission for NAEMSE to utilize the phrase "hosted at Fort Bend County EMS."
6. Coffee each morning for participants.

NAEMSE agrees to provide the following:

1. Expenses associated with the staff and faculty attending the course
2. Expenses associated with the shipping of supplies
3. Printing of Student Manuals and all other documents and forms associated with the course
4. All faculty and materials
5. Honorariums for Instructors
6. Permission for Fort Bend County EMS to utilize NAEMSE's logo for the promotion of the course
7. Distribution of Certificates of Successful Completion to students via email as a Electronic Certificate.
8. Post test examination and full remediation of unsuccessful attendees
9. Waived registration fees for (1) EMS Instructor for every 30 registered attendees from Fort Bend County EMS.
10. NAEMSE will establish and collect the course registration fee.
11. Clean up and return of the location to the same condition as when access was first provided. This responsibility includes: cleaning and neatly returning tables and chairs to their original location; removing signage; and properly disposing all trash.
12. A certificate of insurance that will be on file with, and approved by, the Fort Bend County Risk Management Director at least 2 weeks prior to the event.

NAEMSE reserves the right to cancel this course if the number of registrations does not reach 25 with two weeks of the course. This agreement shall become null and void if this course is canceled for any reason.

NAEMSE ALSO AGREES TO DEFEND, INDEMNIFY, AND SAVE HARMLESS COUNTY FROM AND AGAINST ALL CLAIMS, LIABILITY, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS FEES, ARISING FROM ACTIVITIES OF NAEMSE, ITS AGENTS, SERVANTS OR EMPLOYEES, PERFORMED UNDER THIS AGREEMENT THAT RESULT FROM THE NEGLIGENT ACT, ERROR, OR OMISSION OF CONTRACTOR OR ANY OF NAEMSE'S AGENTS, SERVANTS OR EMPLOYEES.

NAEMSE

Joann Freel

Joann Freel – Executive Director

12-15-16

Date

Fort Bend County

Robert E. Hebert

Robert E. Hebert, County Judge

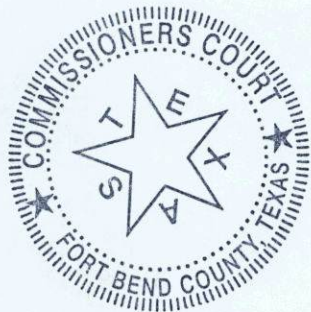
5-9-17

Date

Attest:

Laura Richard

Laura Richard
County Clerk



CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-191787

Date Filed:
04/12/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
National Association of EMS Educators
Pittsburgh, PA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Ft. Bend County EMS

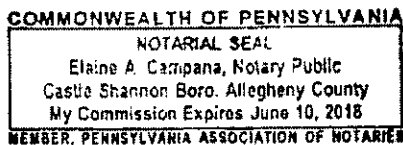
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2016-128207
Instructor Course Level 2 Education

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Ft. Bend County EMS	Ft. Bend, TX United States	X	

5 Check only if there is NO interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stephen A. Perdrialz, this the 2nd day of May, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Elaine A. Campana
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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National Association of EMS Educators
Pittsburgh, PA United States

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Ft. Bend County EMS

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Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath