Description: slogan

**Miami Dade County Department of Emergency Management**

9300 NW 41st Street

Miami, FL 33178

Email: [emergencyplans@miamidade.gov](mailto:emergencyplans@miamidade.gov)

Phone: 305-468-5400

Fax: 305-468-5401

**EMERGENCY WATER AGREEMENT INSTRUCTIONS**

**The Agency for Health Care Administration (AHCA) and Miami-Dade County Department of Emergency Management require that all facilities have a minimum three (3) day supply of potable water in the event of contamination of the County’s drinking water. A facility must store onsite and/or have immediate access to potable water to ensure the life safety of its clients. The formula to determine the minimum required amount of potable water per facility is 3 gallons per person per day for the facility’s licensed capacity amount. A facility may opt to select to store a three (3) to six (6) day supply of potable water or a minimum seven (7) day supply of potable water. If choosing to store a three (3) to six (6) day supply of potable water, an Emergency Water Contract with a vendor must be provided. If a facility chooses to store a minimum seven (7) day supply of potable water, a vendor contract is not required. The Emergency Water Agreement must be submitted on an annual basis. All signatures and dates on the Emergency Water Agreement must be hand-signed and dated. *When uploading the Emergency Water Agreement do not include this page.***

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**EMERGENCY WATER AGREEMENT**

In the event of an emergency that requires the supply of potable water to the facility,\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (*Name of Facility*), I, \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ (*Facility Owner and/or Administrator*), certify that the facility stores onsite or has immediate access to potable water, as well as have a valid Emergency Water Agreement with a vendor, if applicable.

I hereby certify that the facility stores onsite and/or has immediate access to the following:

*Select one option*:

|  |  |
| --- | --- |
|  | **3 to 6-day supply of potable water. Amount of water stored: \_\_\_\_\_\_\_\_\_\_\_ gallons.**  *The formula to determine the minimum required amount of potable water per facility is 3 gallons per person per day for the facility’s licensed capacity amount. When selecting this option, an Emergency Water Agreement with a vendor must be provided when submitting your facility’s Comprehensive Emergency Management Plan (CEMP).* |
|  | **Minimum 7-day supply of potable water. Amount of water stored: \_\_\_\_\_\_\_\_\_\_ gallons.**  *The formula to determine the amount of potable water required per facility is 3 gallons per person for 7 days for the facility’s licensed capacity amount.* |

|  |  |
| --- | --- |
| **Facility:** | |
| Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Facility Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Facility Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I hereby attest that I physically signed this Agreement on the date specified in this document. | |
| *Section below to be completed if someone other than the individuals listed above (e.g., consultant)*  *assisted in preparing this document.* | |
| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |