

MEMORANDUM OF UNDERSTANDING ("MOU")

For Capital Region Tsunami Information Portal "Tsunami Portal"

BETWEEN:

The City of Victoria ("Portal Participant")

AND:

Her Majesty the Queen as represented by the Minister of Public Safety and Solicitor General,
Emergency Management BC ("EMBC")

1. PURPOSE:

This MOU sets out the Portal Participant's consent to be included on the Tsunami Portal (an interactive tsunami map of the capital region), a jointly developed product intended for public access via the Internet, which will be hosted and managed by the Province.

2. TERM:

This MOU comes into force when signed by the Portal Participant and will remain in force until terminated by mutual agreement of the parties.

3. CONSENT:

The Portal Participant has been consulted and has participated in the creation of the Tsunami Portal based on tsunami data collected as part of the Capital Region Coastal Flood Inundation Mapping Project, which was made possible through a National Disaster Mitigation Program grant. Data is owned by EMBC and each individual Portal Participant. Having had opportunity to view the map product, the Portal Participant consents to the inclusion of its geographic area in the public-facing Tsunami Portal.

The Portal Participant further consents to the inclusion of its official mark or logo on the Tsunami Portal, Internet page, or elsewhere in communications regarding the Tsunami Portal, and will provide to EMBC high resolution electronic files for this purpose.

4. DISCLAIMER:

The Tsunami Portal is for public education and planning purposes only. The Portal Participant acknowledges that EMBC has conducted all reasonable due diligence in the compilation of data and creation of the Tsunami Portal, and the Portal Participant further acknowledges that EMBC is not responsible for the availability of, the use of, or reliance on any map data or interactive functionality by the Portal Participant or its residents.

Signed: _____

Signed: _____

Name of Portal Participant authorized signatory

Name of EMBC authorized signatory

Date: _____

Date: _____