Attachment 5: Memorandum of Agreement

Wisconsin Credentialing and Asset Management System

Memorandum of Agreement

This document is a Memorandum of Agreement (MOA) between the State of Wisconsin, Wisconsin Emergency Management and the County/Agency of _________________________________ as it specifically relates to the Credentialing Project, also known as the Wisconsin Credentialing and Asset Management System (WI-CAMS).

1. PARTIES. The parties to this memorandum are the State of Wisconsin, Wisconsin Emergency Management (WEM) and the County/Agency of _________________________________. Parties understand that WI-CAMS is a voluntary system and can be terminated with proper notice by either party and the return of equipment and supplies issued.

2. AUTHORITY. This acknowledgement is authorized under the provisions of Wisconsin Statute 66.0301.

3. PURPOSE. The purpose of this MOU is to establish a statewide credentialing system. This MOU further establishes system responsibilities of the parties and an understanding of the shared costs of producing and issuing individual and asset identification/qualification cards for prevention, protection, mitigation, response and recovery operations in Wisconsin. WI-CAMS will also be utilized for systematic intra- and interstate, and Emergency Management Assistance Compact (EMAC) deployments of Wisconsin’s emergency management resources.

4. WI-CAMS LEXICON. The following definitions apply to WI-CAMS and this MOU:
   a. Applicant: is the individual responder to an emergency in the State of Wisconsin that is issued an identification/qualification card. All Applicants shall have a sponsoring agency
b. **Sponsor:** is a sponsoring agency that responds to emergencies in the State of Wisconsin and is registered in WI-CAMS.

c. **Registrar:** is the agent maintaining WI-CAMS software and internet connectivity; the registrar reserves the right to revoke the participation of an Applicant, Sponsor or Issuing Agent.

d. **Issuing Agent:** is the agent that prints identification/qualification cards from WI-CAMS.

5. **RESPONSIBILITIES OF THE PARTIES.** To establish system “trust” as defined in the Federal Information Processing Standard 201 (FIPS 201), the following are required of the identification/qualification card issuing agents (Issuing Agent) and the State of Wisconsin, Emergency Management (Registrar) of WI-CAMS:

a. **Sponsor Responsibility:**

i. To validate Applicant qualifications and maintain “trusted” security of the information in WI-CAMS, at no time will the Applicant be permitted to enter their own information.

ii. County or Agency-level sponsors will be responsible for all information entered into WI-CAMS for their individual agency. Information entered may be subject to audit.

iii. Entered qualifications must be reviewed by the WI-CAMS Statewide User Group and published by Wisconsin Emergency Management. For all other resources, the National Incident Management System (NIMS) will be used.

iv. At no time will private or medical information be registered on the Applicant’s database record. Private and medical information includes, but is not limited to, Social Security numbers, driver’s license number, account numbers, blood type, allergies, medications, etc.

b. **Registrar Responsibility:**

i. Maintain the online database on a 24/7/365 basis with reasonable exception for maintenance outages and outages beyond the control of WEM.

ii. Username(s) and password(s) will be issued to the authority-in-charge of the Sponsoring agency. Applicants will not be issued login and passwords.
c. Issuing Agent Responsibility:
   i. Card revocation must be registered in WI-CAMS within 18 hours.
   ii. County-level Issuing Agents will only issue identification/qualification cards to the agency authority-in-charge, who is responsible for card distribution to the Applicant and notifying the Issuing Agent of revocation within 18 hours.
   iii. Agency-level Issuing Agents will directly be responsible for card distribution to the Applicant and registering the revocation within 18 hours.

6. PRINTING OF CARDS. Issuing Agent and Registrar will be authorized to print identification/qualification cards using WI-CAMS; however the individual County/Agency will be restricted to editing records and printing the identification/qualification cards of the applicants and sponsors within their jurisdiction. Permission to edit records and print cards of another jurisdiction will be by written permission of the County/Agency responsible for the other jurisdiction.

7. COST SHARE. Parties agree to the following cost share arrangement:
   a. WI-CAMS Costs.
      i. Will maintain SalamanderLive and the state connection to the InterTrax Exchange server for WI-CAMS.
      ii. As funding permits, one WI-CAMS reader/writer device will be issued to each County. Agency-level issuing Agents will not receive the reader/writer device.
      iii. As funding permits, one WI-CAMS printing key will be issued to each authorized Issuing Agent.
      iv. Authorized Issuing Agents will be provided the tamper-proof WEM hologram.
      v. Homeland Security Grant Program funds will be used by Wisconsin Emergency Management on behalf of local units of government.
   b. Partner Costs.
      i. Purchase and maintenance of identification/qualification card printers, including, but not limited to the cost of color printing ribbons, maintenance supplies and printer repairs.
      ii. The cost of blank cards, display supplies and postage.
iii. Costs associated with field application or deployment of identification/qualification cards, including but not limited to, Command software or Command boards, personal digital assistant card readers and software, on-location scanners, and RapidTag printers and supplies.

8. PRIVACY OF INFORMATION

SalamanderLive contains personal information on individuals whose information is stored in it. The use of this information is strictly for emergency management purposes inside the state of Wisconsin. By entering into this system, you agree to not release any personal information to include, but not limited to: names, home addresses, telephone numbers, or personal information outside of SalamanderLive without prior written approval of WEM. In addition personal information may be exempt from public release under the Wisconsin Open Records Law (Wis. Stat. § 19.31-19.39).

Requests for information on this system from any outside entity should be forwarded to WEM for its consideration. Questions on this policy should be directed to wicams@wisconsin.gov. Any violation of this policy may subject you to the loss of use of this system.

_________________________________________________________________________
Signature (Sponsor or Issuer)                                              Date

_________________________________________________________________________
Name (Please print)                                                       Title