

Property Assignment/Housing Agreement

This Property Assignment/Housing Agreement is made effective as of(date) by and between Piney Woo Regional Advisory Council (RAC-G) and(facility name).		
1.	RAC-G owns the following property:	
	Item:	
	Make:	
	Model:	
	Serial Number:	
2.	RAC – G and (facility name) are parties to the TSA Health Care Coalition	
	Agreement and/or Texas EMTF Memorandum of Agreement. Under these agreements,	
	(facility name) has agreed to participate as a Provider, Subcontractor, or Facility	
	in the TSA and/or the Emergency Medical Task Force (EMTF-4) in which RAC-G is the Lead RAC.	
3.	In consideration of the participation by(facility name) in, RAC-G assigns the	
	Property(facility name) for its use and operation. It is understood and agreed	
	that title to the Property shall remain with RAC-G at all times. So long as the TSA agreements and/or the Texas	
	State EMTF MOA remains in force and effect, including through any extensions or renewals, and so long as	
	(facility name) complies with all terms of the Coalition Membership Agreement	
	and requirements,(facility name) shall have the right to possess, use, and	
	operate the Property in the normal course of business.	
	At all times during its possession of the Property,(facility name) shall maintain	
	insurance covering the property for any loss or damage in an amount at least sufficient to replace the property in	
	the event of a total loss. Further, (facility name) shall also maintain at all times	
	liability insurance that will extend to its use or operation of the property in an amount of no less than operational	
	equipment purchased directly by the agency for daily use, for death or personal injury and no less than	
	(\$1,000,000) for property damage. RAC-G will be listed on the insurance as an additional insured on all applicable	
	insurance policies concerning the Property or any claims arising out of its use or operation by	
	(facility name). Upon the execution of the agreement and at the beginning of	
	each policy period thereafter, (facility name) will provide to RAC-G proof of insurance. If the hospital does not have the ability to sustain or provide short term insurance for the property, the	
	hospital agrees to take full responsibility for the property and agrees to pay for repairs or replacement cost.	
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4.	During possession, use, and operation of the Property,	
	reimbursement(facility name) is not expected to replace or purchase Capital item expenditures due to tenure and age of the medical equipment; this responsibility will stay with the RAC/G	
	program. In the event of any damage to the Property during the term of this Agreement,	
	(facility name) will advise RAC-G in writing by fax, email or letter within 48 Hours of knowledge of the occurrence of such event.	
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5.		(facility name) will indemnify and hold harmless RAC-G for and from any claims
		third parties for injuries, damages, or losses of any kind arising from the possession, use, and/or operation
	of the Pr	roperty by (facility name), including court costs and attorney's fees.
6.		(facility name) will indemnify and hold harmless RAC-G for and from any claims
	made by	(facility name) employees or deployed personnel for injuries, damages
		of any kind incurred by them in connection with the possession, use, and/or operation of the property.
7.		(facility name) will return the property to RAC-G upon termination of approved
	time frar agreeme	me. The inventory list will be signed and attached to this agreement to verify equipment referred to in this ent.
8.		(facility name) will follow all manufacture guidance regarding storage, usage and
	cleaning.	. Any deviations must be requested in writing either by fax, email or letter and approval must be granted.
9.	•	ces or communications regarding the Property or terms of this Agreement shall be made to those persons ed below:
	F F 1 1 S	Sheryl Coffey President/CEO Piney Woods Regional Advisory Council 100 E Ferguson St - Suite 708 Tyler TX 75702 903-593-4722 Sheryl@rac-g.org Date:
		(Director)
	-	(Street Address)
	-	(City, State, Zip)
	_	(Phone)
	-	(Email)
	Signed:_	Date: