

**POST-EVENT MEMORANDUM OF AGREEMENT (MOA) BETWEEN SAN BERNARDINO COUNTY
AND THE CITY OF LOS ANGELES PERTAINING TO EMERGENCY MUTUAL AID PROVIDED**

WHEREAS, this event and associated conditions will collectively be referred to as “Line Fire” and “Bridge Fire” incidents; and

WHEREAS, on September 7, 2024, San Bernardino County (County) proclaimed a local emergency to exist within the County for the Line Fire; and

WHEREAS, on September 10, 2024, the County proclaimed a local emergency to exist within the County for the Bridge Fire; and

WHEREAS, as a result of the Line Fire and Bridge Fire incidents, the County required specialized emergency management geographic information system (GIS) and dashboard subject matter expertise; and

WHEREAS, the amount of duties, responsibilities, coordination, and communication required by the Line Fire and Bridge Fire incidents exceeded the County’s capacity to effectively respond and provide emergency management GIS subject matter expertise; and

WHEREAS, the San Bernardino County Director of Emergency Management requested the mutual aid assistance of the City of Los Angeles to provide emergency management support in connection with the Line Fire and Bridge Fire incidents; and

WHEREAS, the City of Los Angeles provided emergency mutual aid consisting of emergency management personnel, equipment, and/or materials during the period of September 17, 2024, through September 24, 2024, to assist with specialized emergency management services in connection with the Line Fire and Bridge Fire incidents;

NOW, THEREFORE, IT IS HEREBY AGREED by and between the County and the City of Los Angeles that the County may reimburse reasonable and responsible costs associated with the City of Los Angeles emergency mutual aid assistance during the Line Fire and Bridge Fire incidents.

City of Los Angeles

By _____
(Signature)

Name:
Title:
Agency:
Jurisdiction:
Date:

Providing Agency *(If different from Providing Jurisdiction)*

By _____ N/A _____
(Signature)

Name:
Title:
Agency:
Date:

San Bernardino County

By _____
(Signature)

Name: Dawn Rowe
Title: Chair, Board of Supervisors
County/City: San Bernardino County
Date: