

## Instructions for Organizations Applying for Access to IPAWS-OPEN

1. Review the following eligibility criteria to determine if your organization and interoperable software system qualifies for access to IPAWS-OPEN:

- Local, territorial, tribal, state, or federal governmental organization of the United States
- Interoperable software system has been successfully tested in the FEMA test environment

2. If your organization and interoperable software system meets the criteria, complete the Memorandum of Agreement (MOA) questionnaire form and return to [ipaws@dhs.gov](mailto:ipaws@dhs.gov).

3. Notes on the MOA Questionnaire

a. Name of Sponsoring Eligible Organization: This organization must meet the eligibility criteria above and be responsible for ensuring the provisions of the MOA and accompanying Rules of Behavior are enforced. A Collaborating Operating Group (COG) may have members from multiple organizations (e.g., a regional mutual aid organization); however, an official Sponsoring Organization must execute the MOA on behalf of the COG membership.

b. Name and Title of individual who will sign the MOA on behalf of the Sponsoring Organization: The person who will execute the MOA on behalf of the Sponsoring Organization should be an individual who has the authority to enter agreements with the United States government on behalf of the organization.

c. Primary Point of Contact Information: This information pertains to the individual completing the application on behalf of the Sponsoring Organization. An official email address must be provided.

d. Alternate Point of Contact Information: This information will be used by FEMA in the event the Primary Point of Contact cannot be reached.

e. Technical Point of Contact Information: This information pertains to the individual who is responsible for system administration for the Sponsoring Organization. It may refer to a member of the Sponsoring Organization or to a third party vendor or system developer. A digital certificate will be issued to the COG and will be transmitted to the Technical Point of Contact. The Technical Point of Contact is responsible for configuring the interoperable system with the digital certificate, or in the case of multiple interoperable systems, coordinating with system vendors or developers.

f. System Information: Three blank forms are provided to complete interoperable system information, which will be used to populate Appendix A of the MOA. Complete one form for each interoperable system as needed. (E.g., if only one interoperable system is used, complete only one form. If additional forms are required, contact the FEMA COG Coordinator.) If necessary, consult your system vendor/developer to ensure accuracy of the information. Vendor/developer contact information will only be used in the event that technical clarification is required.

4. Next Steps

Once the questionnaire has been submitted to the FEMA COG Coordinator, the MOA will be prepared and returned to the Primary Point of Contact for signature and return by the Sponsoring Organization. It will then be routed to the FEMA IPAWS-OPEN System Steward. Once executed, a COG ID and digital certificate will be generated and implemented in IPAWS-OPEN. A copy of the executed MOA and COG ID will be returned to the Primary Point of Contact and the COG ID and digital certificate provided to the Technical Point of Contact.

**Questionnaire for Memorandum of Agreement (MOA) between  
FEMA and Collaborating Operating Group (COG)  
for Access to IPAWS-OPEN by Interoperable Software System(s)**

**Name of Sponsoring Eligible Organization:**

\_\_\_\_\_

*Individual who will sign the MOA on behalf of the Sponsoring Eligible Organization*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*Primary Point of Contact*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

*Alternate Point of Contact*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

*Technical Point of Contact (Recipient of Digital Certificate)*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

# Interoperable System 1

*(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)*

**Name of Interoperable Software System:**

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**Function** *(briefly describe the purpose of the system):*

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**Host Server Location:**

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**Type of Third Party Software System:**

Commercial Off the Shelf Software (COTS)      Company: \_\_\_\_\_

Custom Designed Software      Company: \_\_\_\_\_

Other      If "Other", please describe:

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**Data Sensitivity:** *(Note: Classified systems cannot be connected to IPAWS-OPEN)*

For Official Use Only (FOUO)

Controlled Unclassified

Law Enforcement Sensitive

**Data Description:**

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*Vendor/Developer Contact Information:*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

## Interoperable System 2

*(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)*

**Name of Interoperable Software System:**

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**Function** *(briefly describe the purpose of the system):*

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**Host Server Location:**

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**Type of Third Party Software System:**

Commercial Off the Shelf Software (COTS)      Company: \_\_\_\_\_

Custom Designed Software      Company: \_\_\_\_\_

Other      If "Other", please describe:

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**Data Sensitivity:** *(Note: Classified systems cannot be connected to IPAWs-OPEN)*

For Official Use Only (FOUO)

Controlled Unclassified

Law Enforcement Sensitive

**Data Description:**

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*Vendor/Developer Contact Information:*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### Interoperable System 3

*(The following information will be used to populate Appendix A of the MOA. Please complete one form for each interoperable system connecting to IPAWS-OPEN.)*

**Name of Interoperable Software System:**

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**Function** *(briefly describe the purpose of the system):*

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**Host Server Location:**

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**Type of Third Party Software System:**

Commercial Off the Shelf Software (COTS)      Company: \_\_\_\_\_

Custom Designed Software      Company: \_\_\_\_\_

Other      If "Other", please describe:

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**Data Sensitivity:** *(Note: Classified systems cannot be connected to IPAWS-OPEN)*

For Official Use Only (FOUO)

Controlled Unclassified

Law Enforcement Sensitive

**Data Description:**

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*Vendor/Developer Contact Information:*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_