



22285 Yellow Gate Lane, Suite 102
Aurora, Oregon 97002
Office (503) 678-4364
Fax (503) 678-4369

Memorandum of Understanding

City of Newport ("Newport") provides fuel services through the Newport FBO at the Newport Municipal Airport. Life Flight Network ("LFN") provides rotor-wing and critical care ground transport services from its base at the Newport Municipal Airport. The Newport FBO staff perform daily fuel sumping. From time to time the Newport FBO is unstaffed and unable to complete the daily fuel sumping. On days when the Newport FBO is unstaffed and unable to complete the daily fuel sumping, LFN pilots will complete the daily fuel sumping in accordance with LFN's fueling procedures and using LFN forms for documentation purposes.

This will confirm the parties' mutual understanding with respect to fuel sumping at the Newport Municipal FBO.

LIFE FLIGHT NETWORK, LLC,

By: 

Name: Ben Clayton

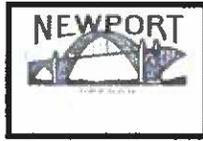
Title: Chief Operating Officer

Date: 9 JUNE 2020

CITY OF NEWPORT,

By: 
Name: Spencer Nebel *MARGARET M. HAWKER*
acting
Title: ~~Newport~~ City Manager

Date: June 22, 2020



AUTHORIZATION FOR AGREEMENTS, MOUs, OR OTHER DOCUMENTS OBLIGATING THE CITY

All contracts, agreements, grant agreements, memoranda of understanding, or any document obligating the city (with the exception of purchase orders), requires the completion of this form. The City Manager will sign these documents after all other required information and signatures are obtained.

Document: MOA Life Flight Sumping Fuel Truck Date: June 11, 2020

Statement of Purpose: Life Flight has request to be able to sump the Jet-A check on day's staff is not here. This is to keep within FAA, fueling standards.

Department Head Signature: [Signature]

Remarks, if any: _____

City Attorney Review and Signature: [Signature] Date: 6/22/2020

Other Signatures as Requested by the City Attorney: _____

					Name/Position
	Signature				Date:
Budget Confirmed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>		
Certificate of Insurance Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>		
City Council Approval Needed:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		Date:	_____

After all the above requested information is complete and signatures obtained, return this form, along with the original document to the City Manager for signature. No documents should be executed prior to the City Manager's approval as evidenced by signature of this document.

City Manager Signature: _____ Date: _____

Once all signatures and certificates of insurance have been obtained, return this document, along with the original, fully-executed agreement, MOU, or other document to the City Recorder. A copy of grant agreement and all project funding documents, must be forwarded to the Finance Department for tracking and audit purposes.

City Recorder Signature: [Signature] Date: 6/22/2020

Date posted on website: 6/30/20