

**Memorandum of Understanding
Between
The City of Emeryville
And
The County of Alameda Public Health Department**

This Memorandum of Understanding ("MOU") is made and entered into this ____ day of _____, 20~~xx18~~ by and between the City of Emeryville ("City") and the Alameda County Public Health Department ("County"). Each party is individually a "Party" and collectively the "Parties".

SUBJECT: Provision of Education and Outreach for City's Smoking Pollution Ordinance

A. Purpose and Scope

The purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the City's Smoking Pollution Control Ordinance.

B. Reference

Please refer to the City's Smoking Pollution Control Ordinance, Emeryville Municipal Code Title 5, Chapter 29, effective January-MONTH DATE, YEAR1, 2019, ("Ordinance") for the regulations that will be the subject of the education and outreach associated with this MOU.

C. County Responsibilities

The County will:

1. Designate a person at the County who will be the primary contact for inquiries and complaints related to the Ordinance ("County Designated Representative").
2. Designate a phone number and email address that will be used for all inquiries and complaints from the public related to the Ordinance. This contact information will be listed on all educational materials related to the Ordinance.
3. Prepare and distribute educational materials, subject to City review and approval, and which include, but are not limited to, notification about the new Ordinance and technical assistance, such as, frequently asked questions ("FAQs"), and posters to landlords, homeowner associations ("HOAs"), property management companies, tenants, business owners, and other appropriate groups and individuals.
4. In consultation with the City, prepare a form for complaints associated with the Ordinance, which can be completed online or on paper.
5. Post educational materials about the Ordinance on the Alameda County Public Health Department Tobacco Control Program website with links to the City's webpage about the Ordinance.

Commented [TJ1]: We now use an online form, no paper.

6. Respond to complaints associated with the Ordinance with educational outreach, written correspondence, phone calls, site visits, and referral for mediation services as appropriate.
 - a. At a minimum, the County will send a letter to the appropriate parties in response to the first ~~and~~, second, and third complaints received in relation to smoking at a single address within a ~~six one-month-year~~ period to inform the parties of their rights and obligations under the Ordinance.
 - b. The County will work with the City to develop an administrative process that will provide the specific requirements related to addressing complaints associated with the Ordinance.
7. Track all calls, emails, and complaints associated with the Ordinance. Calls, emails, and complaints will be tracked by address, unless the Parties' designated representatives agree to track in a different manner. County will document all County actions taken in response to calls or complaints. All complaints will be logged in the online complaint system even if they originate via phone or email.
8. Provide an annual report to the City by January 31 indicating number of calls and complaints received, and the actions taken by the County in response to the calls and complaints.

D. City Responsibilities

The City will:

1. Assist the County in carrying out its obligations under this MOU, which includes but is not limited to, designating a person within ~~the City Police Code Enforcement Department~~ who will be the primary contact for the County as it relates to this the Ordinance and MOU ("City Designated Representative").
2. Create and maintain a webpage on the City's website that will include educational materials related to the Ordinance.
3. Provide links on the City's website to the Alameda County Public Health Department Tobacco Control Program website where the online complaint form resides.
4. Review and approve all educational materials about the Ordinance and the complaint form prepared by the County before they are distributed to the public.
5. If the County's education and outreach efforts have not been successful, the County will notify the City's Designated Representative and will transfer the complaint form(s), and any other documents to the City's Designated Representative within a reasonable time ~~period~~. The City will be responsible for any enforcement ~~action~~ of action related to the Ordinance.

E. Compensation and Fees

The Parties agree that the City will not compensate the County for providing the services specified herein, because the costs of these services is covered by state funds.

F. Effective Date and Term

This MOU shall take effect upon signature by the County and shall remain in effect so long as not Terminated by either party pursuant to Section G.

G. Termination

This MOU may be terminated for the following reasons:

1. Upon the repeal or significant modification of the Ordinance; or
2. For any reason by either Party at any time during the term of this MOU, provided that written notice is given three months prior to the effective date of termination.

H. Severability Clause

Should any provision of this MOU be unenforceable, those provisions shall be considered severable, and the remaining provisions shall remain in effect.

I. Modifications

This MOU may be amended by written agreement of both Parties. No alternation of the terms herein shall be valid unless made in writing and signed by the Parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on either Party.

J. Notices and Contact Information

All notices and other communications from one party to the other pursuant to this MOU, shall be provided to the following contact persons:

County: ~~NAME~~Tamiko Johnson
Alameda County Public Health Department | Health Care Services Agency
Tobacco Control Program
~~11000 San Leandro Blvd~~Broadway, Suite 500 | ~~Oakland~~San Leandro, CA
94577607
~~Tamiko.johnson@acgov.org~~EMAIL | (510) ~~xxx-xxxx~~208-5916

City: ~~Police-Code Enforcement Officer~~Chief
City of ~~Emeryville~~CITY NAME
2449 Powell Street, Emeryville, CA 94608CITY ADDRESS
(510-596-3700xxx) xxx-xxxx

~~jtejada~~EMAIL@emeryville.org

with a copy to:

City Attorney's Office
~~1333 Park Avenue~~
~~Emeryville, CA 94608~~ADDRESS
~~CITY, STATE, ZIP~~
~~510-596-4381~~xxx-xxx-xxxx

K. Authorization to Execute MOU

The County _____ is authorized to execute this MOU, pursuant to action taken by the Alameda County Board of Supervisors on _____. The City Manager of the City of ~~Emeryville~~_____ is authorized to execute this MOU, pursuant to action taken by the City of ~~Emeryville~~_____ City Council on _____.

Commented [TJ2]: Since no funds are exchanging hands, a letter of agreement will suffice in lieu of a MOU.

County Representative Date: _____

~~Carolyn Lehr~~NAME, City Manager Date: _____

Approved as to Form:

~~Michael Guina~~NAME, City Attorney

Sample Letter of Agreement

This Letter of Agreement is between (Name of City)_____ and Alameda County Public Health Department's Tobacco Control Program to ensure effective implementation and enforcement for City of _____ Smoking Ordinance Smoke-free Multi-Unit Housing sections (Ordinance ##) effective _____MM/DD/YYYY. This letter specifies responsibilities to be undertaken by each party. This Agreement can be ended by either party in writing with 30 days' notice.

Responsibilities:

For Multi-Unit Housing complaints:

City of _____ will:	TCP will:
<u>Informing residents</u> Post description of ordinance on city website Post link to TCP complaint form Provide list of rental housing providers and homeowners' associations to TCP Forward Signage requests to TCP	<u>Informing residents</u> Mail informational postcard (see example Addendum A) to all rental housing providers and Homeowners' associations Develop, print and laminate signs that identify no smoking areas and include how to complain if exposed to smoke Upon request, distribute signs at no cost to rental housing providers and homeowners' associations Implement digital advertising geo-fenced to City of _____ about the law and how to make a complaint
<u>Complaints</u> No responsibilities	<u>Complaints (specific.Flowchart.developed.for.City.of((((((.Addendum.B)</u> Maintain an online portal to receive complaints in English, Spanish, Chinese and Vietnamese Receive all complaints through online portal Collect information about each complaint Send 1 st warning letter to alleged violator Coordinate with complainant on collecting additional evidence as needed Maintain communication with complainant

	<p>to determine if smoking has stopped</p> <p>If smoking has not stopped send 2nd warning letter to alleged violator</p> <p>Maintain communication with complainant to determine if smoking has stopped</p> <p>If smoking has not stopped send 3rd warning letter to alleged violator</p> <p>Maintain communication with complainant to determine if smoking has stopped</p> <p>After third warning letter if smoking behavior continues, TCP will refer case and collected evidence to City of _____ enforcement staff</p> <p>May: perform a site inspection if there is a disagreement between complainant and violator</p>
<p><u>Violations</u></p> <p>If smoking violation is occurring inside individual unit, inside common area or outside common area then send notice of violation and \$_____fine.</p> <p>For additional violations occurring send \$_____ for second violation and \$_____ fine for additional violations within one year of first violation notice.</p> <p><u>For each notice of violation, set a timeframe for possible appeal</u></p>	<p><u>Violations</u></p> <p>Will transfer all collected evidence to City of_____ enforcement staff if there is continued smoking after 3 warning letters.</p> <p>Will communicate with complainant after each notice of fine has been sent to determine if smoking behavior has stopped.</p>
<p><u>Appeals</u></p> <p>Identify person responsible for hearing appeals</p> <p>Schedule appeals within xx days</p> <p>Notify violator of appeals date</p> <p>Hold appeal hearing and render judgment</p>	<p><u>Appeals</u></p> <p>Invite complainant to testify at hearing</p>

Additional resources to be provided by TCP and/or CBO partner

- Link to complaint form in English Spanish and Mandarin languages for City website.

To make a Smoking Complaint

[English](#) | [Spanish](#) | [Chinese](#) | [Vietnamese](#)

- Tobacco treatment resource links: ([Kick-it CA](#), [Alameda County Tobacco Control Coalition](#))
- Design and purchase of No smoking signs that include tobacco, cannabis, vaping symbols as well as an email address to contact if there is a complaint. Include City ordinance name and Municode chapter number where ordinance is located and cessation information.
- Design and pay costs for mailing Ordinance Educational postcard to all Property owners of multi-unit properties and HOAs in the City of _____. (See Example Addendum A)
- FAQ document for educating MUH owners and notifying residents on City of _____ SFMUH ordinance posted on City of _____ website

Signatures:

For City of _____:

For ACPHD, TCP:

Name

Name

Title

Title

Date

Date

Addendum A Post Card Example



SMOKE - FREE



To protect residents from secondhand smoke, smoking is prohibited in multi-unit residences in the City of Oakland, California starting on **January 2, 2025**.

Con el fin de cuidar la salud de los fumadores pasivos, fumar en las residencias de unidades múltiples de las áreas no incorporadas del condado de Alameda estará prohibido a partir del **2 en enero de 2025**.

- The law applies to multi-unit residences in the City of Oakland (Ordinance No. 13820).
- A multi-unit residence is housing with two or more units, including apartments, townhomes, condominium complexes, senior and assisted living facilities, long-term health care facilities, and hotels and motels.
- A multi-unit residence does not include single-family homes with an accessory dwelling unit or junior accessory dwelling unit and mobile homes in a mobile home park.
- Property owners and HOAs are responsible for posting no smoking signs and informing residents of no smoking inside dwelling units.

This means no one is allowed to smoke:
Esto significa que a nadie se le permite fumar:



Oakland HOAs and Property Owners can email:
TCP@acgov.org

to order free no smoking signs and resident notification letter template

Las asociaciones de propietarios de viviendas de Oakland y los propietarios pueden enviar un correo electrónico: **TCP@acgov.org** para ordenar gratis no señales de fumar y plantilla de carta de notificación de residente.

- La ley se implementará en residencias de unidades múltiples en la ciudad de Oakland. (Ordenanza N° 13820).
- Una residencia de unidades múltiples es una vivienda que posee dos o más unidades, es decir, apartamentos, casas adosadas, complejos de condominios, instalaciones para la asistencia de personas mayores, instalaciones de asistencia médica a largo plazo, hoteles y moteles.
- No se considerarán residencias de unidades múltiples a las viviendas unifamiliares con una unidad de alojamiento auxiliar o con una unidad de alojamiento auxiliar pequeña, ni tampoco las casas rodantes que permanecen en un estacionamiento de casas móviles.
- Los propietarios y las asociaciones de propietarios de viviendas son responsables de no publicar señales de fumar e informar a los residentes de no fumar dentro de las unidades de vivienda.



地产业主和业主协会 (HOA) 负责张贴禁烟标志，通知居民禁止在住宅内吸烟。

奥克兰 HOA 和地产业主可发送电子邮件至：
TCP@acgov.org，免费订购禁烟标志和居民通知函模板。

For more information or to make a complaint:

Si desea recibir más información o realizar una queja, consulte en:

了解更多信息或提出投诉：

Visit:
<https://tinyurl.com/smokingcomplaintform>

Email: TCP@acgov.org

For resources on how to quit smoking, see:

Para recibir información sobre dejar el hábito de fumar, consulte en:

有关如何戒烟的信息，请参阅：

Visit: <https://tobaccofreealamedacounty.org/focus-areas/quit-tobacco/>
or
<https://tinyurl.com/Quit-tobacco>

