Notes from SHSP Grants Roadshow on 1/5 hosted by the state grants team

FY2015 Oregon State Homeland Security Program (SHSP) Application Training

Housekeeping

2

Introductions

- Name
- Agency
- Grant history
- What you hope to get from today

3

Ground Rules

What we will talk about

- Program Capabilities
- Grant Requirements
- State Guidance
- Application Package
- Forms
- Format

What we won't talk about

- Specific projects
- Specific funding

4

Overview

- Investment Justifications
- Program Grant Guidance
- Application Instructions
- Application forms
- Time Table
- Grant Management

5

Development of Investment Justifications

- State Strategy
- State Program & Capabilities Review (THIRA/SPR)
- Previous Year's Funding
- Previous grant submissions

6

Development of Investment Justifications

Previous Years Funding

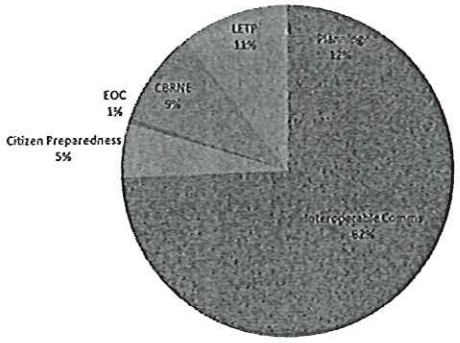
- Total SHSP: $3,837,000
- 80% Local Funds: $3,069,600

→ The state did not have the allocation amount for this year at the time of this presentation.

7

Development of Investment Justifications

FY14 Total Requests by Funding

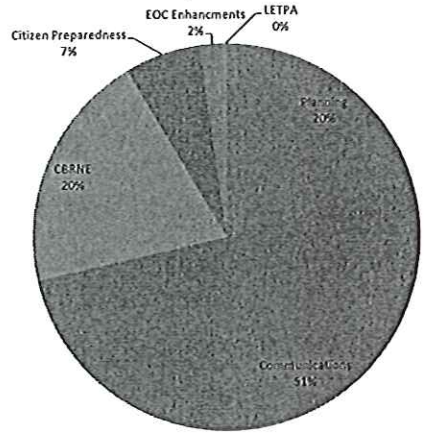


Total funds requested $7,371,599

8

Development of Investment Justifications

FY14 Funded Projects by Funding Levels



Total funds granted $3,069,600

9

SHSP Investment Justifications

FY2015

10

FY15 Investment Justifications

- Planning
- Interoperable Communications
- Special Teams
- Citizen Preparedness
- Cascadia Rising Exercise

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Investment Justification
Guidance/Requirements

Planning

- Not intended for equipment
- Non-durables for training and exercising a plan are eligible
- Must identify incident, AAR, assessment, etc. that identifies need
  - Provide name of document; reference page and paragraph

12

Investment Justification
Guidance/Requirements

Interoperable Communications

Must align with these AEL categories

- 4 – Information Technology
- 6 – Interoperable Communications
- 10 – Power
- 14-SW-01 – Physical Security Enhancements
- 21-GN-00-INST - Installation

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Investment Justification
Guidance/Requirements

Interoperable Communications (cont'd)

- Align with Communications Strategy
  - Provide name of document; reference page and paragraph
- Align with Communications Plan
  - Provide name of document; reference page and paragraph

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Investment Justification
Guidance/Requirements

Interoperable Communications (cont'd)

- P25 Compliant
- Align with Oregon SCIP
  - Reference page number and paragraph
- Align with the FY14 SAFECOM

15

Investment Justification
Guidance/Requirements

Interoperable Communications (cont'd)

- Must reference the jurisdiction's communications repair, maintenance, and replacement plan
  - Provide name of document; reference page and paragraph
- **Tower installation is allowed but all agreements and permits must be referenced in the application**
- Doesn't align with listed AELs **CALL OEM**

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Investment Justification
Guidance/Requirements

Special Teams

- Existing teams with CBRNE/Catastrophic missions
  - Provide name of document; reference page and paragraph
- "TEAMS": Any group response and capability that have an organizational footprint smaller than an entire department.
  - The main purpose is to find focused organization of a capability

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Investment Justification
Guidance/Requirements

Citizen Preparedness

- Project must focus on citizen preparedness **or** one of the five core programs
- Planning
  - Public education and outreach
  - Building of public/private partnerships
- Training
  - Necessary to participate in volunteer activities
  - Promotion of community safety
- Equipment
  - Must align with Citizen Corps AEL SM3

18

Slide 18

SM3 Exercise?
Sidra Metzger-Hines, 12/19/2014

Investment Justification
Guidance/Requirements

Citizen Preparedness (cont'd)

- Volunteer recognition is a local responsibility
- OT/BF for emergency responders to teach will not be supported

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IJ Guidance/Requirements

Cascadia Rising Exercise

- Jurisdictions must commit to active participation in the Cascadia Rising Exercise
- An After Action Report (AAR) and written Improvement Plan (IP) must be submitted to OEM within 60 days of the exercise
- Planning
- Training
- Exercise

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IJ Guidance/Requirement

Cascadia Rising Exercise

For information and assistance contact

Bill Martin
Program Analyst Team Lead
503-378-2911 ext. 22226
bill.martin@state.or.us

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Program Guidance

- 12 month period of performance
- Equipment purchases must be completed within 8 months
- Projects must be completed by September 30, 2016
- Projects must be focused & maintain their schedule
- Extensions are not expected

22

Program Guidance

Eligible applicants include Local and Tribal units of government; only these agencies are eligible to receive direct awards.

Official units of government are defined on page 3 in the State Homeland Security Program Guidance **in accordance with** the Oregon Administrative Rules.

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Program Guidance

NIMS Compliance

All agencies, including those receiving direct benefit, must verify compliance with all listed NIMS requirements in order to be eligible to receive grant funds.

Questions regarding NIMS requirements:

Zach Swick
Domestic Preparedness Planner
503-378-2911 ext. 22233
zach.swick@state.or.us

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Program Guidance

Applicants must submit one collaborative countywide or regional application

- Tribal Governments may apply individually
- Oregon Office of Emergency Management will sub-grant awards directly to eligible individual agencies, as requested, upon project approval

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Program Guidance

Planning

All projects including a planning deliverable **must** complete no less than a table top exercise using HSEEP doctrine and submit the AAR and Improvement Plan to the State Exercise Point of Contact, Doug Jimenez

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Program Guidance

Planning

The State may facilitate contracts for planning related services.

Grantees will participate & assist with all aspects of their individual projects.

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Program Guidance

Training Requirements

All training must be coordinated through Oregon Office of Emergency Management prior to any funds being obligated.

Jim Adams
Domestic Preparedness Training Coordinator
503-378-2911 ext. 22232
james.adams@state.or.us

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Program Guidance

Training Requirement

Allowable:

- Conducting approved training
- Attending approved training
- Overtime & backfill associated with approved training*
- Training development**

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Program Guidance

Exercise Requirements

- Exercises conducted with grant funds must have a direct tie to the State THIRA
- Must be managed and executed in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP)
- Must be NIMS compliant

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Program Guidance

Exercise Requirements

Exercise Scenarios

- Based on the THIRA/SPR & the State's Homeland Security Strategy
- Acceptable scenarios include: chemical; biological; radiological; nuclear; explosive; cyber; agricultural; natural or technological disasters

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Program Guidance

Exercise Requirements

Exercise Scenarios (cont'd)

- Natural & Technological disasters must be catastrophic in scope & size as defined by the National Response Framework
- Scenarios must validate existing capabilities

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Program Guidance

Exercise Requirements

Exercise Scenarios (cont'd)

- Must be large enough to include multiple tasks, jurisdictions & disciplines
- Should be based on the Multi-year Training and Exercise Plan

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Program Guidance

Exercise Requirements

Exercise Evaluation

- 60 days final AAR with Improvement Plan to OEM

For additional assistance with exercises contact:

Doug Jimenez
Domestic Preparedness Exercise Coordinator
503-378-2911 ext. 22248
Doug.jimenez@state.or.us

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Program Guidance

Equipment

Funds may be used to acquire 21 categories of advanced levels of responder equipment listed on the Authorized Equipment List (AEL)

The AEL can be accessed at:
http://www.oregon.gov/OMD/OEM/Pages/plans_train/grant_info.aspx

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Program Guidance

Equipment

All equipment purchases must be completed within 8 months

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Program Guidance

Equipment

Applicants must comply with all requirements set forth in 44 CFR Section 13 for active tracking & monitoring of property/equipment. *2 C.F.R. Part 200 New OMB Circular

Applicants without adequate property/equipment tracking procedures will be disqualified from grant funding.

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Program Guidance

Personnel

Program funds may be used to support the hiring of full or part time personnel to conduct program activities that are allowable under FY2015 State Homeland Security Program Guidance and Application Package

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Program Guidance

Citizen Preparedness

- Projects which focus on citizen preparedness and education are eligible
- Projects which build public/private partnerships are eligible
- Citizen Corps focused projects are eligible, but should focus on maintenance and sustainment of current capabilities

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Program Guidance

Law Enforcement Terrorism Prevention Activities

In FY2015, 25% of the Oregon SHSP funding **must** support Law Enforcement Terrorism Prevention Activities

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Break Time

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FY2015 STATE HOMELAND SECURITY GRANT PROGRAM
COMBINED COVERSHEET
(see page 6 of application instructions)

Combine all sub-applicant requests within your county or tribe on this coversheet

County or Tribe Applicant: _____
Address: _____
Contact: _____
Phone number: (___) ___-____ e-mail: ____

Total Federal Funds Requested: $____

Amount Dedicated to Law Enforcement: $____

Project #1 $____
Project #2 $____
Project #3 $____
Project #4 $____
Project #5 $____
Project #6 $____
Project #7 $____

Total: $____

Sub-applicant Information:

Agency Name: _____ Total Funds Requested $____
Agency Name: _____ Total Funds Requested $____
Agency Name: _____ Total Funds Requested $____
Agency Name: _____ Total Funds Requested $____
Agency Name: _____ Total Funds Requested $____
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Agency Name: _____ Total Funds Requested $____
Agency Name: _____ Total Funds Requested $____
Agency Name: _____ Total Funds Requested $____
Agency Name: _____ Total Funds Requested $____

Total Requested $____

_____ County is in support of the four local projects identified in the State Program Guidance document being managed by Oregon Office of Emergency Management.

Authorized Official for the Agency: _____

Signature of Authorized Official _____ Date: _____

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FY2015 STATE HOMELAND SECURITY GRANT PROGRAM
SUB-APPLICANT COVERSHEET
(see page 7 of applications instructions)

Each sub-applicant agency requesting federal funds (within your county or tribe) must complete a separate sub-applicant coversheet for each project.

Project Title: _____

County or Tribe: _____

Sub-Applicant Agency Requesting Funds: _____

Federal Funds Requested: $ ____

Program Mailing Address: _____

Fiscal Mailing Address: _____

Program Contact: _____ Title: _____

E-mail _____ Phone number: (___) ___-____ ext. _____

Fiscal Contact: _____ Title: _____

E-mail _____ Phone number: (___) ___-____ ext. _____

Identify State Investment Justification: Choose One

Agency Federal Tax Identification Number: _____

Agency Data Universal Numbering System (DUNS) Number: _____
To obtain a DUNS number for your agency, please go to the D&B website at: http://fedgov.dnb.com/webform, or call the DUNS Number request line at 1-866-705-5711.

Completed required registration in System for Awards Management (SAM): Yes ☐ _____ (initial)
(your DUNS number is a required field to start your SAM Registration)
CAGE Number: _____ (found within your completed SAM)
To register in SAM, please go to the SAM website at www.sam.gov/portal/public/SAM/.

My jurisdiction has a property/equipment tracking and monitoring system in place that complies with the requirements set forth in 44CFR Section 13. ☐YES ☐NO _____ (initial)

Authorized Official for the Agency: _____

Signature of Authorized Official: _____ Date: _____

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STATE HOMELAND SECURITY
PROJECT PLANNING WORKSHEET

Overview

This worksheet is for applicants applying for the FY2015 State Homeland Security Grant Program (SHSGP) funding in compliance with FY2015 Application Instructions and Grant Guidance. This worksheet must be completed in full and provide a detailed budget as identified in the application instructions. No more than seven (7) worksheets may be turned in per county or tribe.

Project Information:
(See page 7 of application instructions)

1. County or Tribe:

2. Project Name:

3. Total Federal Funding Requested:

Investment Justification
(See page 4 of application instructions)

4. Identify State IJ:
Choose One

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Baseline: New or Ongoing Project

Capabilities that will be created or enhanced by the project.
(See pages 7 and 8 of application instructions)

5. Project Phase: (Place an "X" in the corresponding box) (Point Value = 5)
☐ Sustaining or maintaining a core capability acquired with Federal funding
☐ Sustaining or maintaining a core capability acquired without Federal funding
☐ Developing or acquiring a new core capability (new capabilities must be deployable)
Description of Capabilities:

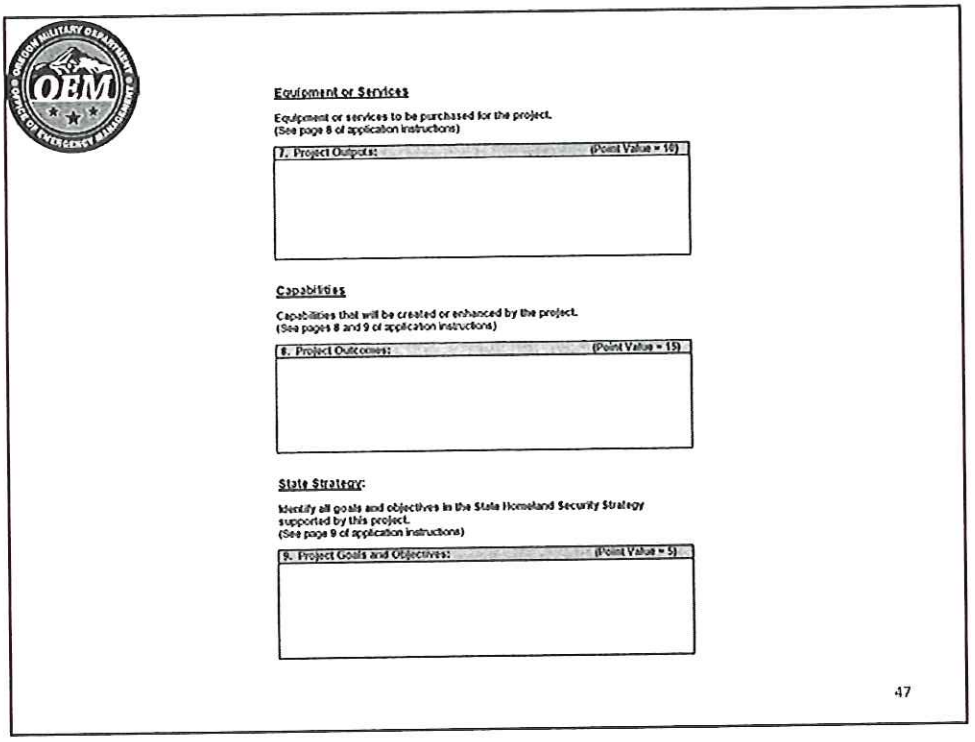
45

Project Description:

Provide a detailed description of this project.
(See page 8 of application instructions)

6. Description of Project: (Point Value = 30)

46



Equipment or Services

Equipment or services to be purchased for the project.
(See page 8 of application instructions)

7. Project Outputs:	(Point Value = 10)

Capabilities

Capabilities that will be created or enhanced by the project.
(See pages 8 and 9 of application instructions)

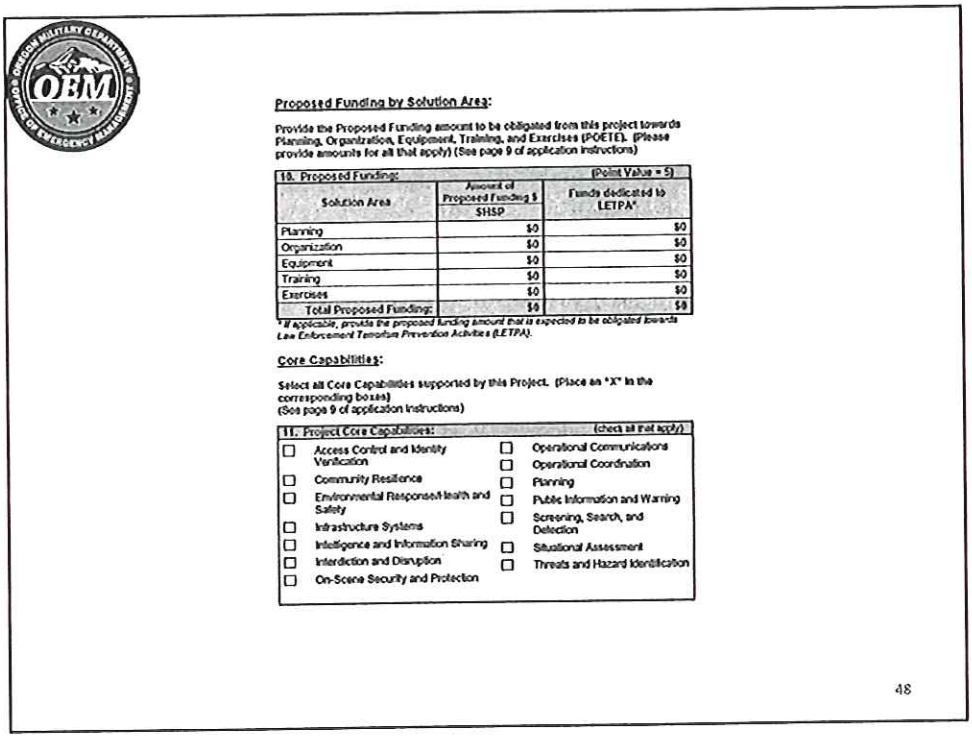
8. Project Outcomes:	(Point Value = 15)

State Strategy:

Identify all goals and objectives in the State Homeland Security Strategy supported by this project.
(See page 9 of application instructions)

9. Project Goals and Objectives:	(Point Value = 5)

47



Proposed Funding by Solution Area:

Provide the Proposed Funding amount to be obligated from this project towards Planning, Organization, Equipment, Training, and Exercises (POETE). (Please provide amounts for all that apply) (See page 9 of application instructions)

10. Proposed Funding:		(Point Value = 5)
Solution Area	Amount of Proposed Funding $ SHSP	Funds dedicated to LETPA*
Planning	$0	$0
Organization	$0	$0
Equipment	$0	$0
Training	$0	$0
Exercises	$0	$0
Total Proposed Funding:	$0	$0

*If applicable, provide the proposed funding amount that is expected to be obligated towards Law Enforcement Terrorism Prevention Activities (LETPA).

Core Capabilities:

Select all Core Capabilities supported by this Project. (Place an "X" in the corresponding boxes)
(See page 9 of application instructions)

11. Project Core Capabilities:		(check all that apply)
☐	Access Control and Identity Verification	☐ Operational Communications
☐	Community Resilience	☐ Operational Coordination
☐	Environmental Response/Health and Safety	☐ Planning
☐	Infrastructure Systems	☐ Public Information and Warning
☐	Intelligence and Information Sharing	☐ Screening, Search, and Detection
☐	Interdiction and Disruption	☐ Situational Assessment
☐	On-Scene Security and Protection	☐ Threats and Hazard Identification

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Milestones:

Identify Milestones by quarter, with start and end dates, which will be achieved within the period of performance.
(See pages 9 and 10 of application instructions)

12. Project Milestones:		(Point Value = 15)	
Quarter	Milestones	Start Date (mm/yyyy)	End Date (mm/yyyy)
1		10/2014	12/2014
2		01/2015	03/2015
3		04/2015	06/2015
4		7/2015	9/2015

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Sustainment:

Identify how you will sustain the project.
(See page 10 of application instructions)

13. Sustainment:	(Point Value = 15)

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Subapplicant: ____________________
Project Number: ____________________
Project Name: ____________________

(See pages 10 and 11 of application instructions, Point Value = 15)

IJ	Core Capability	Equipment Category	Item	AEL Reference Number	Quantity	Unit Cost	Total Cost	Agency	Discipline
							$0		
							$0		
							$0		
							$0		
							$0		
							$0		
							$0		
							$0		
							$0		
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							$0		
							$0		

Equipment Subtotal $0
Planning Subtotal $0
Training Subtotal $0
Exercise Subtotal $0

Subapplicant: ____________________
Project Number: ____________________
Project Name: ____________________

(See pages 10 and 11 of application instructions, Point Value = 15)

IJ	Core Capability	Planning/Description of Expense	Total Cost	Agency	Discipline
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		

Planning Subtotal $0

IJ	Core Capability	Training Course	Item/Expense	Number Trained	Total Cost	Agency	Discipline
					$0		
					$0		
					$0		
					$0		
					$0		
					$0		
					$0		
					$0		

Training Subtotal $0

IJ	Core Capability	Exercise/Description of Activities	Total Cost	Agency	Discipline
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		

Exercise Subtotal $0
Equipment Subtotal $0

PROJECT TOTAL $0

(See page 15 of application instructions)

Grant Programs Directorate

Homeland Security

OMB Control # 1660-0115
Expiration Date: 10/31/2013
FEMA Form 024-0-1

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

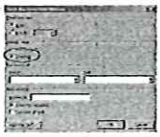
ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING FORM

Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0115) NOTE: Do not send your completed form to this address.

Completing the Screening Form:
This form must be attached to all project information sent to the Grant Programs Directorate (GPD) to initiate environmental and historic preservation (EHP) compliance review, per the National Environmental Policy Act (NEPA) and other EHP laws and executive orders. *There is no need to complete and submit this form if the grant scope is limited to planning, management and administration, classroom-based training, table-top exercises and functional exercises, or purchase of mobile and portable equipment where no installation needed.* Information Bulletin 345 (September 1, 2010) provides details on these activities. The form must be completed by someone with in-depth understanding of project details and location. Completion of this form does not conclude the EHP review process and FEMA may need to contact you for further information. Not providing requested information may result in funding release delays. This form is intended to be completed electronically. The following web site provides a version of this form that is suitable for printing and completing by hand as well as additional guidance such as on how to make an aerial map: http://www.fema.gov/plan/ehp/ehp-applicant-help.shtm#5

To check (X) a box (for example, ☐ Yes ☐ No), left double-click using your mouse and a Check Box Form Field Options box will appear, then under the Default Value, select Checked and press OK (see figure, right). To write in a text field (_____) select the text field with your mouse and begin typing.



Submit completed form with necessary attachments to GPDEHPinfo@fema.gov with the following information in the e-mail subject line: EHP Submission, Project Title, Subgrantee Name, Grant Award Number (Example, EHP Submission: Courthouse Camera Installation, Any Town, State, 11111).

Environmental and Historic Preservation Screening Form

Complete all of Section A, Section B, all of each portion(s) of Section C corresponding to checked blocks in Section B, and all of section D that apply to the project.

A. PROJECT INFORMATION (complete all)

DHS Grant Award Number: _____ Grant Program: _____
Fiscal Year: _____
Project Title: _____
Grantee (SAA): _____ Sub grantee: _____
Grantee POC: _____ Subgrantee POC: _____
Mailing Address: _____ Mailing Address: _____
E-mail: _____ E-mail: _____
Dollar value of grant (if known): _____

B. PROJECT TYPE

Please check ALL the block(s) that best fit the scope of the project.

☐ 1. Training and Exercises. Go to page 2. Complete all of Section C.1.
☐ 2. Purchase of Equipment. Go to page 3. Complete all of Section C.2.
☐ 3. Physical security enhancements. Go to page 3. Complete all of Section C.3.
☐ 4. Renovations/upgrades/modifications to existing structures. Go to page 3. Complete all of Section C.4.
☐ 5. New construction/addition. Go to page 4. Complete all of Section C.5.
☐ 6. Communication towers, related equipment, and equipment shelters. Go to page 5. Complete all of Section C.6.
☐ 7. Other. If your project does not match any of these categories, go to page 6. Complete Section C.7.

The following information is required to initiate EHP review of the project. Based on the project's scope of work, determine which project type applies below and complete that section. For multi-component projects or those that may fit into multiple project types, complete the section that best applies and provide a complete project description. The project description should contain a brief summary of what specific actions are proposed, where it is proposed, and how it will be implemented. If the project involves multiple locations, information for each must be provided. Attach additional pages, if needed.

Provide a complete project description: _____

C. PROJECT DETAILS

1. ☐ Training and Exercises (check each that applies): ☐ Classroom-based ☐ Field-based
All training must provide the following:
   a. Describe the scope of the proposed training or exercise (purpose, frequency, materials, and equipment needed, number of participants, and type of activities required) (Attach additional pages, if needed.): _____
   b. Will the field-based training take place at an existing facility having established procedures for that particular proposed training and exercise, and that conforms with

existing land use designations (refer to Information Bulletin 5929 http://www.oregon.gov/LCD/IB/IB_050909.shtml) for further information)? ☐ Yes ☐ No

- If yes, please provide the name and location of the facility (physical training site address or latitude-longitude) ____
- If no, provide the location (physical project address or latitude-longitude) and a full description of the area where training will occur ____

c. Does the field-based training/exercise differ in any way (including, but not limited to frequency, amount of the land involved, materials or equipment used, number of participants, type of activities) from previously permitted training activities and training practices? ☐ Yes ☐ No

- If yes, explain any differences between the proposed activity and those that were approved in the past, and the reason(s) for the change in scope ____

d. Will any equipment or structures need to be installed to facilitate training? ☐ Yes ☐ No

- If yes, explain how and where this is proposed to be done (include site specific color photographs) ____

2. ☐ Purchase of equipment

a. Specify what equipment, and the quantity ____

b. Provide AEL number(s) (if known) ____

c. Will this equipment be installed? ☐ Yes ☐ No

- If Yes, go to page 6. Complete Section D.

3. ☐ Physical security enhancements and or installations (for example, installation of back-up generators, fencing, cameras, building/room access control, bollards, motion detection systems, x-ray machines, and lighting).

a. Describe what, how, and where improvement(s)/installation(s) will occur into the facility/building/structure ____

b. Provide project location (physical project address and latitude-longitude) ____

c. Will the new equipment/improvements use the existing power supply systems? ☐ Yes ☐ No

- If no, describe new power source and installation (such as utility trenching) ____

d. If generator installation, please state the capacity (KW) ____

- If a separate fuel tank is also included, describe if it is to be installed above or below ground, and its capacity (gallons) ____

e. Go to Page 6. Provide additional project details in Section D.

4. ☐ Renovations/upgrades/modifications to existing structures.

a. Provide detailed description of modifications ____

b. Provide project location (physical project address and latitude-longitude) ____

c. Will any equipment need to be installed? ☐ Yes ☐ No

- If yes, please note in Section 2. (purchase of equipment).

f. Go to Page 6. Provide additional project details in Section D.

5. ☐ New construction/addition (for example: emergency operations centers, docks, piers, security guardhouse).

a. Provide detailed scope of work (size to scope, new facility square footage/number of stories, utilities, parking, stormwater features, etc) ____

b. Provide project location (physical project address or latitude-longitude) ____

c. Will any equipment need to be installed? ☐ Yes ☐ No

- If yes, please note in Section 2 (purchase of equipment).

d. Will the new building/facility renovations use existing utilities? ☐ Yes ☐ No

- If no, describe installation of new utilities in (a) above (including trenching) ____

e. Go to Page 6. Provide additional project details in Section D.

6. ☐ Communication towers, related equipment, and equipment shelters

a. Provide a detailed description of the project ____

b. Provide project location (physical project address or latitude-longitude ____

c. Provide the elevation above mean sea level of the project location ____

d. For projects involving antenna(s) installations on existing towers:

- Provide the height of the existing tower ____
- The height of the tower following the installation of the new antenna(s) ____

e. For new tower projects, state the total height (in feet) of the communication tower or structure including any antennas to be mounted ____

- If the proposed tower height is greater than 199 feet above ground level, state why this is needed to meet the requirements of the project ____
- Will the tower be free standing or require guy wires? ☐ Free standing ☐ Guy wires
- If guy wires are required, state number of bands and how many ____
- State why a guyed tower is needed to meet the requirements of this project ____
- What kind of lighting will be installed, if any (for example: white strobe, red strobe, or steady burning?) ____

f. A general description of terrain (For example: mountainous, rolling hills, flat to undulating) ____

g. Describe the frequency and seasonality of fog/low cloud cover ____

h. Provide a list of habitat types and land use on and adjacent to the tower site (within ½ mile), by acreage and percentage of total (e.g., woodland conifer forest, grassland, agriculture) waterbody, marsh) ____

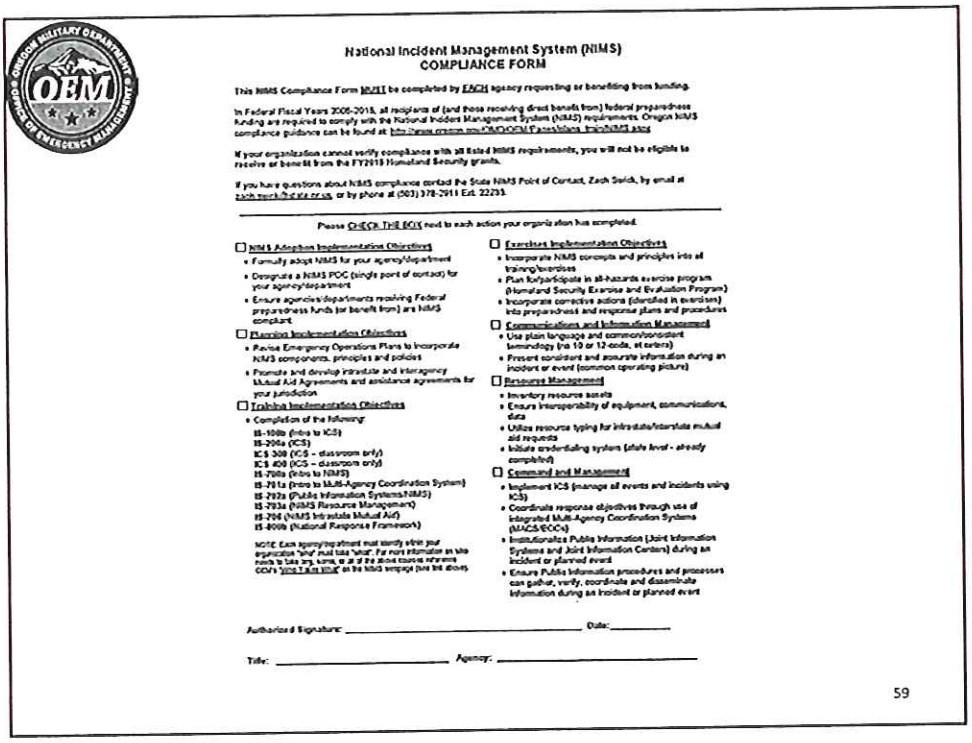
i. Is there evidence of bird nests or nesting material present within ½-mile of the proposed site? ☐ Yes ☐ No
   a. If yes, describe: ____
   • Distance to nearest wetland area (for example: forested swamp, marsh, riparian, marine) and shortest if applicable: ____
j. Distance to nearest telecommunication tower: ____
k. Have measures been incorporated for minimizing impacts to migratory birds? ☐ Yes ☐ No
   • If yes, describe: ____
l. Has an FCC registration been obtained for this tower? ☐ Yes ☐ No
   • If yes, provide Registration #: ____
m. Has the FCC E106 process been completed? ☐ Yes ☐ No
n. Has the FCC Tower Construction Notification System (TCNS) process been completed? ☐ Yes ☐ No
   • If yes, attach all relevant environmental documentation submitted as part of the registration process including use of the Tower Construction Notification System (TCNS), if applicable. FRN#: ____
o. Will any equipment or structures need to be installed? ☐ Yes ☐ No
   • If yes, explain what type, how and where this is proposed to be done (*attach additional pages, if pages needed*): ____
p. Will equipment be co-located on existing FCC licensed tower or other structure? ☐ Yes ☐ No
   • If yes, identify the type of structure: ____
q. Go to Page 6. Provide additional project details in Section D.

7. ☐ Other. For any project that does not fit a category listed above, please provide a thorough summary of the proposed action and location. Include as much detail as necessary so someone not personally familiar with the project is able to conduct an EHP review.
   a. Project Summary: ____
   b. Provide additional project details in Section D.

D. OTHER PROJECT RELATED INFORMATION (complete all that apply)
The following website may provide some additional EHP related guidance and resources to help complete this section: http://www.fema.gov/plan/ehp/ehp-applicant-help.shtm#1

1. If work is proposed on/in an existing building(s) or structure(s) provide the year built: ____
   • If the building or structure involved is over 45 years old and significant renovation, rehabilitation, or modification has occurred, please provide the year(s) and briefly describe the nature of remodeling: ____
2. If the project affects the exterior of the building, are there any known buildings and/or structures that are 45 years or older in the immediate project area? ☐ Yes ☐ No ☐ N/A
   • If yes, please provide the location, ground-level color photos of these, and identify their location(s) on the aerial map.
3. Is the building or structure on which work is proposed a historic property or in a historic district, or are there any adjacent historic properties? ☐ Yes ☐ No

   • Information about historic properties may be found on the *National Register of Historic Places* at http://nrhp.focus.nps.gov/natreg/docs/Publications.html or the *respective State Historic Preservation Office* may have information on their website.
4. Will ground disturbance be required to complete the project? ☐ Yes ☐ No
   • If yes, provide total extent (depth, length and width) of each unique ground disturbing activity. Light poles, bollards and fencing are each unique ground disturbing activities. (For example, six light poles, 24" dia. x 4' deep, trenching 12" x 550' x 18" deep): ____
5. Has the ground been previously disturbed? ☐ Yes ☐ No
   • If yes, please describe the current disturbed condition of the area (for example: parking lot, roadway right-of-way, commercial development): ____
6. Are there technical drawings or site plans available, if yes please attach. ☐ Yes ☐ No
7. Attach color site photographs:
   • Ground-level color site photos that provide context and show where site work/physical modifications are proposed (label photos).
   • Ground-level color photographs of each side of the building involved.
   • Aerial color photograph with project site as outlined and with the location of any proposed modifications identified.
   • Aerial color photograph(s) showing all ground disturbing activities (*if applicable*).
8. Is the project part of an approved plan such as a Master Plan or an Implementation Plan or any larger action/project? ☐ Yes ☐ No
   • If yes, provide the plan/project name and brief description: ____
9. Is there any previously completed environmental documentation for this project (for example: Environmental Impact Statement, Environmental Assessment, wetland delineation, archaeological study)? ☐ Yes ☐ No
   • If yes, please attach documentation. If a NEPA document, what was the decision? (*Check one, and please attach*):
   ☐ *Finding of No Significant Impact (FONSI)* or
   ☐ *Record of Decision (ROD)*
   Name of preparing agency: ____
   Date approved: ____
10. Is there any previously completed agency coordination for this project (for example correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office (SHPO), Tribal Historic Preservation Office (THPO), or permitting agencies)? ☐ Yes ☐ No
   • If yes, please attach documentation unless included in NEPA documentation identified above.
11. Provide FEMA Flood Insurance Rate Map (FIRM), with project limits outlined. FIRM maps can be created from: http://www.fema.gov/hazard-mapping-data
12. Provide U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map created from: http://www.fws.gov/wetlands/Data/Mapper.html



National Incident Management System (NIMS)
COMPLIANCE FORM

This NIMS Compliance Form MUST be completed by EACH agency requesting or benefiting from funding.

In Federal Fiscal Years 2006-2015, all recipients of (and those receiving direct benefit from) federal preparedness funding are required to comply with the National Incident Management System (NIMS) requirements. Oregon NIMS compliance guidance can be found at http://www.oregon.gov/OMD/OEM/Pages/plans_train/NIMS.aspx

If your organization cannot verify compliance with all listed NIMS requirements, you will not be eligible to receive or benefit from the FY2015 Homeland Security grants.

If you have questions about NIMS compliance contact the State NIMS Point of Contact, Zach Swick, by email at zach.swick@state.or.us, or by phone at (503) 378-2911 Ext. 22253.

Please CHECK THE BOX next to each action your organization has completed.

☐ NIMS Adoption Implementation Objectives
- Formally adopt NIMS for your agency/department
- Designate a NIMS POC (single point of contact) for your agency/department
- Ensure agencies/departments receiving Federal preparedness funds (or benefit from) are NIMS compliant

☐ Planning Implementation Objectives
- Revise Emergency Operations Plans to incorporate NIMS components, principles and policies
- Promote and develop intrastate and interagency Mutual Aid Agreements and assistance agreements for your jurisdiction

☐ Training Implementation Objectives
- Completion of the following:

IS-100b (Intro to ICS)
IS-200a (ICS)
ICS 300 (ICS – classroom only)
ICS 400 (ICS – classroom only)
IS-700a (Intro to NIMS)
IS-701a (Intro to Multi-Agency Coordination System)
IS-702a (Public Information Systems/NIMS)
IS-703a (NIMS Resource Management)
IS-704 (NIMS Intrastate Mutual Aid)
IS-800b (National Response Framework)

NOTE: Each agency/department must identify what your organization "tier" must take "what". For more information on who needs to take ICS, NIMS, or all of the above courses reference OEM's "WHAT'S REQUIRED" on the NIMS webpage (see link above).

☐ Exercises Implementation Objectives
- Incorporate NIMS concepts and principles into all training/exercises
- Plan for/participate in all-hazards exercise program (Homeland Security Exercise and Evaluation Program)
- Incorporate corrective actions (identified in exercises) into preparedness and response plans and procedures

☐ Communications and Information Management
- Use plain language and common/consistent terminology (no 10 or 12-code, et cetera)
- Present consistent and accurate information during an incident or event (common operating picture)

☐ Resource Management
- Inventory resource assets
- Ensure interoperability of equipment, communications, data
- Utilize resource typing for intrastate/interstate mutual aid requests
- Initiate credentialing system (state level - already completed)

☐ Command and Management
- Implement ICS (manage all events and incidents using ICS)
- Coordinate response objectives through use of Integrated Multi-Agency Coordination Systems (IMACS/ECCs)
- Institutionalize Public Information (Joint Information Systems and Joint Information Centers) during an incident or planned event
- Ensure Public Information procedures and processes can gather, verify, coordinate and disseminate information during an incident or planned event

Authorized Signature: _____ Date: _____

Title: _____ Agency: _____

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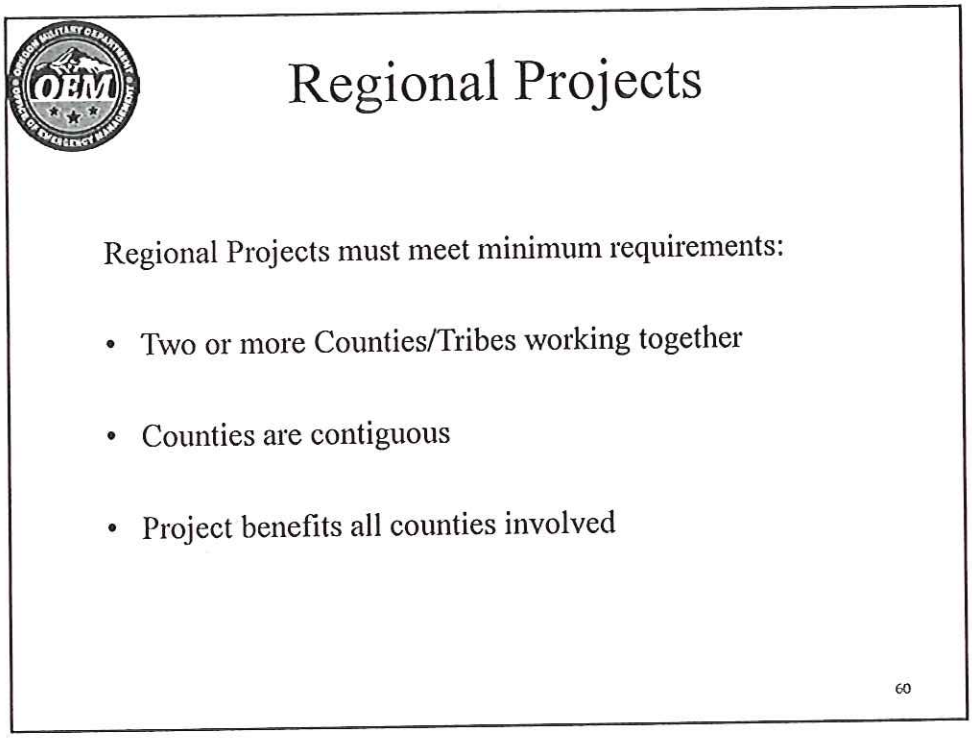

Regional Projects

Regional Projects must meet minimum requirements:

- Two or more Counties/Tribes working together
- Counties are contiguous
- Project benefits all counties involved

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Regional Projects

Support Letters

- Jurisdiction's level of participation
- Jurisdiction's benefit
- Jurisdiction's support & authorized point of contact

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Appendices

- Strategies and plans must be referenced for many projects
- Full plans should be included in the electronic copies of your submission

Note from Sidra: just give page # and paragraph of relevant plan.

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Submission

- One signed original
- One hard copy of the signed original
- One digital copy – complete package in PDF
- One digital copy – complete package in original format (i.e. Word & Excel)

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Deadline

Applications must be **RECEIVED**
by Oregon Office of Emergency Management
no later than **5:00 pm**
Friday, February 13, 2015

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Oregon Office of Emergency Management
Attn: FY2015 Homeland Security
Grant Applications

Mailing Address
P.O. Box 14370
Salem, OR 97309-5062

Hand Delivery Address
(FED EX and UPS)
3225 State Street, Rm 115
Salem, OR 97301

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Evaluation

Applications will be reviewed by OEM and peers from around the State

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Funding Decisions

- Alignment with State Strategy, Investment Justifications, THIRA and State Preparedness Report (SPR)
- Demonstration of need and clarity of solution
- Implementation within the award period
- Impact
- Sustainment

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Award

Notification of Ranked Projects
On or before April 1, 2015

Notification of Awards
On or before June 15, 2015

Grant Agreements
On or before October 15, 2015

No spending until Grant Agreement period of performance has begun!!

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So I have a grant… NOW WHAT?!

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Unallowable Costs

- Land acquisition
- General purpose vehicles
- General use software, general use computers
- Construction and renovation is generally prohibited
- Weapons and ammunition

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Unallowable Costs

- Hiring of public safety personnel for the purpose of fulfilling traditional public safety duties
- Activities unrelated to the completion and implementation of the Homeland Security Grant Program
- Other items not in accordance with the AEL or previously listed allowable costs
- Vehicle licensing fees

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Suspensions & Terminations

- Failure to communicate
- Failure to make satisfactory progress
- Failure to follow grant requirements
- Substantial plan changes
- Failure to submit required reports
- Filing a false certification in this application or other report or document

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Guidance

- Funding Opportunity Announcement (FOA)
- Application
- Agreement
- OEM Staff

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Compliance

- Local Policies
- State of Oregon Policies
- Federal Policies – 2 C.F.R. Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (Super Circular or Omni Circular)

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Procurement Standard

- Agencies must follow their local policies/procedures
- If one vendor will be receiving over $100k, a copy of the contract and RFP (competitive bid process) must be provided to our office prior to or with submission of the Request for Reimbursement (RFR)
  - Reimbursements will not be processed without this documentation

Sole source justification is an <u>exception</u> to procurement standards and has additional requirements that <u>must</u> be followed to ensure full reimbursement of funds.

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Sole Source Justification

- All local guidelines must be met prior to submitting a justification to Oregon Office of Emergency Management
- All sole source procurements in excess of $100k must receive <u>prior</u> written approval from Oregon Office of Emergency Management

Budget/Financial Documentation POC:

Dan Gwin

Grants Accountant

503-378-2911 ext. 22290

<u>dan.gwin@state.or.us</u>

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Fixed Assets

- Tracking
- Reporting
- Disposition

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Property Records

- Description
- Serial Number or Other ID Number
- Source of Property
- Title Holder
- Acquisition date
- Cost of Equipment
- Percentage of Federal Portion
- Location
- Use and Condition
- Disposition Data

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Property Records

- Physical Inventory Must be Performed at least once every two years
- Control System must be developed (Safeguards)
- Adequate Maintenance Procedures must be Developed
- Disposition Policies and/or Guidelines
- Not just Equipment but a Capability

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Request for Reimbursement

- Correlate to pre-approved budget
- Submitted **at least** quarterly
  - Zero RFRs should be submitted if there are no expenditures
- Include detailed vendor invoices
- Include any other supporting documentation, rosters, contracts and/or request for proposal, purchase orders, proof of payment, detailed general ledger

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REQUEST FOR REIMBURSEMENT

Note: Please refer to the approved budget in your grant agreement.
All expenditures must have adequate supporting documentation.

Agency: Harney County Emergency Management
Address: 450 North Court Street #12
Burns, Oregon 97720
Contact Person: Tom Sharp
Phone Number: (541) 569-2423
E-mail: tomsharp@co.harney.or.us

Grant Number: 13-221
Report Period:

Budget Category	Expenses Paid this Period	Cumulative Expenses	BUDGET
Detection Equipment			
Four Gas Portable Monitors			$5,600
Multi-Sensor Meter Detector			
Photoionization Detector (PID)			$4,455
Other Authorized Equipment			
Tyvek Disposable Protective Coveralls			$600
Training			
OSHA First Responder Awareness			$2,025
OSHA First Responder Operations			$3,475
OSHA 1910.120 Hazardous Materials			$3,475
CBRNE Awareness for First Responders			$2,025
Exercise			
Tabletop Exercise for a Postal Facility			$7,700
White Powder Incident			
Fullscscale Exercise for a Terrorist			$12,600
Caused Explosion			
Total Grant Funds Requested	$0	$0	$41,855

Prepared by:
Signature of Program Contact:
Date:

Mail to:
Oregon Emergency Management
Attn: Dan Gwin

(US Mail)
PO Box 14370
Salem, OR 97309-5062

(FedEx/UPS)
3225 State St., Rm. 11
Salem, OR 97301-5062

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Progress Reports

- Submitted via email
- Narrative **programmatic** reports are due quarterly
- Based on milestones from your approved application

Sidra Metzger-Hines
Domestic Preparedness Grants Coordinator
503-3778-2911 ext. 22251
Sidra.metzgerhines@state.or.us

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Oregon Military Department
Office of Emergency Management
SHSP Quarterly Grant Report

Subgrantee: Douglas County	Grant Number: 14-218
Project Title: EOC Planning	Grant Reporting Period: ☐ Quarter 1 ☐ Quarter 2 ☐ Quarter 3 ☐ Quarter 4
Report Completed By:	Anticipated Completion Date: Check if this is your final report ☐

This is a cumulative report. After initial submission, each reporting period narrative will be added to previously provided material.

Milestones: As indicated from Grant Application Worksheet. If a milestone is amended place a "NA" next to the milestone and mark the amended box. Mark new milestones with an asterisk *

Activities: Provide a brief narrative discussing activities associated with each milestone identified. If there was no activity during the reporting period, please explain what road blocks the project is experiencing and what is being done to complete the project in a timely fashion.

Report Quarter 1 (10/01/14 to 12/31/14)		
Grant Milestones:	Reported Activities:	Check if amended ☐
• Finalize RFP		

Report Quarter 2 (01/01/15 to 03/31/15)		
Grant Milestones:	Reported Activities:	Check if amended ☐
• Vendor conducts site visits and data mining		

Report Quarter 3 (04/01/15 to 06/30/15)		
Grant Milestones:	Reported Activities:	Check if amended ☐
• Develop evaluation and job action guides		

Report Quarter 4 (07/01/15 to 09/30/15)		
Grant Milestones:	Reported Activities:	Check if amended ☐
• Review draft document and finalize – contract and grant closeout		

By submitting this report you certify it is true and accurate	
Certified by:	Submitted Date:
Reviewed by:	Date:

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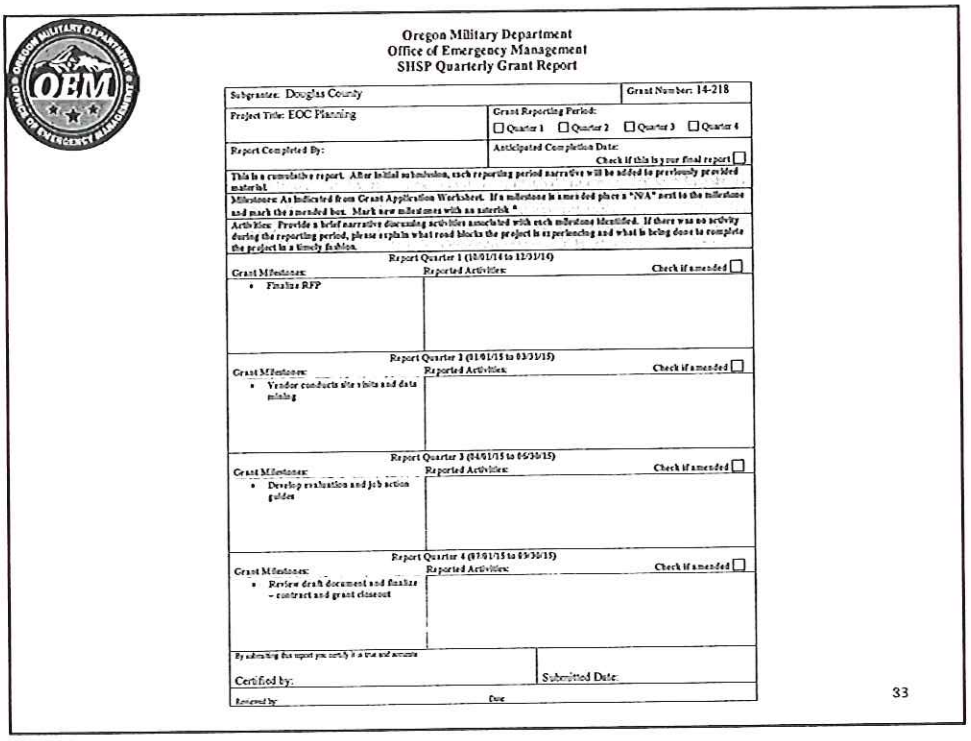

Changes

Notify us of ANY changes that occur with the grant:

- Change of contact (program or fiscal)
- Phone number
- Email address
- FAX
- Mailing address

Changes to the original approved budget or project scope require a formal amendment request form and an updated line item budget.

<u>All amendments must be approved before work or project is adjusted!</u>

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Amendment POC

Genevieve Ziebell
Grants Assistant
503-378-2911 ext. 22253
Genevieve.ziebell@state.or.us

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Monitoring

Oregon Office of Emergency Management has a new monitoring program. As a sub-grantee, you can expect:

- To have at least one site monitoring visit every two years
- To receive up to three on site assistance visits if requested in writing
- That OEM staff will be available to you throughout your project

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Risk Assessment

- Fiscal Monitoring Assessment Questionnaire
- Sent via e-mail on December 1, 2014
- Due Friday, January 9, 2015
- Will be used to evaluate each sub-grantee's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the sub-award to determine appropriate level of sub-grantee monitoring needed to ensure proper accountability and compliance.

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Record Retention

- Grant Documentation
- Federal Requirement = Three Years
- State of Oregon Requirement = Six Years
- City of Portland Requirement = Ten Years
- At a minimum, jurisdictions must retain grant documentation for at least six years unless your local jurisdiction requirements have a longer retention period

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Contact Information

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503-378-2911 ext. 22251
Sidra.metzgerhines@state.or.us

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Zach Swick
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Zach.swick@state.or.us

Genevieve Ziebell
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Genevieve.ziebell@state.or.us

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Questions?

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