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AZDOHS

**ARIZONA DEPARTMENT
OF HOMELAND SECURITY**



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Grants

Application Submission Confirmation

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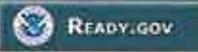
Thank you for your submittal. The application is currently being reviewed by AZDOHS.
Your application confirmation code is: **AZDOHS-11723E2020**

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**STATE OF ARIZONA
Department of Homeland Security**

2011 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

PLEASE FILL OUT THE SUBGRANTEE AND PROJECT TITLE BLANKS ONLY

Grant #:	<input type="text"/>	Applicant:	Gila County Emergency Management
Project Title:	Citizen Corp Programs		

The following document(s) have been completed and submitted with the application.

Check if Completed

Grant Workbook

- Project Administrative Page (Questions 1 thru 11)
- Project Narrative (Questions 12 & 14)
- Project Justification (Questions 15 & 16)
- Target Capabilities (TCA, Questions 17 & 18)
- Milestones (Question 19)

Please be sure to only complete the following worksheets that pertain to your project.

- Equipment Budget Detail Worksheet
- Equipment Budget Narrative
- Training Budget Detail Worksheet
- Training Budget Narrative
- Exercise Budget Detail Worksheet
- Exercise Budget Narrative
- Planning Budget Detail Worksheet
- Planning Budget Narrative
- M&A Budget Detail Worksheet
- M&A Budget Narrative
- Organization Budget Detail Worksheet
- Organization Budget Narrative
- Memorandum of Understanding (if applicable)

Please check the following boxes if

- Your agency is NIMSCAST Compliant

For more information on NIMSCAST:

<http://www.fema.gov/nimscast/index.jsp>

- Your agency is registered with and participating in E-Verification Program

For more information on E-Verify

http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm

The following tabs MUST be completed

- Standard Data Collection Form
- Financial System Survey
- Budget Summary
- Project Summary

The due date for this application is March 28, 2011 at 5:00PM. No late applications will be accepted. No incomplete applications will be accepted. There will be no opportunity for clarifications once the application has been submitted. To submit an application please click on the link below:

<http://www.azdohs.gov/application2011.asp>

Central Region, Phoenix and Tucson UASI	North and South Regions	East and West Regions	State Agencies
Susan Dzbanko 602-542-1777 sdzbanko@azdohs.gov	Huma Haroon 602-542-7012 shharoon@azdohs.gov	William Seltzer 602-542-7044 wseltzer@azdohs.gov	Lisa Hansen 602-542-7014 lhansen@azdohs.gov

Grant Timeline

March 28, 2011 no later than 5:00 PM (Arizona Time) - Application due to AZDOHS

March 28 - April 1, 2011 AZDOHS reviews grant applications

April 1 - April 15, 2011 Applicable applications will be reviewed by Working Groups as necessary. Regional Advisory Councils will provide recommendations to the Director of AZDOHS

TBD - AZDOHS Applications due to Federal DHS

On or before September 2011 - Awards will be made to local jurisdictions and state agencies

Grant Period - Start date will be determined by the date on the official award notice to Arizona from U.S. DHS. The local jurisdictions grant award period will not exceed 12 months

STATE OF ARIZONA
Department of Homeland Security
2011 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

FOR THIS SECTION BE SURE TO CHOOSE A PROGRAM

Grant #: Applicant:

Project Title:

Grant Program:

PROJECT ADMINISTRATIVE PAGE

<p>1. Applicant <input type="text" value="Gila County Emergency Management"/></p> <p>Applicant Address</p> <p>Mailing Address: <input type="text" value="5515 S. Apache Ave."/> Mailing Address Continued: <input type="text" value="Suite 400"/> City/State/Zip: <input type="text" value="Globe"/> <input type="text" value="AZ"/> <input type="text" value="85501"/> City: _____ State: _____ Zip Code: _____</p> <p>Head of Agency</p> <p>Title: <input type="text" value="Chairman"/> <input type="text" value="Michael"/> <input type="text" value="Pastor"/> First Name: _____ Last Name: _____ Phone #: <input type="text" value="928-402-8753"/> Cell Phone #: <input type="text" value="928-200-8130"/> E-Mail Address: <input type="text" value="mpastor@co.gila.az.us"/></p> <p>Agency's Point of Contact Information</p> <p>Title: <input type="text" value="Director"/> <input type="text" value="Matt"/> <input type="text" value="Bolinger"/> First Name: _____ Last Name: _____ Phone #: <input type="text" value="928-402-8764"/> Cell Phone #: <input type="text" value="928-701-7000"/> E-Mail Address: <input type="text" value="mbolinger@co.gila.az.us"/></p>	<p>2. Organization Type</p> <p><input type="text" value="County"/></p> <p>Specify: _____</p> <p>3. Region or Entity: <input type="text" value="East Region"/></p> <hr/> <p align="center">Program Initiatives</p> <p>4a. SHSGP, MMRS, CCP <input type="text" value="Strengthen Planning and Citizen Preparedness Capabilities"/></p> <p>4b. Phoenix UASI <input type="text" value="Choose Initiative"/></p> <p>4c. Tucson UASI <input type="text" value="Choose Initiative"/></p> <p>5. Total Dollar Amount Requested <input type="text" value="\$1,395"/></p>
---	---

6. Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE: 1.1.0) and Action Item(s) Numbers (EXAMPLE: 1.1.4) that relate to this project. To learn more about the strategy visit this website: <http://www.azdohs.gov/Grants/SHSS.asp>

1.6.0 Promote ways in which Arizona's citizens and communities can play an active role in being prepared for disasters to enhance their level of preparedness and participation.
1.6.3 1.6.4 1.6.5

7. Identify the primary National Priority that is supported by this project from the drop down box below

8. Is this project new or ongoing? If the project is ongoing, identify the corresponding projects and funding amounts for each year as applicable. Also, for the current grant cycle, please identify, if any, requests for funding from other funding sources i.e. EOC, EMPG etc.

Citizen Corp / CERT are ongoing programs in Gila County. Other funding sources are limited, no other funding is available.

9. Can partial funding be accepted for this project? If so, at what specific dollar amount(s), and be sure to list the order of priority?

No, Gila County has no other source to fund Citizen Corp projects.

10. Please list the multiple jurisdictions and/or disciplines served by this project. Include POC information for each partnering agency

Gila County Emergency Management, Payson Fire Department, Mamí Fire Department

11. Does this project require an Environmental and Historical Preservation (EHP) review (e.g. includes any ground disturbance or activity on 50 year old buildings)? (Yes or No)

<http://www.fema.gov/plan/ehp/ehplaws/nepa.shim#>

APPROVAL PROCESS

The signatures below verify the approval process. All parties signify that all aspects of this project are allowable, reasonable and justifiable in accordance with published federal grant guidelines

Project Point of Contact or Agency's Authorized Individual	<input type="text" value="Matthew Bolinger"/>	<input type="text"/>
	Typed Name	Signature
AZDOHS Strategic Planner or Assistant Director Planning & Preparedness	<input type="text"/>	<input type="text"/>
	Typed Name	Signature

STATE OF ARIZONA
Department of Homeland Security

2011 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

PROJECT NARRATIVE

12. Provide a summary description (scope of work) for this project as well as a description of the need. Please be sure to include how this project will support and enhance jurisdictional capabilities that are directly related to the Initiative identified on the previous tab under item 4. The character limit for this section is 1,000. Please avoid using any special characters such as a hyphen or apostrophe.

This grant will support equipment and training programs primarily for Northern Gila County CERT. This team is very active in recruitment and schedules annual team training and refreshers. tive in

13. Explain in detail the sustainability plan for this project.

The Gila County Local Emergency Planning Committee is proposing to admit the Gila County Citizen Corp Council as a sub-committee for the purpose of furthering community involvement and support. a sub-

14. Provide a summary of the current state of this project, its objectives and any outcomes to be completed prior to this funding. The character limit for this section is 1,000. Please avoid using any special characters such as a hyphen or apostrophe.

Gila County Citizen Corp Program support is ongoing with the objective of providing a variety of volunteer training and exercise opportunities for county residents. ative in

STATE OF ARIZONA
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2011 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

PROJECT JUSTIFICATION

15. Explain how this project supports the State Homeland Security Strategy. Please be sure to include how this project fits into one (or more) of the State Initiatives. Please refer to the "PROJECT ADMIN TAB" under Item 4. Please provide any additional justification that supports this project. The character limit for this section is 1,000. Please avoid using any special characters such as a hyphen or apostrophe.

To learn more about the State Homeland Security Strategy, please refer to the following website:

<http://www.azdohs.gov/Grants/SHSS.asp>

This project will support integrating volunteer organization into training and exercise plans.

16. Please describe in detail the goals and objectives of the proposed project. Be sure to address what your organization's current capabilities are, and how the current capabilities of your organization will be impacted or enhanced as a result of this grant? The character limit for this section is 1,000. Please avoid using any special characters such as a hyphen or apostrophe.

The goal is to continue supporting volunteer activities that support the community and first responders at awareness or better levels.

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2011 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

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Gila County Emergency Management

Project Title:

Citizen Corp Programs

TARGET CAPABILITIES ASSESSMENT

17. From the 37 Target Capabilities please identify, from the drop down menu, no more than three Target Capabilities supported by this project in priority order. Then enter the proposed amount of funding to be obligated for each Target Capability from this project. To access the Target Capabilities List click on the link below.

<http://www.fema.gov/pdf/government/training/tcl.pdf>

Community Preparedness and Participation

Enter Amount: \$1,395

Choose Target Capabilities

Enter Amount: \$0

Choose Target Capabilities

Enter Amount: \$0

This amount should equal the total amount being requested for this project. \$1,395

18. Describe how the previously selected target capabilities will support this project and address the identified risks in the region.

The Payson Regional Medical Center is providing awareness level decontamination training for local responders, including the Northern Gila County CERT. That training will be exercised with local fire and law enforcement during the FFY2011 cycle and help demonstrate volunteer ability to support local responders during mass injury scenarios.

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2011 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

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Applicant: **Gila County Emergency Management**

Project Title: **Citizen Corp Programs**

MILESTONES

19 Provide specific milestones for the project during the course of the performance period. Each milestone (up to 4) should provide a clear description of the projected outcome, explain a potential challenge that may be encountered in the pursuit of achieving the milestone and the corrective action taken to mitigate the challenge. Finally please be sure to include the projected start and end dates. Please note: If this grant is awarded, the milestones, as identified below, are required to be fulfilled as part of the grant requirement. The grant performance period is 12 months and the projected funding cycle is October 2011 - September 2012. Please note, extensions will only be considered under extenuating circumstances. Please be sure to enter dates in this format "MM/DD/YYYY". Please avoid using any special characters such as a hyphen or apostrophe.

Milestone 1		
Description	Start Date	End Date
Equipment will be ordered and provided to CERT for documented exercise event.	10/01/2011	09/30/2012

Milestone 2		
Description	Start Date	End Date

Milestone 3		
Description	Start Date	End Date

Milestone 4		
Description	Start Date	End Date

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EQUIPMENT - BUDGET DETAIL WORKSHEET

Equipment Type	Discipline Group	Whole Dollars
8 Decontamination Equipment	C.E.R.T.	\$800
9 Medical Supplies and Limited Types of Pharmaceuticals	C.E.R.T.	\$595
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
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CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
EQUIPMENT TOTAL FOR PROJECT		\$1,395

Section 3

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project

FEMA Approved Training Class and Course Number and Title and/or Training Event:

<https://www.firstrespondertraining.gov>

Enter a Brief Course Description MUST include 1) Proposed Location, 2) Training Provider, 3) Provider Address, 4) Provider Point of Contact, Number and Web Site, 5) Estimated Number of Participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training build additional capabilities that support the UASI or SHSGP Strategy?

Mission Area: Training Level:

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

Section 4

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project

FEMA Approved Training Class and Course Number and Title and/or Training Event:

<https://www.firstrespondertraining.gov>

Enter a Brief Course Description MUST include 1) Proposed Location, 2) Training Provider, 3) Provider Address, 4) Provider Point of Contact, Number and Web Site, 5) Estimated Number of Participants

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training build additional capabilities that support the UASI or SHSGP Strategy?

Mission Area: Training Level:

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

Section 5

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

FEMA Approved Training Class and Course Number and Title and/or Training Event:

<https://www.firerespondertraining.gov>

Enter a Brief Course Description MUST include: 1) Proposed Location, 2) Training Provider, 3) Provider Address, 4) Provider Point of Contact, Number and Web Site, 5) Estimated Number of Participants

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training build additional capabilities that support the UASI or SHSGP Strategy?

Mission Area:

Training Level:

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

Section 6

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

FEMA Approved Training Class and Course Number and Title and/or Training Event:

<https://www.firerespondertraining.gov>

Enter a Brief Course Description MUST include: 1) Proposed Location, 2) Training Provider, 3) Provider Address, 4) Provider Point of Contact, Number and Web Site, 5) Estimated Number of Participants

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training build additional capabilities that support the UASI or SHSGP Strategy?

Mission Area:

Training Level:

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

Section 7

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project

FEMA Approved Training Class and Course Number and Title and/or Training Event

<https://www.firstrespondertraining.gov>

Enter a Brief Course Description. MUST include: 1) Proposed Location, 2) Training Provider, 3) Provider Address, 4) Provider Point of Contact, Number and Web Site, 5) Estimated Number of Participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training build additional capabilities that support the UASI or SHSGP Strategy?

Mission Area:

Training Level:

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

Section 8

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE 1.1.4) that relate to this project

FEMA Approved Training Class and Course Number and Title and/or Training Event

<https://www.firstrespondertraining.gov>

Enter a Brief Course Description. MUST include: 1) Proposed Location, 2) Training Provider, 3) Provider Address, 4) Provider Point of Contact, Number and Web Site, 5) Estimated Number of Participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training build additional capabilities that support the UASI or SHSGP Strategy?

Mission Area:

Training Level:

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

TOTAL TRAINING COSTS \$0 \$0 \$0 \$0 \$0 \$0

STATE OF ARIZONA
Department of Homeland Security

2011 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Grant #:

Applicant:

Project Title:

EXERCISE - BUDGET NARRATIVE

List each item from your budget worksheet pages in the same order in which they will be listed on the preceding page. **Each exercise event must be explained in detail.** Each allowable Exercise Expense Category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed. Personnel, Travel, and Supplies, etc. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. **(MEDICARE is NOT a reimbursable cost for personnel Overtime and Backfill)** All Equipment associated with Exercise must be listed on the "Equipment Budget Narrative" page only. The character limit for this section is 1,000

Travel, Lodging and Per Diem rates based on Arizona Accounting Manual, that can be found at the following website
<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

All exercises must be in accordance with HSEEP Guidelines, that can be found at the following website
https://hseep.dhs.gov/pages/1001_HSEEP7.aspx

STATE OF ARIZONA
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Project Title:

EXERCISE - BUDGET DETAIL WORKSHEET

Must be conducted in accordance with the Homeland Security Exercise Evaluation Program (HSEEP)

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF ARIZONA
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2011 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

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Applicant:

Project Title:

PLANNING - BUDGET NARRATIVE

List each item from your budget worksheet pages in the same order in which they will be listed on the preceding page. **Each Planning Activity event must be explained in detail. Please be sure to refer to link below for additional guidance and detailed information on allowable planning expenses/activities.** Each allowable Planning Expense Category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed. Personnel, Travel, and Supplies, etc. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. **(MEDICARE is NOT a reimbursable cost for personnel Overtime and Backfill.) All Equipment associated with Planning must be listed on the "Equipment Budget Narrative" page only. *The character limit for this section is 1,000.***

Travel, Lodging and Per Diem rates based on Arizona Accounting Manual, that can be found at the following location:
<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

Management & Administration and Planning Information:
http://www.azdohs.gov/Documents/Grants/HSGP_MAandPlanning1210.pdf

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Grant #:

Applicant:

Gila County Emergency Management

Project Title:

Citizen Corp Programs

ORGANIZATION - BUDGET NARRATIVE

List each item from the "ORGANIZATION BDWS" in the same order in which they will be listed on the preceding page. Each ORGANIZATION Activity must be explained in detail. Each allowable ORGANIZATION Expense Category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed. Personnel, Travel, and Supplies, etc. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (MEDICARE is NOT a reimbursable cost for personnel Overtime and Backfill) All Equipment associated with Organization must be listed on the "Equipment Budget Narrative" page only. The character limit including spaces for this section is 1,000.

Travel, Lodging and Per Diem rates based on Arizona Accounting Manual, that can be found at the following website:

<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

STATE OF ARIZONA
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Project Title:

ORGANIZATION - BUDGET DETAIL WORKSHEET

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE 1 1 0) and Action Item(s) Numbers (EXAMPLE 1 1 4) that relate to this project

Overtime for Information,
Investigative and Intelligence
Sharing Activities

\$0

Select Operational Expenses
Associated with Increased Security
Measures at CI Sites During Periods of
DHS-Declared Code Orange or Red

\$0

Contractors or Consultants for
Participation in Information,
Intelligence Analysis and Sharing
Groups or Fusion Center Activities

\$0

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE 1 1 0) and Action Item(s) Numbers (EXAMPLE 1 1 4) that relate to this project

Overtime for Information,
Investigative and Intelligence
Sharing Activities

\$0

Select Operational Expenses
Associated with Increased Security
Measures at CI Sites During Periods of
DHS-Declared Code Orange or Red

\$0

Contractors or Consultants for
Participation in Information,
Intelligence Analysis and Sharing
Groups or Fusion Center Activities

\$0

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE 1 1 0) and Action Item(s) Numbers (EXAMPLE 1 1 4) that relate to this project

Overtime for Information,
Investigative and Intelligence
Sharing Activities

\$0

Select Operational Expenses
Associated with Increased Security
Measures at CI Sites During Periods of
DHS-Declared Code Orange or Red

\$0

Contractors or Consultants for
Participation in Information,
Intelligence Analysis and Sharing
Groups or Fusion Center Activities

\$0

TOTAL ORGANIZATION COSTS \$0 \$0 \$0

TOTAL COSTS \$0

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Gila County Emergency Management

Project Title:

Citizen Corp Programs

MANAGEMENT AND ADMINISTRATION - BUDGET NARRATIVE

List and describe each item from your budget worksheet pages in the same order in which they will be listed on the preceding page. Each M&A Activity event must be explained in detail. Each allowable M&A Expense Category must be listed and a brief description provided of each item and how it will be utilized. Please refer to the link below for further clarification concerning allowable M&A costs. Estimated costs must be listed. Personnel, Travel, and Supplies, etc. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (MEDICARE is NOT a reimbursable cost for personnel Overtime and Backfill.) Travel, Lodging and Per Diem based on Arizona Financial Guide. For each item of equipment, list the Authorized Equipment List (AEL) Item Number. If "Other Authorized Equipment" was annotated, specify the equipment here. ***The character limit for this section is 1,000.***

The most current AEL can be found on the FEMA Responder Knowledge Base on line at the following link:

<https://www.rkb.us/FEMAGrants/DisplayFEMAGrants.cfm>

Management & Administration and Planning Information:

http://www.azdohs.gov/Documents/Grants/HSGP_MAandPlanning1210.pdf

STATE OF ARIZONA
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Grant #:

Applicant:

Project Title:

APPLICATION - SUMMARY

FUNDING CATEGORIES

WHOLE DOLLARS

<input type="text" value="EQUIPMENT"/>	<input type="text" value="\$1,395"/>
<input type="text" value="TRAINING"/>	<input type="text" value="\$0"/>
<input type="text" value="EXERCISE"/>	<input type="text" value="\$0"/>
<input type="text" value="PLANNING"/>	<input type="text" value="\$0"/>
<input type="text" value="ORGANIZATION"/>	<input type="text" value="\$0"/>
<input type="text" value="M & A"/>	<input type="text" value="\$0"/>
<input type="text" value="APPLICATION TOTAL"/>	<input type="text" value="\$1,395"/>

Grant Number:
 Application Number:

Arizona Department of Homeland Security
 1700 West Washington Street, Suite 210
 Phoenix, AZ 85007

Project Summary

Local Unit of Government	Gila County Emergency Management
Award Amount	\$1,395
Project Title	Citizen Corp Programs
Project Description	This grant will support equipment and training programs primarily for Northern Gila County CERT. This team is very active in recruitment and schedules annual team training and refreshers.
Project Type	Establish/enhance citizen awareness of emergency preparedness, Prevention, and response measures
Primary Target Capability	Communications 1
HSGP Investment Supported	Strengthen Citizen Preparedness Capabilities
HSGP Primary Goal	Choose an HSGP Primary Goal
HSGP Objective	Choose an HSGP Objective
Phoenix UASI Investment Supported	Strengthen Citizen Preparedness Capabilities
Phoenix UASI Primary Goal	Choose a Phoenix UASI Goal 0
Phoenix UASI Objective	Choose a Phoenix UASI Objective 0
Tucson UASI Investment Supported	Strengthen Citizen Preparedness Capabilities
Tucson UASI Primary Goal	Choose a Tucson UASI Goal 0
Tucson UASI Objective	Choose a Tucson UASI Objective 0
Funding Source	CCP - CITIZEN CORPS PROGRAM

Grant Number: _____

Arizona Department of Homeland Security

FFATA(Federal Funding Accountability and Transparency Act) Reporting Requirements

This section must be completed for any applications greater than or equal to \$25,000

Name of Entity Receiving Award	Gila County Emergency Management		
Requested Amount:	\$1,395	Awarded Amount:	_____ (AZDOHS use only)
Funding Agency:	Arizona Department of Homeland Security		
CFDA Number:	97.073		
Award Title:	State Homeland Security Grant Program		
Location:	City: Globe	State: AZ	Congressional District: 1 http://www.azredistricting.org
DUNS Number:	183011634		
1) Is 80% or more of your annual gross revenues from Federal Awards?	No		
2) Do you receive \$25 Million or more annually from Federal Awards?	Yes		

If you answered YES to BOTH questions, you MUST provide the following:

Names and Total Compensation of Top Five paid executives:

1	Name	Total Compensation
2	Name	Total Compensation
3	Name	Total Compensation
4	Name	Total Compensation
5	Name	Total Compensation