



STATE OF ARIZONA
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

PLEASE FILL OUT THE SUBGRANTEE AND PROJECT TITLE BLANKS ONLY

Grant #:

Applicant: **Gila County Health & Emergency Services**

Project Title: **East Region Training & Exercise**

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

Check if Completed

Grant Workbook

- Project Administrative Page (Questions 1-10)
- Project Narrative (Questions 11-13)
- Project Justification (Questions 14 & 15)
- Target Capabilities (TCA, Questions 16 & 17)
- Milestones (Question 18)

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

- Equipment Budget Detail Worksheet
- Equipment Budget Narrative
- Training Budget Narrative & Detail Worksheet
- Exercise Budget Narrative & Detail Worksheet
- Planning Budget Narrative & Detail Worksheet
- M&A Budget Narrative & Detail Worksheet
- Organization Budget Narrative & Detail Worksheet
- 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
- FFATA Summary

The due date for this application is **March 2, 2012 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/application2012.asp>

Central and North Regions, Phoenix and Tucson UASI		East and West Regions, State Agencies		South Region, Operation Stonegarden
Susan Dzbanko (602) 542-1777 sdzbanko@azdohs.gov		John Coughlin (602) 542-7012 jcoughlin@azdohs.gov		William Seltzer (602) 542-7044 wseltzer@azdohs.gov

Grant Timeline

March 2, 2012 no later than 5:00 PM (Arizona Time) - Application due to AZDOHS

March 5 - March 9, 2012 AZDOHS reviews grant applications

March 12 - March 30, 2012 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 2012 - 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
2012 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 Health & Emergency Services"/></p> <p>Applicant Address:</p> <p>Mailing Address: <input type="text" value="5515 S. Apache Ave., Ste"/></p> <p>City/State/Zip: <input type="text" value="Globe"/> <input type="text" value="AZ"/> <input type="text" value="85501"/></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Head of Agency</p> <p>Title: <input type="text" value="Mrs."/> First Name: <input type="text" value="Tommie"/> Last Name: <input type="text" value="Martin"/></p> <p>Phone #: <input type="text" value="928-425-3251"/></p> <p>E-Mail Address: <input type="text" value="tmartin@co.gila.az.us"/></p> <p>Agency's Point of Contact Information</p> <p>Title: _____ First Name: <input type="text" value="Debra"/> Last Name: <input type="text" value="Williams"/></p> <p>Phone #: <input type="text" value="928-402-8763"/></p> <p>Cell Phone #: <input type="text" value="928-701-1811"/></p> <p>E-Mail Address: <input type="text" value="dwilliams@co.gila.az.us"/></p>	<p>2. Organization Type</p> <p><input type="text" value="County"/></p> <p>3. Region or Entity: <input type="text" value="East Region"/></p> <p style="text-align: center;">Program Initiatives</p> <p>4a. SHSGP, MMRS, CCP: <input type="text" value="Expand Regional Collaboration"/></p> <p>4b. Phoenix UASI: <input type="text" value="Choose Initiative"/></p> <p>4c. Tucson UASI: <input type="text" value="Choose Initiative"/></p> <p>4d. Is this LETPA?: <input type="text" value="No"/></p> <p>5. Total Dollar Amount Requested: \$33,000</p>
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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>

1.6.0-1.6.1; 2.3.0-2.3.1,2.3.2,2.3.3,2.3.4; 5.1.0-5.1.2; 5.3.0-5.3.1, 5.3.2; 5.4.0-5.4.3; 5.5.0-5.5.1;

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..

The is a new request for the FFY2012 grant cycle.

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

Counties receive minimal EMPG funding that can be used to support local training but is insufficient to support regional training and exercise collaboration. Partial funding will limit the ability of the region to provide NIMS/ICS response training.

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

Gila County POC: Debra Williams 928-402-8763 dwilliams@co.gila.az.us; Pinal County POC: Lou Miranda 520-866-6942 lou.miranda@pinalcountaz.gov; Graham County POC: Brian Douglas 928-425-1962 bdouglas@graham.az.gov; Greenlee County POC: Steve Rutherford 928-865-9114 srutherford@co.greenlee.az.us

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="Debra L Williams"/>	
	<i>Typed Name</i>	<i>Signature</i>
AZDOHS Strategic Planner or Assistant Director Planning & Preparedness	<input type="text"/>	<input type="text"/>

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Gila County Health & Emergency Services

Project Title:

East Region Training & Exercise

PROJECT NARRATIVE

11. Provide a summary description (scope of work) for this project as well as a description of the need. 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. Do not use any special characters such as a hyphen or apostrophe.

East Region Emergency Managers will collaborate to provide NIMS/ICS required trainings that will develop and enhance interaction and capabilities in EOC/ICS positions; improve EOC/ICS Interface and provide for annual NIMS Compliance.

12. What is the sustainability plan for this project/equipment?

Personnel will be identified to attend Train-the-Trainer courses that will assist to sustain most annual NIMS requirements.

13. 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. Do not use any special characters such as a hyphen or apostrophe.

This project should enhance regional capabilities to respond to mutual aid requests for EOC/ICS personnel support.

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PROJECT JUSTIFICATION

14a. Explain how this project supports the State Homeland Security Strategy.

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

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

This projects provides for engagement of government and community leadership in multi-discipline, multi-jurisdictional training and exercise efforts and directly links to SHSS Capabilities: 1.6.0-1.6.1,1.6.4 2.3.0-2.3.1,2.3.2,2.3.3,2.3.4 5.1.0-5.1.2 5.3.0-5.3.1,5.3.2 5.4.0-5.4.3 5.5.0-5.5.1

14b. Include how this project fits into one (or more) of the State Initiatives. Please refer to the "PROJECT ADMIN TAB" under Item 4. Provide any additional justification that supports this project. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

Expanding Regional Collaboration through training and exercise supports multiple State Initiatives to enhance common capabilities, continued support of NIMS integration into public and private sector training and exercise, and assuring SOPs across jurisdictions and disciplines.

15. 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. Do not use any special characters such as a hyphen or apostrophe.

This project is intended to strenghten regional Emergency Operation Center capabilities through improved understanding of Mutual Aid implementation, stakeholder integration and communication.

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TARGET CAPABILITIES ASSESSMENT

16. 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>

Emergency Operations Center Management

Enter Amount: \$33,000

Choose Target Capabilities

Enter Amount: \$0

Choose Target Capabilities

Enter Amount: \$0

This amount should equal the total amount being requested for this project. **\$33,000**

17. How will the achieved goals and objectives of this project buy down the risk to your jurisdiction and region?

Improve the capabilities of essential personnel to collaborate and coordinate large-scale all-hazard events.

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MILESTONES

18. 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. 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 2012 - September 2013. Extensions will only be considered under extenuating circumstances, and additional supporting documentation will be required. Do not use any special characters such as a hyphen or apostrophe.

Milestone 1		
Description:	Start Date	End Date
Collaboration on a regional training and exercise calendar.	10/01/2012	12/31/2012

Milestone 2		
Description:	Start Date	End Date
Initiation of training and exercise planning.	01/01/2013	03/31/2013

Milestone 3		
Description:	Start Date	End Date
On-going training and regional execution of at least 1 Tabletop and Functional Drill.	04/01/2013	06/30/2013

Milestone 4		
Description:	Start Date	End Date
Exercise AAR workshops; evaluation of future training and exercise needs; NIMS compliance review and regional NIMSCAST workshop.	07/01/2013	09/30/2013

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EQUIPMENT - BUDGET DETAIL WORKSHEET

Equipment Type	Discipline Group	Whole Dollars
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
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
EQUIPMENT TOTAL FOR PROJECT		\$0

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TRAINING - BUDGET NARRATIVE AND BUDGET DETAIL WORKSHEET

All training must be in accordance with and approved by the State Training POC, prior to any contracted services with training provider. Any grant funds used for Communications Unit training must be in compliance with the Arizona Communications Unit Training Coordination Procedure.

More information on the Arizona Communications Unit Training Coordination Procedure can be found at:

<http://azpsic.gov/library/standards/default.htm>

FEMA approved training class, course number, title and/or conference/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 website, 5) estimated number of participants.

Practical experience with emergency management operations response to Type 2 or 3 all hazard events utilizing MACS. Proposed location: Gila County Emergency Operations Center, 5515 S. Apache Ave., Suite 400, Globe AZ 85501. POC Debra Williams 928-402-8763. Estimated participants: 15

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

Overall coordination of resource and response in an EOC during large events that trigger MACS.

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Will enhance emergency management skills needed to effectively coordinate and support response activities during scaleable events through practical experience.

Mission Area

Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
1	\$0	\$0	\$10,500	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$10,500	\$0	\$0	\$10,500

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 2

FEMA approved training class, course number, title and/or conference/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 website, 5) estimated number of participants.

Practical experience in and Emergency Operations Center environment for Elected Officials, EOC personnel, public safety and community leaders. Proposed location: Gila County Emergency Operations Center, 5515 S. Apache Ave., Ste 400, Globe, AZ 85501; POC Debra Williams 928-402-8763. Estimated participants: 15

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

Engages stakeholder partnerships when implementing emergency operations plans by replicating roles of various EOC personnel.

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Strengthens stakeholder collaboration in all-hazard emergency preparedness.

Mission Area

Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
1	\$0	\$0	\$10,500	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$10,500	\$0	\$0	\$10,500

If requesting supplies, you must provide a list of all consummable supplies requested.

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Section 3

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

TX-004-RESP Enhanced Emergency Operations Center

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

Practical application of skills needed to work in and Emergency Operations Center. Proposed location: Gila County Emergency Operations Center, 5515 S. Apache Ave., Suite 400, Globe, AZ 85501. POC: Debra Williams 928-402-8763. Estimated participants: 15

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

Provides opportunities to demonstrate and perform position skills necessary for managing large scale all-hazard events.

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Increase readiness and response capabilities of essential EOC personnel.

Mission Area

Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
<input type="text" value="1"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$10,500"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Total Cost for All Deliveries	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$10,500"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$10,500"/>

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 4

FEMA approved training class, course number, title and/or conference/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 website, 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 enhance/sustain 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
<input type="text" value="0"/>	<input type="text" value="\$0"/>					
Total Cost for All Deliveries	<input type="text" value="\$0"/>					

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 5

FEMA approved training class, course number, title and/or conference/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 website, 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 enhance/sustain 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
<input type="text" value="0"/>	<input type="text" value="\$0"/>					
Total Cost for All Deliveries	<input type="text" value="\$0"/>					

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 6

FEMA approved training class, course number, title and/or conference/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 website, 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 enhance/sustain 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
<input type="text" value="0"/>	<input type="text" value="\$0"/>					
Total Cost for All Deliveries	<input type="text" value="\$0"/>					

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 7

FEMA approved training class, course number, title and/or conference/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 website, 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 enhance/sustain 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

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 8

FEMA approved training class, course number, title and/or conference/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 website, 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 enhance/sustain 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

If requesting supplies, you must provide a list of all consummable supplies requested.

TOTAL TRAINING COSTS	\$0	\$0	\$31,500	\$0	\$0	\$31,500
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EXERCISE - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

Must be conducted in accordance with the Homeland Security Exercise Evaluation Program (HSEEP).
https://hseep.dhs.gov/pages/1001_HSEEP7.aspx
 Each Exercise event must be explained in detail. 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 Backfill/Overtime).** 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 the Arizona Accounting Manual, that can be found at the following website:
<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

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

EXERCISE DESCRIPTION: Provide a description of this exercise event. 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. If requesting supplies, provide a list of all consumable supplies requested.

Supplies: Consumables to support planning meetings and exercise.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$500	\$500

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

EXERCISE DESCRIPTION: Provide a description of this exercise event. 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. If requesting supplies, provide a list of all consumable supplies requested.

Supplies: Consumables to support planning meeting and exercise.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$1,000	\$1,000

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

EXERCISE DESCRIPTION: Provide a description of this exercise event. 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. If requesting supplies, provide a list of all consumable supplies requested.

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	\$1,500	\$1,500

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ORGANIZATION - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

Each Organization activity must be explained in detail. 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 Backfill/Overtime)**. All Equipment associated with Organization 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 the Arizona Accounting Manual, that can be found at the following website:
<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

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.:

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information, Investigative and Intelligence Sharing Activities

Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.

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

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.:

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

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Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information, Investigative and Intelligence Sharing Activities

Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.

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

TOTAL ORGANIZATION COSTS

STATE OF ARIZONA
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MANAGEMENT AND ADMINISTRATION - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

M&A COSTS ARE LIMITED TO 5% OF THE TOTAL AMOUNT OF THE PROJECT AWARD.
M&A COSTS ARE NOT APPLICABLE FOR STATE AGENCIES.

Each M&A activity must be explained in detail. Refer to the link below for additional guidance and detailed information on allowable M&A expenses/activities. 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 Backfill/Overtime).** All Equipment associated with Organization must be listed on the "Equipment Budget Narrative" page only. **The character limit for this section is 1,000.**

Management & Administration and Planning Information:

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

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

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

Provide a description of each M&A expense activity. Each allowable M&A 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, etc. If requesting Authorized Office Equipment, list the Authorized Equipment List (AEL) item number. Specify the type and quantity of equipment here.

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>

Backfill Overtime	Personnel Contractors Consultants	Collection Plan Development for DHS Data Calls	Travel Lodging Per Diem	Meeting Expenses	Authorized Office Equipment	Recurring Equipment Fees Space Rental	Total
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Provide a description of each M&A expense activity. Each allowable M&A 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, etc. If requesting Authorized Office Equipment, list the Authorized Equipment List (AEL) item number. Specify the type and quantity of equipment here.

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<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

							Total
M & A SUBTOTALS:	<input type="text" value="\$0"/>						

[]

STATE OF ARIZONA
Department of Homeland Security
2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #: []

Applicant: [Gila County Health & Emergency Services]

Project Title: [East Region Training & Exercise]

APPLICATION - SUMMARY

<u>FUNDING CATEGORIES</u>	<u>TOTAL</u>
[EQUIPMENT]	[\$0]
[TRAINING]	[\$31,500]
[EXERCISE]	[\$1,500]
[PLANNING]	[\$0]
[ORGANIZATION]	[\$0]
[M & A]	[\$0]
[APPLICATION TOTAL]	[\$33,000]

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 Health & Emergency Services
Award Amount:	\$33,000
Project Title:	East Region Training & Exercise
Project Description:	East Region Emergency Managers will collaborate to provide NIMS/ICS required trainings that will develop and enhance interaction and capabilities in EOC/ICS positions; improve EOC/ICS Interface and provide for annual NIMS Compliance.
Project Type:	Enhance capabilities to respond to all-hazards events
Primary Target Capability:	Emergency Operations Center Management
HSGP Investment Supported:	Enhance Regional Collaboration
HSGP Primary Goal:	Goal 5 - Respond to Incidents
HSGP Objective:	Increase the ability for Arizona's essential personnel to respond to locations as needed during incidents of ci
Phoenix UASI Investment Supported:	Enhance Regional Collaboration
Phoenix UASI Primary Goal:	Choose a Phoenix UASI Goal
Phoenix UASI Objective:	Choose a Phoenix UASI Objective
Tucson UASI Investment Supported:	Enhance Regional Collaboration
Tucson UASI Primary Goal:	Choose a Tucson UASI Goal
Tucson UASI Objective:	Choose a Tucson UASI Objective
Funding Source:	SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

2012 Budget Summary

Grant Number:
 Application Number:

Allowable Planning Costs	SHSGP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Developing hazard/threat-specific annexes that incorporate the range of prevention, protection, response, and recovery activities	\$0	\$0	\$0	\$0	\$0	Click Discipline
Developing and implementing homeland security support programs and adopting ongoing DHS National Initiatives	\$0	\$0	\$0	\$0	\$0	Click Discipline
Developing related terrorism prevention activities	\$0	\$0	\$0	\$0	\$0	Click Discipline
Developing and enhancing plans and protocols	\$0	\$0	\$0	\$0	\$0	Click Discipline
Developing or conducting assessments	\$0	\$0	\$0	\$0	\$0	Click Discipline
Hiring of full- or part-time staff or contract/consultants to assist with planning activities (not for the purpose of hiring public safety personnel fulfilling traditional public safety duties)	\$0	\$0	\$0	\$0	\$0	Click Discipline
Conferences to facilitate planning activities	\$0	\$0	\$0	\$0	\$0	Click Discipline
Materials required to conduct planning activities	\$0	\$0	\$0	\$0	\$0	Click Discipline
Travel/per diem related to planning activities	\$0	\$0	\$0	\$0	\$0	Click Discipline
Overtime and backfill costs (IAW operational Cost Guidance)	\$0	\$0	\$0	\$0	\$0	Click Discipline
Planning Totals	\$0	\$0	\$0	\$0	\$0	\$0
Allowable Organizational Activities	SHSGP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Overtime for information, investigative, and intelligence sharing activities (up to 50 percent of the allocation)	\$0	\$0	N/A	N/A	\$0	Click Discipline
Reimbursement for select operational expenses associated with increased security measures at critical infrastructure sites incurred during periods of DHS declared alert (up to 50 percent of the allocation)	\$0	\$0	N/A	N/A	\$0	Click Discipline
Hiring of new staff positions/contractors/consultants for participation in information/intelligence analysis and sharing groups or fusion center activities (up to 50 percent of the allocation)	\$0	\$0	N/A	N/A	\$0	Click Discipline
Organizational Totals	\$0	\$0	\$0	\$0	\$0	\$0
Allowable Equipment Categories	SHSGP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Personal Protective Equipment	\$0	\$0	\$0	\$0	\$0	Click Discipline
Explosive Device Mitigation and Remediation Equipment	\$0	\$0	N/A	N/A	\$0	Click Discipline
CBRNE Operational Search and Rescue Equipment	\$0	\$0	\$0	\$0	\$0	Click Discipline
Information Technology	\$0	\$0	\$0	\$0	\$0	Click Discipline
Cyber Security Enhancement Equipment	\$0	\$0	\$0	\$0	\$0	Click Discipline
Interoperable Communications Equipment	\$0	\$0	\$0	\$0	\$0	Click Discipline
Detection	\$0	\$0	\$0	N/A	\$0	Click Discipline
Decontamination	\$0	\$0	\$0	N/A	N/A	Click Discipline
Medical	\$0	\$0	\$0	\$0	N/A	Click Discipline
Power	\$0	\$0	\$0	\$0	\$0	Click Discipline
CBRNE Reference Materials	\$0	\$0	\$0	N/A	\$0	Click Discipline
CBRNE Incident Response Vehicles	\$0	\$0	\$0	N/A	\$0	Click Discipline
Terrorism Incident Prevention Equipment	\$0	\$0	N/A	N/A	\$0	Click Discipline
Physical Security Enhancement Equipment	\$0	\$0	N/A	N/A	\$0	Click Discipline
Inspection and Screening Systems	\$0	\$0	\$0	N/A	\$0	Click Discipline
Agriculture Terrorism Prevention, Response, and Mitigation Equipment	\$0	\$0	\$0	N/A	N/A	Click Discipline
CBRNE Prevention and Response Watercraft	\$0	\$0	N/A	N/A	\$0	Click Discipline
CBRNE Aviation Equipment	\$0	\$0	\$0	N/A	\$0	Click Discipline
CBRNE Logistical Support Equipment	\$0	\$0	\$0	\$0	\$0	Click Discipline
Intervention Equipment	\$0	\$0	N/A	N/A	\$0	Click Discipline
Other Authorized Equipment	\$0	\$0	\$0	\$0	\$0	Click Discipline
Equipment Totals	\$0	\$0	\$0	\$0	\$0	\$0
Allowable Training Costs	SHSGP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Overtime and backfill for emergency preparedness	\$0	\$0	\$0	\$0	\$0	Click Discipline
Training workshops and conferences	\$0	\$0	\$0	\$0	\$0	Click Discipline
Full- or part-time staff or contractors/consultants	\$31,500	\$0	\$0	\$0	\$0	Emergency Management
Travel	\$0	\$0	\$0	\$0	\$0	Click Discipline
Supplies	\$0	\$0	\$0	\$0	\$0	Click Discipline
Training Totals	\$31,500	\$0	\$0	\$0	\$0	\$31,500
Allowable Exercise Related Costs	SHSGP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Design, Develop, Conduct and Evaluate an Exercise	\$0	\$0	\$0	\$0	\$0	Click Discipline
Exercise planning workshop	\$0	\$0	\$0	\$0	\$0	Click Discipline
Full- or part-time staff or contractors/consultants	\$0	\$0	\$0	\$0	\$0	Click Discipline
Overtime and backfill costs, including expenses for part-time and volunteer emergency response personnel participating in FEMA exercises	\$0	\$0	\$0	\$0	\$0	Click Discipline
Implementation of HSEEP	\$0	\$0	\$0	\$0	\$0	Click Discipline
Travel	\$0	\$0	\$0	\$0	\$0	Click Discipline
Supplies	\$1,500	\$0	\$0	\$0	\$0	Emergency Management
Exercise Totals	\$1,500	\$0	\$0	\$0	\$0	\$1,500
Allowable Management & Administrative Costs	SHSGP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Hiring of full- or part-time staff or contractors/consultants to assist with the management of the respective grant program, application requirements, compliance with reporting and data collection requirements	\$0	\$0	\$0	\$0	\$0	Click Discipline
Development of operating plans for information collection and processing necessary to respond to FEMA data calls	\$0	\$0	\$0	\$0	\$0	Click Discipline
Overtime and backfill costs	\$0	\$0	\$0	\$0	\$0	Click Discipline
Travel	\$0	\$0	\$0	\$0	\$0	Click Discipline
Meeting related expenses	\$0	\$0	\$0	\$0	\$0	Click Discipline
Authorized office equipment	\$0	\$0	\$0	\$0	\$0	Click Discipline
Recurring expenses such as those associated with cell phones and faxes during the period of performance of the grant program	\$0	\$0	\$0	\$0	\$0	Click Discipline
Leasing or renting of space for newly hired personnel during the period of performance of the grant program	\$0	\$0	\$0	\$0	\$0	Click Discipline
Management & Administrative Totals	\$0	\$0	\$0	\$0	\$0	\$0
Grand Totals	\$33,000	\$0	\$0	\$0	\$0	\$33,000

Arizona Department of Homeland Security
Financial Systems Survey

Name of Organization: Gila County Health & Emergency Services

Person completing survey: Debra Williams

Date: 3/2/2012

Email: dwilliams@co.gila.az.us

PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BOX. ATTACH MATERIALS AND DOCUMENT Comments AS REQUIRED.

As stewards of federal and state funds, the Arizona Department of Homeland Security (AZDOHS) prefers to award funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?

Yes No

2. Has your organization received funding from the Arizona Department of Homeland Security within the past two years? If yes, specify the grant contract numbers (for OSGP awards prior to FFY08 simply state "Stonegarden" in the blank provided): SHSGP 444403-03

Yes No SHSGP 555300-02; SHSGP 555300-03; CCP 555300-01; SHSGP 777304-01; CCP 777304-02; SHSGP 888300-02; CCP 888300-01

3. Has your organization been audited by an independent Certified Public Accountant within the past two years?

Yes No

4. Has your organization completed an A-133 Single Audit within the past two years?

Yes No

5. Has your organization been granted tax-exempt status by the Internal Revenue Service?

Yes No

6. If you answered YES to question #5 under what section of the IRS code?

501 C (3) 501 C (4) 501 C (5) 501 C (6) Other

7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?

Yes No

B. FUNDS MANAGEMENT

8. Which of the following describes your organization's accounting system?

Manual Automated Combination

9. How frequently do you post to the General Ledger?

Daily Weekly Monthly Other

10. Does the accounting system completely and accurately track the receipt and disbursements of funds by each

Yes No

11. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?

Yes No

12. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time?

Yes No

13. Is your organization familiar with Federal Cost Principles (i.e. OMB Circular A-87, A-122 or A-21)?

Yes No

C. INTERNAL CONTROLS

14. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?

Yes No

15. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?

Yes No

16. Are all accounting entries and payments supported by source documentation?

Yes No

17. Are cash or in-kind matching funds supported by source documentation?

Yes No

18. Are employee time sheets supported by appropriately approved/signed documents?

Yes No

19. Does the organization maintain policies which include procedures for assuring compliance with applicable Code of Federal Regulations and terms of each grant award?

Yes No

D. PROCUREMENT

20. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?

Yes No

21. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?

Yes No

22. Does the organization complete some level of cost or price analysis for every purchase?

Yes No

23. Does the organization maintain files and other source documentation sufficient to detail the history of each purchase?

Yes No

24. Does the organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract?

Yes No

25. Does the organization maintain written procurement policies and procedures?

Yes No

Application Number: (AZDOHS Use Only):

Grant Number:

Arizona Department of Homeland Security

Standard Data Collection Form

A. Agency Information

Project Title (if applicable):

Agency:

Amount Requested:

Project Description:

Address:
(Address Line 1)

(Address Line 2)

(City) (State) (Zip code)

County:

Authorized Individual:
Name: (First Name) (Last Name)

Position / Title:

Email:

Phone: Ext.

Fax:

Employer Identification Number:

Agency Classification (This is based on your selection on the Project Administrative Page):

Have you previously conducted business with the State using this Employer Identification Number?

If No, Please go to the following website to download and complete the State of Arizona Substitute W-9 form. Please be sure to submit this form with y application.
<http://www.ica.state.az.us/forms/selfInsured/AZ-SubstituteW9.pdf>

In which Congressional (Federal) District is your agency headquartered? Enter District #:
<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency headquartered? Enter District #:
<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding will your organization expend in your current fiscal year?

What is your organization's fiscal year-end date? MM DD

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133?

Please provide contact information of the audit firm conducting your audit:

Agency:

Address:
(Address Line 1)

(Address Line 2)

(City) (State) (Zip code)

Phone Number:

Fax:

Arizona Department of Homeland Security

Standard Data Collection Form

B. Contact Information (Please copy this portion as many times as needed.)

Program Agency - Indicates person with primary contact with the Arizona Department of Homeland Security and is directly responsible for ensuring the program plan is implemented. All future program correspondence will be sent to this person.

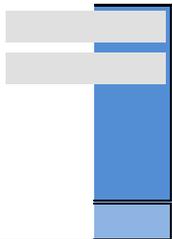
Fiscal Agency - Indicates person responsible for financial matters pertaining to this grant.

Collaborator - Indicates all persons/agencies that have been identified as a collaborator, partner, or host site as a requirement of this grant.

Agency Contact Type :	<input type="text" value="Program Agency"/>
Agency:	<input type="text" value="Gila County Health & Emergency Services"/>
Address:	<input type="text" value="Department of Emergency Management"/> <small>(Address Line 1)</small>
	<input type="text" value="5515 S. Apache Ave., Ste 400"/> <input type="text" value="Globe"/> <input type="text" value="AZ"/> <input type="text" value="85501"/> <small>(Address Line 2) (City) (State) (Zip code)</small>
County:	<input type="text" value="Gila"/>
Contact Person:	<input type="text" value="Debra"/> <input type="text" value="Williams"/> <small>(First Name) (Last Name)</small>
Position/Title:	<input type="text" value="Deputy Director"/>
Email:	<input type="text" value="dwilliams@co.gila.az.us"/>
Phone Number:	<input type="text" value="928-402-8763"/> Ext. <input type="text"/>
Fax:	<input type="text" value="928-425-7714"/>

Agency Contact Type :	<input type="text" value="Select Contact Type"/>
Agency:	<input type="text"/>
Address:	<input type="text"/> <small>(Address Line 1)</small>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Address Line 2) (City) (State) (Zip code)</small>
County:	<input type="text" value="Select County"/>
Contact Person:	<input type="text"/> <input type="text"/> <small>(First Name) (Last Name)</small>
Position/Title:	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text"/> Ext. <input type="text"/>
Fax:	<input type="text"/>

Agency Contact Type :	<input type="text" value="Select Contact Type"/>
Agency:	<input type="text"/>
Address:	<input type="text"/> <small>(Address Line 1)</small>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Address Line 2) (City) (State) (Zip code)</small>
County:	<input type="text" value="Select County"/>
Contact Person:	<input type="text"/> <input type="text"/> <small>(First Name) (Last Name)</small>
Position/Title:	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text"/> Ext. <input type="text"/>
Fax:	<input type="text"/>



our

85210



85501

Grant Number:

Arizona Department of Homeland Security

FFATA (Federal Funding Accountability and Transparency Act) Reporting Requirements

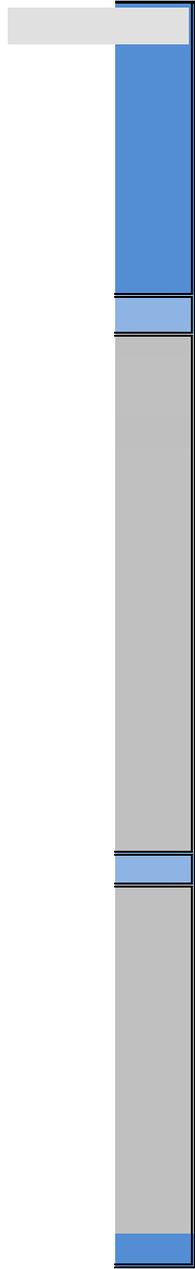
This section must be completed for any application greater than or equal to \$25,000

Name of Entity Receiving Award:	<input type="text" value="Gila County Health & Emergency Services"/>		
Requested Amount:	<input type="text" value="\$33,000"/>	Awarded Amount:	<input type="text"/> (AZDOHS use only)
Funding Agency:	<input type="text" value="Arizona Department of Homeland Security"/>		
CFDA Number:	<input type="text" value="97.067"/>		
Project Title:	<input type="text" value="East Region Training & Exercise"/>		
Location:	City: <input type="text" value="Globe"/>	State: <input type="text" value="AZ"/>	Congressional District: <input type="text" value="1, 4"/> http://www.azredistricting.org
DUNS Number:	<input type="text" value="183011634"/>		
1) Is 80% or more of your annual gross revenues from Federal Awards?	<input type="text" value="No"/>		
2) Do you receive \$25 Million or more annually from Federal Awards?	<input type="text" value="Yes"/>		

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

Names and Total Compensation of Top Five paid executives:

1:	Name <input type="text"/>	Total Compensation <input type="text"/>
2:	Name <input type="text"/>	Total Compensation <input type="text"/>
3:	Name <input type="text"/>	Total Compensation <input type="text"/>
4:	Name <input type="text"/>	Total Compensation <input type="text"/>
5:	Name <input type="text"/>	Total Compensation <input type="text"/>



STATE OF ARIZONA
Department of Homeland Security
2012 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Points of Contact

Address Your State Homeland Security Grant Program Management Questions to the Individuals Listed Below

AZDOHS

Assistant Director of Planning and Preparedness

Lisa Hansen
(602) 542-7014
Lhansen@azdohs.gov

Assistant Director of Finance and Administration

Terry Riordan
(602) 542-7056
Triordan@azdohs.gov

Assistant Director of Community Preparedness

Cheryl Bowen
(602) 542-7077
Cbowen@azdohs.gov

Equipment Specialist

Michael Stidham
(602) 542-7041
Mstidham@azdohs.gov

NIMCAST COMPLIANCE (ADEM)

Mariano Gonzalez
Mariano.gonzalez@azdema.gov

REGIONAL STRATEGIC PLANNERS AND FINANCE SPECIALISTS

Central & North Regions,

Phoenix & Tucson UASI

Susan Dzbanko
Senior Strategic Planner
Office: (602) 542-1777
Cell: (602) 319-8837
Sdzbanko@azdohs.gov

Lois George
Grant & Finance Specialist
(602) 542-7047
Lgeorge@azdohs.gov

East & West Regions,

State Agencies

John Coughlin
Strategic Planner
Office: (602) 542-7012
Cell: (602) 568-2973
Jcoughlin@azdohs.gov

Kevin Guimond
Budget Manager
(602) 542-1716
Kguimond@azdohs.gov

South Region,

Operation Stonegarden

William Seltzer
Strategic Planner
Office: (602) 542-7044
Cell: (602) 568-5806
Wseltzer@azdohs.gov

Christina Ambroult
Project Specialist
(602) 542-7036
Cambroult@azdohs.gov

ADEM (Training & Exercise)

Homeland Security Training
Coordinator

Kathy Walker
Office: (602) 464-6264
katherine.walker@azdema.gov

Exercise Coordinator

Jan Lindner
Office: (602) 464-6218
jan.lindner@azdema.gov

Exercise Coordinator

Nichole Fortson
Office: (602) 464-6514
Nichole.fortson@azdema.gov

