



**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:**

**Project Title:**

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](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 <a href="mailto:sdzbanko@azdohs.gov">sdzbanko@azdohs.gov</a>		John Coughlin (602) 542-7012 <a href="mailto:jcoughlin@azdohs.gov">jcoughlin@azdohs.gov</a>		William Seltzer (602) 542-7044 <a href="mailto:wseltzer@azdohs.gov">wseltzer@azdohs.gov</a>

**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><b>1. Applicant</b> <input type="text" value="Gila County Health &amp; Emergency Services"/></p> <p><b>Applicant Address:</b></p> <p>Mailing Address: <input type="text" value="5515 S. Apache Ave., Suite 400"/></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><b>Head of Agency</b></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="928-425-3231"/></p> <p>E-Mail Address: <input type="text" value="tmartin@co.gila.az.us"/></p> <p><b>Agency's Point of Contact Information</b></p> <p>Title: <input type="text" value="Ms."/> 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><b>2. Organization Type</b></p> <p><input type="text" value="County"/></p> <p><b>3. Region or Entity:</b> <input type="text" value="East Region"/></p> <p style="text-align: center;"><b>Program Initiatives</b></p> <p>4a. SHSGP, MMRS, CCP: <input type="text" value="Strengthen Interoperable Communications 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>4d. Is this LETPA?: <input type="text" value="No"/></p> <p><b>5. Total Dollar Amount Requested:</b> <span style="background-color: red; color: white; padding: 2px;">\$15,000</span></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>

1.1.0, 1.1.1, 1.1.5, 1.3.0, 1.3.3, 1.3.6, 2.3.0, 2.3.2, 2.3.3, 6.1.0, 6.1.1, 6.2.0, 6.2.2

**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..**

New. However this project builds on the success of 555606-02 in populating CASM data and evaluating NECP Goal Two response level communications. This project will use the CASM data already collected as the basis for developing the TICP. The lack of a TICP was identified as a gap during our NECP Goal Two assessment

**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.**

No.

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

All public safety agencies in the County will provide collaborative input and participate in the development of the Tactical Interoperable Communications Plan. Upon delivery, the TICP will support and be available to all agencies. The project will be managed by PSIC who will coordinate with stakeholders. Lisa Meyerson 602-284-3186 lmeyerson@azpsic.gov.

**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="Lisa Meyerson"/>	
	<i>Typed Name</i>	<i>Signature</i>
AZDOHS Strategic Planner or Assistant Director Planning & Preparedness	<input type="text"/>	<input type="text"/>

STATE OF ARIZONA  
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Gila County Health & Emergency Services

Project Title: TICP Development Workshop

## 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.**

Our county lacks a Tactical Interoperable Communications Plan (TICP) that clearly document the interoperable communications governance structures, technology assets, and usage policies, and procedures within the county. This project will fill this gap by allowing participants to discuss and document the area's existing governance structures, technology assets, and policies/procedures related to interoperable communications during events ranging from day-to-day operations through large-scale critical incidents. The grant is sought to address the development of a Countywide TICP through a series of facilitated workshops and data collection efforts. The project will be managed with PSIC Office at ADOA-ASET through an MOU.

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

The project is for planning and consulting activities and will not need to be sustained beyond the grant period of performance.

**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.**

The National Emergency Communications Plan assessment process, including the county's After Action Report, highlighted the need for a TICP for improvement in providing response level emergency communications during multi-agency multi-jurisdictional events. This project will address that gap identified during those assessments.

STATE OF ARIZONA  
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2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Gila County Health & Emergency Services

Project Title:

TICP Development Workshop

## 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>

The NECP sets forth 3 goals for improved interoperability, operability, and continuity of communications. NECP Goal One Assessments were conducted for Phoenix and Tucson UASIs in 2010. NECP Goal Two Assessments were conducted for All Non-UASI jurisdictions in 2011. The assessments for our county identified the need for development of a Tactical Interoperable Communications Plan to improve response level emergency communications during multi-agency multi-jurisdictional events. This project will address that interoperable communications gap in our county as identified during the NECP assessment process.

~~This project directly links to the following State Homeland Security Strategy Objectives and Action items and SCIP Initiatives:~~

**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.**

This project will support the State initiative to Strengthen Interoperable Communications Capabilities by addressing interoperable communications gaps that have been identified during the National Emergency Communications Plan (NECP) assessment process, and within the Target Capabilities Assessment (TCA) for this county. This project will support the development of a Tactical Interoperable Communications Plan (TICP) that clearly documents the interoperable communications governance structures, technology assets, and usage policies, and procedures within the county which will improve response level emergency communications during multi-agency multi-jurisdictional events.

**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.**

The primary goal of this project is to address interoperable communications gaps in our county that have been identified during the National Emergency Communications Plan (NECP) assessment process, and within the Target Capabilities Assessment (TCA) for this county.

The project will address three main objectives:

1. Development of a Tactical Interoperable Communications Plan to improve response level emergency communications during multi-agency multi-jurisdictional events.
2. Close a gap identified in the TCA Communications section and during the NECP assessment process, including evaluation information from the county After Action Report.
3. Increase regional alignment and compliance with the NECP and Statewide Communications Interoperability Plan (SCIP).

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Gila County Health & Emergency Services

Project Title:

TICP Development Workshop

**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>

Communications

Enter Amount:

\$15,000

Choose Target Capabilities

Enter Amount:

\$0

Choose Target Capabilities

Enter Amount:

\$0

This amount should equal the total amount being requested for this project.

\$15,000

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

The implementation of this project supports the communications target capabilities by addressing interoperable communications gaps in the county that have been identified during the National Emergency Communications Plan (NECP) assessment process, and within the Target Capabilities Assessment (TCA) for the county. Specifically, this project will produce a TICP that can be utilized in planning for and responding to multi-agency multi-jurisdictional incidents and events that require response level emergency communications.

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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
Obtain funding from Arizona DOHS. Identify county contacts for participation in project leadership team. MOU grant to the PSIC Office.	10/01/2012	12/31/2012

**Milestone 2**

Description:	Start Date	End Date
Prepare RFPs or RFQs and solicit SME/Facilitator contract support. Additionally, secure contract support.	01/01/2013	03/31/2013

**Milestone 3**

Description:	Start Date	End Date
Initial stakeholder session and TICP kickoff workshop.	04/01/2013	06/30/2013

**Milestone 4**

Description:	Start Date	End Date
Data collection, TICP development workshop, and approval of final TICP.	07/01/2013	09/30/2013



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Project Title:

**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
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
CHOOSE EQUIPMENT TYPE	Click Discipline	\$0
<b>EQUIPMENT TOTAL FOR PROJECT</b>		<b>\$0</b>



**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>

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"/>					
<b>Total Cost for All Deliveries</b>	<input type="text" value="\$0"/>					

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"/>					
<b>Total Cost for All Deliveries</b>	<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
<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 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
<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.

TOTAL TRAINING COSTS

**STATE OF ARIZONA**  
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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](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.

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)

**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

**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	\$0	\$0

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 Project Title:

**PLANNING - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET**

Each Planning activity must be explained in detail. Refer to the link below for additional guidance and detailed information on allowable planning 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 Planning 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](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>

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.

SHSS Objectives: 1.1.0, 1.3.0, 2.3.0, 6.1.0, 6.2.0  
 SHSS Action items: 1.1.1, 1.1.5, 1.3.3, 1.3.6, 2.3.2, 2.3.3, 6.1.1, 6.2.2  
 SCIP Strategic Initiatives: 5.8.1.1, 5.8.1.2, and 5.8.3.2

Provide a description of this planning activity. 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 Materials, etc. If requesting materials, provide a list of all materials requested.

We are requesting \$15,000 for development and implementation of this project:  
 Staff/Contractors/Consultants = \$10,000 Based on past usage of contractors with similar expertise, in an environment with intense competition for talent. These are conservative estimates for the type of work and scope of activities defined for this project.  
 Travel/Per Diem/Conferences/Workshops = \$5,000 All facets of this project require open public forums where public safety stakeholders may

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$10,000	\$0	\$5,000	\$0	\$15,000

Select Associated Staff, Contractor, or Consultant Costs:

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 planning activity. 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 Materials, etc. If requesting materials, provide a list of all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs:

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 planning activity. 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 Materials, etc. If requesting materials, provide a list of all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs:

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 planning activity. 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 Materials, etc. If requesting materials, provide a list of all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs:

PLANNING SUBTOTALS					Total
\$0	\$10,000	\$0	\$5,000	\$0	\$15,000

**STATE OF ARIZONA  
Department of Homeland Security**

**2012 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION**

Grant #:

Applicant:

Project Title:

**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.

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.

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  
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

**APPLICATION - SUMMARY**

<u>FUNDING CATEGORIES</u>	<u>TOTAL</u>
<input type="text" value="EQUIPMENT"/>	<input type="text" value="\$0"/>
<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="\$15,000"/>
<input type="text" value="ORGANIZATION"/>	<input type="text" value="\$0"/>
<input type="text" value="M &amp; A"/>	<input type="text" value="\$0"/>
<input type="text" value="APPLICATION TOTAL"/>	<input type="text" value="\$15,000"/>

Grant Number  
Application Number

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

Project Summary

Local Unit of Government:	<b>Gila County Health &amp; Emergency Services</b>
Award Amount:	<b>\$15,000</b>
Project Title:	<b>TICP Development Workshop</b>
Project Description:	Our county lacks a Tactical Interoperable Communications Plan (TICP) that clearly document the interoperable communications governance structures, technology assets, and usage policies, and procedures within the county. This project will fill this gap by allowing participants to discuss and document the area's existing governance structures, technology assets, and policies/procedures related to interoperable communications during events ranging from day-to-day operations through large-scale critical incidents. The grant is sought to address the development of a Countywide TICP through a series of facilitated workshops and data collection efforts. The project will be managed with PSIC Office at ADOA-ASET through an MOU.
Project Type:	<b>Develop/enhance interoperable communication systems</b>
Primary Target Capability:	<b>Communications</b>
HSGP Investment Supported:	<b>Strengthen Communications Collaboration</b>
HSGP Primary Goal:	<b>Goal 1 - Enhance Arizona's Common Capabilities</b>
HSGP Objective:	<b>Bolster Arizona's Communication Capability in Interoperable Voice Communications / Radios</b>
Phoenix UASI Investment Supported:	<b>Strengthen Communications Collaboration</b>
Phoenix UASI Primary Goal:	<b>Choose a Phoenix UASI Goal</b>
Phoenix UASI Objective:	<b>Choose a Phoenix UASI Objective</b>
Tucson UASI Investment Supported:	<b>Strengthen Communications Collaboration</b>
Tucson UASI Primary Goal:	<b>Choose a Tucson UASI Goal</b>
Tucson UASI Objective:	<b>Choose a Tucson UASI Objective</b>
Funding Source:	<b>SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM</b>

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)	\$10,000	\$0	\$0	\$0	\$0	Public Safety Communications
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	\$5,000	\$0	\$0	\$0	\$0	Public Safety Communications
Overtime and backfill costs (IAW operational Cost Guidance)	\$0	\$0	\$0	\$0	\$0	Click Discipline
<b>Planning Totals</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,000</b>
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
<b>Organizational Totals</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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
<b>Equipment Totals</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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	\$0	\$0	\$0	\$0	\$0	Click Discipline
Travel	\$0	\$0	\$0	\$0	\$0	Click Discipline
Supplies	\$0	\$0	\$0	\$0	\$0	Click Discipline
<b>Training Totals</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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	\$0	\$0	\$0	\$0	\$0	Click Discipline
<b>Exercise Totals</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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
<b>Management &amp; Administrative Totals</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Grand Totals</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,000</b>

Arizona Department of Homeland Security  
Financial Systems Survey

Name of Organization: Gila County Health & Emergency Services

Person completing survey: Debra L. 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 CCP555300-01 SHSGP 777304-01 CCP 777304-02  
SHSGP 888300-02 CCP88300-01

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): **TICP Development Workshop**

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

Amount Requested: **\$15,000**

Project Description: **Our county lacks a Tactical Interoperable Communications Plan (TICP) that clearly document the interoperable communications governance structures, technology assets, and usage policies, and procedures within the county. This project will fill this gap by allowing participants to discuss and document the area's existing governance structures, technology assets, and policies/procedures related to interoperable communications during events ranging from day-to-day operations through large-scale critical incidents. The grant is sought to address the development of a Countywide TICP through a series of facilitated workshops and data collection efforts. The project will be managed with PSIC Office at ADOA-ASET through an MOU.**

Address: **5515 S. Apache Ave., Suite 400**  
(Address Line 1)

**Globe** **AZ** **85501**  
(Address Line 2) (City) (State) (Zip code)

County: **Gila**

Authorized Individual: Name **Tommie** **Martin**  
(First Name) (Last Name)

Position / Title: **Mrs.**

Email: **tmartin@co.gila.az.us**

Phone: **928-425-3231** Ext. **7100**

Fax:

Employer Identification Number: **866000444**

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

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

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 your application.

<http://www.ica.state.az.us/forms/selfInsured/AZ-SubstituteW9.pdf>

In which Congressional (Federal) District is your agency headquartered? Enter District #: **1, 4**  
<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency headquartered? Enter District #: **6, 7, 8**  
<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding will your organization expend in your current fiscal year? **\$25,000,000**

What is your organization's fiscal year-end date? MM **06** DD **30**

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

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

Agency: **CliftonLarsonAllen LLP**

Address: **1201 S. Alma School Rd.**  
(Address Line 1)

**Mesa** **AZ** **85210**  
(Address Line 2) (City) (State) (Zip code)

Phone Number: **480-615-2350**

Fax: **480-615-2350**

# 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.

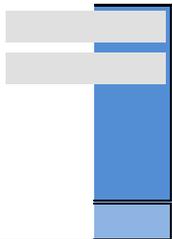
Fiscal Agency - Indicates person responsible for financial matters pertaining to this grant.

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 &amp; Emergency Services"/>
Address:	<input type="text" value="Department of Emergency Management"/> <small>(Address Line 1)</small>
	<input type="text" value="5515 S. Apache Ave., Suite 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-Emergency Manage"/>
Email:	<input type="text" value="dwilliams@co.gila.az.us"/>
Phone Number:	<input type="text" value="928-402-8463"/> 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

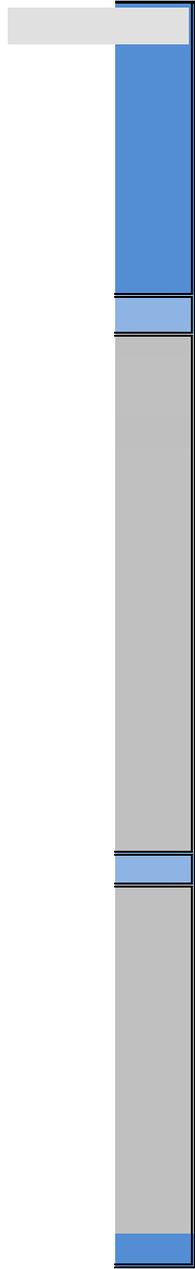
This section must be completed for any application greater than or equal to \$25,000

Name of Entity Receiving Award:	<input type="text" value="Gila County Health &amp; Emergency Services"/>		
Requested Amount:	<input type="text" value="\$15,000"/>	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="TICP Development Workshop"/>		
Location:	City: <input type="text" value="Globe"/>	State: <input type="text" value="AZ"/>	Congressional District: <input type="text" value="1, 4"/> <a href="http://www.azredistricting.org">http://www.azredistricting.org</a>
DUNS Number:	<input type="text" value="86600444"/>		
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](mailto:Lhansen@azdohs.gov)

**Assistant Director of Finance and Administration**

Terry Riordan  
(602) 542-7056  
[Triordan@azdohs.gov](mailto:Triordan@azdohs.gov)

**Assistant Director of Community Preparedness**

Cheryl Bowen  
(602) 542-7077  
[Cbowen@azdohs.gov](mailto:Cbowen@azdohs.gov)

**Equipment Specialist**

Michael Stidham  
(602) 542-7041  
[Mstidham@azdohs.gov](mailto:Mstidham@azdohs.gov)

**NIMCAST COMPLIANCE (ADEM)**

Mariano Gonzalez  
[Mariano.gonzalez@azdema.gov](mailto: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](mailto:Sdzbanko@azdohs.gov)

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

**East & West Regions,**

**State Agencies**

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

Kevin Guimond  
Budget Manager  
(602) 542-1716  
[Kguimond@azdohs.gov](mailto:Kguimond@azdohs.gov)

**South Region,**

**Operation Stonegarden**

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

Christina Ambroult  
Project Specialist  
(602) 542-7036  
[Cambroult@azdohs.gov](mailto:Cambroult@azdohs.gov)

**ADEM (Training & Exercise)**

**Homeland Security Training**  
**Coordinator**

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

**Exercise Coordinator**

Jan Lindner  
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