



STATE OF ARIZONA
Department of Homeland Security

12-EAS-007

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

PLEASE FILL OUT THE SUBGRANTEE AND PROJECT TITLE BLANKS ONLY

Grant #: **999303-01**

Applicant: **GILA COUNTY SHERIFF'S OFFICE**

Project Title: **CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH**

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/qc_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

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2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

FOR THIS SECTION BE SURE TO CHOOSE A PROGRAM

Grant #: 999303-01

Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

Grant Program: SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

PROJECT ADMINISTRATIVE PAGE

1. Applicant: GILA COUNTY SHERIFF'S OFFICE

Applicant Address:
Mailing Address: P.O. Box 311
City/State/Zip: GLOBE AZ 85502
City: GLOBE State: AZ Zip Code: 85502

Head of Agency: CHIEF TOM MELCHER
Title: CHIEF First Name: TOM Last Name: MELCHER
Phone #: 928-468-2821
E-Mail Address: tmelcher@co.gila.az.us

Agency's Point of Contact Information: SGT. JOHN FRANCE
Title: SGT. First Name: JOHN Last Name: FRANCE
Phone #: 928-472-5395
Cell Phone #: 928-701-4440
E-Mail Address: jfrance@co.gila.az.us

2. Organization Type: County

3. Region or Entity: East Region

Program Initiatives

4a. SHSGP, MMRS, CCP: Strengthen CBRNE Detection, Response & Decontamination

4b. Phoenix UASI: Choose Initiative

4c. Tucson UASI: Choose Initiative

4d. Is this LETPA?: Yes

5. Total Dollar Amount Requested: \$49,700

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>

5.1.1 5.1.4 5.2.1

7. Identify the primary National Priority that is supported by this project from the drop down box below.
NP6. Strengthen CBRNE Detection, Response and Decontamination Capabilities

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..
Ongoing; FY2010 received \$28,000.00. None received FY2011

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.
Yes. 1st; \$30,000.00-Suit,Diving, Dry, Protective, Contaminated Water. 2nd; \$13,000.00-Self Contained Underwater Breathing Apparatus, Contaminated Water. 3rd; \$1,700.00-Underwater Communication Equipment. 4th; \$5,000.00-SCUBA Emergency Back Up System.

10. Please list the multiple jurisdictions and/or disciplines served by this project. Include POC information for each partnering agency.
This project will serve the regional areas of Gila County, Tonto Apache Tribal Reservation, San Carlos Tribal Reservation, White Mtn. Apache Tribal Reservaton, Navajo, Coconino, Apache, and Maricopa Counties. None are direct partners

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: Chief Deputy Tom Melc
Typed Name: Signature:

AZDOHS Strategic Planner or Assistant Director Planning & Preparedness: Signature:

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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.

This equipment is needed to provide adequate protection for those first responders to a contaminated water critical incident. Gila County is home to the two largest bodies of inland water-Roosevelt Lk. and San Carlos Lk., as well as numerous water storage and treatment facilities. Due to our rural nature, we need to be able to respond quickly with appropriate suitable equipment to perform operations in contaminated water environments. With this equipment we will be able to perform inspections of affected water sites to mitigate or eliminate issues, and respond to critical incidents involving contaminated environments with the proper protective equipment for essential first responders.

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

This equipment will be maintained, serviced yearly and should be in service for ten plus years or more. It is high quality and designed to meet our needs for many years of sustainability

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.

FY2010 funding provided for the purchase of a portable SCUBA air compressor fill station. In the intervening time span we have acquired, through asset forfeiture, a box trailer with tow vehicle. The portable fill station is in place in the trailer which gives us sustainability for protracted missions, as well as an ability to travel to any site in our region and elsewhere as is needed.

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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>

Within Gila County are located the states two largest inland bodies of water; Roosevelt Lk. & San Carlos Lk., these two lakes provide much of the potable and agricultural water supply for the Phoenix and Tucson Metropolitan areas as well as local needs. We also have numerous private water suppliers within the rural area. This equipment will allow for essential personnel to be protected in their response to investigate, mitigate, & prevent issues relative to contaminated water. We will have the equipment to respond and work cohesively with other Public Safety Diving Teams.

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 equipment will provide protection from conatminated water enviornments for essential personnel tasked with responding to an incident invovling CBRNE Decontamination of critical water resources. It will also provide the ability to perform routine inspections for the detection of potential CBRNE agents, thereby preventing an incident involving critical water supply sources.

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.

We currently do not have suitable equipment for diving in contaminated water enviornments safely or adequately. This equipment will greatly increase our ability to function safely, protecting the essential first responders, in the event of a critical incident of water contamination. Our goal is to fully equip ten personnel with the required equipment to protect them in enviornments where the water is or could be contaminated. The diving suits are protective apparal and the underwater communications equipment will allow for full communications with each other, surface support personnel, and other similiarly equipped Public Safety Diving Teams.

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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>

Responder Safety and Health	▼	Enter Amount:	\$48,000
Communications	▼	Enter Amount:	\$1,700
Choose Target Capabilities	▼	Enter Amount:	\$0

This amount should equal the total amount being requested for this project. **\$49,700**

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

The Gila County Public Safety Dive Team, PSDT, is currently the only functioning unit in the East Region, as well as North Region. As such we have been called upon numerous times to assist other agencies and entities with diving operations from body recoveries to vehicle recoveries in water environments. A single vehicle could easily contain enough contaminants to jeopardize potable and agricultural water supplies for large area. With this equipment we will be able to safely operate in a contaminated water environment without risking the health and safety of essential personnel. Our PSDT will be able to perform routine underwater inspections of numerous water storage and treatment facilities to identify and hopefully prevent issues of potential contamination. The equipment is of common type in use by other PSDT's to facilitate common practices and coordinated 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
Grant received, bids sent out.	10/01/2012	12/31/2012

Milestone 2

Description:	Start Date	End Date
Bids received and reviewed, contracts processed.	01/01/2013	03/31/2013

Milestone 3

Description:	Start Date	End Date
Bids awarded, purchase orders going out.	04/01/2013	06/30/2013

Milestone 4

Description:	Start Date	End Date
Equipment received, operational training started for new equipment.	07/01/2013	09/30/2013

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EQUIPMENT - BUDGET DETAIL WORKSHEET

Equipment Type	Discipline Group	Whole Dollars
1 Personal Protective Equipment (PPE)	Law Enforcement	\$48,000
6 Interoperable Communications Equipment	Law Enforcement	\$1,700
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		\$49,700

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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://arizona.gov/libraries/standards/default.htm>

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

<https://www.firstrespondertraining.gov>

N/A

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: Choose Mission Area Training Level: Choose 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

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

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: Choose Mission Area Training Level: Choose 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

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

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
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 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
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 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	Choose Mission Area	Training Level	Choose 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 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	Choose Mission Area	Training Level	Choose 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 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 \$0 \$0 \$0 \$0

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EXERCISE - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

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

EXERCISE LEVEL: (Table Top, Functional, Full Scale)
 N/A

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 consummable 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 consummable 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 consummable 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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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.

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:
<http://www.azdhs.gov/Accounting/AccountingManual/AccountingManual10.pdf>
<http://www.azdhs.gov/Accounting/AccountingManual/AccountingManual10.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.

N/A

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: Choose Planning Cost For Staff, Contractors, Consultants

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: Choose Planning Cost For Staff, Contractors, Consultants

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: Choose Planning Cost For Staff, Contractors, Consultants

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.

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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: Choose Planning Cost For Staff, Contractors, Consultants

PLANNING SUBTOTALS

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

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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.ar.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.:

N/A

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 <input type="text" value="\$0"/>	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS. <input type="text" value="\$0"/>	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities <input type="text" value="\$0"/>
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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 <input type="text" value="\$0"/>	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS. <input type="text" value="\$0"/>	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities <input type="text" value="\$0"/>
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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 <input type="text" value="\$0"/>	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS. <input type="text" value="\$0"/>	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities <input type="text" value="\$0"/>
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TOTAL ORGANIZATION COSTS

TOTAL COSTS

STATE OF ARIZONA
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Grant #: 999303-01

Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

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.azdhs.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-24-022908.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>

N/A

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
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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.

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
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

							Total
M&A SUBTOTALS:	\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF ARIZONA
Department of Homeland Security

12-EAS-007

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #: 999303-01

Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

APPLICATION - SUMMARY

FUNDING CATEGORIES

TOTAL

EQUIPMENT	\$49,700
TRAINING	\$0
EXERCISE	\$0
PLANNING	\$0
ORGANIZATION	\$0
M & A	\$0
APPLICATION TOTAL	\$49,700

Grant Number: 9993303-01
 Application Number: 12-EAS-007

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

Project Summary

Local Unit of Government:	GILA COUNTY SHERIFF'S OFFICE
Award Amount:	\$49,700
Project Title:	CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH
Project Description:	This equipment is needed to provide adequate protection for those first responders to a contaminated water critical incident. Gila County is home to the two largest bodies of inland water-Roosevelt Lk. and San Carlos Lk. as well as numerous water storage and treatment facilities. Due to our rural nature, we need to be able to respond quickly with appropriate suitable equipment to perform operations in contaminated water environments. With this equipment we will be able to perform inspections of affected water sites to mitigate or eliminate issues, and respond to critical incidents involving contaminated environments with the proper protective equipment for essential first responders.
Project Type:	Enhance capabilities to respond to all-hazards events
Primary Target Capability:	Responder Safety and Health
HSGP Investment Supported:	Strengthen CBRNE Response and Detection
HSGP Primary Goal:	Goal 5 - Respond to Incidents
HSGP Objective:	Strengthen Arizona's essential responder personnel capabilities to address Chemical, Biological, Radiologic.
Phoenix UASI Investment Supported:	Strengthen CBRNE Response and Detection
Phoenix UASI Primary Goal:	Choose a Phoenix UASI Goal
Phoenix UASI Objective:	Choose a Phoenix UASI Objective
Tucson UASI Investment Supported:	Strengthen CBRNE Response and Detection
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

Arizona Department of Homeland Security
Financial Systems Survey

Name of Organization:

Person completing survey: _____

Date: _____ Email: _____

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

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): 12-EAS-007

Grant Number: 999303-01

Arizona Department of Homeland Security

Standard Data Collection Form

A. Agency Information

Project Title (if applicable): CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

Agency: GILA COUNTY SHERIFF'S OFFICE

Amount Requested: \$49,700

Project Description: This equipment is needed to provide adequate protection for those first responders to a contaminated water critical incident. Gila County is home to the two largest bodies of inland water-Roosevelt Lk. and San Carlos Lk., as well as numerous water storage and treatment facilities. Due to our rural nature, we need to be able to respond quickly with appropriate suitable equipment to perform operations in contaminated water environments. With this equipment we will be able to perform inspections of affected water sites to mitigate or eliminate issues, and respond to critical incidents involving contaminated environments with the proper protective equipment for essential first responders.

Address: P.O. Box 311
(Address Line 1)
(Address Line 2) GLOBE (City) AZ (State) 85302 (Zip code)

County: Gila

Authorized Individual:

Name: TOM (First Name) MELCHER (Last Name)

Position / Title: CHIEF

Email: tmelcher@co.gila.az.us

Phone: 928-468-2321 Ext. _____

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

<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency headquartered? Enter District #: 5

<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding will your organization expend in your current fiscal year? \$110,000

What is your organization's fiscal year-end date? MM 6 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: Miller and Allen & Co

Address: 5333 North 7th Street, Suite 100
(Address Line 1)
(Address Line 2) Phoenix (City) AZ (State) 85014 (Zip code)

Phone Number: 602-264-3888

Fax: 602-230-0348

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 that 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 :

Agency:

Address:

(Address Line 1)

(Address Line 2)

(City)

(State)

(Zip code)

County:

Contact Person:

(First Name)

(Last Name)

Position/Title:

Email:

Phone Number: Ext.

Fax:

Agency Contact Type :

Agency:

Address:

(Address Line 1)

(Address Line 2)

(City)

(State)

(Zip code)

County:

Contact Person:

(First Name)

(Last Name)

Position/Title:

Email:

Phone Number: Ext.

Fax:

Agency Contact Type :

Agency:

Address:

(Address Line 1)

(Address Line 2)

(City)

(State)

(Zip code)

County:

Contact Person:

(First Name)

(Last Name)

Position/Title:

Email:

Phone Number: Ext.

Fax:

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 SHERIFF'S OFFICE"/>		
Requested Amount:	<input type="text" value="\$49,700"/>	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="97.073"/>		
Project Title:	<input type="text" value="Critical Incident Responder Safety and health"/>		
Location:	City: <input type="text" value="GLOBE"/>	State: <input type="text" value="AZ"/>	Congressional District: <input type="text" value="1"/>
DUNS Number:	<input type="text" value="074462102"/>	http://www.azredistricting.org	
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="No"/>		

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

**East & West Regions,
State Agencies**

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

**South Region,
Operation Stonegarden**

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

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

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

Christina Ambroult
Project Specialist
(602) 542-7036
Cambrault@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

