

Arizona Department of Homeland Security (AZDOHS) Quarterly Programmatic Report

Date Received by AZDOHS:

Date: <u>15-Mar</u>	
Subgrantee Agreement Number (i.e. 999000-00):	<u>11-AZDOHS-HSGP-888300-01</u>
Funding Source:	<u>Citizen Corp Prgram</u>
Organization:	<u>Gila County Emergency Management</u>
Project Manager:	<u>Debra L. Williams</u>
Telephone:	<u>928-402-8764</u>
Email:	<u>dwilliams@gilacountyaz.gov</u>

Please check the box of the quarterly reporting period and fill in the year

<input checked="" type="checkbox"/>	Oct 1 - Dec 31	<u>2011</u>
<input type="checkbox"/>	Jan 1 - Mar 31	<u>2012</u>
<input type="checkbox"/>	Apr 1 - Jun 30	<u>2012</u>
<input type="checkbox"/>	Jul 1 - Sep 30	<u>2012</u>

Is this a FINAL/CLOSE OUT report for this grant? Yes No

If yes, enter the amount of unspent funds being returned to AZDOHS:

If yes, is the Property Control Form attached? (If applicable) Yes No

1. What percentage of funds have been encumbered or expended to date?	<u>0%</u>
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2. List milestones from your approved application and give a status update toward achievement of each milestone.

Milestone #1:

Status #1:

Milestone #2:

Status #2:

Milestone #3:

Status #3:

Arizona Department of Homeland Security (AZDOHS) Quarterly Programmatic Report

Milestone #4:

Status #4:

3. Do you anticipate any changes/modifications to the original objectives? If yes, will these changes/modifications prevent your jurisdiction from completing this project within the approved grant performance period?

No

4. List any jurisdictional changes for authorized persons involved in completing this project. This would include Project/Program Managers, Finance Staff, etc.

Equipment will be utilized and managed by the Northern Gila County CERT.

5. Grant Funded Training/Exercise:

(Please complete this section if applicable)

5. A. List the number of employees who have completed NIMS training, including the course number.

Course #:

5.B. Describe any approved preparedness exercises that your jurisdiction held during the reporting period. Confirm that your agency has utilized the FEMA Homeland Security Exercise and Evaluation Program (HSEEP) toolkit. If applicable, please visit the HSEEP toolkit link https://hseep.dhs.gov/pages/1001_HSEEP7.aspx.

5.C. Describe any other approved training undertaken by your jurisdictional staff during the reporting period. Confirm your agency utilized the training approval procedure and request form.

5. D. Describe in detail how any approved training conducted using HSGP funds addresses a performance gap.

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NGCCERT participated in a decon exercise held by Payson Regional Medical Center on June 15.

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2. List milestones from your approved application and give a status update toward achievement of each milestone.

Milestone #1:
Equipment will be ordered and provided to CERT for documented exercise event.

Status #1:
08/10/2012: a fully executed copy of the contract was received.

Milestone #2:

Status #2:
09/30/2012: Equipment has been ordered and received. Delivery to the Northern Gila County CERT is scheduled for October 25, 2012. Exercise event is pending.

Milestone #3:

Status #3:

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