



STATE OF ARIZONA
Department of Homeland Security

2013 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)
- Core Capabilities (Questions 16 & 17)
- Milestones (Question 18)

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

- Equipment Budget Narrative
 - Equipment Description & Utilization
- 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

www.uscis.gov/E-Verify

The following tabs **MUST** be completed

- Standard Data Collection Form
- Financial System Survey
- Budget Summary
- Project Summary
- FFATA Summary
- Grant-Funded Typed Resource Report

The due date for this application is March 1, 2013 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/application2013.asp>

Central Region, Phoenix UASI	East and West Regions, State Agencies	North and South Regions
Susan Dzbanko (602) 542-1777 sdzbanko@azdohs.gov	John Coughlin (602) 542-7012 jcoughlin@azdohs.gov	Maryann Loya (602) 542-7062 mloya@azdohs.gov

Grant Timeline

March 1, 2013 no later than 5:00 PM (Arizona Time) - Application due to AZDOHS.

March 4 - March 15, 2013 AZDOHS reviews grant applications.

March 18 - April 12, 2013 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 2013 - 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

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

FOR THIS SECTION BE SURE TO CHOOSE A PROGRAM

Grant #: [] Applicant: Gila County Sheriff's Office

Project Title: Gila County Payson Sub-Station Communication Project

Grant Program: SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

PROJECT ADMINISTRATIVE PAGE

1. Applicant Applicant Address: Mailing Address: PO Box 311 City/State/Zip: Globe AZ 85502-1465 City: [] State: [] Zip+4 Code: [] https://tools.usps.com/go/ZipLookupAction!input.action Head of Agency: Chief De Johnny Sanchez Title: [] First Name: [] Last Name: [] Phone #: 928-425-4449 E-Mail Address: jgsanchez@gilacountyaz.gov	2. Organization Type County [] 3. Region or Entity: East Region []
Agency's Point of Contact Information Lt Tim Scott Title: [] First Name: [] Last Name: [] Phone #: 928-468-2824 Cell Phone #: 928-595-4458 E-Mail Address: tscott@gilacountyaz.gov	Program Initiatives 4a. Initiatives: Strengthen Interoperable Communications Capabilities [] 4b. Is this LETPA?: [] 5. Total Dollar Amount Requested: \$43,000

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

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

NP5. Strengthen Interoperable Communications 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.

This is a new project with no other funding sources identified

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: priority 1 installation of all new 1/2 inch hardline cable for each antenna, all new antennas, ice bridge to communications shelter, new grounding bars installed on tower, outside building and inside building all connected to single grounding point \$22,000. priority 2, trenching and install conduits between comm shelter and main building for cat 5/6 ethernet and recorder feed lines \$5,000, Priority 3 relocation of existing radios and equipment into comm shelter with 2 more IP-224 and duplexer for jail repeater system \$16,000

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

The Sheriff's Office Communications centers serves regional law enforcement, fire departments, tribal and other regional communications centers. None of the regional agencies are directly involved in this application as partners.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

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 project is to enhance the communications capability of the Sheriff's Office with our users to include local fire districts, tribal law enforcement and state communications partners. We currently have a dedicated communications shelter that was just completed and want to move all necessary equipment into the shelter and get the equipment out of a bad location which is subject to water disasters from broken pipes and put it in a secure limited access structure. populating the new tower will allow better separation between antennas and a greater ability to communicate with less interference.

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

Once completed, system maintenance will be provided by Sheriff's Office budget or through any grant funds identified or available.

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.

Grounding of the tower will be completed prior to grant funding use to proceed with finalization of project.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

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 main State homeland Security Goal is to bolster Arizona's Communications Capability by enhancing functional regional systems in support of interoperable communications (Goal 1, Objective 1.1.0, Action Item 1.1.1). this project fulfills that goal by relocating the radio systems (that includes regional two-way communications and the AIRS interoperability channel) into a new permanent structure at the Sheriff's Office. This move will provide a secure and protected environment for all repeaters and equipment where it will not be subject to catastrophic failure as it is currently subjected to (ie waterline freezing and rupture). The move of all antennas will enhance user ability by separating antennas to be more effective.

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.

The goal of this project is to move the current radio system from where it is located (next to the boiler room at the Sheriff's Office) to a stand alone building where it is protected with less chance of catastrophic failure and the newer tower which is taller and has more flexibility in the locating of antennas

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 goal of this project is to move the radio equipment into a protected limited access structure which will protect the existing equipment. The shelter is climate controlled and would allow better maintenance and security of system. The current tower is not grounded and moving of the antennas and related equipment will help keep any catastrophic failure from lightning strike.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Gila County Sheriff's Office

Project Title:

Gila County Payson Sub-Station Communication Project

CORE CAPABILITIES

16. From the 31 Core Capabilities please identify, from the drop down menu, no more than three Core Capabilities supported by this project in priority order. Then enter the proposed amount of funding to be obligated for each Core Capability from this project. To access the Core Capabilities List click on the link below.

<http://www.fema.gov/pdf/prepared/npg.pdf>

<http://www.fema.gov/pdf/prepared/crosswalk.pdf>

Operational Communications



Enter Amount:

\$43,000

Choose Core Capabilities



Enter Amount:

\$0

Choose Core Capabilities



Enter Amount:

\$0

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

\$43,000

17. For each Core Capability selected, list the gap number as identified in the State Preparedness Report (SPR) that this project will address (Example gap number: Operational Communications, Equipment, 1- Acquire, maintain and sustain equipment). For each gap listed, provide a description of how this project will addresses that gap within your jurisdiction and/or region.

. Acquire, maintain and sustain equipment.

The core capability is to enhance the existing two-way communications as an asset to this agency for responding to disasters both natural and manmade.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

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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 2013 - September 2014. 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 Board of Supervisor's approval to procede and arragne for vendor to begin project.	10/01/2013	12/31/2013

Milestone 2

Description:	Start Date	End Date
Plan for population of new tower and connection to Communications shelter	01/01/2014	03/31/2014

Milestone 3

Description:	Start Date	End Date
Move of current control stations and repeaters into new shelter	04/01/2014	06/30/2014

Milestone 4

Description:	Start Date	End Date
cut-over system and finalize all work, complete billing	07/01/2014	09/30/2014

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #: Applicant:

Project Title:

TRAINING - BUDGET NARRATIVE AND BUDGET DETAIL WORKSHEET

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

More information on the Arizona Communications Unit Training Coordination Procedure can be found at:
<http://azpsic.gov/library/standards/default.htm>

FEMA approved training class, course number, title and/or conference/training event:
<https://www.firstrespondertraining.gov>

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

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 address a gap identified in the SPR? List the gap number from the SPR and a description of how the training addresses that gap.

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 and corresponding dollar amount for 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: 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 and corresponding dollar amount for 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	<input type="text" value="Choose Mission Area"/>	Training Level	<input type="text" value="Choose Training Level"/>			
Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries						Total
	\$0	\$0	\$0	\$0	\$0	\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable 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	<input type="text" value="Choose Mission Area"/>	Training Level	<input type="text" value="Choose Training Level"/>			
Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries						Total
	\$0	\$0	\$0	\$0	\$0	\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable 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
0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cost for All Deliveries						\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable 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
0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cost for All Deliveries						\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

**STATE OF ARIZONA
Department of Homeland Security**

2013 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
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

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

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

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

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

TOTAL ORGANIZATION COSTS

TOTAL COSTS

STATE OF ARIZONA
Department of Homeland Security
2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

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Project Title:

APPLICATION - SUMMARY

FUNDING CATEGORIES	TOTAL
EQUIPMENT	\$43,000
TRAINING	\$0
EXERCISE	\$0
PLANNING	\$0
ORGANIZATION	\$0
M & A	\$0
APPLICATION TOTAL	\$43,000

Grant Number:
Application Number:

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

Project Summary

Local Unit of Government:	Gila County Sheriff's Office
Award Amount:	\$43,000
Project Title:	Gila County Payson Sub-Station Communication Project
Project Description:	This project is to enhance the communications capability of the Sheriff's Office with our users to include local fire districts, tribal law enforcement and state communications partners. We currently have a dedicated communications shelter that was just completed and want to move all necessary equipment into the shelter and get the equipment out of a bad location which is subject to water disasters from broken pipes and put it in a secure limited access structure, populating the new tower will allow better separation between antennas and a greater ability to communicate with less interference.
Project Type:	Develop/enhance interoperable communication systems
Primary Core Capability:	Operational Communications
HSGP Investment Supported:	Strengthen Communications Collaboration
HSGP Primary Goal:	Goal 5 - Respond to Incidents
HSGP Objective:	Increase the ability for Arizona's essential personnel to respond to locations as needed during incidents of c
Phoenix UASI Investment Supported:	Choose Primary Investment Supported
Phoenix UASI Primary Goal:	Choose a Phoenix UASI Goal
Phoenix UASI Objective:	Choose a Phoenix UASI Objective
Funding Source:	SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

2013 Budget Summary

Is this LETPA? Yes

Grant Number: _____

Application Number: _____

Allowable Planning Costs	SHSGP	UASI	Choose Primary Discipline
Developing hazard/threat-specific annexes that incorporate the range of prevention, protection, response, and recovery activities	\$0	\$0	Click Discipline
Developing and implementing homeland security support programs and adopting ongoing DHS National Initiatives	\$0	\$0	Click Discipline
Developing related terrorism prevention activities	\$0	\$0	Click Discipline
Developing and enhancing plans and protocols	\$0	\$0	Click Discipline
Developing or conducting assessments	\$0	\$0	Click Discipline
Hiring of full- or part-time staff or contract/consultants to assist with planning activities (not for the purpose of hiring public safety personnel fulfilling traditional public safety duties)	\$0	\$0	Click Discipline
Conferences to facilitate planning activities	\$0	\$0	Click Discipline
Materials required to conduct planning activities	\$0	\$0	Click Discipline
Travel/per diem related to planning activities	\$0	\$0	Click Discipline
Overtime and backfill costs (IAW operational Cost Guidance)	\$0	\$0	Click Discipline
Planning Totals	\$0	\$0	\$0
Allowable Organizational Activities	SHSGP	UASI	Choose Primary Discipline
Overtime for information, investigative, and intelligence sharing activities (up to 50 percent of the allocation)	\$0	\$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	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	Click Discipline
Organizational Totals	\$0	\$0	\$0
Allowable Equipment Categories	SHSGP	UASI	Choose Primary Discipline
01- Personal Protective Equipment	\$0	\$0	Click Discipline
02- Explosive Device Mitigation and Remediation Equipment	\$0	\$0	Click Discipline
03- CBRNE Operational Search and Rescue Equipment	\$0	\$0	Click Discipline
04- Information Technology	\$0	\$0	Click Discipline
05- Cyber Security Enhancement Equipment	\$0	\$0	Click Discipline
06- Interoperable Communications Equipment	\$43,000	\$0	Law Enforcement
07- Detection	\$0	\$0	Click Discipline
08- Decontamination	\$0	\$0	Click Discipline
09- Medical	\$0	\$0	Click Discipline
10- Power	\$0	\$0	Click Discipline
11- CBRNE Reference Materials	\$0	\$0	Click Discipline
12- CBRNE Incident Response Vehicles	\$0	\$0	Click Discipline
13- Terrorism Incident Prevention Equipment	\$0	\$0	Click Discipline
14- Physical Security Enhancement Equipment	\$0	\$0	Click Discipline
15- Inspection and Screening Systems	\$0	\$0	Click Discipline
16- Agriculture Terrorism Prevention, Response, and Mitigation Equipment	\$0	\$0	Click Discipline
17- CBRNE Prevention and Response Watercraft	\$0	\$0	Click Discipline
18- CBRNE Aviation Equipment	\$0	\$0	Click Discipline
19- CBRNE Logistical Support Equipment	\$0	\$0	Click Discipline
20- Intervention Equipment	\$0	\$0	Click Discipline
21- Other Authorized Equipment	\$0	\$0	Click Discipline
Equipment Totals	\$43,000	\$0	\$43,000
Allowable Training Costs	SHSGP	UASI	Choose Primary Discipline
Overtime and backfill for emergency preparedness	\$0	\$0	Click Discipline
Training workshops and conferences	\$0	\$0	Click Discipline
Full- or part-time staff or contractors/consultants	\$0	\$0	Click Discipline
Travel	\$0	\$0	Click Discipline
Supplies	\$0	\$0	Click Discipline
Training Totals	\$0	\$0	\$0
Allowable Exercise Related Costs	SHSGP	UASI	Choose Primary Discipline
Design, Develop, Conduct and Evaluate an Exercise	\$0	\$0	Click Discipline
Exercise planning workshop	\$0	\$0	Click Discipline
Full- or part-time staff or contractors/consultants	\$0	\$0	Click Discipline
Overtime and backfill costs, including expenses for part-time and volunteer emergency response personnel participating in FEMA exercises	\$0	\$0	Click Discipline
Implementation of HSEEP	\$0	\$0	Click Discipline
Travel	\$0	\$0	Click Discipline
Supplies	\$0	\$0	Click Discipline
Exercise Totals	\$0	\$0	\$0
Allowable Management & Administrative Costs	SHSGP	UASI	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	Click Discipline
Development of operating plans for information collection and processing necessary to respond to FEMA data calls	\$0	\$0	Click Discipline
Overtime and backfill costs	\$0	\$0	Click Discipline
Travel	\$0	\$0	Click Discipline
Meeting related expenses	\$0	\$0	Click Discipline
Authorized office materials	\$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	Click Discipline
Management & Administrative Totals	\$0	\$0	\$0
Grand Totals	\$43,000	\$0	\$43,000

Arizona Department of Homeland Security
Financial Systems Survey

Name of Organization: Gila County Sheriff's Office

Person completing survey: Lt. Tim Scott

Date: 2/26/2013

Email: tscott@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

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

Grant Number:
Application Number:

Arizona Department of Homeland Security

Standard Data Collection Form

A. Agency Information

Project Title (if applicable): Gila County Payson Sub-Station Communication Project

Agency: Gila County Sheriff's Office

Amount Requested: \$43,000

Project Description: This project is to enhance the communications capability of the Sheriff's Office with our users to include local fire districts, tribal law enforcement and state communications partners. We currently have a dedicated communications shelter that was just completed and want to move all necessary equipment into the shelter and get the equipment out of a bad location which is subject to water disasters from broken pipes and put it in a secure limited access structure. Populating the new tower will allow better separation between antennas and a greater ability to communicate with less interference.

Address: PO Box 311

Globe AZ 85502-1465

(City) (State) (Zip code)

County: Gila

Authorized Individual:
Name: Johnny Sanchez

(First Name) (Last Name)

Position / Title: Chief Deputy

Email: jgsanchez@gilacountyaz.gov

Phone: 928-425-4449 Ext.

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://gao.az.gov/onlineforms/forms/AZ_subw-9_010713-S&S.pdf

In which Congressional (Federal) District is your agency headquartered? Enter District #: 1

<http://www.azredistricting.org>

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

<http://www.azredistricting.org>

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 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: Miller and Allen & Co.

Address: 5333 North 7th St Suite 100

(Address Line 1)

Phoenix AZ 85014

(City) (State) (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)

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)

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)

County:

Contact Person:
(First Name)
(Last Name)

Position/Title:

Email:

Phone Number: Ext.

Fax:

Grant Number:

Application Number:

Arizona Department of Homeland Security

FFATA (Federal Funding Accountability and Transparency Act) Reporting Requirements

Name of Entity Receiving Award:

Requested Amount: Awarded Amount: (AZDOHS use only)

Funding Agency:

CFDA Number:

Project Title:

Location: City: State: Congressional District:
Zip+4 Code: <http://www.azredistricting.org>

DUNS Number:

- 1) Is 80% or more of your annual gross revenues from Federal Awards?
- 2) Do you receive \$25 Million or more annually from Federal Awards?

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

Names and Total Compensation of Top Five paid executives:

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

STATE OF ARIZONA
Department of Homeland Security
2013 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 Kennedy
(602) 542-7077
Cbowen@azdohs.gov

Equipment Specialist

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

NIMCAST COMPLIANCE (ADEM)

Mariano Gonzalez
(602) 464-6327
Mariano.gonzalez@azdema.gov

REGIONAL STRATEGIC PLANNERS AND FINANCE SPECIALISTS

Central Region,

Phoenix 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

North and South

Regions

Maryann Loya
Strategic Planner
Office: (602) 542-7062
Cell: (602) 531-7226
MLoya@azdohs.gov

Central, East & West Regions,

Phoenix UASI

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

North Region,

State Agencies

Kevin Mancino
Budget Manager
(602) 542-1716
Kmancino@azdohs.gov

South Region

Simone Courter
Grant & Finance Specialist
(602) 542-7037
Scourter@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

FEMA Training Coordinator

Becky Scott
Office: (602) 464-6398
becky.scott@azdema.gov

