



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
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2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

FOR THIS SECTION BE SURE TO CHOOSE A PROGRAM

Grant #: [] Applicant: Gila County Health & Emergency Services

Project Title: Regional NIMS Training Project

Grant Program: SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

PROJECT ADMINISTRATIVE PAGE

1. Applicant Applicant Address: Mailing Address: 5515 S. Apache Avenue, Suite 400 City/State/Zip: Globe AZ 85501-4432 City: [] State: [] Zip+4 Code: [] https://tools.usps.com/go/ZipLookupActionInput.action Head of Agency: Chairmai Michael Pastor Title: [] First Name: [] Last Name: [] Phone #: 928-425-3231 E-Mail Address: mpastor@gilacountyaz.gov	2. Organization Type County [] 3. Region or Entity: East Region []
Agency's Point of Contact Information Title: [] First Name: [] Last Name: [] Phone #: 928-402-8763 Cell Phone #: 928-701-1811 E-Mail Address: dwilliams@gilacountyaz.gov	Program Initiatives 4a. Initiatives: Expand Regional Collaboration [] 4b. Is this LETPA?: Select Yes/No [] 5. Total Dollar Amount Requested: \$20,739

6. Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project. To learn more about the strategy visit this website:

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

1.6.0 1.6.1 5.3.0 5.3.1 5.5.0 5.5.1

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

NP1. Expand Regional Collaboration []

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-these funds will support regional training and exercise events that have no other funding source.

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, if partial funding is awarded the participating POCs will collaborate to identify the most regionally beneficial activities.

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

GILA CO POC Debra Williams 928-402-8763 dwilliams@gilacountyaz.gov PINAL CO POC Lou Miranda 520-866-6942 lou.miranda@pinalcountyaz.gov GRAHAM CO POC Brian Douglas 928-792-5351 bdouglas@graham.az.us GREENLEE CO POC Steve Rutherford 928-865-9114 srutherford@co.greenlee.az.us

STATE OF ARIZONA
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2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

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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 projects seeks to enhance the capabilities of current EOC and ICS response personnel, and to grow additional personnel resources by providing collaborative training opportunitis to all community stakeholders.

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

Sustainability will come from enhancing the training of experienced personnel who can then offer training withing their agencies.

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 objective of this project is to grow the pool of available EOC staff personnel to enhance local shift schedules and for mutual aid assignment when requested. Annual update of the Multi-Year Training and Exercise Plans will be completed prior to award.

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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>

The East Region seeks to enhance Arizona's common capabilities by continuing to provide training and exercise opportunities that build on basic skills and experience that can be leveraged to support a whole community approach to preparedness and response.

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 project supports the State Initiative for Regional Collaboration by providing opportunities for government, community leadership, private sector and non-governmental entities to establish relationships, identify roles and enhance preparedness levels.

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.

In Gila County, the current capability to run an EOC for extended shifts is limited. Our goal is to grow our pool of available personnel for the purpose of supporting local and regional EOCs when needed.

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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>

<input type="text" value="Operational Coordination"/>	<input type="text" value="Enter Amount:"/>	<input type="text" value="\$20,739"/>
<input type="text" value="Choose Core Capabilities"/>	<input type="text" value="Enter Amount:"/>	<input type="text" value="\$0"/>
<input type="text" value="Choose Core Capabilities"/>	<input type="text" value="Enter Amount:"/>	<input type="text" value="\$0"/>

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

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.

Operational Coordination, Training 1 Continue NIMS training for new and existing personnel. The gap is a reference to the minimal number of individual agency personnel trained to operate in EOC/ICS environments. This project will help to fill that gap by training additional personnel in EOC/ICS response roles for the purpose of advancing shift scheduling during long term local emergencies, and providing resources for filling mutual aid requests for personnel.

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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
Develop a Memorandum of Understanding between Gila County and the Arizona Division of Emergency Management for implementation and financial management of the project. Present an award and prepared MOU to the Gila County Board of Supervisors for acceptance.	10/01/2013	12/31/2013

Milestone 2

Description:	Start Date	End Date
Schedule and hold regional trainings between 01/01/2014 thru 09/30/2014. Work with ADEM to fully expend award.	01/01/2014	03/31/2014

Milestone 3

Description:	Start Date	End Date
Review training schedule with East Region Emergency Managers; adjust specifics as needed and allowed under grant guidelines.	04/01/2014	06/30/2014

Milestone 4

Description:	Start Date	End Date
Update Multi-Year Training and Exercise Calendar	07/01/2014	09/30/2014

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TRAINING - BUDGET NARRATIVE AND BUDGET DETAIL WORKSHEET

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

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

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

<https://www.firstrespondertraining.gov>

IS100 Introduction to ICS, IS200 ICS for Single Resource, IS700 Introduction to NIMS

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.

Trio of basic NIMS courses provided in county EOCs. Training provider will be coordinated by the Arizona Department of Emergency Management. Estimated number of regional participants: 100

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

Training for new hires or personnel responsible for EOC/ICS interface that have not previously been trained. Supports annual NIMS/PrepCAST compliance and a whole community approach.

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.

Operational Coordination 1. Establish and maintain unified and coordinated operational structure and process utilizing NIMS standards in the impacted area within 12 hours of a potential or actual incident. Gaps Training 1 Exercise 1 2 3

Mission Area	Respond	Training Level	Performance			
Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
4	\$0	\$0	\$1,971	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$7,884	\$0	\$0	\$7,884

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>

MAG 300

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.

Intermediate ICS Location Gila County EOC Training Provider ADEM Regional Participants 30

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

Operational Coordination. Enhanced incident management training for Command level personnel.

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

Establish unified and coordinated operational structure and process utilizing NIMS standards.

Mission Area	Respond	Training Level	Performance			
Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
1	\$0	\$0	\$2,400	\$0	\$1,071	
Total Cost for All Deliveries	\$0	\$0	\$2,400	\$0	\$1,071	\$3,471

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>

MAG 400

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.

Advanced ICS Location Gila County EOC Training Provider ADEM Regional Participants 30

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

Operational Coordination. Enhanced incident management training for Command level personnel.

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

Establish unified and coordinated operational structure and process utilizing NIMS standards.

Mission Area Respond

Training Level Performance

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
1	\$0	\$0	\$1,600	\$0	\$803	
Total Cost for All Deliveries						\$2,403

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>

MAG775

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.

EOC Management and Operations Location Gila County EOC Training Provider ADEM Regional Participants 30

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

Prepares a cadres of personnel to support response and coordination efforts during extended emergencies, either locally or through mutual aid.

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

Establish a coordinated operational structure and process utilizing NIMS standards.

Mission Area Respond

Training Level Performance

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
1	\$0	\$0	\$2,000	\$0	\$1,039	
Total Cost for All Deliveries						\$3,039

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	
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 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	
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 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

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

Section 8

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

<https://www.firstrespondertraining.gov>

MAG191

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.

ICS/EOC Interface Location Gila County EOC Training Provider ADEM Regional Participants 60

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

Operational Coordination. Integration of stakeholders and partners into the response operational structure.

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

Establish and maintain unified and coordinated operational structure and process utilizing NIMS standards.

Mission Area Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
2	\$0	\$0	\$1,200	\$0	\$771	
Total Cost for All Deliveries						\$3,942

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

TOTAL TRAINING COSTS	\$0	\$0	\$16,284	\$0	\$4,455	\$20,739
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STATE OF ARIZONA
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2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

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Project Title:

APPLICATION - SUMMARY

FUNDING CATEGORIES	TOTAL
<input type="text" value="EQUIPMENT"/>	<input type="text" value="\$0"/>
<input type="text" value="TRAINING"/>	<input type="text" value="\$20,739"/>
<input type="text" value="EXERCISE"/>	<input type="text" value="\$0"/>
<input type="text" value="PLANNING"/>	<input type="text" value="\$0"/>
<input type="text" value="ORGANIZATION"/>	<input type="text" value="\$0"/>
<input type="text" value="M & A"/>	<input type="text" value="\$0"/>
<input type="text" value="APPLICATION TOTAL"/>	<input type="text" value="\$20,739"/>

Grant Number:

Application Number:

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

Project Summary

Local Unit of Government:	Gila County Health & Emergency Services
Award Amount:	\$20,739
Project Title:	Regional NIMS Training Project
Project Description:	This projects seeks to enhance the capabilities of current EOC and ICS response personnel, and to grow additional personnel resources by providing collaborative training opportunites to all community stakeholders.
Project Type:	Adopt & implement NIMS to include integration of core concepts into plans & procedures
Primary Core Capability:	Operational Coordination
HSGP Investment Supported:	Enhance Regional Collaboration
HSGP Primary Goal:	Goal 1 - Enhance Arizona's Common Capabilities
HSGP Objective:	Promote ways in which Arizona's citizens and communities can play an active role in being prepared for
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

Grant Number:

Is this LETPA? No

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	\$0	\$0	Click Discipline
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	\$0	\$0	\$0
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	\$16,284	\$0	Emergency Management
Travel	\$4,455	\$0	Emergency Management
Supplies	\$0	\$0	Click Discipline
Training Totals	\$20,739	\$0	\$20,739
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	\$20,739	\$0	\$20,739

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):

Agency:

Amount Requested:

Project Description:

Address:

(City) (State) (Zip code)

County:

Authorized Individual:

Name:
(First Name) (Last Name)

Position / Title:

Email:

Phone: Ext.

Employer Identification Number:

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

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

If No, Please go to the following website to download and complete the State of Arizona Substitute W-9 form. Please be sure to submit this form with 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 #:
<http://www.azredistricting.org>

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

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

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

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

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

Agency:

Address:
(Address Line 1)

(City) (State) (Zip code)

Phone Number:

Fax:

Arizona Department of Homeland Security

Standard Data Collection Form

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

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

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

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

Agency Contact Type :	Program Agency
Agency:	Arizona Division of Emergency Management
Address:	5636 E McDowell Road <small>(Address Line 1)</small>
	Phoenix AZ 85008 <small>(Address Line 2) (City) (State) (Zip code)</small>
County:	Maricopa
Contact Person:	Ron Kopcik <small>(First Name) (Last Name)</small>
Position/Title:	Director-Training and Exercise
Email:	ron.kopcik@azdema.gov
Phone Number:	602-464-6210 Ext. <input type="text"/>
Fax:	602-464-6206

Agency Contact Type :	Fiscal Agency
Agency:	Arizona Division of Emergency Management
Address:	5636 E McDowell Road <small>(Address Line 1)</small>
	Phoenix AZ 85008 <small>(Address Line 2) (City) (State) (Zip code)</small>
County:	Maricopa
Contact Person:	Vanessa Moreno <small>(First Name) (Last Name)</small>
Position/Title:	Finance
Email:	vanessa.moreno@azdema.gov
Phone Number:	602-464-6306 Ext. <input type="text"/>
Fax:	602-464-6206

Agency Contact Type :	Collaborator
Agency:	Gila County Health & Emergency Services
Address:	5515 S. Apache Avenue <small>(Address Line 1)</small>
	Suite 400 Globe AZ 85501 <small>(Address Line 2) (City) (State) (Zip code)</small>
County:	Gila
Contact Person:	Debra Williams <small>(First Name) (Last Name)</small>
Position/Title:	Dep.Dir of Emergency Management
Email:	dwilliams@gilacountyaz.gov
Phone Number:	928-402-8763 Ext. <input type="text"/>
Fax:	928-425-7714

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:

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"/>