

## Project Worksheet—FY 2014 Homeland Security Grant Program

**NOTE:** The Project Worksheet for FY 2014 has been changed to incorporate the information required by the state. In previous years, the task of converting the CAPCOG Project Worksheet Form to the state-mandated format required considerable staff time, time that is not available this year due the short timeline for submission of projects to the state.

**Instructions:** Fill in a copy of this form for each project. The three highlighted items at the end are required only for projects recommended for funding and do not need to be completed at the time the project worksheet is submitted. Jurisdictions that were approved for funding from the FY 2013 Homeland Security Grant Program can request from CAPCOG staff an electronic copy of last year's completed form to use as a template in completing this year's form.

You can use the <Tab> key to move between text fields or you can click on the desired field. If needed for clarity, you can use the <Enter> key to create paragraphs within the larger text boxes.

When this form is complete, print it and have the form signed by the Authorizing Chief Official and the Project Manager. If you are unable to obtain the signature of the Authorizing Chief Official prior to submission, the project worksheet must be accompanied by a statement that a signature is forthcoming. The required signatures must be provided before the project is submitted to the state.

Send the signed copy and an electronic copy in Microsoft Word format of the unsigned form to:

Cindy Hood, Assistant Director, Homeland Security Division  
Capital Area Council of Governments  
6800 Burleson Road, Building 310, Suite 165  
Austin, TX 78744  
[chood@capcog.org](mailto:chood@capcog.org)

***CAPCOG MUST receive all completed and signed (except as noted above) project worksheets by 5:00 p.m., Monday, March 10, 2014. Late or incomplete submissions cannot be accepted.***

### CONTACT INFORMATION

**Region:** CAPCOG

**Name:** (Name of person filling out application) Jarred Thomas

**Email:** [jthomas@wilco.org](mailto:jthomas@wilco.org)

**Phone:** 512-864-8269

The project coordinator is the person that you would like us to contact in regard to this project.

**Project Coordinator Name:** Jarred Thomas

**Project Coordinator Email:** [jthomas@wilco.org](mailto:jthomas@wilco.org)

**Project Coordinator Phone Number:** 512-864-8269

**Please select the most relevant investment category:**

Sustaining Special Response Teams

**Project Title:** [Not to exceed 150 characters including spaces. Begin with the name of your jurisdiction.]

All-Hazards UAV Project

Check if this project is for law enforcement terrorism prevention.

Check if this project supports a fusion center.

Check if this project supports a NIMS Typed Resource (i.e. Team, Training, or Equipment).

**Describe the project and the activities that will be implemented; include information about building or sustaining NIMS Typed Resources (i.e. Team, Training, or Equipment) as applicable.** Not to exceed 1250 characters, including spaces.

Williamson County operates and maintains a Type II HazMat/CBRNE, SAR, and LE/Tactical Teams all of which require a rapid and continued scene assessment along with accurate operational coordination. The implementation of the UAV program will greatly enhance the ability of responders to gain situational awareness ultimately increasing the overall safety of the responders. Williamson County routinely request the use of a helicopter to provide a bird's eye view of an incident scene which is both potentially dangerous and expensive. This addition of this equipment will aid in the development of the Williamson CIKR program by providing for a comprehensive facility assessment.

**The response to the next three (3) sections should be consistent with the region's (1) Threat and Hazard Identification and Risk Assessment (THIRA); (2) State Preparedness Report; and (3) Texas Homeland Security Strategic Implementation Plan. [You may request a copy of these documents by sending an e-mail request to: [chood@capcog.org](mailto:chood@capcog.org).]**

**Describe the threats and hazards that create the need for the project.** Not to exceed 1250 characters, including spaces.

Williamson County is subject to a multitude of hazards ranging from hazardous chemical release (fixed facilities, pipelines, and transportation vessels), search and rescue missions (flash floods, industrial accidents, hiking/climbing accidents), tactical missions, and a variety of other natural and man-made incidents both planned and unplanned.

**Describe the capability gap(s) which will be addressed by the project:** Not to exceed 1250 characters, including spaces.

The All-Hazards UAV program will be utilized for multiple response and assessment programs. The UAV will be equipped with both color and IR cameras to best fulfill multiple missions. For use in the CIKR

program it will allow for the comprehensive assessment of the roof and perimeter of facilities. This will aid in detecting facility vulnerabilities. For response use, it will allow for a rapid bird's eye view of the incident scene greatly aiding in responder safety in all-hazards environments. This equipment will also aid in damage assessment especially in hard to reach locations. The equipment is not intended to perform routine surveillance for law enforcement but rather be used only in the situations listed above.

**How will the project reduce the capability gap(s):** Not to exceed 1250 characters, including spaces. This project will greatly enhance responder safety through a greater ability to assess a scene without placing responders in danger. It will provide for enhanced operational coordination by obtaining greater situational awareness and by reducing the needed for manned flight to provide overwatch or scene assessment.

**Measuring project impact: List 2-5 specific performance outcomes/outputs that can be used to measure the success of the project (At least one outcome and one output are required per project)**

**Outcome 1:** Not to exceed 300 characters, including spaces  
To increase responder safety through a rapid scene assessment.

**Outcome 2:** Not to exceed 300 characters, including spaces  
To increase the effectiveness of operational coordination.

**Output 1:** Not to exceed 300 characters, including spaces  
Train on the operations, maintenance, and repair of the UAV.

**Output 2:** Not to exceed 300 characters, including spaces  
Obtain FAA licensing to operate the UAV

**Output 3:** Not to exceed 300 characters, including spaces

**Please select applicable Core Capabilities and amount of funding for each.**

Priorities were identified in the region's THIRA. Enter decimal numbers only, no characters (dollar signs, commas), do not put N/A, only numbers.

(Link to definitions of Core Capabilities: <http://www.fema.gov/core-capabilities> )

<b>High Priority</b>	<b>Amount of Funding</b>
<input checked="" type="checkbox"/> Operational Coordination .....	\$ 44,500.00
<input type="checkbox"/> Intelligence and Information Sharing .....	\$
<input type="checkbox"/> Interdiction and Disruption .....	\$
<input type="checkbox"/> Screening, Search, and Detection .....	\$
<input type="checkbox"/> Access Control and Identity Verification .....	\$
<input type="checkbox"/> Cybersecurity .....	\$
<input type="checkbox"/> Physical Protective Measures .....	\$
<input type="checkbox"/> Critical Transportation .....	\$
<input type="checkbox"/> Environmental Response/Health and Safety .....	\$
<input type="checkbox"/> Fatality Management Services .....	\$
<input type="checkbox"/> Infrastructure Systems .....	\$
<input type="checkbox"/> Mass Care Services .....	\$
<input type="checkbox"/> Mass Search and Rescue Operations .....	\$
<input type="checkbox"/> Operational Communications .....	\$

<input type="checkbox"/>	Public and Private Services and Resources .....	\$
<input type="checkbox"/>	Public Health and Medical Services .....	\$
<input type="checkbox"/>	Situational Assessment .....	\$
<b>Medium Priority</b>		
<input type="checkbox"/>	Planning .....	\$
<input type="checkbox"/>	Public Information and Warning .....	\$
<input type="checkbox"/>	Risk Management for Protection Programs and Activities .....	\$
<input type="checkbox"/>	Community Resilience .....	\$
<input type="checkbox"/>	Long-term Vulnerability Reduction .....	\$
<input type="checkbox"/>	Risk and Disaster Resilience Assessment .....	\$
<input type="checkbox"/>	Threats and Hazard Identification .....	\$
<input type="checkbox"/>	On-scene Security and Protection .....	\$
<input type="checkbox"/>	Economic Recovery .....	\$
<input type="checkbox"/>	Health and Social Services .....	\$
<input type="checkbox"/>	Housing .....	\$
<b>Low Priority</b>		
<input type="checkbox"/>	Forensics and Attribution .....	\$
<input type="checkbox"/>	Supply Chain Integrity and Security .....	\$
<input type="checkbox"/>	Natural and Cultural Resources .....	\$

**Indicate if this project focuses on building New Capabilities or sustaining Existing Capabilities.**  
**Sustaining Existing Capabilities**

**Describe existing capability levels and prior homeland security funded projects that address the identified goals/objectives and what will be in place to support the Investment prior to the use of FY 2014 funds.** Not to exceed 1250 characters, including spaces  
 Currently this capability does not exist as a stand alone package. Grant funded response teams perform similar functions utilizing personnel or mutual aid from jurisdictions with helicopter capabilities.

**Explain the long-term approach to sustaining the capabilities developed by this project.**  
 Not to exceed 1250 characters, including spaces  
 Williamson County will provide for the operations and maintenance cost for the equipment. As equipment ages out of service additional grant funds will be sought after for replacement.

**Provide an explanation on the regional impact of this project.**  
 Not to exceed 1250 characters, including spaces  
 The replacement of this equipment will ensure the regional response capability for future years. This equipment will enhance the teams capabilities by providing for comprehensive scene assessment, situational awareness and operation coordination. This will aid in the safety of responders to include that of the Regional REsponse Teams.

**Enter the amount of funding for each category.**  
 Enter decimal numbers only, no characters (dollar signs, commas), do not put N/A, only numbers.  
**Planning** ..... \$  
**Organization** ..... \$  
**Equipment** ..... \$ 28100.00

Training .....	\$ 16400.00
Exercise .....	\$
M/A* .....	\$
*Maximum allowed is 3% of award total	
<b>Total</b> .....	<b>\$ 44500.00</b>

Provide a description and amount for any in-kind and/or local match for this project:  
 Not to exceed 1250 characters, including spaces  
**Amount:** \$ 0  
**Description:**

**You must include a specific breakdown by funding category (Planning, Organization, Equipment, Training, Exercises, and M&A). Provide detailed information on exactly what the funding will be used to purchase. Include the details of your cost estimates by AEL code and jurisdiction (if applicable) within each category.**

**Planning: (Include AEL Codes)** Not to exceed 1500 characters, including spaces

**Organization: (Include AEL Codes)** Not to exceed 1500 characters, including spaces

**Equipment: (Include AEL Codes - Provide Title, estimated quantity and total cost by each AEL Code)**  
 Not to exceed 1500 characters, including spaces  
 Item #1: AEL 03OE-07-UPGD CBRNE operational SAR Equipment - Upgrades, Robots, or Remotely Operated Vehicles / QTY 2 total \$11,600. Item #2: AEL 04MD-01-IREDD Information Technology - Camera Infrared, IR / QTY1 total \$7500.

**Training: (Include AEL Codes)** Not to exceed 1500 characters, including spaces  
 AEL 21GN-00-TRNG Other Authorized Equipment, General, Training total \$16,400.

**Exercises: (Include AEL Codes)** Not to exceed 1500 characters, including spaces

**M&A\*: (Include AEL Codes)** Not to exceed 1500 characters, including spaces  
 \*Maximum allowed is 3% of award total

**Does this Investment require new construction or renovation, retrofitting, or modification of existing structures?**  
 No

**Time period for completion of project**  
 Choose a time period from the dropdown menu:  
 9-12 months

**List 3-5 milestones of this project, and then list the intended completion date for each milestone. Milestones should occur throughout the project.**

**Milestone 1:** Not to exceed 300 characters, including spaces  
 Obtain approval for grant award through Commissioner's Court.  
**Intended Start Date:** Must be in MM/DD/YYYY format 01/01/2015  
**Intended Milestone Completion Date:** Must be in MM/DD/YYYY format 01/15/2015

**Milestone 2:** Not to exceed 300 characters, including spaces

Place order for equipment and training

**Intended Milestone Completion Date:** Must be in MM/DD/YYYY format 03/01/2015

**Milestone 3:** Not to exceed 300 characters, including spaces

Take delivery of equipment and train on equipment

**Intended Milestone Completion Date:** Must be in MM/DD/YYYY format 07/01/2015

**Milestone 4:** Not to exceed 300 characters, including spaces

Complete FAA licensing process

**Intended Milestone Completion Date:** Must be in MM/DD/YYYY format 12/31/2015

**Milestone 5:** Not to exceed 300 characters, including spaces

Place equipment into service

**Intended Milestone/Project Completion Date:** Must be in MM/DD/YYYY format 12/31/2015

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## Certification

### Signature of Authorizing Chief Official

This signature certifies that the requestor understands the requirements, procedures, and deliverables, coinciding with this request for funding and has the authority to represent the governing body of this organization.

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Authorizing Chief Official

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Date

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Printed Name

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Title

### Signature of Project Manager

The following person is authorized to receive direction, manage work performed, complete and sign required reports, and otherwise act on behalf of the jurisdiction for this project.

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Project Manager

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Date

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Jarred Thomas

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EM Coordinator

Printed Name

Title

Check box if letters of support are attached.