

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 Burlison Road, Building 310, Suite 165
Austin, TX 78744
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

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

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.]

Monitor Maintenance 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.

The Williamson County Hazardous Materials Response Team is classified as a Type II Team. The equipment required to effectively classify and monitor chemicals requires routine maintenance and calibration. The equipment requires specialized services and preventative maintenance to ensure accuracy.

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.]

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

The Williamson County HazMat Response Team is one of 3 CAPCOG Regional CBRNE Teams with the primary response for 3 counties. Aside from the CBRNE responsibilities, Williamson County contains multiple petrochemical pipelines, railroads, IH-35, and multiple industrial sites with chemical processes. This equipment is vital to an accurate identification of chemical substances to ensure proper mitigation tactics and the safety and health of responders and the public.

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

The CAPCOG CBRNE response teams utilize a vast array of chemical, radiological, and biological monitors and detection devices which require extensive routine maintenance. Through comprehensive monitor maintenance programs, the regional CBRNE teams have extended the life of the equipment.

How will the project reduce the capability gap(s): Not to exceed 1250 characters, including spaces.
 This project will reduce the capability GAP by extending the life of existing equipment. A capability GAP will not exist provided that this equipment remains operational.

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

The performance outcome will be that the monitoring systems will remain operational for use during incidents involving chemicals either accidental or intentional.

Outcome 2: Not to exceed 300 characters, including spaces

Output 1: Not to exceed 300 characters, including spaces

The output is that the classification of the chemicals will provide a basis for accurate exclusion zones, PPE selection, DECON procedures, and information to medical personnel to treat patients.

Output 2: Not to exceed 300 characters, including spaces

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>)

<u>High Priority</u>	<u>Amount of Funding</u>
<input type="checkbox"/> Operational Coordination	\$
<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 checked="" type="checkbox"/> Environmental Response/Health and Safety	\$ 8000
<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	\$
Medium Priority		
<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	\$
Low Priority		
<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
 The CAPCOG Regional CBRNE Response Teams have been in existence for 9 years and have received grant funding to build and maintain the current capabilities. The teams have developed regional training and response programs that have led to the success of all 4 teams.

Explain the long-term approach to sustaining the capabilities developed by this project.
 Not to exceed 1250 characters, including spaces
 The regional CBRNE response teams will continue to seek grant funding for future equipment maintenance, calibration, or upgrades. In the vent that grant funding is not available, each jurisdiction will be responsible for all associated operational costs.

Provide an explanation on the regional impact of this project.
 Not to exceed 1250 characters, including spaces
 The Williamson County HazMat Team is one of three CAPCOG Regional CBRNE Response Teams. This team has primary response for 3 counties and serves as back-up to the other four teams and 7 additional counties. Williamson County has a proven record of responding to regional incidents and participates in the annual CAPCOG CBRNE Full-scale Exercise. This equipment is also used regionally for preplanned events to include the Formula 1 Race in Austin / Travis County.

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	\$ 8000
Training	\$
Exercise	\$
M/A*	\$
*Maximum allowed is 3% of award total	
Total	\$ 8000

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
 AEL: 21GN-00-MAIN Other Authorized Equipment, Maintenance / QTY 1 \$8000

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

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
 Verify new contract is acceptable.
Intended Start Date: Must be in MM/DD/YYYY format 01/28/2015
Intended Milestone Completion Date: Must be in MM/DD/YYYY format 02/30/2015

Milestone 2: Not to exceed 300 characters, including spaces

Provide to County Attorneys for contract approval

Intended Milestone Completion Date: Must be in MM/DD/YYYY format 04/01/2015

Milestone 3: Not to exceed 300 characters, including spaces

Sign and execute the contract

Intended Milestone Completion Date: Must be in MM/DD/YYYY format 05/08/2015

Milestone 4: Not to exceed 300 characters, including spaces

Intended Milestone Completion Date: Must be in MM/DD/YYYY format

Milestone 5: Not to exceed 300 characters, including spaces

Intended Milestone/Project Completion Date: Must be in MM/DD/YYYY format

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.

Authorizing Chief Official

Date

Printed Name

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.



Project Manager

03.19.2014

Date

Jarred Thomas
Printed Name

EM Coordinator
Title

Check box if letters of support are attached.