

## 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.]

HazMat Monitor Replacement 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 being requested in this project request will replace current monitoring equipment that is coming to its end of life. The equipment will no longer be supported by the manufacturer or will become increasingly more expensive to repair. If this equipment is allowed to age out of service and is not replaced with this equipment, the capability of the team will be greatly reduced.

**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.

The Williamson County Hazardous Materials Response Team is the primary response agency for all incidents involving the accidental or intentional release of chemicals or volatile substances. The ability to classify and / or monitor for chemicals paramount to the safety and health of first responders and the general public. The monitors aid in establishing incident control zones and allow for the recognition of the spread of the chemicals. This team is also a regional asset with primary mutual aid response for HazMat for Burnet and Llano Counties as well as the remainder of the CAPCOG Region.

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

This will ensure the sustainment of current response capabilities for the Williamson County Hazardous Materials Response Team. Current equipment is coming to the end of life and will no longer be supported by the manufacturer. The loss of this equipment will greatly reduce response capabilities thereby creating a capability gap.

**How will the project reduce the capability gap(s):** Not to exceed 1250 characters, including spaces.  
 This project will reduce a capability gap prior to an identified gap existing. This project will replace aging equipment just as the equipment is coming to its end of life.

**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 outcome is to allow response personnel to effectively identify and monitor hazardous chemicals.

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

**Output 1:** Not to exceed 300 characters, including spaces  
 Purchase new equipment

**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> )

<b>High Priority</b>	<b>Amount of Funding</b>
<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 .....	\$ 31000
<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 checked="" 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  
 Prior hazardous materials monitoring equipment was purchased with Homeland Security Grant funds. The equipment purchases occurred 10+ years ago. The equipment has been utilized to support both local and regional response efforts. Williamson County has a history of training, exercising, and responding regionally.

**Explain the long-term approach to sustaining the capabilities developed by this project.**  
 Not to exceed 1250 characters, including spaces  
 Sustainment of this project and capability will be through annual maintenance funded either by future grant funding or through the Williamson County general budget.

**Provide an explanation on the regional impact of this project.**  
 Not to exceed 1250 characters, including spaces  
 The Williamson County Hazardous Materials Response Team is one of three regional HAZMAT/CBRNE Teams in the CAPCOG Region. Williamson County is the primary mutual aid for Burnet and Llano Counties as well as secondary for the remainder of the CAPCOG Region. Williamson County also works closely with the 6<sup>th</sup> Civil Support Team upon request. The inability to replace this equipment will greatly reduce the effectiveness of the team and greatly increase the risk to responders.

**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 .....	\$ 31,000
Training .....	\$
Exercise .....	\$
M/A* .....	\$
*Maximum allowed is 3% of award total	
<b>Total</b> .....	<b>\$ 31,000</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: 07CD-01-DPMG Detection, Portable multi-sensor / QTY 4 \$6500 ea.  
 Item #2: AEL: 07CD-01-DPMG Detection, Portable multi-sensor / QTY 2 \$3000 ea.

**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  
 Obtain final quote from RAE.  
**Intended Start Date:** Must be in MM/DD/YYYY format 01/28/2015  
**Intended Milestone Completion Date:** Must be in MM/DD/YYYY format 03/30/2015

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

Provide data to approve purchase

**Intended Milestone Completion Date:** Must be in MM/DD/YYYY format 05/01/2015

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

Purchase and receive new equipment

**Intended Milestone Completion Date:** Must be in MM/DD/YYYY format 06/08/2015

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

Train Technicians on new equipment

**Intended Milestone Completion Date:** Must be in MM/DD/YYYY format 09/01/2015

**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

  
\_\_\_\_\_  
Date

Jarred Thomas  
\_\_\_\_\_  
Printed Name

EM Coordinator  
\_\_\_\_\_  
Title

Check box if letters of support are attached.