

## **Grant Proposals for Strategic Goal 17**

**Enhance public health, healthcare, and medical examiner readiness.**

# FY09 State Homeland Security Grant Program Project Proposal Form

**RECEIVED**  
JUN 26 2009

Complete items 1-16 on the Project Proposal Form. Departments should turn in a completed Project Proposal Form and Budget Worksheet (excel document) for each project they are submitting. All project proposals and their corresponding budget worksheets must be submitted electronically to [xushie.brue@sfgov.org](mailto:xushie.brue@sfgov.org) by June 26, 2009.

1. Department: San Francisco Fire Department
2. Point of Contact: ADC Pete Howes
3. Phone: 415-558-3641
4. Email: Pete\_howes@sfgov.org
5. Project Title: Mass Casualty Response Vehicle / Equipment

6. Below are the six National Overarching Priorities that have been identified by the Federal Department of Homeland Security as the priorities for FY09 funding. Please check the priority that will be directly supported by this Project. (check only one box on the left side)

- 1. Measures progress in achieving the National Preparedness Guidelines
- 2. Strengthen preparedness planning
- 3. Strengthen (IED) attack deterrence, prevention, and protection capabilities
- 4. Strengthen Preventive Radiological/Nuclear Detection Capabilities
- 5. Strengthen Information Sharing and Collaboration Capabilities
- 6. Strengthen Medical Surge and Mass Prophylaxis

7. Complete the FY09 SHSGP Budget Worksheet and insert the amount of funding that is being requested for each Program Category. (check the appropriate box(es) on the left side)

Program Category	Funding Request
<input type="checkbox"/> Planning	\$
<input checked="" type="checkbox"/> Equipment	\$ 9,950.00
<b>Total Project Costs</b>	<b>\$ 9,950.00</b>

*Note: "Total Project Costs" on this form should match the "Total Project Costs" calculated in the budget worksheet.*

*All Training and Exercise request will go through the Training & Exercise Committee, and refer to <http://mission.sfgov.org/doccenter/DocAdminList.aspx> or contact Jill Raycroft at [jill.raycroft@sfgov.org](mailto:jill.raycroft@sfgov.org)*

8. Program Sub-category: Once you have identified the program category above (planning, and equipment,) please select the sub-category that the project fits in based on the list below. The list below accounts for all eligible grant expenditures. If your project does not fit into one of the sub-categories, please contact the grant program manager to ensure your project is grant eligible.

Planning	Equipment	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop scenario plans that incorporate the range of prevention, protection, response, and recovery activities for a scenario</li> <li><input type="checkbox"/> Develop and implement homeland security support programs and adopting ongoing DHS national initiatives</li> <li><input type="checkbox"/> Develop related terrorism prevention activities</li> <li><input type="checkbox"/> Develop and Enhance Plans and Protocols</li> <li><input type="checkbox"/> Develop or Conduct Assessments</li> <li><input type="checkbox"/> 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)</li> <li><input type="checkbox"/> Conferences to facilitate planning activities</li> <li><input type="checkbox"/> Travel/per diem related to planning activities</li> <li><input type="checkbox"/> Overtime and backfill costs (IAW operational Cost Guidance)</li> <li><input type="checkbox"/> Other project areas with prior approval from FEMA</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Protective Equipment</li> <li><input type="checkbox"/> Explosive Device Mitigation and Remediation Equip</li> <li><input type="checkbox"/> CBRNE Search and Rescue Equipment</li> <li><input type="checkbox"/> Interoperable Communications Equipment</li> <li><input type="checkbox"/> Detection Equipment</li> <li><input type="checkbox"/> Decontamination Equipment</li> <li><input type="checkbox"/> Physical Security Enhancement Equipment</li> <li><input type="checkbox"/> Terrorism Incident Prevention Equipment</li> <li><input type="checkbox"/> CBRNE Logistical Support Equipment</li> <li><input type="checkbox"/> CBRNE Incident Response Vehicle</li> <li><input checked="" type="checkbox"/> Medical Supplies and Limited Types of Pharmaceuticals</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CBRNE Reference Materials</li> <li><input type="checkbox"/> Agriculture Terrorism Prevention, Response and Mitigation Equip</li> <li><input type="checkbox"/> CBRNE Response Watercraft</li> <li><input type="checkbox"/> CBRNE Aviation Equipment</li> <li><input type="checkbox"/> Intervention Equipment</li> <li><input type="checkbox"/> CERT Team Member and Volunteer Responder Equip</li> <li><input type="checkbox"/> Cyber Security</li> <li><input type="checkbox"/> Information Technology</li> <li><input type="checkbox"/> Other Authorized Equipment, contact grant program manager prior to selected this sub-category</li> </ul>

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09ME-05-GURN

**Project Narrative:** Please note that the spaces below will expand & rollover to the next page as text is entered, and thus you are not limited to the amount of narrative provided per space.

**10. Is this a new project? If not, provide the project name, the grant title and year funded, along with the TOTAL amount of grant funding that this project has received to date.**

This project is a component of equipment and supplies for the Mass Casualty vehicle. The Mass Casualty vehicle initiative has received 260,000.00 dollars to date for the vehicle manufacture and outfitting.

**11. Project Description. This response should include the current state of the project, objectives that will be accomplished, capability gap that this project is intended to address and accomplishments to date supporting the project.**

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**12. Please provide the major milestones for this project and a timeline that ensures the project will be started within 90-days of receiving the grant award and completed by the end of the grant performance period (performance period ends September, 2011).**

- The vehicle has been received and outfitted with communications equipment
- The vehicle is staged in a firehouse and ready for deployment
- Additional equipment is cached and ready to be placed in the vehicle
- An accountability process exists in the SFFD

**13. In the table below, please identify the state investment justification(s) and strategic plan goal(s) that your project supports. Check at least one box from Sections I and one box from Section II.**

**I. State Investment Justifications (check one or more):**

1.  Strengthen communications capabilities
2.  Strengthen information sharing, collaboration capabilities and law enforcement investigations
3.  Strengthen medical and public health preparedness
4.  Enhance protection of critical infrastructure and key resources (enhance transportation and maritime security)
5.  Citizen preparedness and participation
6.  Enhance agriculture, food systems and animal health preparedness
7.  Enhance catastrophic incident planning, response and recover
8.  Enhance Homeland Security exercise, evaluation and training programs

**II. City and County of San Francisco All-Hazards Strategic Plan (circle one or more):**

1.  Develop, maintain, and sustain a citywide, comprehensive, risk-based emergency management and homeland security program
2.  Enhance the City's emergency management and homeland security training and exercise program
3.  Ensure sufficient voice and data communication capabilities are in place to allow for effective inter-agency, multi-jurisdictional communication.
4.  Improve community disaster preparedness and response capabilities
5.  Secure the City leadership's commitment and adequate, sustainable funding for emergency management and homeland security capabilities, and define the DEM/DES role.
6.  Build the City's threat gathering and analysis capabilities
7.  Strengthen chemical, biological, radiological, nuclear and explosive detection capabilities
8.  Develop and implement a comprehensive critical infrastructure protection program
9.  Ensure consistent use of the National Incident Management System and Incident Command System
10.  Improve the functional and operational capabilities of Department Operating Centers
11.  Identify and formalize a resource logistics and distribution strategy.
12.  Coordinate and participate in regional efforts to effectively utilize volunteers
13.  Coordinate and participate in regional efforts to effectively manage donations
14.  Improve chemical, biological, radiological, nuclear and explosive/weapons of mass destruction/hazardous materials response and decontamination capabilities
15.  Work with regional groups to develop evacuation and/or shelter-in-place plans and procedures
16.  Strengthen joint information center and emergency public information and warning capabilities
17.  Enhance public health, healthcare, and medical examiner readiness
18.  Strengthen mass care (sheltering, feeding, and related services) capabilities
19.  Enhance structural damage assessment capabilities
20.  Build the City's capabilities to restore lifelines and facilitate economic and community recovery following a major incident

**14. Describe how the project supports the identified Strategic Plan goals.**

This project will enhance the capabilities to deliver immediate need equipment and supplies to a - property of opportunity – [school, community center, hotel lobby etc] and enhance healthcare readiness. Improved community disaster preparedness and response capabilities will be realized by pushing supplies to

the edge of a disaster zone for additional treatment and re-triage of patients prior to transport to the hospital. By holding and treating minor injuries at the site of the emergency, the critical patients can be moved in to the healthcare system for immediate attention. Non-critical and minor injuries can be supported on the scene while the hospital system reorganizes and develops surge capacity.

Identification and formalization a resource logistics and distribution strategy is accomplished by strategic placement in a staffed firehouse in a centralized location.

Coordination and participation in regional efforts to effectively utilize volunteers will be accomplished by equipping the vehicle with equipment that is appropriate to support a continuum of field care by: EMTs, Paramedics, NERT volunteers, Medical Reserve Corps, as well as Registered Nurses and Physicians from the local health care system.

**15. Is the project regional in nature? If yes, please explain. (Projects with a regional scope may be eligible for additional funding opportunities.)**

This resource will be available for immediate need request through the fire mutual aid system or the Medical Operations Health Coordinator.

**16. How does enhancing the local capabilities enhance the regional capabilities?**

This is new resource to the region and the access will be through the Chief of the Fire Department or designee in collaboration with the Medical Operation Health Coordinator.

**Planning**

Project Description	Final Deliverable (What plan will be completed at the end of this project?)	Anticipated Completion Date	Program Category	Planning Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Total</b>	\$ -

All columns must be completed. Planning projects with incomplete budgets will not be considered.

**Equipment**

Equipment Description	Authorized Equipment List (AEL) go to: <a href="https://www.rkb.us/">https://www.rkb.us/</a>	AEL Title	Program Category	Equipment Cost
[5] Gurneys	09ME-05-GURN	Gurneys	Developing and implem	\$ 4,975.00
[5] Gurney w/treatment stations	09ME-05-GURN	Gurneys	Developing and implem	\$ 4,975.00
				\$ -
			<b>Total</b>	\$ 9,950.00

All columns must be completed. Equipment projects with incomplete budgets will not be considered.

**Personnel**

Functional Title	New Position (Yes/No)	Civil Service Title	Class	Percentage of FTE Requested	Percentage of FTE department will match*	Total Personnel Cost (including fringe)	Total Amount Requested
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						<b>Total</b>	<b>Total</b>
						\$ -	\$ -

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**Total Project Cost \$ 9,950.00**

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7. Complete the FY09 SHSGP Budget Worksheet and insert the amount of funding that is being requested for each Program Category. (check the appropriate box(es) on the left side)

Program Category	Funding Request
<input type="checkbox"/> Planning	\$
<input checked="" type="checkbox"/> Equipment	\$ 5,556.00
<hr/>	
<b>Total Project Costs</b>	<b>\$ 5,556.00</b>

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10.  Improve the functional and operational capabilities of Department Operating Centers
11.  Identify and formalize a resource logistics and distribution strategy.
12.  Coordinate and participate in regional efforts to effectively utilize volunteers
13.  Coordinate and participate in regional efforts to effectively manage donations
14.  Improve chemical, biological, radiological, nuclear and explosive/weapons of mass destruction/hazardous materials response and decontamination capabilities
15.  Work with regional groups to develop evacuation and/or shelter-in-place plans and procedures
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**Planning**

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				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total</b>				<b>\$ -</b>

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Equipment Description	Authorized Equipment List (AEL) go to: <a href="https://www.rkb.us/">https://www.rkb.us/</a>	AEL Title	Program Category	Equipment Cost
[5] Gurneys / Transport at scene to secondary triage area	09ME-05-GURN	Gurneys	Developing and implementing homeland security support programs and adopting ongoing DHS national initiatives	5,556.00
				\$ -
				\$ -
				\$ -
<b>Total</b>				<b>5,556.00</b>

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**Personnel**

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09ME-03-DEMP

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6.  Enhance agriculture, food systems and animal health preparedness
7.  Enhance catastrophic incident planning, response and recover
8.  Enhance Homeland Security exercise, evaluation and training programs

**II. City and County of San Francisco All-Hazards Strategic Plan (circle one or more):**

1.  Develop, maintain, and sustain a citywide, comprehensive, risk-based emergency management and homeland security program
2.  Enhance the City's emergency management and homeland security training and exercise program
3.  Ensure sufficient voice and data communication capabilities are in place to allow for effective inter-agency, multi-jurisdictional communication.
4.  Improve community disaster preparedness and response capabilities
5.  Secure the City leadership's commitment and adequate, sustainable funding for emergency management and homeland security capabilities, and define the DEM/DES role.
6.  Build the City's threat gathering and analysis capabilities
7.  Strengthen chemical, biological, radiological, nuclear and explosive detection capabilities
8.  Develop and implement a comprehensive critical infrastructure protection program
9.  Ensure consistent use of the National Incident Management System and Incident Command System
10.  Improve the functional and operational capabilities of Department Operating Centers
11.  Identify and formalize a resource logistics and distribution strategy.
12.  Coordinate and participate in regional efforts to effectively utilize volunteers
13.  Coordinate and participate in regional efforts to effectively manage donations
14.  Improve chemical, biological, radiological, nuclear and explosive/weapons of mass destruction/hazardous materials response and decontamination capabilities
15.  Work with regional groups to develop evacuation and/or shelter-in-place plans and procedures
16.  Strengthen joint information center and emergency public information and warning capabilities
17.  Enhance public health, healthcare, and medical examiner readiness
18.  Strengthen mass care (sheltering, feeding, and related services) capabilities
19.  Enhance structural damage assessment capabilities
20.  Build the City's capabilities to restore lifelines and facilitate economic and community recovery following a major incident

**14. Describe how the project supports the identified Strategic Plan goals.**

This project will enhance the capabilities to deliver immediate need equipment and supplies to a - property of opportunity – [school, community center, hotel lobby etc] and enhance healthcare readiness. Improved community disaster preparedness and response capabilities will be realized by pushing supplies to the edge of a disaster zone for additional treatment and re-triage of patients prior to transport to the hospital.

By holding and treating minor injuries at the site of the emergency, the critical patients can be moved in to the healthcare system for immediate attention. Non-critical and minor injuries can be supported on the scene while the hospital system reorganizes and develops surge capacity.

Identification and formalization a resource logistics and distribution strategy is accomplished by strategic placement in a staffed firehouse in a centralized location.

Coordination and participation in regional efforts to effectively utilize volunteers will be accomplished by equipping the vehicle with equipment that is appropriate to support a continuum of field care by: EMTs, Paramedics, NERT volunteers, Medical Reserve Corps, as well as coordinated Registered Nurses and Physicians from the local health care system.

**15. Is the project regional in nature? If yes, please explain. (Projects with a regional scope may be eligible for additional funding opportunities.)**

This resource will be available for immediate need request through the fire mutual aid system or the Medical Operations Health Coordinator.

**16. How does enhancing the local capabilities enhance the regional capabilities?**

This is new resource to the region and the access will be through the Chief of the Fire Department or designee in collaboration with the Medical Operation Health Coordinator.

<b>Planning</b>				
Project Description	Final Deliverable (What plan will be completed at the end of this project?)	Anticipated Completion Date	Program Category	Planning Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total</b>				\$ -

All columns must be completed. Planning projects with incomplete budgets will not be considered.

<b>Equipment</b>				
Equipment Description	Authorized Equipment List (AEL) go to: <a href="https://www.rkb.us/">https://www.rkb.us/</a>	AEL Title	Program Category	Equipment Cost
[5] 12 Lead Monitors	09ME-03-DEMP	Medical equipment /Monitors	Developing and impleme	140,000.00
				\$ -
				\$ -
				\$ -
<b>Total</b>				\$ 140,000.00

All columns must be completed. Equipment projects with incomplete budgets will not be considered.

<b>Personnel</b>							
Functional Title	New Position (Yes/No)	Civil Service Title	Class	Percentage of FTE Requested	Percentage of FTE department will match*	Total Personnel Cost (including fringe)	Total Amount Requested
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total</b>						\$ -	\$ -

All columns must be completed. Personnel projects with incomplete budgets will not be considered. (Note: Grant funds can not be used to pay for existing general fund positions.)

\*Priority will be given to departments with matching funds.

**Total Project Cost \$ 140,000.00**

# FY09 State Homeland Security Grant Program Project Proposal Form

RECEIVED  
JUN 26 2009  
BY:

Complete items 1-16 on the Project Proposal Form. Departments should turn in a completed Project Proposal Form and Budget Worksheet (excel document) for each project they are submitting. All project proposals and their corresponding budget worksheets must be submitted electronically to xushie.brue@sfgov.org by June 26, 2009.

- 1. Department: Public Health
- 2. Point of Contact: David Nakanishi
- 3. Phone: (415) 255-3647
- 4. Email: David.Nakanishi@sfdph.org
- 5. Project Title: Automated Defibrillator Expansion Project

6. Below are the six National Overarching Priorities that have been identified by the Federal Department of Homeland Security as the priorities for FY09 funding. Please check the priority that will be directly supported by this Project. (check only one box on the left side)

- 1. Measures progress in achieving the National Preparedness Guidelines
- 2. Strengthen preparedness planning
- 3. Strengthen (IED) attack deterrence, prevention, and protection capabilities
- 4. Strengthen Preventive Radiological/Nuclear Detection Capabilities
- 5. Strengthen Information Sharing and Collaboration Capabilities
- 6. Strengthen Medical Surge and Mass Prophylaxis

7. Complete the FY09 SHSGP Budget Worksheet and insert the amount of funding that is being requested for each Program Category.

(check the appropriate box(es) on the left side)

Program Category	Funding Request
<input type="checkbox"/> Planning	\$
<input checked="" type="checkbox"/> Equipment	\$17,690.40
<b>Total Project Costs</b>	<b>\$17,690.40</b>

Note: "Total Project Costs" on this form should match the "Total Project Costs" calculated in the budget worksheet.

All Training and Exercise request will go through the Training & Exercise Committee, and refer to <http://mission.sfgov.org/doccenter/DocAdminList.asp> or contact Jill Raycroft at [jill.raycroft@sfgov.org](mailto:jill.raycroft@sfgov.org)

8. Program Sub-category: Once you have identified the program category above (planning, and equipment,) please select the sub-category that the project fits in based on the list below. The list below accounts for all eligible grant expenditures. If your project does not fit into one of the sub-categories, please contact the grant program manager to ensure your project is grant eligible.

Planning	Equipment
<input type="checkbox"/> Develop scenario plans that incorporate the range of prevention, protection, response, and recovery activities for a scenario <input type="checkbox"/> Develop and implement homeland security support programs and adopting ongoing DHS national initiatives <input type="checkbox"/> Develop related terrorism prevention activities <input type="checkbox"/> Develop and Enhance Plans and Protocols <input type="checkbox"/> Develop or Conduct Assessments <input type="checkbox"/> 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) <input type="checkbox"/> Conferences to facilitate planning activities <input type="checkbox"/> Travel/per diem related to planning activities <input type="checkbox"/> Overtime and backfill costs (IAW operational Cost Guidance) <input type="checkbox"/> Other project areas with prior approval from FEMA	<input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Explosive Device Mitigation and Remediation Equip <input type="checkbox"/> CBRNE Search and Rescue Equipment <input type="checkbox"/> Interoperable Communications Equipment <input type="checkbox"/> Detection Equipment <input type="checkbox"/> Decontamination Equipment <input type="checkbox"/> Physical Security Enhancement Equipment <input type="checkbox"/> Terrorism Incident Prevention Equipment <input type="checkbox"/> CBRNE Logistical Support Equipment <input type="checkbox"/> CBRNE Incident Response Vehicle <input checked="" type="checkbox"/> Medical Supplies and Limited Types of Pharmaceuticals <input type="checkbox"/> CBRNE Reference Materials <input type="checkbox"/> Agriculture Terrorism Prevention, Response and Mitigation Equip <input type="checkbox"/> CBRNE Response Watercraft <input type="checkbox"/> CBRNE Aviation Equipment <input type="checkbox"/> Intervention Equipment <input type="checkbox"/> CERT Team Member and Volunteer Responder Equip <input type="checkbox"/> Cyber Security <input type="checkbox"/> Information Technology <input type="checkbox"/> Other Authorized Equipment, contact grant program manager prior to selected this sub-category

9. If your project is an equipment request, please find the Authorized Equipment List number from the [www.rkb.us](http://www.rkb.us) website and list it on the FY09 Budget Worksheet. WITHOUT AN AEL NUMBER THE REQUEST IS INELIGIBLE. There will be a separate AEL# for each type of equipment that is being purchased.

AEL #09ME-03-DEAE

**Project Narrative:** Please note that the spaces below will expand & rollover to the next page as text is entered, and thus you are not limited to the amount of narrative provided per space.

**10. Is this a new project? If not, provide the project name, the grant title and year funded, along with the TOTAL amount of grant funding that this project has received to date.**

Yes.

**11. Project Description.** This response should include the current state of the project, objectives that will be accomplished, capability gap that this project is intended to address and accomplishments to date supporting the project.

This project is designed to enhance the Department of Public Health's capacity to respond to mass casualties or other emergency event by increasing basic medical equipment availability in 10 additional DPH facilities.

**12. Please provide the major milestones for this project and a timeline that ensures the project will be started within 90-days of receiving the grant award and completed by the end of the grant performance period (performance period ends September, 2011).**

Once approved, DPH will move to purchase the 10 additional AED's, identify the most appropriate facilities to station the AED's (based on location and staffing), deploy the AED's and provide training on their maintenance and use. Once purchased, implementation and deployment should occur within 3 months.

**13. In the table below, please identify the state investment justification(s) and strategic plan goal(s) that your project supports. Check at least one box from Sections I and one box from Section II.**

**I. State Investment Justifications (check one or more):**

1.  Strengthen communications capabilities
2.  Strengthen information sharing, collaboration capabilities and law enforcement investigations
3.  Strengthen medical and public health preparedness
4.  Enhance protection of critical infrastructure and key resources (enhance transportation and maritime security)
5.  Citizen preparedness and participation
6.  Enhance agriculture, food systems and animal health preparedness
7.  Enhance catastrophic incident planning, response and recover
8.  Enhance Homeland Security exercise, evaluation and training programs

**II. City and County of San Francisco All-Hazards Strategic Plan (circle one or more):**

1.  Develop, maintain, and sustain a citywide, comprehensive, risk-based emergency management and homeland security program
2.  Enhance the City's emergency management and homeland security training and exercise program
3.  Ensure sufficient voice and data communication capabilities are in place to allow for effective inter-agency, multi-jurisdictional communication.
4.  Improve community disaster preparedness and response capabilities
5.  Secure the City leadership's commitment and adequate, sustainable funding for emergency management and homeland security capabilities, and define the DEM/DES role.
6.  Build the City's threat gathering and analysis capabilities
7.  Strengthen chemical, biological, radiological, nuclear and explosive detection capabilities
8.  Develop and implement a comprehensive critical infrastructure protection program
9.  Ensure consistent use of the National Incident Management System and Incident Command System
10.  Improve the functional and operational capabilities of Department Operating Centers
11.  Identify and formalize a resource logistics and distribution strategy.
12.  Coordinate and participate in regional efforts to effectively utilize volunteers
13.  Coordinate and participate in regional efforts to effectively manage donations
14.  Improve chemical, biological, radiological, nuclear and explosive/weapons of mass destruction/hazardous materials response and decontamination capabilities
15.  Work with regional groups to develop evacuation and/or shelter-in-place plans and procedures
16.  Strengthen joint information center and emergency public information and warning capabilities
17.  Enhance public health, healthcare, and medical examiner readiness
18.  Strengthen mass care (sheltering, feeding, and related services) capabilities
19.  Enhance structural damage assessment capabilities
20.  Build the City's capabilities to restore lifelines and facilitate economic and community recovery following a major incident

**14. Describe how the project supports the identified Strategic Plan goals.**

Additional AED availability will increase health response capabilities at 10 additional sites.

**15. Is the project regional in nature? If yes, please explain. (Projects with a regional scope may be eligible for additional funding opportunities.)**

No

**16. How does enhancing the local capabilities enhance the regional capabilities? Increasing local capabilities reduces the need to draw from regional resources.**

Planning				
Project Description	Final Deliverable (What plan will be completed at the end of this project?)	Anticipated Completion Date	Program Category	Planning Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Total</b>	\$ -

All columns must be completed. Planning projects with incomplete budgets will not be considered.

Equipment				
Equipment Description	Authorized Equipment List (AEL) go to: <a href="https://www.fkb.us/">https://www.fkb.us/</a>	AEL Title	Program Category	Equipment Cost
A simple device that enables rapid application, automated assessment, and (when necessary) delivery of corrective electrical impulse for lethal cardiac dysrhythmias. Use of AED by practitioners with minimum or no training. Request includes AED, one set of pads and one set of batteries.	09ME-03-DEAE	Defibrillator, Automated External	Medical	\$ 17,690.40
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Total</b>	\$ 17,690.40

All columns must be completed. Equipment projects with incomplete budgets will not be considered.

Personnel							
Functional Title	New Position (Yes/No)	Civil Service Title	Class	Percentage of FTE Requested	Percentage of FTE department will match*	Personnel Cost (including fringe)	Total Amount Requested
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
			<b>Total</b>			\$ -	\$ -

All columns must be completed. Personnel projects with incomplete budgets will not be considered. (Note: Grant funds can not be used to pay for existing general fund positions.)

\*Priority will be given to departments with matching funds.

**Total Project Cost \$ 17,690.40**





**ZOLL Medical Corporation**

Worldwide Headquarters  
 269 Mill Rd  
 Chelmsford, Massachusetts 01824-4105  
 (978) 421-9655 Main  
 (800) 348-9011  
 (978) 421-0015 Telefax

**TO: San Francisco General Hospital**  
**Department of Public Health**  
 San Francisco, CA 94110

Attn: **David Nakanishi**  
**Coorinator - Special Projects**

email: [david.nakanishi@sfdph.org](mailto:david.nakanishi@sfdph.org)  
 Tel: 415-255-3647

**QUOTATION 47736 V:3**

DATE: June 25, 2009

TERMS: Net 30 Days

FOB: Shipping Point

Freight: Free Freight

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
1	20100000102011010	<b>AED Plus with AED Cover.</b> Includes: LCD screen showing voice prompt messages, device advisory messages, elapsed time, shock count and chest compression graph. Supplied with Public Safety PASS Cover, Softcase, Operator's Guide and <b>standard five (5) year limited warranty.</b>	10	\$1,995.00	\$1,478.10	\$14,781.00 *
2	8000-0807-01	<b>Type 123 Lithium Batteries.</b> quantity of ten (10) with storage sleeve	10	\$75.00	\$58.50	\$585.00 *
3	8900-0800-01	<b>CPR-D-padz®</b> one piece electrode pad with Real CPR Help®. Supplied with gloves, barrier mask, scissors, razor, wet wipe and dry wipe. Five (5) year shelf-life.	10	\$169.00	\$116.22	\$1,162.20 *
4	8900-0800-01	<b>CPR-D-padz®</b> one piece electrode pad with Real CPR Help®. Supplied with gloves, barrier mask, scissors, razor, wet wipe and dry wipe. Five (5) year shelf-life.	10	\$169.00	\$116.22	optional each *
*Reflects Novation Contract #CE-40032 pricing.						

**TOTAL \$16,528.20**

This quote is made subject to ZOLL's standard commercial terms and conditions (ZOLL T's + C's) which accompany this quote. Any purchase order (P.O.) issued in response to this quotation will be deemed to incorporate ZOLL T's + C's. Any modification of the ZOLL T's + C's must be set forth or referenced in the customer's P.O. No commercial terms or conditions shall apply to the sale of goods or services governed by this quote and the customer's P.O unless set forth in or referenced by either document.

1. DELIVERY WILL BE MADE 60-90 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
2. PRICES WILL BE F.O.B. SHIPPING POINT - FREE FREIGHT.
3. WARRANTY PERIOD (See above AND Attachment).
4. PRICES QUOTED ARE FIRM FOR 60 DAYS.
5. APPLICABLE TAX & ORDER PROCESSING FEE ADDITIONAL.
6. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTANCE BY ZOLL.
7. PURCHASE ORDERS TO BE FAXED TO ZOLL CUSTOMER SERVICE AT 978-421-0015.
8. ALL DISCOUNTS OFF LIST PRICE ARE CONTINGENT UPON PAYMENT WITHIN AGREED UPON TERMS.
9. PLEASE PROVIDE A COPY OF OR REFERENCE TO YOUR QUOTATION NUMBER WITH PURCHASE

Kenan Kuntsal  
 Hospital Territory Manager  
 800-242-9150, x9283

## ZOLL QUOTATION GENERAL TERMS & CONDITIONS

**1. ACCEPTANCE.** This Quotation constitutes an offer by ZOLL Medical Corporation to sell to the Customer the equipment (including a license to use certain software) listed in this Quotation and described in the specifications either attached to or referred to in this Quotation (hereinafter referred to as Equipment). Any acceptance of such offer is expressly limited to the terms of this Quotation, including these General Terms and Conditions. Acceptance shall be so limited to this Quotation notwithstanding (i) any conflicting written or oral representations made by ZOLL Medical Corporation or any agent or employee of ZOLL Medical Corporation or (ii) receipt or acknowledgement by ZOLL Medical Corporation of any purchase order, specification, or other document issued by the Customer. Any such document shall be wholly inapplicable to any sale made pursuant to this Quotation, and shall not be binding in any way on ZOLL Medical Corporation.

Acceptance of this Quotation by the Customer shall create an agreement between ZOLL Medical Corporation and the Customer (hereinafter referred to as the "Contract") the terms and conditions of which are expressly limited to the provisions of this Quotation or the Contract shall be binding on ZOLL Medical Corporation unless such waiver, change or modification (i) is made in writing (ii) expressly states that it is a waiver, change or modification of this Quotation or the Contract and (iii) is signed by an authorized representative of ZOLL Medical Corporation.

**2. DELIVERY AND RISK OF LOSS.** Unless otherwise stated, all deliveries shall be F.O.B. ZOLL Medical Corporation's facility. Risk of loss or damage to the Equipment shall pass to the Customer upon delivery of the Equipment to the carrier.

**3. TERMS OF PAYMENT.** Unless otherwise stated in its Quotation payment by Customer is due thirty (30) days after the ship date appearing on ZOLL Medical Corporation invoice. Any amounts payable hereunder which remain unpaid after the date shall be subject to a late charge equal to 1.5% per month from the due date until such amount is paid.

**4. CREDIT APPROVAL.** All shipments and deliveries shall at all times be subject to the approval of credit by ZOLL Medical Corporation. ZOLL Medical Corporation may at any time decline to make any shipment or delivery except upon receipt of payment or security or upon terms regarding credit or security satisfactory to ZOLL Medical Corporation.

**5. TAXES.** The pricing quoted in its Quotation do not include sales use, excise, or other similar taxes or any duties or customs charges. The Customer shall pay in addition for the prices quoted the amount of any present or future sales, excise or other similar tax or customs duty or charge applicable to the sale or use of the Equipment sold hereunder (except any tax based on the net income of ZOLL Medical Corporation). In lieu thereof the Customer may provide ZOLL Medical Corporation with a tax exemption certificate acceptable to the taxing authorities.

**6. WARRANTY.** (a) ZOLL Medical Corporation warrants to the Customer that from the earlier of the date of installation or thirty (30) days after the date of shipment from ZOLL Medical Corporation's facility, the Equipment (other than accessories and electrodes) will be free from defects in material and workmanship under normal use and service for the period noted on the reverse side. Accessories and electrodes shall be warranted for ninety (90) days from the date of shipment. During such period ZOLL Medical Corporation will at no charge to the Customer either repair or replace (at ZOLL Medical Corporation's sole option) any part of the Equipment found by ZOLL Medical Corporation to be defective in material or workmanship. If ZOLL Medical Corporation's inspection detects no defects in material or workmanship, ZOLL Medical Corporation's regular service charges shall apply. (b) ZOLL Medical Corporation shall not be responsible for any Equipment defect failure of the Equipment to perform any specified function, or any other nonconformance of the Equipment caused by or attributable to (i) any modification of the Equipment by the Customer, unless such modification is made with the prior written approval of ZOLL Medical Corporation; (ii) the use of the Equipment with any associated or complementary equipment accessory or software not specified by ZOLL Medical Corporation, or (iii) any misuse or abuse of the Equipment; (iv) exposure of the Equipment to conditions beyond the environmental, power or operating constraints specified by ZOLL Medical Corporation, or (v) installation or wiring of the Equipment other than in accordance with ZOLL Medical Corporation's instructions. (c) Warranty does not cover items subject to normal wear and burnout during use, including but not limited to lamps, fuses, batteries, cables and accessories. (d) The foregoing warranty does not apply to software included as part of the Equipment (including software embodied in read-only memory known as "firmware"). (e) The foregoing warranty constitutes the exclusive remedy of the Customer and the exclusive liability of ZOLL Medical Corporation for any breach of any warranty related to the Equipment supplied hereunder. THE WARRANTY SET FORTH HEREIN IS EXCLUSIVE AND ZOLL MEDICAL CORPORATION EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES WHETHER WRITTEN, ORAL, IMPLIED, OR STATUTORY, INCLUDING BUT NOT LIMITED TO ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

**7. SOFTWARE LICENSE.** (a) All software (the "Software" which term shall include firmware) included as part of the Equipment is licensed to Customer pursuant to a nonexclusive limited license on the terms hereinafter set forth. (b) Customer may not copy, distribute, modify, translate or adapt the Software, and may not disassemble or reverse compile the Software, or seek in any manner to discover, disclose or use any proprietary algorithms, techniques or other confidential information contained therein. (c) All rights in the Software remain the product of ZOLL Medical Corporation, and Customer shall have no right or interest therein except as expressly provided herein. (d) Customer's right to use the Software may be terminated by ZOLL Medical Corporation in the event of any failure to comply with terms of this quotation. (e) Customer may transfer the license conferred hereby only in connection with a transfer of the Equipment and may not retain any copies of the Software following such transfer. (f) ZOLL Medical Corporation warrants that the read-only memory or other media on which the Software is recorded will be free from defects in materials and workmanship for the period and on terms set forth in section 6. (g) Customer understands that the Software is a complex and sophisticated software product and no assurance can be given that operation of the Software will be uninterrupted or error-free, or that the Software will meet Customer's requirements. Except as set forth in section 7(f), ZOLL MEDICAL CORPORATION MAKES NO REPRESENTATIONS OR WARRANTIES WITH RESPECT TO THE SOFTWARE AND IN PARTICULAR DISCLAIMS ANY IMPLIED WARRANTIES OR MERCHANTABILITY OR FITNESS OF A PARTICULAR PURPOSE WITH RESPECT THERETO. Customer's exclusive remedy for any breach of warranty or defect relating to the Software shall be the repair or replacement of any defective read-only memory or other media so that it correctly reproduces the Software. This License applies only to ZOLL Medical Corporation Software.

**8. DELAYS IN DELIVERY.** ZOLL Medical Corporation shall not be liable for any delay in the delivery of any part of the Equipment if such delay is due to any cause beyond the control of the ZOLL Medical Corporation including, but not limited to acts of God, fires, epidemics, floods, riots, wars, sabotage, labor disputes, governmental actions, inability to obtain materials, components, manufacturing facilities or transportation or any other cause beyond the control of ZOLL Medical Corporation. In addition ZOLL Medical Corporation shall not be liable for any delay in delivery caused by failure of the Customer to provide any necessary information in a timely manner. In the event of any such delay, the date of shipment or performance hereunder shall be extended to the period equal to the time lost by reason of such delay. In the event of such delay ZOLL Medical Corporation may allocate available Equipment among its Customers on any reasonable and equitable basis. The delivery dates set forth in this Quotation are approximate only and ZOLL Medical Corporation shall not be liable for or shall the Contract be breached by, any delivery by ZOLL Medical Corporation within a reasonable time after such dates.

**9. LIMITATIONS OF LIABILITY.** IN NO EVENT SHALL ZOLL MEDICAL CORPORATION BE LIABLE FOR INDIRECT SPECIAL OR CONSEQUENTIAL DAMAGES RESULTING FROM ZOLL MEDICAL CORPORATION'S PERFORMANCE OR FAILURE TO PERFORM PURSUANT TO THIS QUOTATION OR THE CONTRACT OR THE FURNISHING, PERFORMANCE, OR USE OF ANY EQUIPMENT OR SOFTWARE SOLD HERETO, WHETHER DUE TO A BREACH OF CONTRACT, BREACH OF WARRANTY, THE NEGLIGENCE OF ZOLL MEDICAL CORPORATION OR OTHERWISE.

**10. PATENT INDEMNITY.** ZOLL Medical Corporation shall at its own expense defend any suit that may be instituted against the Customer for alleged infringement of any United States patents or copyrights related to the parts of the Equipment or the Software manufactured by ZOLL Medical Corporation, provided that (i) such alleged infringement consists only in the use of such Equipment or the Software by itself and not as a part of or in combination with any other devices or parts, (ii) the Customer gives ZOLL Medical Corporation immediate notice in writing of any such suit and permits ZOLL Medical Corporation through counsel of its choice, to answer the charge of infringement and defend such suit, and (iii) the Customer gives ZOLL Medical Corporation all requested information, assistance and authority at ZOLL Medical Corporation's expense, to enable ZOLL Medical Corporation to defend such suit.

In the case of a final award of damages for infringement in any such suit, ZOLL Medical Corporation will pay such award, but it shall not be responsible for any settlement made without its written consent.

Section 10 states ZOLL Medical Corporation's total responsibility and liability's, and the Customer's sole remedy for any actual or alleged infringement of any patent by the Equipment or the Software or any part thereof provided hereunder. In no event shall ZOLL Medical Corporation be liable for any indirect, special, or consequential damages resulting from any such infringement.

**11. CLAIMS FOR SHORTAGE.** Each shipment of Equipment shall be promptly examined by the Customer upon receipt thereof. The Customer shall inform ZOLL Medical Corporation of any shortage in any shipment within ten (10) days of receipt of Equipment. If no such shortage is reported within ten (10) day period, the shipment shall be conclusively deemed to have been complete.

**12. RETURNS AND CANCELLATION.** (a) The Customer shall obtain authorization from ZOLL Medical Corporation prior to returning any of the Equipment. (b) The Customer receives authorization from ZOLL Medical Corporation to return a product for credit, the Customer shall be subject to a restocking charge of twenty percent (20%) of the original list purchase price, but not less than \$50.00 per product. (c) Any such change in delivery caused by the Customer that causes a delivery date greater than six (6) months from the Customer's original order date shall constitute a new order for the affected Equipment in determining the appropriate list price.

**13. APPLICABLE LAW.** This Quotation and the Contract shall be governed by the substantive laws of the Commonwealth of Massachusetts without regard to any choice of law provisions thereof.

**14. COMPLIANCE WITH LAWS.** (a) ZOLL Medical Corporation represents that all goods and services delivered pursuant to the Contract will be produced and supplied in compliance with all applicable state and federal laws and regulations, including the requirements of the Fair Labor Standards Act of 1938, as amended. (b) The Customer shall be responsible for compliance with any federal, state and local laws and regulations applicable to the installation or use of the Equipment furnished hereunder, and will obtain any permits required for such installation and use.

**15. NON-WAIVER OF DEFAULT.** In the event of any default by the Customer, ZOLL Medical Corporation may decline to make further shipments without in any way effecting its right under such order. If, despite any default by Customer, ZOLL Medical Corporation elects to continue to make shipments its action shall not constitute a waiver of any default by the Customer or in any way affect ZOLL Medical Corporation's legal remedies regarding any such default. No claim or right arising out of a breach of the Agreement by the Customer can be discharged in whole or in part by waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by ZOLL Medical Corporation.

**16. ASSIGNMENT.** This Quotation, and the Contract, may not be assigned by the Customer without the prior written consent of ZOLL Medical Corporation, and any assignment without such consent shall be null and void.

**17. TITLE TO PRODUCTS.** Title to right of possession of the products sold hereunder shall remain with ZOLL Medical Corporation until ZOLL Medical Corporation delivers the Equipment to the carrier and agrees to do all acts necessary to perfect and maintain such right and title in ZOLL Medical Corporation. Failure of the Customer to pay the purchase price for any product when due shall give ZOLL Medical Corporation the right, without liability to repossess the Equipment, with or without notice, and to avail itself of any remedy provided by law.

**18. EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION.**  
VETERAN'S EMPLOYMENT - If this order is subject to Executive Order 11710 and the rules, regulations, or orders of the Secretary of Labor issued thereunder the contract clause as set forth at 41 CFR 60-250.4 is hereby included as part of this order.

EMPLOYMENT OF HANDICAPPED - If this order is subject to Section 503 of the Rehabilitation Act of 1973, as amended and the rules, regulations or orders of the Secretary of Labor as issued thereunder, the contract clause at 41 CFR 60-741.7 is hereby included as part of this order.

EQUAL OPPORTUNITY EMPLOYMENT - If this order is subject to the provisions of Executive Order 11246, as amended, and the rules, regulations or orders of the Secretary of Labor issued thereunder, the contract clause set forth at 41 CFR 60-1.4 (a) and 60-1.4 (b) are hereby included as a part of this order and Seller agrees to comply with the reporting requirements set forth at 41 CFR 60-1.7 and the affirmative action compliance program requirements set forth as 41 CFR 60-1.40.

**19. VALIDITY OF QUOTATION.** This Quotation shall be valid and subject to acceptance by the Customer, in accordance with the terms of Section 1 hereof for the period set forth on the face hereof. After such period, the acceptance of this Quotation shall not be binding upon ZOLL Medical Corporation and shall not create a contract, unless such acceptance is acknowledged and accepted by ZOLL Medical Corporation by a writing signed by an authorized representative of ZOLL Medical Corporation.

**20. GENERAL.** Any Contract resulting from this Quotation shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. This constitutes the entire agreement between Buyer and Supplier with respect to the purchase and sale of the Products described in the face hereof, and only representations or statements contained herein shall be binding upon Supplier as a warranty or otherwise. Acceptance or acquiescence in the course of performance rendered pursuant hereto shall not be relevant to determine the meaning of this writing even though the accepting or acquiescing party has knowledge of the nature of the performance and opportunity for objection. No addition to or modification of any of the terms and conditions specified herein shall be binding upon Supplier unless made in writing and signed by a duly authorized representative of Supplier. The terms and conditions specified shall prevail notwithstanding any variance from the terms and conditions of any order or other form submitted by Buyer for the Products set forth on the face of this Agreement. To the extent that this writing may be treated as an acceptance of Buyer's prior offer, such acceptance is expressly made conditional on assent by Buyer to the terms hereof, and, without limitation, acceptance of the goods by Buyer to the terms hereof, and, without limitation, acceptance of the goods by Buyer shall constitute such assent. All cancellations and reschedules require a minimum of thirty (30) days notice.

ZOLL Medical Corporation

# FY09 State Homeland Security Grant Program Project Proposal Form

RECEIVED

JUN 26 2009

Complete items 1-16 on the Project Proposal Form. Departments should turn in a completed Project Proposal Form and Budget Worksheet (excel document) for each project they are submitting. All project proposals and their corresponding budget worksheets must be submitted electronically to [xushie.brue@sfgov.org](mailto:xushie.brue@sfgov.org) by June 26, 2009.

1. Department: Department of Emergency Management
2. Point of Contact: Steve La Plante
3. Phone: 415-487-5023
4. Email: Steve.laplante@sfgov.org
5. Project Title: Bariatric Beds

6. Below are the six National Overarching Priorities that have been identified by the Federal Department of Homeland Security as the priorities for FY09 funding. Please check the priority that will be directly supported by this Project. (check only one box on the left side)

- 1. Measures progress in achieving the National Preparedness Guidelines
- 2. Strengthen preparedness planning
- 3. Strengthen (IED) attack deterrence, prevention, and protection capabilities
- 4. Strengthen Preventive Radiological/Nuclear Detection Capabilities
- 5. Strengthen Information Sharing and Collaboration Capabilities
- 6. Strengthen Medical Surge and Mass Prophylaxis

7. Complete the FY09 SHSGP Budget Worksheet and insert the amount of funding that is being requested for each Program Category.

(check the appropriate box(es) on the left side)

Program Category	Funding Request
<input type="checkbox"/> Planning	\$
<input checked="" type="checkbox"/> Equipment	\$23474
<b>Total Project Costs</b>	<b>\$23474</b>

*Note: "Total Project Costs" on this form should match the "Total Project Costs" calculated in the budget worksheet.*

*All Training and Exercise request will go through the Training & Exercise Committee, and refer to <http://mission.sfgov.org/doccenter/DocAdminList.asp> or contact Jill Raycroft at [jill.raycroft@sfgov.org](mailto:jill.raycroft@sfgov.org)*

**Program Sub-category:** Once you have identified the program category above (planning, and equipment,) please select the sub-category that the project fits in based on the list below. The list below accounts for all eligible grant expenditures. If your project does not fit into one of the sub-categories, please contact the grant program manager to ensure your project is grant eligible.

Planning	Equipment		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop scenario plans that incorporate the range of prevention, protection, response, and recovery activities for a scenario</li> <li><input type="checkbox"/> Develop and implement homeland security support programs and adopting ongoing DHS national initiatives</li> <li><input type="checkbox"/> Develop related terrorism prevention activities</li> <li><input type="checkbox"/> Develop and Enhance Plans and Protocols</li> <li><input type="checkbox"/> Develop or Conduct Assessments</li> <li><input type="checkbox"/> 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)</li> <li><input type="checkbox"/> Conferences to facilitate planning activities</li> <li><input type="checkbox"/> Travel/per diem related to planning activities</li> <li><input type="checkbox"/> Overtime and backfill costs (IAW operational Cost Guidance)</li> <li><input type="checkbox"/> Other project areas with prior approval from FEMA</li> </ul>	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Protective Equipment</li> <li><input type="checkbox"/> Explosive Device Mitigation and Remediation Equip</li> <li><input type="checkbox"/> CBRNE Search and Rescue Equipment</li> <li><input type="checkbox"/> Interoperable Communications Equipment</li> <li><input type="checkbox"/> Detection Equipment</li> <li><input type="checkbox"/> Decontamination Equipment</li> <li><input type="checkbox"/> Physical Security Enhancement Equipment</li> <li><input type="checkbox"/> Terrorism Incident Prevention Equipment</li> <li><input type="checkbox"/> CBRNE Logistical Support Equipment</li> <li><input type="checkbox"/> CBRNE Incident Response Vehicle</li> <li><input checked="" type="checkbox"/> Medical Supplies and Limited Types of Pharmaceuticals</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> CBRNE Reference Materials</li> <li><input type="checkbox"/> Agriculture Terrorism Prevention, Response and Mitigation Equip</li> <li><input type="checkbox"/> CBRNE Response Watercraft</li> <li><input type="checkbox"/> CBRNE Aviation Equipment</li> <li><input type="checkbox"/> Intervention Equipment</li> <li><input type="checkbox"/> CERT Team Member and Volunteer Responder Equip</li> <li><input type="checkbox"/> Cyber Security</li> <li><input type="checkbox"/> Information Technology</li> <li><input type="checkbox"/> Other Authorized Equipment, contact grant program manager prior to selected this sub-category</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Protective Equipment</li> <li><input type="checkbox"/> Explosive Device Mitigation and Remediation Equip</li> <li><input type="checkbox"/> CBRNE Search and Rescue Equipment</li> <li><input type="checkbox"/> Interoperable Communications Equipment</li> <li><input type="checkbox"/> Detection Equipment</li> <li><input type="checkbox"/> Decontamination Equipment</li> <li><input type="checkbox"/> Physical Security Enhancement Equipment</li> <li><input type="checkbox"/> Terrorism Incident Prevention Equipment</li> <li><input type="checkbox"/> CBRNE Logistical Support Equipment</li> <li><input type="checkbox"/> CBRNE Incident Response Vehicle</li> <li><input checked="" type="checkbox"/> Medical Supplies and Limited Types of Pharmaceuticals</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CBRNE Reference Materials</li> <li><input type="checkbox"/> Agriculture Terrorism Prevention, Response and Mitigation Equip</li> <li><input type="checkbox"/> CBRNE Response Watercraft</li> <li><input type="checkbox"/> CBRNE Aviation Equipment</li> <li><input type="checkbox"/> Intervention Equipment</li> <li><input type="checkbox"/> CERT Team Member and Volunteer Responder Equip</li> <li><input type="checkbox"/> Cyber Security</li> <li><input type="checkbox"/> Information Technology</li> <li><input type="checkbox"/> Other Authorized Equipment, contact grant program manager prior to selected this sub-category</li> </ul>
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9. If your project is an equipment request, please find the Authorized Equipment List number from the [www.rkb.us](http://www.rkb.us) website and list it on the FY09 Budget Worksheet. WITHOUT AN AEL NUMBER THE REQUEST IS INELIGIBLE. There will be a separate AEL# for each type of equipment that is being purchased.

**Project Narrative:** Please note that the spaces below will expand & rollover to the next page as text is entered, and thus you are not limited to the amount of narrative provided per space.

10. Is this a new project? If not, provide the project name, the grant title and year funded, along with the TOTAL amount of grant funding that this project has received to date

This project is an equipment request and it is a new project.

11. Project Description. This response should include the current state of the project, objectives that will be accomplished, capability gap that this project is intended to address and accomplishments to date supporting the project.

San Francisco currently has six (6) Mobile Field Care Clinics (FCC) in large trailers ready to deploy to provide urgent care after any disaster involving large numbers of casualties. In addition, the SFFD also has assets to augment these clinics and to provide care on their own. Representatives of "special needs" communities in San Francisco have asked the City to provide the capability of treating the morbidly obese in a major disaster. This proposal is for bariatric beds able to treat a patient up to 700 pounds in weight. They would be used when needed in the FCCs, and by SFFD when needed, per Chief Pete Howes. The portable workstation option allows these beds to be utilized as workstations in the empty trailers used as command posts after the FCCs were set up.

12. Please provide the major milestones for this project and a timeline that ensures the project will be started within 90-days of receiving the grant award and completed by the end of the grant performance period (performance period ends September, 2011).

As soon as funds are made available we would put in a purchase order to acquire these supplies. We plan to take delivery by the end of this calendar year.

13. In the table below, please identify the state investment justification(s) and strategic plan goal(s) that your project supports. Check at least one box from Sections I and one box from Section II.

I. State Investment Justifications (check one or more):

1.  Strengthen communications capabilities
2.  Strengthen information sharing, collaboration capabilities and law enforcement investigations
3.  Strengthen medical and public health preparedness
4.  Enhance protection of critical infrastructure and key resources (enhance transportation and maritime security)
5.  Citizen preparedness and participation
6.  Enhance agriculture, food systems and animal health preparedness
7.  Enhance catastrophic incident planning, response and recover
8.  Enhance Homeland Security exercise, evaluation and training programs

II. City and County of San Francisco All-Hazards Strategic Plan (circle one or more):

1.  Develop, maintain, and sustain a citywide, comprehensive, risk-based emergency management and homeland security program
2.  Enhance the City's emergency management and homeland security training and exercise program
3.  Ensure sufficient voice and data communication capabilities are in place to allow for effective inter-agency, multi-jurisdictional communication.
4.  Improve community disaster preparedness and response capabilities
5.  Secure the City leadership's commitment and adequate, sustainable funding for emergency management and homeland security capabilities, and define the DEM/DES role.
6.  Build the City's threat gathering and analysis capabilities
7.  Strengthen chemical, biological, radiological, nuclear and explosive detection capabilities
8.  Develop and implement a comprehensive critical infrastructure protection program
9.  Ensure consistent use of the National Incident Management System and Incident Command System
10.  Improve the functional and operational capabilities of Department Operating Centers
11. Identify and formalize a resource logistics and distribution strategy.
12.  Coordinate and participate in regional efforts to effectively utilize volunteers
13.  Coordinate and participate in regional efforts to effectively manage donations
14.  Improve chemical, biological, radiological, nuclear and explosive/weapons of mass destruction/hazardous materials response and decontamination capabilities
15.  Work with regional groups to develop evacuation and/or shelter-in-place plans and procedures
16.  Strengthen joint information center and emergency public information and warning capabilities
17.  Enhance public health, healthcare, and medical examiner readiness
18.  Strengthen mass care (sheltering, feeding, and related services) capabilities
19.  Enhance structural damage assessment capabilities
20.  Build the City's capabilities to restore lifelines and facilitate economic and community recovery following a major incident

14. Describe how the project supports the identified Strategic Plan goals.

Local community hospitals cannot cope with a large surge of casualties after a major disaster. These bariatric beds in our existing FCCs, which provide "urgent care," will care for a specialized population that might otherwise succumb to their injuries.

Strengthen medical and public health preparedness

Enhance public health, healthcare, and medical examiner readiness

**15. Is the project regional in nature? If yes, please explain. (Projects with a regional scope may be eligible for additional funding opportunities.)**

San Francisco would offer these assets as mutual aid regionally, if requested, and provided they were not needed here.

**16. How does enhancing the local capabilities enhance the regional capabilities? Unusual assets, such as these bariatric beds, are difficult to obtain in a major disaster. If San Francisco has them, they are accessible to other jurisdictions in a mutual aid situation.**

Project Description	Final Deliverable (What plan will be completed at the end of this project?)	Anticipated Completion Date	Program Category	Planning Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Total</b>	\$ -

All columns must be completed. Planning projects with incomplete budgets will not be considered.

Equipment Description	Authorized Equipment List (AEL) go to: <a href="https://www.rkb.us/">https://www.rkb.us/</a>	AEL Title	Program Category	Equipment Cost
LEVEL C SUITS	01CB-03-ENSM	Ensemble, Terrorism Incident Protective, NFPA 1994 Class 3	Personal Protective Equipment	\$ 20,000.00
Twelve portable bariatric stainless steel gurneys/beds to treat a patient up to 700 lbs.	09ME-05-GURN	Gurneys	Medical	\$ 10,736.00
Six portable workstation attachments for above gurneys	21GN-00-OCEQ	Equipment & Supplies Info/Ops Center	Medical	\$ 5,508.00
Six aluminum cases custom-made to hold the above two items	09ME-05-GURN	Gurneys	Medical	\$ 7,230.00
			<b>Total</b>	\$ 23,474.00

All columns must be completed. Equipment projects with incomplete budgets will not be considered.

Functional Title	New Position (Yes/No)	Civil Service Title	Class	Percentage of FTE Requested	Percentage of FTE department will match*	Personnel Cost (including fringe)	Total Amount Requested
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						<b>Total</b>	<b>Total</b>
						\$ -	\$ -

All columns must be completed. Personnel projects with incomplete budgets will not be considered. (Note: Grant funds can not be used to pay for existing general fund positions.)

\*Priority will be given to departments with matching funds.

**Total Project Cost \$ 23,474.00**