

## **Grant Proposals for Strategic Goal 18**

**Strengthen mass care capabilities.**

# FY09 State Homeland Security Grant Program Project Proposal Form

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 Department of Animal Care and Control
- 2. **Point of Contact:** Kat Brown
- 3. **Phone:** 415-554-9410
- 4. **Email:** [Kat.brown@sfgov.org](mailto:Kat.brown@sfgov.org)
- 5. **Project Title:** Animal Mobil Set Up/ Mobile Animal Equipment Trailers

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	\$ 44,883.40
<b>Total Project Costs</b>	<b>\$ 44,883.40</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> x 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	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <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 type="checkbox"/> Medical Supplies and Limited Types of Pharmaceuticals               </div> <div style="width: 30%;"> <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 checked="" type="checkbox"/> Other Authorized Equipment, contact grant program manager prior to selected this sub-category               </div> </div>

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 is a new project: Two Mobile Animal Equipment Trailers that will accommodate the equipment to set up a shelter to hold up to a total of 50 small animals (dogs, cats, birds, etc.) and two generators to provide electricity.

**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 would expand our abilities to respond to medium sized disaster events. These Mobile Equipment Trailers may allow us to co-locate up to 50 animals with their owners who have been displaced due to the event. In most situations, we know that many people will not leave their dwellings if it means leaving their pet behind (as seen in Hurricane Katrina). This would allow pets to be housed near human disaster shelters, which normally don't allow animals in their facilities. There would be space in the trailers for food, carriers, animal fencing and medical supplies. The generators would provide electricity to the area where the animals are housed.

**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 vendor for the trailers has already been identified. The first milestone would be to acquire the Mobile Animal Equipment Trailers within 45 days of receiving the grant. The second milestone would be to acquire the generators within 10-20 days of receiving the trailers. The third milestone would be to acquire carriers, leashes and other equipment to outfit the trailers. The fourth milestone would be to use the Mobile Animal Equipment Trailers in a mock disaster drill within 12 months of receiving the grant.

**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.**

The Mobile Animal Equipment Trailers would allow pets to be housed near their owners who have been

displaced by a disaster. It would allow owners to visit with their pets while living at re-location shelters after a disaster. It would expand the Department of Animal Care and Control's ability to house animals during and after a disaster. It would help keep the human-animal bond intact and help insure that animals won't get abandoned by their owners.

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

The Mobile Animal Equipment Trailers would be able to be loaned to other Bay Area jurisdictions if needed.

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

By having these trailers available for setting up short term sheltering of displaced animals, the Bay Area would be better equipped to respond to widespread disasters (large earthquakes, oil spills, fires...) and to be able to house displaced animals near their displaced owners.

Planning					
Project Description	Final Deliverable (What plan will be completed at the end of this project?)	Anticipated Completion Date	Program Category	Planning Cost	
Off-site co-location of sheltered animals with displaced public	needs of some dogs and cats in a disaster	6/30/2011	Developing and enhancing plans and protocols	\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Total				\$ -	

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

Equipment					
Equipment Description	Authorized Equipment List (AEL) <small>go to: <a href="https://www.rkb.us/">https://www.rkb.us/</a></small>	AEL Title	Program Category	Equipment Cost	
2 Trailers fully equipped to house a total of fifty dogs and cats next to Red Cross human shelters	Not Available	Not Available	Public safety	\$ 44,883.40	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Total				\$ 44,883.40	

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
None						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total						\$ -	\$ -

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 \$ 44,883.40**

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1. Department: Public Health  
 2. Point of Contact: Rebekah Varela  
 3. Phone: (415) 554-2894  
 4. Email: Rebekah.Varela@sfdph.org  
 5. Project Title: FEMA Clinical Compliance 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)

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 checked="" type="checkbox"/> Planning	\$125,000
<input type="checkbox"/> Equipment	\$

**Total Project Costs** \$125,000

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

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1. Measures progress in achieving the National Preparedness Guidelines
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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 checked="" 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 checked="" type="checkbox"/> Develop and Enhance Plans and Protocols <input checked="" type="checkbox"/> Develop or Conduct Assessments <input checked="" 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 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

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**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 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.

This project will assist healthcare providers in complying with FEMA requirements for documentation and reimbursements related to healthcare services provided during a declared disaster. The mechanisms for reimbursements are different then in a non-disaster scenario and significantly effects the way a community clinic or hospital will document care. Without the proper planning around documentation and reporting, healthcare providers may not be eligible for federal reimbursement, potentially impacting the future of healthcare delivery in San Francisco.

**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).**

SF DPH will enter into contract via a bid process with a contractor or consultant to create and deliver a plan to healthcare providers to bring documentation processes into line with FEMA reimbursement procedures. The consultant will also create and deliver template documents such as patient intake forms for healthcare providers to use and/or pre-implement in clinical settings. This project will have a one year project scope with an end date no later than September 2011.

**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
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8.  Enhance Homeland Security exercise, evaluation and training programs

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

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13.  Coordinate and participate in regional efforts to effectively manage donations
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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 supports the enhancement and strengthening of the public health and healthcare system by ensuring providers that they will be fairly compensated for the care they provide during and after a disaster. Without a mechanism to be reimbursed, many care providers may choose to not provide services to disaster victims or will not be able to continue to provide care following a disaster due to the financial liabilities of

these costs.

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

Yes. This project can be used by healthcare providers throughout the region and would be an excellent step towards standardization of post-disaster care.

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

Medical/Health impacts are not isolated events, as seen by recent Swine Flu activities. By enhancing any part of regional medical capabilities, other providers will be less likely to have to pick up surge beyond their capabilities and to be able to focus on recovery as soon as possible.



FY09 State Homeland Security Grant Program  
Project Budget Worksheet

Planning				
Project Description	Final Deliverable (What plan will be completed at the end of this project?)	Anticipated Completion Date	Program Category	Planning Cost
FEMA Clinical Compliance	Clinical Compliance Plan and Templates	9/1/2011	Developing and enhancing	\$ 125,000.00
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Total</b>	<b>\$ 125,000.00</b>

Hire a Contractor

Deliverable a plan to lay out how healthcare entity comply w/ FEMA requiremt & Toolkit document's Toolkit

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

Equipment			
Equipment Description	Authorized Equipment List (AEL) <small>go to: <a href="https://www.rkb.us/">https://www.rkb.us/</a></small>	AEL Title	Equipment Cost
			\$ -
			\$ -
		<b>Total</b>	<b>\$ -</b>

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>	<b>\$ -</b>

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Total Project Cost \$ 125,000.00

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1. Department: Public Health  
 2. Point of Contact: Rebekah Varela  
 3. Phone: (415) 554-2894  
 4. Email: Rebekah.Varela@sfdph.org  
 5. Project Title: Project Disaster Connect

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 checked="" type="checkbox"/> Planning	\$100,000
<input type="checkbox"/> Equipment	\$
<b>Total Project Costs</b>	<b>\$100,000</b>

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

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Planning	Equipment	
<ul style="list-style-type: none"> <li><input checked="" 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 checked="" type="checkbox"/> Develop and Enhance Plans and Protocols</li> <li><input checked="" type="checkbox"/> Develop or Conduct Assessments</li> <li><input checked="" 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 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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**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 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.

This project will allow DPH to create a new operational plan for Project Homeless Connect, a social services program that works with thousands of people who are homeless or marginally housed throughout San Francisco. This is a model that has been hugely successful in both a social and logistics capacity. Using this model of intake and service provision, DPH proposes to adapt the operational and logistics plan to be able to use this model during or following a disaster to assist the public with such services as mass care, sheltering, mental health and medical triage. This project would be collaborative in nature as Project Homeless Connect uses lay volunteers, community agencies and city departments as providers and staff. This would also assist in reducing medical surge as the "worried well" would be able to be redirected to the appropriate level of care.

**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).**

SF DPH will enter into contract via a bid process with a contractor or consultant to adapt the existing Project Homeless Connect operational plan to be able to use it as a scalable Project Disaster Connect. This project will have a one year project scope with an end date no later than September 2011.

**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
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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):**

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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 supports the enhancement and strengthening of community response, public health and medical surge, inter agency collaboration and effective utilization of volunteers. It also builds on a well documented and proven public health program.

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

Yes. This project can be used by other jurisdictions as part of their own Project Connect programs or as a free-standing response program.

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

This program is an ideal project to be applied regionally as it is a packaged response program, that any jurisdiction can apply.

*- Contractor  
Deliverable an operational plan  
including budgeted amounts  
for Project Disaster Connect*

<b>Planning</b>		Final Deliverable (What plan will be completed at the end of this project?)	Anticipated Completion Date	Program Category	Planning Cost
	Project Disaster Connect	Operational Adaptation and Implementation Plan for Disaster Connect	9/1/2011	Developing and enhancing	100,000.00
				<b>Total</b>	<b>100,000.00</b>

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

<b>Equipment</b>		Authorized Equipment List (AEL) go to: <a href="https://www.rhb.us/">https://www.rhb.us/</a>	AEL Title	Program Category	Equipment Cost
				<b>Total</b>	<b>0</b>

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

<b>Personnel</b>		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>0</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** \$ 100,000.00