DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

URBAN SEARCH RESCUE RESPONSE SYSTEM NARRATIVE STATEMENT

Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to be 4 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB Number. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: Collections and Research Branch, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20590-3305, Paperwork Reduction Project (1660-0073). **Note: Do not send your completed form to this address.**

APPLICATION TABLE OF CONTENTS						
	SECTION NAME	<u>TAB</u>				
	Table Of Contents Checklist Sample Cover Letter Preparer & Contact Information SF 424 - Application SF 424 A - Budget SF 424 B - Assurances/Certifications SF LLL Lobbying Activities Form Purpose of Cooperative Agreement Administration & Management Training Equipment Storage & Maintenance	1 2 3 4 5 6 7 8 9 10 11				
	Budget Summary Appendix 1 - Position Descriptions Appendix 2 - Form for Additional Budget Clarification Information	13 14 15				
	APPLICATION C	CHECKLIST				
	DUE DATE					
DONE	ITEM		NOTES			
	SF 424 (Application)					
	(SF 424 A (Budget Form)					
	Budget Narrative (Four Program Category Spreadshee	ets)				
	Assurances & Certifications					
	SF 424 B					
	SF LLL (If Lobbying)					
	Latest Single Audit Information Attacked (if current aud please provide estimated date of completion in "Notes"					
	Single Audit Corrective Plan (If findings)					
	Request for authorization of pre-award costs (If training prior to start of Cooperative Agreement)	g or meetings				
	Indirect Cost Rate Agreement approved by cognizant gagency (If charging indirect costs)	government				
	Rolling/Floating transportation specifications (if applica	ble)				
	Position Descriptions (Attach or fill in Appendix I - Tab	14)				
	Form for additional Budget Clarification Information (At Appendix 2 - Tab 15)	ttach or fill in				

FEMA Form 089-10 Page 1 of 36

SAMPLE COVER LETTER FOR COOPERATIVE AGREEMENT APPLICATION

Month XX, 20XX

US Department of Homeland Security
Federal Emergency Management Agency
Grants Management Branch
Attn: Ms. Sylvia A. Carroll
Tech World, Room 411
500 C Sgreet, SW
Washington, DC 20472

Dear Ms. Carroll:

Enclosed is the US&R application of Your Sponsoring Agency Name for the year 20XX Department of Homeland Security/FEMA, Urban Search & Rescue Cooperative Agreement for a total of \$xxx,xxx.

We are including an original application package and one copy of each:

1.	Application for Federal Assistance, SF 424
2.	Budget Information - Non Construction Programs FEMA form SF 424A
 3.	Budget Narrative
 4.	Summary Sheet for Assurances and Certifications, SF 424 B
5.	SF LLL
6.	Single Audit Report for 20XX
7.	Indirect Cost Rate Authorization

Please call "Your Point of Contact" at (XXX) XXX-XXXX or email at johndoe@wa.us or "Alternate Point of Contact" (XXX) XXX-XXXX or email at janedoe@wa.us for any other information that you man need.

Sincerely,

Your Agency Head Title Agency

FEMA Form 089-10 Page 2 of 36

	PREPARER AND CONTACT INFORMATION	
PREPARER INFORMATION		
PREFIX		
FIRST NAME		
MIDDLE NAME		
LAST NAME		
TITLE		
AGENCY/ORGANIZATION		
ADDRESS 1		
ADDRESS 2		
CITY		
STATE		
ZIP CODE		
PHONE		
FAX		
E-MAIL		
CONTACT INFORMATION		
PREFIX		
FIRST NAME		
MIDDLE		
LAST NAME		
TITLE		
AGENCY/ORGANIZATION		
ADDRESS 1		
ADDRESS 2		
CITY		
STATE		
ZIP CODE		
PHONE		
FAX		
E-MAIL		

FEMA Form 089-10 Page 3 of 36

APPLICANT INFORMATION	
TASK FORCE	
ORGANIZATION NAME	
EMPLOYER IDENTIFICATION NUMBER	
DUNS NUMBER	
ADDRESS 1	
ADDRESS 2	
CITY	
COUNTY	
STATE	
ZIP CODE	
COUNTRY	
AUTHORIZED REPRESENTATIVE FIRST NAME.	
AUTHORIZED REPRESENTATIVE MIDDLE NAME.	
AUTHORIZED REPRESENTATIVE LAST NAME.	
AUTHORIZED REPRESENTATIVE TITLE	
AUTHORIZED REPRESENTATIVE PHONE NUMBER	
APPLICANT IDENTIFIER (If Applicable)	
STATE APPLICANT IDENTIFIER (If applicable)	
ORGANIZATIONAL UNIT	
DEPARTMENT	
DIVISION	
MADE AVAILABLE FOR EO 12372 (Answer Y or N)	
DATE REVIEWED (If applicable)	
"Y" FOR NOT COVERED, "N" FOR NOT SELECTED	

FEMA Form 089-10 Page 4 of 36

PURPOSE OF AGREEMENT

The purpose of this Readiness Cooperative Agreement is to continue the development and maintenance of National Urban Search and Rescue (US&R) Response System resources to e prepared for mission response and to provide qualified personnel in support of Emergency Support Function-9 (ESF-9) activities under the National Incident Management System (NIMS) and the National Response Plan (NRP).

Our Task Force agrees to manage the continued development and maintenance of this National US&R Response System resource. We will be prepared to provide qualified, competent US&R personnel in support of ESF-9 activities under the National Response Framework. Specifically, the FY2009 Statement of Work and the accompanying budget narrative provides our plan to accomplish our objectives identified by DHS/FEMA. This work plan identifies the key areas that our Task Force will focus its continued readiness efforts. These key areas are administrative and program management, training, support, equipment cache preparedness, maintenance and storage. These key areas are detailed in the Statement of Work. This Cooperative Agreement will allow our Task Force to maintain a high standard and condition of operational readiness. It is the intent of our Task Force to comply with the US&R Response System FY 2009 Statement of Work throughout the duration of this agreement.

While portions of the FY2009 Statement of Work are included in the budget narrative, we acknowledge compliance with the FY2009 Statement of Work in its entirety.

FEMA Form 089-10 Page 5 of 36

		ADMINI	STRATION	N AND MANAGE	EMENT			
Task Force General Com	ments							
TF-1 will accompling Program office. The costs a maximum amount of time object classes within this P the Task Force and will be will attempt to maintain the services as one of the 28 to any deployments will be harmonic total Administration & Management (Management).	e of 12 months, and the co trogram category. responsible to ensure that preparedness of the Tas eams for the National Urb andled under the Activatio	Manageme osts will oc TF-1 at all manaç k Force un oan Search	ent portion of ccur within the Administration gement, adminider this Read and Rescue	the budget/narrative 16 month period ve/Management phinistration, and opdiness Cooperative Response Syster	ive will be address of performance personnel are resp perational requirer re Agreement, in co	sed in this section a The cost details we consible for the day ments are accomplorder to provide crit	and will cover or ill be provided in r-to-day operation lished. Out Tas tical emergency	osts for n the ons of sk Force / response
	PERSC	ONNEL S	ALARIES 8	& FRINGE BENE	EFITS SECTION			
Notes For Personnel Sala	aries and Fringe Benefit	s Section						
The Task Force will provide supervisory, administrative support, training coordinati salaries relating to Task Forcorrespondence with Task Provide the staffs' salary, be Agreement. There is drop provide the hours and hour per hour, etc. If overtime holarification box.	e, training and logistical du on and instruction, logistic orce development and ma Force members and parti- penefits, and also note and ordown menu for the staff- rly rate in the Personnel b	of ties. Species manage in agement, ies who sulting y cost of live positions, a cox below to them as a	cifically, progrement and progrement and progrement, record keep apport Task Forms increase and any addition clarify the t	ram management, operty accountabil bing, inventory and force activities, alones (percentage and itional staff not not time to be allotted, ne item blow. Put the operation of the staff of	, grants managem lity. This shall incl d maintenance of t ong with similar ma d amount) below w ted can be added. , e.g., one day a w the total amount u	nent, financial mana lude, but is not limi the US&R Equipme anagement ad adn what will be paid ur If a staff position week, 40 hours a m	agement, admir ited to, funding ent Caches, ninistrative task nder the Cooper is part-time, ple nonth at a rate o	nistrative personnel is. rative ease of \$45.00
Staff Position	Name	Full/Part Time	Overtime Hours	Salary Dates (Current)	Salary Dates (Prior)	Fringe Benefits	Salary	Totals
				, ,				
				TOTALS				
Personnel Salaries								
The area below is for any a and the hourly rate. Also, added as an attachment.								

Bids/Quotes Costs are in Comparison w/ other TFs for Similar Tasks or Items Other

If other, list here:

Historical Data

City/County/Organization Negotiated Agreements

Cost Basis (please check the appropriate boxes)

Union Agreements

FEMA Form 089-10 Page 6 of 36

Fringe Benefits (if applicable)							
The area below is to state the total percentage (e.g., 23% are included.	The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if applicable) and list the items (e.g., health, dental, workers' comp) that are included.						
Cost Basis (please check the appropriate box)							
Bids/Quotes Costs a	unty/Organization Negotiate re in Comparison w/ other T	-	ems	Historical Data Other			
If other, list here:							
	TRAVEL						
Notes For Travel Section							
Attend DHS/FEMA-sponsored or DHS/FEMA-approved L 12 standing US&R Work Groups, Operations Group, Ad I or others as directed by the US&R Program Office as the Operational Readiness Evaluation (ORE) of other Task F Task Forces, grants management training, and research by the US&R Program Office and available funding, Task keeping apprised of cutting edge technology for equipme	Hoc Work Groups and Sub (y relate to the National US& orces, quality assurance ov and development for equipr Forces can use funds to co	Groups, Incident Support RR Response System. Other versight of FEMA-sanctioned ment, as directed by the U	Team (IST) training/me her activities include on ed training courses, tra IS&R Program Office. I	eetings, workshops, n-site peer iining with other Based on approval			
There are also miscellaneous meetings that are required due to the dynamic program. Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations that are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings, and you can add others that are in line with the state of work. The drop down menu in the section below includes all events, allowing you the flexibility to account for your travel costs in this section Admin/Management Program Category or the Training Program Category. The Task Force is authorized to reallocate fund between Admin/Management travel and Training travel without requesting a budget change authorization. However, this change must be reflected in your Performance Report and note the reason(s) for the change.							
Event Title	No. of Personnel	No. of Trips (approx).	Cost Per Person	Total Cost			
				<u> </u>			
		1	TOTAL				
Travel				•			
Briefly describe breakdown of travel Cost Per Person. Pr	ovide examples of "other au	uthorized travel" if selected	d above.				
Cost Basis (please check the appropriate box)							
	unty/Organization Negotiate	ed Agreements		Historical Data			
Bids/Quotes Costs a	re in Comparison w/ other T	Fs for Similar Tasks or Ite	ems	Other			
If other, list here:							

FEMA Form 089-10 Page 7 of 36

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Notes For Equipment Section

Purchase of office furniture and equipment specifically for administrative purposes are allowable under this Cooperative Agreement. This shall include, but is not limited to, laptops and desktop computers, cellular telephones/wireless PDAs, printers, scanners, copy machines, desks, book shelves, etc. The costs noted in this area are for the purchase of equipment and not service agreements, which should be included under contractual or other. Rolling or floating transportation will require specifications as part of the application and should be listed under the Equipment Program Category. The general definition of "Equipment" out of the FCFR is: "Equipment" means an article of non-expendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000.

These are the items our Task Force anticipates requiring for the FY2009 Cooperative Agreement for the equipment object class under the Administration/ Management Program Category. However, due to the the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed item swill be reflected in the Performance Reports, with the reason for the change noted ad the Task Force will not e required to submit a budget change if items are on the approved cache lists, authorized by program guidance or directives.

Item Description	Cache #	Unit Cost	No. of Units	Totals			
			TOTAL				
Equipment							
Describe any additional supporting information for equipment costs below	v.						
Cost Basis (please check the appropriate box) Union Agreements City/County/Organization Negotiated Agreements Historical Data							
☐ Union Agreements☐ City/County/Organization☐ Bids/Quotes☐ Costs are in Comparison				Historical Data Other			
If other, list here:							

FEMA Form 089-10 Page 8 of 36

SUPP	LIES
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Notes For Supplies Section

In the below area, provide an approximate listing of the supplies necessary for the administration/management of this cooperative agreement. Supply items/costs that should be listed are items to support the administration/management of the Task Force and other than what the equipment definition states as follows: The general definition of "Equipment" out of the CFR is: "Equipment" means an article of non-expendable, tangible personal property; having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for the object class) may change. Any changes to the listed items will be reflected in the Performance Reports, including the reason for the change(s) noted.

These are the items we anticipate requiring for the FY2009 Cooperative Agreement. However, due to the dynamic program, requirement of these items may change and any changes will be reflected in the Performance Reports, with the reason for the changed noted.

Item Description	Cache #	Unit Cost	No. of Units	Total Cost			
			TOTAL				
Supplies							
Describe any additional supporting information for supply	costs below.						
Cost Basis (please check the appropriate box)							
Union Agreements City/County/Organization Negotiated Agreements Historical Data Bids/Quotes Costs are in Comparison w/ other TFs for Similar Tasks or Items Other							
If other, list here:							

FEMA Form 089-10 Page 9 of 36

CONTRACT	CONTRACTUAL							
Notes For Contractual Section In the area below, list any contractual costs for medical exams, services, rentals, etc. The Task Force Medical Screening will take place in accordance with Program Directive 2005-008 or a more current revised directive issued by the US&R Program Office.								
Service	Service Quantity Unit Cost Total Cost							
COLVIDE	Quartity	Gill Gost	Total Gost					
		TOTAL						
		TOTAL						
Contractual								
Describe any additional supporting information for contractual costs below.								
Cost Basis (please check the appropriate box)								
Union Agreements City/County/Organization Negotia Bids/Quotes Costs are in Comparison w/ other			Historical Data Other					
If other, list here:								

FEMA Form 089-10 Page 10 of 36

	OTHER				
Notes For Other Section					
This area will cover any miscellaneous	items that are not covered in the other object cla	asses and are allowable u	nder the Statement o	f Work.	
l'	tem	Quantity	Unit Cost	Total Cost	
			TOTAL		
Other					
Describe any additional supporting info	rmation for other costs below.				
g					
Cost Basis (please check the approp	riate box)				
Union Agreements	City/County/Organization Negotiated			Historical Data	
Bids/Quotes	Costs are in Comparison w/ other TFs	for Similar Tasks or Item	S	Other	
If other, list here:					
	INDIRECT COST	S			
Notes For Indirect Costs Section					
	is an Indirect Cost Date Assessment that has be		ant Forderel Assessed	A compared the desire of	
	e is an Indirect Cost Rate Agreement that has be my the application. The Indirect Cost Rate Agree				
Indirect Costs are based on, e.e., equip	ment, salaries, all expenses, etc. The informati	on provided below should	list the description of	f the cost category	
of the Cooperative Agrement.	ased, the percentage, and the total. The rate or	amount approved at time	or award will prevail	through the term	
Item/Category	Item Description	Base Amount	Percentage	Total Cost	
		1	TOTAL		
Indirect Costs					
Describe any additional supporting info	rmation for indirect costs below. Please advise	who is the Cognizant Fed	eral Agency and the	date of approval	
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval					
Cost Basis (please check the approp					
☐ Union Agreements ☐ Bids/Quotes	☐ City/County/Organization Negotiated / Costs are in Comparison w/ other TFs			Historical Data Other	
	L Costs are in Companson w/ other TPS	TO OTHER TASKS OF REIT		Oute	
If other, list here:					

FEMA Form 089-10 Page 11 of 36

TRAINING							
Task Force General Comr	ments	,					,
this budget/narrative will con TF-1 intends to m of the Task Force. The trainguidance, directives, and w object classes under this Pr Cooperative Agreement; in Response System. Funding	vers the costs for the training pover costs for a maximum amount and a deployable Task Formation will be accomplished in a vill also include training to meet rogram Category. Our Task Formation order to provide critical emerging for any deployments will be I for this Readiness Cooperative agement Cost	ount of time of 12 rce and will provaccordance with at the NIMS comforce will attempore years and led under the handled under the second second will attempore the second	2 months, and with the required the Urban Sear opliance required to maintain the services as one	will be accomplished of training to insure more that the control of the control o	within the 16 month phission readiness, safter Office statement of cost details will be proper Task Force under the National Urban S	fety, and managor work, program rovided in the both this Readiness Search and Res	rmance. gement m pelow s sscue
	PERSONNE	EL SALARIES	S & FRINGE E	BENEFITS SECTION	ON		
Notes For Personnel Salaries and Fringe Benefits Section The Task Force can use this category to account for the salaries of Task Force Members attending US&R-related, US&R-required, and local training as well as salaries for the training coordinator. This includes, but is not limited to, functional training, mobilization training, local training for the program, grants management training, training with other task forces, research and development for equipment, and other DHS/FEMA approved training events, or training related to the requirements of the US&R program, as approved by the Program Manager/Grants Assistance Officer. This may also include backfill expenses for the individual(s) attending training. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week/month, etc.). If overtime hours are listed, please note them as a separate line item below. Put the total amount under salary. Note the hourly rate in the clarification box.							
Staff Position	Training Event Description	Full/Part Time	Overtime Hours	Date Salary Changed	Fringe Benefits (If Applicable)	Salary	Totals
	-	1			, ,,		
	1						
	1						
			TOTALS				
Personnel Salaries The area below is to provide cost.	le additional notes the Task Fo	orce may need t	o add for clarify	ing the range of sala	ry rates used to deve	elop the averag	je hourly
Cost Basis (please check Union Agreemer Bids/Quotes If other, list here:	nts City/Cou		on Negotiated A on w/ other TFs	Agreements for Similar Tasks or l	Items	Historical [Data

FEMA Form 089-10 Page 12 of 36

Fringe Benefits (if applicable)						
The area below is to state the total percentage are included.	(e.g., 23%) for the Fringe Benefits (if app	olicable) and list the iter	ns (e.g., health, dental,	workers' comp) that		
Cost Basis (please check the appropriate b	ox)					
Union Agreements	City/County/Organization Negotiated A	•		Historical Data		
Bids/Quotes If other, list here:	Costs are in Comparison w/ other TFs	for Similar Lasks of Ite	yms [Other		
	TRAVEL					
Notes For Travel Section						
Attend DHS/FEMA-sponsored or DHS/FEMA-approved US&R meetings, conferences, and training sessions, to include Task Force Leader meetings, the 12 standing US&R Work Groups, Operations Group, Ad Hoc Work Groups and Sub Groups, Incident Support Team (IST) training/meetings, workshops, or others as directed by the US&R Program Office as they relate to the National US&R Response System. Other activities include on-site peer Operational Readiness Evaluation (ORE) of other Task Forces, quality assurance oversight of FEMA-sanctioned training courses, training with other Task Forces, grants management training, and research and development for equipment, as directed by the US&R Program Office. Based on approval by the US&R Program Office and available funding, Task Forces can use funds to cover travel for product research and development efforts; thereby keeping apprised of cutting edge technology for equipment used within the system.						
There are also miscellaneous meetings that are required due to the dynamic program. Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations that are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings, and you can add others that are in line with the state of work. The drop down menu in the section below includes all events, allowing you the flexibility to account for your travel costs in this section Admin/Management Program Category or the Training Program Category. The Task Force is authorized to reallocate fund between Admin/Management travel and Training travel without requesting a budget change authorization. However, this change must be reflected in your Performance Report and note the reason(s) for the change.						
Event Title No. of Personnel Cost Per Person Lump Sum						
TOTAL						
Travel Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above.						
Cost Basis (please check the appropriate b Union Agreements Bids/Quotes	Ox) City/County/Organization Negotiated A Costs are in Comparison w/ other TFs	-		Historical Data Other		
If other, list here:						

FEMA Form 089-10 Page 13 of 36

	E	QUIPMENT			
Notes For Equipment Section					
Purchase of equipment specifically for training, to inc Agreement. The costs noted in this area are for the or other. Rolling or floating transportation, if allowab out of the CFR is: "Equipment" means an article of r acquisition cost that equals or exceeds the lesser of \$5000.	purchase of equipn ble, will require spec non-expendable, tai	ment and not service a cifications/approval as ngible personal prope	agreements, which s s part of the applicati erty having a useful li	should be included un ion. The general defii ife of more than one y	nder contractual inition of "Equipment" year and an
These are the items our Task Force anticipates required Management Program Category. However, due to the award for this object class) may change. Any change ad the Task Force will not e required to submit a buckless.	the the dynamic proges to listed item sw	gram, the requiremen vill be reflected in the I	nts for these items (v Performance Report	within the amount app ts, with the reason for	proved at time of r the change noted
Item Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost
			<u> </u>		
			<u> </u>		
		+			
		+			
				TOTAL	
Equipment					
Describe any additional supporting information for ed	quipment costs belo)W.			

FEMA Form 089-10 Page 14 of 36

☐ City/County/Organization Negotiated Agreements
☐ Costs are in Comparison w/ other TFs for Similar Tasks or Items

Historical Data

Other

Cost Basis (please check the appropriate box)

Union Agreements
Bids/Quotes

If other, list here:

SUPP	LIES
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Notes For Supplies Section

In the below area, provide an approximate listing of the supplies necessary for the administration/management of this cooperative agreement. Supply items/costs that should be listed are items to support the administration/management of the Task Force and other than what the equipment definition states as follows: The general definition of "Equipment" out of the CFR is: "Equipment" means an article of non-expendable, tangible personal property; having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000.

These are the items our Task Force anticipates requiring for the FY2009 Cooperative Agreement. However, due to the dynamic program, the requirements for these items may change and any changes will be reflected in the Performance Reports, including the reason for the change(s) noted. A budget change is not required to be submitted if the costs in this category remain the same and items are allowable under the SOW, Directives Guidance and Cache List.

List.	y remain are same and its	one are anomable ander a	,				
Item	Cache #	Unit Cost	No. of Units	Total Cost			
		TOTALS					
Supplies							
Describe any additional supporting information for supply costs below.							
Cost Basis (please check the appropriate box)							
	unty/Organization Negotia	ated Agreements		Historical Data			
Bids/Quotes Costs a		r TFs for Similar Tasks or	Items	Other			
If other, list here:							

FEMA Form 089-10 Page 15 of 36

CONTRACTUAL							
Notes For Contractual Section In the area below, list any contractual costs for medical exams, services, rentals, e	tc., as it pertains to trainir	ng.					
Outsite Half Out							
Service	Quantity	Unit Cost	Total Cost				
		TOTAL					
Contractual							
Describe any additional supporting information for contractual costs below.							
Cost Basis (please check the appropriate box)							
☐ Union Agreements ☐ City/County/Organization Negotia ☐ Bids/Quotes ☐ Costs are in Comparison w/ othe			Historical Data Other				
If other, list here:							

FEMA Form 089-10 Page 16 of 36

OTHER							
Notes For Other Section							
This area will cover any miscellaneous items that are training-related and allowable under the State of Work but not covered in the other object classes.							
Item Quantity Unit Cost Total Cost							
			TOTAL				
Other				<u>'</u>			
Describe any additional supporting info	rmation for other costs below.						
Cost Basis (please check the approp	riate box)						
Union Agreements Bids/Quotes	City/County/Organization Negotiated Costs are in Comparison w/ other TF		,	Historical Data Other			
If other, list here:							
	INDIRECT COST	rs					
Notes For Indirect Costs Section Indirect Costs can only be provided if there is an Indirect Cost Rate Agreement that has been approved by a cognizant Federal Agency. A copy of the Indirect Cost Rate Agreement should accompany the application. The Indirect Cost Rate Agreement you provide should state what category or categories the Indirect Costs are based on, i.e., equipment, salaries, all expenses, etc. The information provided below should list the description of the cost category for the base, the amount on which it's based, the percentage, and the total. The rate or amount approved at time of award will prevail through the term of the Cooperative Agreement.							
Item/Category	Item Description	Base Amount	Percentage	Total Cost			
	TOTAL						
Indirect Costs				l			
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval.							
Cost Basis (please check the approp	riate box)						
☐ Union Agreements☐ Bids/Quotes	City/County/Organization Negotiated Costs are in Comparison w/ other TF			Historical Data Other			
If other, list here:							

FEMA Form 089-10 Page 17 of 36

EQUIPMENT							
Task Force General Comments							
This program Category covers the performance covers a 16-month pprovide the required equipment to accordance with the requirements and supporting cost details will be preparedness of the Task Force us 28 teams for the National Urban S	eriod to accomplisinsure mission rea of the Urban Sea provided in the bender this Readine	sh the work in this radiness, safety, ar irch & Rescue Prog elow object classes ess Cooperative Ag	area. TF-1 nd management of the gram Office statement of s under this Program Congreement, in order to program	I intends to maintain a deployable Task Force. The equipment will be of work, program guidance, and dicategory. Our Task Force will atter	e purchased in irectives. The empt to maintain	d will equipment the	
The below list of equipment and costs covers what is anticipated for this Readiness Cooperative Agreement. Due to the dynamic program, training scheduling and requirement changes, some of the equipment listed may require revisions. Any changes will be noted within the Performance Reports, and will include the change and the reason for the change. It will not require a budget adjustment as long as the change is within the Program Category total as noted at time of award, and is an approved equipment requirement within the statement of work, program guidance, and directives.							
Total Equipment Cost \$							
	PERSC	ONNEL SALARI	IES & FRINGE BENE	EFITS SECTION			
Notes For Personnel Salaries ar	id Fringe Benefit	s Section					
The Task Fo4ce can use this category to account for the salaries of Task Force Members who perform duties related to maintenance of US&R equipment and vehicles. This may also include backfill expenses for individual(s) who are working with the cache. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week, month, etc.). If overtime hours are listed, please note them as a separate item below. Put the total amount under salary. Note the hourly rate in the clarification box.							
Staff Position	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (if applicable	Salary	Totals	
		1					
		1					
	<u> </u>						
			TOTALS				
Personnel Salaries							
The area below is to provide addit costs.	onal notes the Ta	sk Force may nee	d to add for clarifying th	ne range of salary rates used to de	evelop the average	age hourly	
Cost Basis (please check the ap	propriate box)						
☐ Union Agreements ☐ Bids/Quotes			ration Negotiated Agreen rison w/ other TFs for Si		Historica Other	ıl Data	
If other, list here:							

FEMA Form 089-10 Page 18 of 36

Fringe Benefits (if applicable)							
The area below is to state the total percentage (e.g., 23%) for are included.	the Fringe Benefits (if a	pplicable) and list the i	items (e.g., health, dental,	workers' comp) that			
Cost Basis (please check the appropriate box)							
	Organization Negotiated Comparison w/ other TF	-		Historical Data Other			
If other, list here:							
	TRAVEL						
Notes For Travel Section							
and vehicles. This may also include backfill expenses for indiv salary hours and average salary rate. If specific dates are unk are listed, please not them on a separate item below. Put the	The Task Force can use this category to account for the salaries of Task Force Members who perform duties related to maintenance of US&R equipment and vehicles. This may also include backfill expenses for individual(s) who are working with the cache. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week/month, etc.). If overtime hours are listed, please not them on a separate item below. Put the total amount under salary. Note the hourly rate in the clarification box.						
Event Title	No. of Personnel	Cost Per Person	No. of Trips (approx).	Total Cost			
			TOTAL				
Travel							
Briefly describe breakdown of travel Cost Per Person. Provide	examples of "other au	thorized travel" if selec	ted above.				
Cost Basis (please check the appropriate box)							
	Organization Negotiated Comparison w/ other TF			Historical Data Other			
If other, list here:	Joinpanson w/ other 11	-s for Similar Tasks of	items	Julei			

FEMA Form 089-10 Page 19 of 36

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Notes For Equipment Section

Your agency is authorized to purchase equipment as listed in the approved DHS/Fema Task Force Equipment Cache List, dated August 2003 or any subsequently approved DHS/FEMA US&R Equipment list. Task Force personnel are reminded and directed not to exceed quantity and/or cost caps as listed on the cache list. Task Force must follow department procurement regulations, which are in accordance with 44 CFR Part 13 or 2 CFR 215 to ensure reasonable prices are obtained. The US&R Program Office and the Grants Office Assistance Officer must provide written approval for any other equipment not identified on approved cache list(s), in program guidance, or specifications. Those Task Forces who maintain an IST Medical Cache are to include the appropriate amount below for replacement of equipment and pharmaceuticals.

However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed items will be reflected in the Performance Reports, noting the reason for the change and the Task Force will not be required to submit a budget change if items are on the approved cache lists, noted in the state of work, or authorized by program guidance or directives. Rolling or floating equipment requires the specifications to be submitted to the Program Office/Grants Assistance Officer for prior approval. The general definition of "Equipment" out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5,000.

List below those items your Task Force anticipates requiring for the FY2009 Cooperative Agreement for the equipment object class under the Equipment Program Category.

Item Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost		
				TOTAL			
Equipment							
Describe any additional supporting information for e	quipment costs below	٧.					
Cost Basis (please check the appropriate box)							
	y/County/Organization				Historical Data		
	sts are in Compariso	on w/ other TFs for S	imilar Tasks or Items		Other		
If other, list here:							

FEMA Form 089-10 Page 20 of 36

SUPPLIES			

No. of Units

Total Cost

Notes For Supplies Section

Item

In the area below, provide an approximate listing of necessary supplies. Supply items/costs that should be listed are items other than what the equipment definition states as follows: The general definition of "Equipment" out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to the listed items will be reflected in the Performance Reports, including the reason for the change(s) noted.

List below those items your Task Force anticipates requiring for the FY2009 Cooperative Agreement for the equipment object class under the Equipment Program Category. A budget change is not required to be submitted for approval if the costs in the object class remain as approved at time of award and the items are allowable in accordance with the statement of work, program guidance and directives.

Unit Cost

Cache #

		TOTALS		
Supplies				
Describe any additional supporting information for supply	costs below.			
Cost Basis (please check the appropriate box)				
	unty/Organization Negotia			Historical Data
	re in Comparison w/ other	TES TOF SIMILAR TASKS OF	items	Other
If other, list here:				

FEMA Form 089-10 Page 21 of 36

	CONTRACTUA	AL		
Notes For Contractual Section In the area below, list any supporting information for the contractual	al costs of services	rentals etc for equipm	nent	
Service	ur 000t0 01 001 11000	Quantity	Unit Cost	Total Cost
Service		Quantity	Offit Cost	Total Cost
			TOTAL	
Contractual				·
Describe any additional supporting information for contractual cost	ts below.			
Cost Basis (please check the appropriate box)	anization Nagatists	d Agraamanta	-	Uiotoriaal Data
	anization Negotiated nparison w/ other T	n Agreements Fs for Similar Tasks or	Items	Historical Data Other
If other, list here:				

FEMA Form 089-10 Page 22 of 36

	OTHER			
Notes For Other Section				
This area will cover any miscellaneous classes.	items that are equipment-related and allowa	ble under the Statement of V	Vork but not covered i	the other object
It	tem	Quantity	Unit Cost	Total Cost
		· ·	TOTAL	
Other				
Describe any additional supporting infor	rmation for other costs below.			
Cost Basis (please check the approp	riate box)			
☐ Union Agreements ☐ Bids/Quotes	City/County/Organization Negotia Costs are in Comparison w/ other	_		Historical Data Other
If other, list here:				
	INDIRECT CO	STS		
Indirect Cost Rate Agreement should at the Indirect Costs are based on, i.e., eq	here is an Indirect Cost Rate Agreement that company the application. The Indirect Cos uipment, salaries, all expenses, etc. The in hich it's based, the percentage, and the tota	t Agreement that you provide formation provided below sh	should state what ca ould list the description	tegory or categories on of the cost
Item/Category	Item Description	Base Amount	Percentage	Total Cost
		,	TOTAL	
Indirect Costs				
Describe any additional supporting infor	rmation for indirect costs below. Please adv	rise who is the Cognizant Fed	deral Agency and the	date of approval
Cost Basis (please check the approp	riate box)			
☐ Union Agreements ☐ Bids/Quotes	City/County/Organization Negotiat Costs are in Comparison w/ other		,	Historical Data Other
If other, list here:		33.00.11011		-

FEMA Form 089-10 Page 23 of 36

		STORAC	GE & MAINTENANC	E		
Task Force General Comments						
This program Category covers the for the Storage/Maintenance portimonths for any warehouse lease of TF-1. intends to provide Task Force. The storage and ma program guidance and directives,	on of this budget/n or maintenance co e the required stora intenance will be in	narrative will be ad- lests for the equipm age and maintenar n accordance with	dressed in this section lent/vehicles, and the conce for the equipment to the requirements of the	and will cover costs for a maximulosts will occur within the 16 month or insure mission readiness, safety a Urban Search & Rescue Progra	m amount of tir period of perfor, and managen m Office staten	ormance. nent of the
Our Task Force will attempt to ma emergency response services as is anticipated for this Readiness C facility.	one of the 28 team	ns for the National	Urban Search and Res	scue Response System. The belo	ow list of costs	covers what
Total Equipment Cost \$						
	PERSC	NNEL SALARI	ES & FRINGE BENE	EFITS SECTION		
Notes For Personnel Salaries a	nd Fringe Benefit	s Section				
The Task Force can use this cateralso include backfill expenses for average salary rate. If specific da note them as a separate line item	individual(s) who a tes are unknown,	are working with re provide estimated	elated projects. If speci- time frame (e.g, 1 day	fic costs are unknown, give estimate per week/month, etc.). If overtime	ated salary hou	rs and
Staff Position	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (if applicable	Salary	Totals
			TOTALS			
Personnel Salaries						
The area below is to provide addit costs.	ional notes the Ta	sk Force may nee	d to add for clarifying th	ne range of salary rates used to de	evelop the aver	age hourly
Cost Basis (please check the ap Union Agreements Bids/Quotes If other, list here:	Cit		ation Negotiated Agreerison w/ other TFs for S		Historica Other	al Data

FEMA Form 089-10 Page 24 of 36

Fringe Benefits (if applicable)				
The area below is to state the total percentage (e.g., 23%) for are included.	the Fringe Benefits (if a	pplicable) and list the it	tems (e.g., health, dental,	workers' comp) that
Cost Basis (please check the appropriate box)				
	Organization Negotiated Comparison w/ other TF	=		Historical Data Other
If other, list here:				
	TRAVEL			
Notes For Travel Section				
This section can be used for those travel items related to stora Statement of Work. Please note: These expenses can be r provided in detail or by trip costs, and a detail of the costs sho costs listed below are estimates due to travel locations that are historical data. There are drop down menus for some of the m	eflected within the Ad uld be listed in the com e unknown at the time o	Iministrative/Managen ments sections, that will of application. It is at thi	nent travel category inst Il show how you arrived at is time when costs are ge	tead. Costs can be t the trip total. The nerally based on
Event Title	No. of Personnel	Cost Per Person	No. of Trips	Total Cost
				1
				1
				<u> </u>
			TOTAL	
Traval				
Travel Briefly describe breakdown of travel Cost Per Person. Provide	e examples of "other au	thorized travel" if select	ted above.	
Cost Basis (please check the appropriate box)				
	Organization Negotiated			Historical Data
	Comparison w/ other TF	-s for Similar Tasks or	Items (Other
If other, list here:				

FEMA Form 089-10 Page 25 of 36

Notes For Equipment Section					
This section may be used to reflect expenses relativithin the scope of the Statement of Work. Your T Equipment Cache List, dated August 2003 or any directed not to exceed quantity and/or cost caps at accordance with 44 CFR Part 13 or 2 CFR 215 to Officer must provide written approval for any other Medical Cache are to include the appropriate amobe reflected within the Equipment category ins	ask Force is authorize subsequently approve s listed on the cache li ensure reasonable pri equipment not identif unt below for replacen	ed to purchase equip d DHS/FEMA US&\$ st. Task Force must ces are obtained. Tr ied on approved cach	ment as listed in the Equipment list. Tas follow department pare US&R Program Che list(s). Those Tas	approved DHS/FEM k Force personnel ar procurement regulation office and the Grants sk Forces who mainta	A Task Force e reminded and ons, which are in Office Assistance ain an IST
Item Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost
				TOTAL	
Equipment					
Describe any additional supporting information for	equipment costs belo	w.			
Cost Basis (please check the appropriate box)				_	
	City/County/Organization				Historical Data Other
If other, list here:					

EQUIPMENT

FEMA Form 089-10 Page 26 of 36

	SUPPLIE	S		
Notes For Supplies Section In the area below provide an approximate listing of nece definition states as follows: The general definition of "Exproperty having a useful life of more than one year and a governmental unit for financial statement purposes, or \$50.000.	quipment" out of the CFR i an acquisition cost that eq	s: "Equipment" means an	article of non-expendable	e, tangible personal
Item	Cache #	Unit Cost	No. of Units	Total Cost
			TOTAL	
Supplies				
Describe any additional supporting information for supply	y costs below.			
Cost Basis (please check the appropriate box)				
	ounty/Organization Negotia	ated Agreements r TFs for Similar Tasks or		Historical Data Other
If other, list here:	are in companson w/ othe	o loi oiiiliidi Tasks Ul		0.101

FEMA Form 089-10 Page 27 of 36

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Notes For Contractual Section

In the area below, list any supporting information for the contractual costs of services, rentals, etc., as it pertains to the maintenance and/or lease of storage facilities and associated US&R equipment and supplies. Under the quantity for leases, please include the square footage of the warehouse. This section can also include costs for planning, engineering and other costs for development, maintenance, minor construction, upgrades, minor renovations and modifications, etc. of the existing warehouse/training facilities that do not change the footprint of the structures. Any costs for upgrades to existing warehouse facilities associated with this funding must be included and be approved by the Program Office and Grants Assistance Officer. This Cooperative Agreement may not be used for funding new capital construction.

This Cooperative Agreement may not be us	sed for funding new ca	pital construction.				
Service	Prior Coverage Dates	Lease Begin Date	Lease End Date	Quantity	Unit Cost	Total Cost
				ТОТА	LS	
Contractual						
Describe any additional supporting informa	tion for contractual cos	sts below. Include squ	are footage and cost	per foot for any	facility leases	included above.
Cost Basis (please check the appropriat	e box)					
☐ Union Agreements☐ Bids/Quotes		anization Negotiated Amparison w/ other TFs		tems	Histor Other	rical Data
If other, list here:						

FEMA Form 089-10 Page 28 of 36

	OTHER			
Notes For Other Section				
This area will cover any miscellaneous other object classes, including minor co	items that are storage & maintenance-related onstruction costs.	I and allowable under the St	atement of Work but	not covered in the
ľ	tem	Quantity	Unit Cost	Total Cost
			TOTAL	
Other				
Describe any additional supporting info	rmation for other costs below.			
Cost Basis (please check the approp			_	
Union Agreements Bids/Quotes	City/County/Organization Negotiate Costs are in Comparison w/ other	_		Historical Data Other
If other, list here:				
	INDIRECT COS	STS		
Indirect Cost Rate Agreement should at the Indirect Costs are based on, i.e., eq	nere is an Indirect Cost Rate Agreement that occompany the application. The Indirect Cost pulpment, salaries, all expenses, etc. The infinition it's based, the percentage, and the total	Agreement that you provide ormation provided below sh	should state what ca ould list the description	itegory or categories on of the cost
Item/Category	Item Description	Base Amount	Percentage	Total Cost
			TOTAL	
Indirect Costs				
Describe any additional supporting info	rmation for indirect costs below. Please advi	se who is the Cognizant Fed	leral Agency and the	date of approval
Cost Basis (please check the approp	riate box)			
☐ Union Agreements ☐ Bids/Quotes	City/County/Organization Negotiate Costs are in Comparison w/ other			Historical Data Other
If other, list here:				

FEMA Form 089-10 Page 29 of 36

BUDGET SUMMARY

This summary will be populated based on figures entered into other sections of this narrative.

ACTIVITY	COST
Administration & Management	
Training	
Equipment	
Storage & Maintenance	
OBJECT CLASS	COST
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Other	
Indirect Charges	
ACTIVITY SUM	
OBJECT CLASS SUM	
TOTAL	

FEMA Form 089-10 Page 30 of 36

APPENDIX 1 - POSITION DESCRIPTIONS
Please fill in position descriptions below, or attach pre-typed descriptions.
1. Administrative Specialist. Name:
Describe Administrative Specialist functions here.
2. Financial Grants Manager. Name:
Describe Financial Grants Manager functions here.
3. Grant Manager. Name:
Describe Grant Manager functions here.
4. Logistics Coordinator. Name:
Describe Logistics Coordinator functions here.
5. Logistics Manager. Name:
Describe Logistics Manager functions here.
1. Program Manager. Name:
Describe Program Manager functions here.
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FEMA Form 089-10 Page 31 of 36

APPENDIX 1 - POSITION DESCRIPTIONS - continued
Please fill in position descriptions below, or attach pre-typed descriptions.
7. Training Coordinator. Name:
Describe Training Coordinator functions here.
8. Training Manager. Name:
Describe Training Manager functions here.
Describe Training Manager Idirectors here.
Other (Please list position and name):
Describe position functions here.
Other (Please list position and name):
Describe position functions here.
Other (Please list position and name):
Describe position functions here.
Other (Please list position and name):
Describe position functions here.

FEMA Form 089-10 Page 32 of 36

APPENDIX 2 - BUDGET CLARIFICATION (additional space, if needed)
Please use the blocks below to clarify any items you weren't able to fit into the other portions of the narrative.
ADMINISTRATIVE MANAGEMENT
Personnel Salaries:
Fringe Benefits:
Tanada
Travel:
Equipment:
Supplies:
Contractual:
Oher
Indirect Charges

FEMA Form 089-10 Page 33 of 36

APPENDIX 2 - BUDGET CLARIFICATION (additional space, if needed) - continued
Please use the blocks below to clarify any items you weren't able to fit into the other portions of the narrative.
TRAINING
Personnel Salaries:
Fringe Benefits:
Travel:
Equipment:
Supplies:
Contractual:
Oher
Indirect Charges

FEMA Form 089-10 Page 34 of 36

APPENDIX 2 - BUDGET CLARIFICATION (additional space, if needed) - continued
Please use the blocks below to clarify any items you weren't able to fit into the other portions of the narrative.
EQUIPMENT
Personnel Salaries:
Fringe Benefits:
Tanada
Travel:
Equipment:
Supplies:
Contractual:
Oher
Indirect Charges

FEMA Form 089-10 Page 35 of 36

APPENDIX 2 - BUDGET CLARIFICATION (additional space, if needed) - continued
Please use the blocks below to clarify any items you weren't able to fit into the other portions of the narrative.
STORAGE AND MAINTENANCE
Personnel Salaries:
Fringe Benefits:
Travel:
Equipment:
Supplies:
Contractual:
Oher
Indirect Charges

FEMA Form 089-10 Page 36 of 36