

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
**URBAN SEARCH RESCUE RESPONSE SYSTEM
 NARRATIVE STATEMENT**

Paperwork Burden Disclosure Notice

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APPLICATION CHECKLIST

DUE DATE _____

| DONE | ITEM | NOTES |
|------|---|-------|
| | SF 424 (Application) | |
| | (SF 424 A (Budget Form) | |
| | Budget Narrative (Four Program Category Spreadsheets) | |
| | Assurances & Certifications | |
| | SF 424 B | |
| | SF LLL (If Lobbying) | |
| | Latest Single Audit Information Attached (if current audit is in progress, please provide estimated date of completion in "Notes" column) | |
| | Single Audit Corrective Plan (If findings) | |
| | Request for authorization of pre-award costs (If training or meetings prior to start of Cooperative Agreement) | |
| | Indirect Cost Rate Agreement approved by cognizant government agency (If charging indirect costs) | |
| | Rolling/Floating transportation specifications (if applicable) | |
| | Position Descriptions (Attach or fill in Appendix I - Tab 14) | |
| | Form for additional Budget Clarification Information (Attach or fill in Appendix 2 - Tab 15) | |

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

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 _____

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 _____

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 be 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.

Fringe Benefits (if applicable)

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)

- 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: _____

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 | No. of Trips (approx). | Cost Per Person | Total Cost |
|--------------|------------------|------------------------|-----------------|------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| 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 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: _____

OTHER

Notes For Other Section

This area will cover any miscellaneous items that are not covered in the other object classes and are allowable under the Statement of Work.

| Item | Quantity | Unit Cost | Total Cost |
|--------------|----------|-----------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Other

Describe any additional supporting information for other costs below.

Cost Basis (please check the appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Union Agreements | <input type="checkbox"/> City/County/Organization Negotiated Agreements | <input type="checkbox"/> Historical Data |
| <input type="checkbox"/> Bids/Quotes | <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items | <input type="checkbox"/> Other |

If other, list here: _____

INDIRECT COSTS

Notes For Indirect Costs Section

Indirect Costs can only be listed 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, e.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

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 appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Union Agreements | <input type="checkbox"/> City/County/Organization Negotiated Agreements | <input type="checkbox"/> Historical Data |
| <input type="checkbox"/> Bids/Quotes | <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items | <input type="checkbox"/> Other |

If other, list here: _____

Fringe Benefits (if applicable)

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)

- 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: _____

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 |
|--------------|------------------|-----------------|----------|
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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 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: _____

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

Describe any additional supporting information for other costs below.

Cost Basis (please check the appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Union Agreements | <input type="checkbox"/> City/County/Organization Negotiated Agreements | <input type="checkbox"/> Historical Data |
| <input type="checkbox"/> Bids/Quotes | <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items | <input type="checkbox"/> Other |

If other, list here: _____

INDIRECT COSTS

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

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 appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Union Agreements | <input type="checkbox"/> City/County/Organization Negotiated Agreements | <input type="checkbox"/> Historical Data |
| <input type="checkbox"/> Bids/Quotes | <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items | <input type="checkbox"/> Other |

If other, list here: _____

OTHER

Notes For Other Section

This area will cover any miscellaneous items that are equipment-related and allowable under the Statement of Work but not covered in the other object classes.

| Item | Quantity | Unit Cost | Total Cost |
|--------------|----------|-----------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Other

Describe any additional supporting information for other costs below.

Cost Basis (please check the appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Union Agreements | <input type="checkbox"/> City/County/Organization Negotiated Agreements | <input type="checkbox"/> Historical Data |
| <input type="checkbox"/> Bids/Quotes | <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items | <input type="checkbox"/> Other |

If other, list here: _____

INDIRECT COSTS

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 Agreement that 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. This 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

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 appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Union Agreements | <input type="checkbox"/> City/County/Organization Negotiated Agreements | <input type="checkbox"/> Historical Data |
| <input type="checkbox"/> Bids/Quotes | <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items | <input type="checkbox"/> Other |

If other, list here: _____

OTHER

Notes For Other Section

This area will cover any miscellaneous items that are storage & maintenance-related and allowable under the Statement of Work but not covered in the other object classes, including minor construction costs.

| Item | Quantity | Unit Cost | Total Cost |
|--------------|----------|-----------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Other

Describe any additional supporting information for other costs below.

Cost Basis (please check the appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Union Agreements | <input type="checkbox"/> City/County/Organization Negotiated Agreements | <input type="checkbox"/> Historical Data |
| <input type="checkbox"/> Bids/Quotes | <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items | <input type="checkbox"/> Other |

If other, list here: _____

INDIRECT COSTS

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 Agreement that 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. This 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

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 appropriate box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Union Agreements | <input type="checkbox"/> City/County/Organization Negotiated Agreements | <input type="checkbox"/> Historical Data |
| <input type="checkbox"/> Bids/Quotes | <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items | <input type="checkbox"/> Other |

If other, list here: _____

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 | |

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.

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.

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.

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:

Travel:

Equipment:

Supplies:

Contractual:

Other:

Indirect Charges:

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:

Other:

Indirect Charges:

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:

Travel:

Equipment:

Supplies:

Contractual:

Other

Indirect Charges

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:

Other:

Indirect Charges: