

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**URBAN SEARCH RESCUE RESPONSE SYSTEM  
SEMI-ANNUAL PERFORMANCE REPORT**

**Paperwork Burden Disclosure Notice**

Public reporting burden for this form is estimated to be 2 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.**

TASK FORCE

REPORTING PERIOD

FOR TIME PERIOD

**A. MANAGMENT**

Describe the adequacy of staffing for the Task Force Program Management Team (Full Time/Significant Part Time members) including actual or anticipated vacancies and expected fill dates.

Describe the adequacy of equipment resources (IT equipment) to manage the Task Force, including specific issues and/or shortfalls.

Explain accomplishments or delinquencies and expected submission dates for Cooperative Agreement report submissions over the last 6 months.

Describe the adequacy and currency of your Task Force plans (strategic, mobilization, work plans, training). Indicate plans that are not current and expected completion dates to update.

Provide a status on currency and completeness of personnel, training, medical exams, medical records and expected completion dates.

Provide a status of any open issues with Sponsoring Agency including actions that are delaying receipt of manpower and equipment to manage the Task Force.

Discuss issues and status relating to accounting and finance support (e.g., timely recording of expenditures, accomplishment of on-site audits).

Identify Local and National meetings attended and national work groups supported.

Provide at least 3 overall Task Force management goals or objectives for the next 6 months.

**B. TRAINING AND EXERCISES**

Summarize local general and/or specialized training conducted and national courses attended during the previous 6-month period. Identify number of participants attending training.

Summarize your ability to conduct local or national exercises and deployments over the preceding 6 months (limited and/or full scale exercises). Provide the number of team members and K9 participating.

Describe your Task Force K9 Training program and number of evaluations hosted over the last 6 months. Discuss any issues concerning training or evaluations.

Identify problems or issues encountered while conducting local training.

Indicate number of Task Force

	<u>Prior Period</u>	<u>Current Period</u>
Rostered Members:	_____	_____
Deployable Members:	_____	_____
Fully Trained Members:	_____	_____
New Recruits:	_____	_____

Provide at least 3 goals or objectives for training and exercises during the next 6 months and briefly describe any performance benefits from the cooperative agreement funding.

### C. EQUIPMENT

For the 1st US&R Tools and Equipment cache - identify the adequacy, shortfalls, and procurement actions in progress or associated problems. Identify the number of inventories conducted. Discuss any equipment replacement issues or delays.

For the 2nd US&R Tools and Equipment cache - identify the adequacy of assessment, shortfalls, or associated problems. Identify the number of inventories conducted. Discuss any equipment replacement issues.

Discuss the progress to label or mark all equipment and record information into an MS Access Database system in accordance with the regulations.

**D. STORAGE AND MAINTENANCE**

Provide an explanation of the adequacy of your warehouse facility, and any issues or planned actions to improve your facilities.

Describe how you manage your warehouse facility. (Lease / Ownership) Discuss any security issues.

Provide an explanation of availability of all needed vehicles to deploy your Task Force. Identify your shortfalls and plan to resolve any issues with completion dates.

Identify equipment maintenance issues.

Provide a description of your current storage and maintenance plan for your expendable medical/pharmaceutical supplies.

Briefly describe any performance benefit from the cooperative agreement funding.

**SUBMITTED BY:**

Printed Name

Title

Signature

Date

**FUNDS REPORT SUPPLEMENT  
COOPERATIVE AGREEMENT SUMMARY INFORMATION**

<b>TASK FORCE</b>	<b>REPORTING PERIOD</b>	<b>FOR TIME PERIOD</b>
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<b>GRANT FISCAL YEAR</b>	<b>FEDERAL GRANT ID NUMBER</b>	<b>GRAND AWARD AMOUNT</b>	<b>BEGINNING PERIOD BALANCE</b>
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<u><b>FUNDS SPENT THIS PERIOD</b></u>	<u><b>CURRENT EXPENDITURES</b></u>
Administration/Management	_____
Training	_____
Equipment Purchases	_____
Storage and Maintenance	_____
<b>TOTAL FUNDS SPENT</b>	_____
<b>REMAINING GRANT BALANCE</b>	_____

<b>GRANT FISCAL YEAR</b>	<b>FEDERAL GRANT ID NUMBER</b>	<b>GRAND AWARD AMOUNT</b>	<b>BEGINNING PERIOD BALANCE</b>
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Administration/Management	_____
Training	_____
Equipment Purchases	_____
Storage and Maintenance	_____
<b>TOTAL FUNDS SPENT</b>	_____
<b>REMAINING GRANT BALANCE</b>	_____

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<u><b>FUNDS SPENT THIS PERIOD</b></u>	<u><b>CURRENT EXPENDITURES</b></u>
Administration/Management	_____
Training	_____
Equipment Purchases	_____
Storage and Maintenance	_____
<b>TOTAL FUNDS SPENT</b>	_____
<b>REMAINING GRANT BALANCE</b>	_____

**Catalog of Federal Domestic Assistance**

<b>OLD CFDA #</b>	<b>Period of Performance</b> _____
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<b>NEW CFDA #</b>	<b>TOTAL FUNDS REMAINING</b>
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<b>NAME OF PERSON SUBMITTING REPORT</b>	<b>TITLE</b>
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<b>SIGNATURE</b>	<b>DATE</b>
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**COOPERATIVE AGREEMENT DETAIL INFORMATION**

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<b>PERIOD OF PERFORMANCE</b>	<b>ORIGINAL OR MODIFIED BUDGET AMOUNT</b>	<b>PREVIOUSLY EXPENDED TOTAL AMOUNT</b>	<b>REMAINING ACTUAL AMOUNT</b>	<b>AMOUNT (+ OR -) OF BUDGET</b>

<b>FUNDS EXPENDED</b>	<b>Budgeted</b>	<b>Previous Expenditures</b>	<b>Current Expenditures</b>	<b>+ or - Budget</b>	<b>% Not Spent</b>
Administration/Management					
Training					
Equipment Purchases					
Storage and Maintenance					
<b>TOTAL FUNDS EXPENDED</b>					
<b>REMAINING GRANT BALANCE</b>					

**Explanation on Spending Plan: Describe your progress (Example: We are on target to meet our spending plan goals.)**

ADMINISTRATION/MANAGEMENT

TRAINING

EQUIPMENT PURCHASES

STORAGE AND MAINTENANCE

<b>NAME OF PERSON SUBMITTING REPORT</b>	<b>TITLE</b>
<b>SIGNATURE</b>	<b>DATE</b>

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