

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
REGIONAL CATASTROPHIC PLANNING TEAM (RCPT)
MEMBER LIST

OMB 1660-New
 Expiration Date: XX/XX/XXXX

Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to average 0.2 hour 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 control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-NEW) **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

AUTHORITY: Title III of the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act of 2009 (P.L. 110-329) and Homeland Security Presidential Directive (HSPD)-8.
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administration of FEMA Preparedness Grant Programs, specifically, the Regional Catastrophic Preparedness Grant Program.
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA – 004 Grants Management Information Files System of Records (August 7, 2009, 74 FR 39705) and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the organization from receiving grant funding.

ENTER SITE NAME

Requirements for RCPT Membership List

The RCPT Membership List must be updated as appropriate and submitted as part of the Regional Catastrophic Preparedness Grant Program (RCPGP) Grant Application Package. All jurisdictions that comprise the defined RCPGP site footprint must be directly or indirectly represented on the RCPT. Direct representation refers to the inclusion of government personnel from the associated jurisdiction, whereas indirect representation refers to the inclusion of representatives from outside of the jurisdiction that have been granted the authority to represent the jurisdiction. Indirect representation must be clearly delineated. Additionally, a jurisdictional or subject matter expert representative may fulfill more than one capacity/ requirement. Each RCPGP site is not limited to the specified group of jurisdictions, and can incorporate additional jurisdictions, as the Urban Area Working Group (UAWG) and RCPT deem appropriate. A map of each RCPGP site and a list of included jurisdictions can be found in the applicable RCPGP Guidance and Application Kit.

SME Representation to RCPT

Required RCPT Representation

- | | |
|--|---|
| <ul style="list-style-type: none"> • Representatives from appropriate State, county, and city agencies and organizations • Tribal and regional representatives • Critical Infrastructure owners and operators • Representatives from contiguous jurisdictions • Mutual aid partners | <ul style="list-style-type: none"> • Local Metropolitan Medical Response System (MMRS) representatives • Private sector representatives • Citizen Corps Council representatives • Local and State Homeland Security and Emergency Management Agency representatives |
|--|---|

Recommended RCPT Representation

- | | |
|--|--|
| <ul style="list-style-type: none"> • Fire representatives • Hazmat representatives • Medical representatives • Environmental representatives | <ul style="list-style-type: none"> • Law enforcement representatives • Public Health representative • Other representatives, as appropriate |
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COMMENTS

RCPT Membership List

| Name | Agency | Professional Title | Jurisdiction(s) Represented | Discipline(s) Represented/ Functional Expertise | Role on RCPT | E-mail (optional) |
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