

Technical Assistance (TA) Request Form for State/Territory/Local Agencies

Instructions

Read all instructions before completing this form

Authority: Title XVIII of the Homeland Security Act of 2002, 6 U.S.C. § 101 et seq., and the Implementing Recommendations of the 9/11 Commission Act or 2007 (6 U.S.C. 579(m) authorizes the collection of this information to improve emergency communications capabilities in States, territories, local jurisdictions, and tribal governments.

Purpose: DHS will use this information to collate requests for technical assistance and evaluate the impact of requests on the attainment of the National Emergency Communications Plan's goals, objectives, and initiatives. These request forms will be filled by statewide interoperability coordinators or their designees at the start of the technical assistance review cycle, and on an as needed basis when out-of-cycle.

Routine Uses: This information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to technical assistance services. DHS may share the information with course development and course curriculum developers as necessary to improve on the service offerings that are created to enhance interoperable and operable emergency communications.

Disclosure: Furnishing this information (including your name and e-mail address) is voluntary; however, failure to furnish the requested information may delay or prevent the OEC in its ability to determine resources available to provide technical assistance services to the jurisdiction.

What is the purpose of this form?

DHS Form 9043, Office of Emergency Communications (OEC) Technical Assistance (TA) Request Form, is used by States, Territories, and localities to select TA service offerings from the annual OEC Technical Assistance Catalog (www.safecomprogram.gov/SAFECOM/statewideplanning) and submit them to OEC. These requests include those from urban areas designated as Urban Areas Security Initiative (UASI) regions. OEC will consider each request based on the priority indicated by the State, as well as the anticipated impact of the service offering on the implementation of the Statewide Communications Interoperability Plan (SCIP) and the National Emergency Communications Plan (NECP).

Completed forms should be sent to OEC through the State or Territory's Statewide Interoperability Coordinator (SWIC). SWICs serve as focal points for consolidating requests throughout the State/Territory.

Filling out DHS Form 9043

Requestor Contact Information

This section of the form is typically completed by the SWIC or

the State/Territory level official whom OEC can contact in order to clarify the goals and purposes of the requested TA and to serve as an interface with the State for OEC's delivery of TA.

Regional Coordinator Contact Information

This pull-down selection identifies the OEC Regional Coordinator assigned to the State/Territory and provides his/her contact information for further information about OEC TA.

Technical Assistance Requests

This part of the form contains three sub-sections:

- 1. Individual technical assistance requests, numbers 1 4
- 2. UASI specific technical assistance request, number 5
- 3. Signatures and submission date

Individual Requests

<u>Priority</u>: Requestors should use the columns labeled "Priority" and "Description of Assistance" to identify up to four areas in which they want OEC TA, listing them in descending order of importance, 1 - 4.

<u>Urban/Metro</u>: Number 5 is reserved for a TA request for an urban area designated as a UASI region in DHS grant guidance. States with more than one UASI may, if they wish, use selections 1 - 4 to request TA for other UASI regions in the State. If your State/Territory has no UASIs, this selection may be used for a metropolitan urban area in the State.

<u>Description of Assistance</u>: Include in this block a brief description of the issue or challenge for which TA is needed; some notional examples might be:

- "Develop a field manual for State's three TICP's"
- "Help State identify eligible frequencies for narrowbanding"
- "Develop a cadre of COMLs for State's rural areas"

<u>TA Offering</u>: Under this column, use the pull down selection to identify the TA service offering code whose description in the Catalog matches the nature of the requirement. For example, codes which would correspond to notional examples above would be:

- TIC-FOG
- ENG-NB
- TRG-COML

Paperwork Reduction Act Notice. The public reporting burden to complete this information collection is estimated at 25 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a persion is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to DHS / National Protection and Programs Directorate / Office of Cybersecurity and Communications / Office of Emergency Communications, Richard Reed, 202-343-1666, richard.reed@hq.dhs.gov, ATTN: PRA [1670-NEW]



<u>Timeframe From/To</u>: Enter a 60 to 90 day timeframe during the calendar year when OEC could deliver the TA offering. This information helps OEC align its resources to optimize delivery of multiple TA offerings across the Nation.

<u>Primary Point of Contact (Name, Phone, Email)</u>: Enter the name and contact information for the specific individual whom OEC should contact to arrange scheduling, logistics and other administrative aspects of the TA delivery. This individual may be different from the SWIC.

<u>SWIC / SCIP POC Signature</u>: The SWIC or the point of contact for the State's Statewide Communications Interoperability Plan (SCIP) should sign the form.

<u>State Administrative Agency</u>: The State Administrative Agency should countersign the form to indicate concurrence with the individual technical assistance requests from the standpoint of grants.

<u>Submission Date</u>: Date the form is submitted to OEC by the State/Territory.

Continuation Sheet

Provide any additional background information or details about the nature of the requested TA. Also, use this section to describe any interoperable emergency communications issue or challenge that does not appear to be covered by the service offerings in the Catalog.

Completed forms should be sent by fax, scanned into an email, or sent by mail to:

Fax (202) 343-4015

or

OEC@dhs.gov

or

245 Murray Lane, SW Mailstop 0614 Washington, DC 20528-0614

Please e-mail any questions about this form to oec@dhs.gov



Office of Emergency Communications

OMB No. XXXX-XXXX Expiration Date: XX/XX/XXXX

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Upon completion, submit the form to DHS OEC by fax (202-343-4015) or print the

form, scan it, and email it to <u>oec@dhs.gov</u>

Requestor Contact Information:

State:	Agency:
Name:	Title:
Phone:	Email Address:

OEC Regional Coordinator Contact Information:

Name / Email:

Please indicate each TA Catalog offering requested in order of priority, and describe in detail the assistance needed; how the technical assistance will meet identified SCIP initiatives or identified gaps; and the desired timeframe for providing the assistance. The scope of assistance to be delivered will be determined by available OEC TA resources. At least one initiative should provide direct support to a designated Urban/Metropolitan area. If a State has no UASI area, then select a metropolitan area in the state.

Priority	Description of Assistance	TA Offering	Timeframe From / To	Primary Point of Contact (Name, Phone, Email)
1				
2				
3				
4				
Urban/ Metro	Description of Assistance	TA Offering	Timeframe From/To	Primary Point of Contact (Name, Phone, Email)
5				

SWIC / SCIP POC

State Administrative Agency

Submission Date



CONTINUATION SHEET - TA REQUEST FORM

Please Provide Additional Background or Details about these Requests (Corresponding to the Respective Request Number).

Priority	Description of Assistance	
1		
2		
3		
4		
Urban / Metro	Description of Assistance	
5		