## Corporation for National and Community Service Disaster Deployment Form

STATE:
PROJECT:
FEMA MISSION ASSIGNMENT

ORGANIZATION NAME		Date Received:	
Contact		Type of Program	
Address		NCCC, note	
11441655		campus/team:	
Phone		# of Members/Staff to	Staff
		be Deployed	Members
Fax		Deployment Start Date	
E-mail		Deployment End Date	
		First Date Available	
	ı	Last Date Available	
DEPLOYMENT BUDGET	ESTIMATE		
Transportation			
Rental Vehicles, inc. fuel			
Program Vehicles [mileage]			
Lodging			
Food/Meals			
Supplies/Tools			
Communications			
Other Expenses			
(Please Identify)			
Tetal Deduct Demost			
Total Budget Request			
	CNCS C	Lertification	
Approved Transportation			
Approved Vehicle Rental			
Approved Program Vehicles			
Approved Lodging			
Approved Food/Meals			
Approved Supplies/Tools			
Approved Communications			
Approved Other Expenses			
Total MA Funds Allocated			
Total Amount of MA		MA Dates:	
REQ. APPROVALS	SIGNATURE/DATE		
Office of Emergency Mgmt			
COO Executive Office			
Office of Grants Mgmt			
		<u> </u>	
Program may be finance	cially responsible for any o	expenses that are not appro	ved on this form or by
CNCS during deploym			-

ſ	Please refer to attached guidance.
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## Disaster Deployment Summary Form Guidance and Budget Instructions

If you have been asked by the CNCS Office of Emergency Management to deploy under a Mission Assignment, please provide this Disaster Deployment Summary Form, providing program/contact information, number of members and staff being deployed, projected dates of deployment, and budget information. This Form should be provided to CNCS Office of Emergency Management [OEM] no later than 24 hours after OEM requests this submission.

You may only include allowable costs in your budget or specifically requested by the Corporation for the deployment. Follow the guidance to prepare a spreadsheet delineating costs as described below. Show calculations that lead to category subtotals wherever appropriate, e.g. lodging for 15 members and staff for 20 nights x \$110/night. Once you have completed the spreadsheet, transfer the totals by category to the Summary Form and submit both to the Corporation's Office of Emergency Management.

**Transportation**: Include line items for travel to and from the deployment site for airfare, bus, etc. If you anticipate costs for transporting anything other than staff and volunteers, show those costs as a separate line item. If you are using program or personal vehicles for transport to the deployment site, show the cost as mileage.

**Vehicles**: Show program-owned vehicles on a separate line from rental vehicles. Use of program vehicles should be shown with an estimate of the number of miles to be driven multiplied by the current GSA mileage rate. For the latest rates, see <a href="http://www.gsa.gov/Portal/gsa/ep/contentView">http://www.gsa.gov/Portal/gsa/ep/contentView</a> Mileage payment is the primary payment allowed for program-owned vehicles. Program-owned vehicles are defined as cars, vans, and small trucks. Cost estimates for rental vehicles should include fuel costs.

**Lodging:** Indicate the number of program participants and staff that will need lodging, the number of nights and the estimated cost per night. OEM will generally identify low-cost or free lodging for members on disaster deployment and may provide you with costs as you complete your budget. Absent confirmation of low-cost housing, you should assume you will have to secure standard-cost motel/hotel accommodations. Failure to use lodging provided (to meet special accommodation needs or unusual circumstances) must have prior approval from OEM to receive reimbursement. Lodging costs are only covered for those days used.

**Food/Meals:** Indicate the number of program participants and staff who will need meals, the number of days and the estimated cost per day. You should take advantage of hotel breakfasts as part of lodging costs or meals provided as part of in-kind contributions by the community served. This category, in most cases, is a combination of groceries [when cooking facilities are available] and restaurant meals.

**Supplies and Tools:** Describe tools you plan to buy or rent and show the cost per item or rental fee. For program-owned supplies or tools used on a deployment, you can estimate repair costs of breakdown/damage occurring during the Corporation/FEMA deployment as well. Receipts confirming repair/replacement must be maintained. Purchase and/or repair of supplies and tools should be timely and reasonable to accomplish the deployment mission.

**Communications**: If you anticipate communication costs, such as cell phones or walkie-talkies, specify components of cost. [e.g., 4 cell phones @ \$60/mo; 2 Blackberrys @ \$90/mo]

**Heavy-Duty Vehicles or Equipment:** If you expect to use any heavy duty equipment [unit cost of \$5000 or more] or vehicles, you must request such costs separately in the budget, and receive prior approval from CNCS. Any equipment valued less than \$5000 is considered supplies or tools, and is budgeted as such.

**Other Costs:** Show any other approved costs, such as insurance, laundry, etc. in separate line items as well.

NOTE: Any potential cost not approved in the Deployment Summary must be approved in advance by CNCS or the cost may not be reimbursed.