Department of Homeland Security Federal Emergency Management Agency

URBAN SEARCH AND RESCUE RESPONSE SYSTEM SEMI-ANNUAL PERFORMANCE REPORT

OMB 1660-007 Expires July 31, 2012

Paperwork Burden Disclosure Notice

Public reporting burdern 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 is 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

INSTRUCTIONS

This report is due on the date outlined in the current US&R Grant Guidance/Statement of Work Fill in all highlighted sections in all pages of the workbook

File a copy of this report within all open Task Force cooperative agreements files

Type in the name and title of person submitting report. After printing document, sign and date to submit Submit completed report in accordance with current procedure

<u>Performance Report - Narrative Section</u>

This report is used to provide information to the US&R Branch, FEMA Leadership and the Grant Programs Directorate on Task Force activities within the 4 budget categories Report activities from the last 6 months of all open cooperative agreements

Performance Report - Funds Supplement

Fill in the highlighted boxes with your task force information

This document is used to report all open US&R cooperative agreements during this time period

The "Grant Fiscal Year" represents the year the funds were allocated

The "Grant ID Number" represents the grant award number

The "Beginning Balance" is the amount of funds available at the beginning of this reporting time period

The "Funds Spent" represent the actual amount of funds fully paid during this reporting time period

The 'Remaining Balance" will be calculated automatically

The actual "Period of Performance" dates are required to be filled in for each open grant

For each cooperative agreement worksheet, provide any minor changes made in space allotted, by category

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Semi-Annual Performance Report - Narrative								
Task Force: Reporting Date:	TF-	For Time Period:	to					
A. Manage	ement							
_		9	anagement Team (Full Time/ ancies and expected fill dates.					
Provide status of all of budget changes, extension			there are any anticipated n.					
3. Identify Local and N	ational meetings atten	ded and National wor	k groups supported.					
4. Provide at least 3 ove	erall Task Force mana	gement goals or objec	tives for the next 6 months.					
5. Discuss any anticipat management objectives	_	=	ext 6 months that may impact the					

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В.	Training ar	nd Exercises	,								
. Summarize local <u>general</u> and/or <u>specialized</u> training conducted and National (sponsored) ourses attended during the previous 6-month period. Identify number of participants attending raining and associated costs.											
Cost	Cost Number of TF attendees Course Title Course Date Course Location										
l De _l	Rostered Member ployable Member	pers:	Prior Period	Current							
Fully	Trained Member New Recru										
		Task Force training and/or exe any performance benefits from		=							
		roblems/issues you Task Force /or exercise objectives defined i	•								

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C. Equipment	
1. US&R Task Force Tools and Equipment cache – identify the adequacy, shortfalls, and procurement actions in progress and/or associated problems. Identify the number of inventories conducted. Discuss any equipment replacement issues or delays.	
2. Provide any overall Task Force equipment procurement/accountability goals or objectives for the next 6 months.	
3. Discuss any anticipated problems/issues your Task Force foresees within the next 6 months that may impact the equipment procurement/accountability objectives defined in the Task Force's budget plan(s):	
D. Storage and Maintenance	
1. Provide information on the adequacy of your warehouse facility, management of this facility and any lease, owernship, or security issues. Discuss any issues or planned actions to improve your facilities.	
 Provide an explanation of availability of all needed vehicles to deploy your Task Force. Identify any Task Force shortfalls and plan to resolve these issues, including completion dates. 	

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Е.	Overall Performance							
Feel free to provide any information you feel should be relayed to either the US&R Program Office or Grant Programs Directorate on the performance of your Task Force or any issues you are facing in the administration your US&R cooperative agreement(s).								
Submitted b	y:							
Name Printe	×d	Signature						
Title		Date						

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Cooperative Agreement Summary Information Page

Task Force: xx-TFx

Reporting Period:	7/31/20XX	For Time Period	1/1/20XX	to	6/30/20XX		
Linked to Page 1 Grant Fiscal Year Federal Grant ID Number:	FY 20xx	Linked to Page 2 Grant Fiscal Year Federal Grant ID Number:	FY 20xx		Linked to Page 3 Grant Fiscal Year Federal Grant ID Number:	F	Y 20xx
Grant Award Amount:	\$ -	Grant Award Amount:	\$ -		Grant Award Amount:	\$	-
Beginning Period Balance:	\$ -	Beginning Balance:	\$ -		Beginning Balance:	\$	-
Funds Spent this Period:	-	res Funds Spent this Period:	Current Expenditu	ıres	Funds Spent this Period:		Expenditures
Administration/Management	\$ -	Administration/Management	\$ -		Administration/Management	\$	-
Training	\$ -	Training	\$ -		Training	\$	-
Equipment Purchases	\$ -	Equipment Purchases	\$ -		Equipment Purchases	\$	-
Storage and Maintenance	\$ -	Storage and Maintenance	\$ -		Storage and Maintenance	\$	-
Total Funds Spent:	\$ -	Total Funds Spent:	\$ -		Total Funds Spent:	\$	-
Remaining Grant Balance:	\$ -	Remaining Grant Balance:	\$ -		Remaining Grant Balance:	\$	-
Additional General Grant Info	ormation entered below	v this line					
Catalog of Federal Dome	stic Assistance	Old CFDA # New CFDA #					
Period of Performance	FY 20xx	0	00/00/200x	to	00/00/200X]	
	FY 20xx	0	00/00/200x	to	00/00/200X	- 1	
	1 1 2044	v	00/00/2007	10	00/00/200X	j	
	FY 20xx	0	00/00/200x	to	00/00/200X]	
Total funds remaining	\$ -						
Name of Person Submitting	Report	(Typed Name)					
		Program Manager Title	Signature			Date	

National Urban Search and Rescue Response System Semi-Annual Performance Report Supplement - continuation B

Task Force: xx-TFx

Reporting Period:	7/31/20XX		For Time Period	1/1	/20XX	to	6/30/20XX
Linked to Funds Report Page Grant Fiscal Year	Original or Modified Budgeted Amount FY 20xx	Previously Expended Total Amount	Remaining Actual Amount	(+	mount or -) of DGET		
Federal Grant ID Number:	0	_					
Local Grant ID Number							
Award Amount: Beginning Period Balance:	• \$		\$ -				
Funds Expended:	Budgeted	Previous Expenditures	Current Expenditures	+ or	- Budget		% Not Spent
Administration/Management Training	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ \$			#DIV/0! #DIV/0!
Equipment Purchases	\$ -	\$ -	\$ -	\$	-		#DIV/0!
Storage and Maintenance Fotal Funds Expended:	\$ -	\$ - \$ -	\$ - \$ -		-		#DIV/0!
Total Funus Expendeu.		φ -	φ -	Ψ			
Remaining Grant Balance:	-			\$	-		#DIV/0!
Period of Performance	FY 20xx			0 00/	00/200x	to	00/00/200X
		gress to meet you	ir speriding plan go				
Administration/Management		gress to meet you	ii spending plan go	uis			
Administration/Management		gress to meet you	ii spending plan go	uis			
Explanation on Spending I Administration/Management Training Equipment		agrees to meet you	ir speriding plan go	ais			
Administration/Management		agrees to meet you	ii spending plan go	ais			
Administration/Management Training Equipment Storage and Maintenance	Report (Typed Name)		is spending plan go	uio e			
Administration/Management Training Equipment	Report	Signature	is speriolity plan go			Da	te

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For Time Period

1/1/20XX

to 6/30/20XX

Task Force: xx-TFx

7/31/20XX

Reporting Period:

Grant Fiscal Year		inal or Modified Budgeted Amount FY 20xx	Previously Expended Total Amount		Remaining Actual Amount		Amount (+ or -) of BUDGET		
Federal Grant ID Number: Local Grant ID Number: Award Amount:	\$	-							
Beginning Period Balance:				\$					
Funds Expended:		Budgeted	Previous Expenditures		Current Expenditures		+ or - Budge	et	% Not Spent
Administration/Management Training	\$ \$	-	\$ - \$ -	\$ \$	·		\$ \$	-	#DIV/0! #DIV/0!
Equipment Purchases Storage and Maintenance	\$ \$	-	\$ - \$ -	\$ \$	-		\$ \$	-	#DIV/0! #DIV/0!
Total Funds Expended:	*		\$ -	\$			\$	-	
Remaining Grant Balance:							\$	-	#DIV/0!
Period of Performance		FY 20xx				0	00/00/200x	to	00/00/200X
Training									
Training									
Training									
Equipment									
Equipment									
Equipment									
Training Equipment Storage and Maintenance Name of Person Submitting R		d Name)							

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Task Force: xx-TFx

Reporting Period:	7/31/20XX		For Time Period	1/1/20XX	to 6/30/20XX
Linked to Funds Report Page Grant Fiscal Year	Original or Modified Budgeted Amount FY 20xx	Previously Expended Total Amount	Remaining Actual Amount	Amount (+ or -) of BUDGET	
Federal Grant ID Number: Local Grant ID Number: Award Amount:	0				
Beginning Period Balance: Funds Expended:	Budgeted	Previous Expenditures	\$ - Current Expenditures	+ or - Budget	% Not Spent
Administration/Management Training Equipment Purchases Storage and Maintenance Total Funds Expended:	\$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0! #DIV/0!
Remaining Grant Balance:				\$ -	#DIV/0!
Period of Performance	FY 20xx		0	00/00/200x	to 00/00/200X
Administration/Management Training	(Example: we are on targe	το meet our spending	pian goais.)		
Equipment					
Storage and Maintenance					
Name of Person Submitting R	eport (Typed Name)				

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Date

Signature

Program Manager

Title