



OMB No. 1660-0073  
EXPIRES: JULY 31, 2012



## NATIONAL URBAN SEARCH & RESCUE RESPONSE SYSTEM

READINESS COOPERATIVE AGREEMENT

# TASK FORCE NARRATIVE WORKBOOK



**FEMA**

Department of Homeland Security  
Federal Emergency Management Agency  
**URBAN SEARCH AND RESCUE RESPONSE SYSTEM**  
**Task Force Narrative Workbook**

OMB 1660-0073  
Expires July 17, 2012

**Paperwork Burden Disclosure Notice**

Public reporting burden for this workbook is estimated to average 4 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 workbook. This collection of information is required to obtain a benefit. You are not required to respond to this collection of information unless it displays a valid OMB control number near the title of the electronic collection instrument, or for on-line applications, on the first screen viewed by the respondents. 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 (1660-0073) NOTE: Do not send your completed form to this address.

***Purpose***

The U.S. Department of Homeland Security (DHS) and the Federal Emergency Management Agency (FEMA) are accountable to provide support and funding for the maintenance and readiness of the National Urban Search and Rescue (US&R) Response System. The purpose of the **Readiness Cooperative Agreement** is to support the continued development and maintenance of a national urban search and rescue capability.

Specifically, the agreement provides a mechanism for distribution of Cooperative Agreement funding for certain purposes in preparation for US&R disaster response. The Cooperative Agreement allows each Sponsoring Agency of a US&R task force the opportunity to maintain a high standard and condition of operational readiness and includes guidance on key areas for task force management to focus on continued preparedness efforts.

The Cooperative Agreement provides direction to the US&R task force Sponsoring Agency for the use of funding to provide: administrative and program management, training, support, equipment cache procurement, maintenance and storage. This workbook is designed for use by the Sponsoring Agencies of all current task forces within the US&R Response System when applying for the US&R Readiness Cooperative Agreement solicitation.

For more specific information, refer to the applicable Grant Guidance/Funding Opportunity Announcement package and Statement of Work.

**Urban Search & Rescue (US&R) Readiness Cooperative Agreement  
Task Force Narrative Workbook  
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## US&R APPLICATION CHECKLIST

**Due By:**

Done	Item	Notes
	Cover Letter	
	Preparer & Contact Information	
	SF 424 (Application) (Through ND Grants)	
	SF 424 A (Budget Form) (Through ND Grants)	
	Assurances & Certifications	
	FEMA Form 20-16C (Through ND Grants)	
	SF LLL (Through ND Grants)	
	Budget Narrative (Four Program Category Spreadsheets)	
	Latest Single Audit Information Attached (if current audit is in progress, please provide estimated date of completion in "Notes" column)	
	Single Audit Corrective Action Plan (If findings)	
	Request and approval of pre-award costs (If training or meetings prior to start of Cooperative Agreement)	
	Indirect Cost Rate Agreement approved by cognizant government agency (If charging indirect costs)	
	Rolling/Floating transportation specifications (if applicable)	
	Position Descriptions (Attach or fill Section 13 )	
	Form for additional Budget Clarification Information (Attach or fill in Section 14)	

Month XX, 20XX

US Department of Homeland Security  
Federal Emergency Management Agency  
Grants Management Branch  
Attn: Ms. Tawana Mack  
Tech World, Room 411  
500 C Street, SW  
Washington, DC 20472

Dear Ms. Mack:

Enclosed is the US&R application of Your Sponsoring Agency Name for the year 20XX Department of Homeland Security/FEMA, Urban Search & Rescue Cooperative Agreement for a total of \$XXX,XXX.

The following items are enclosed:

1. Application for Federal Assistance, SF 424
2. Budget Information-Non Construction Programs FEMA form SF 424A
3. Summary sheet for Assurances and Certifications, SF 424 B
4. SF LLL
5. Budget Narrative
6. Single Audit Report for 20XX/Corrective Action Plan
7. Indirect Cost Rate Agreement
8. Specifications for all rolling and/or floating transportation
9. Position Descriptions for all Staff paid by the Cooperative Agreement

Please call "Your Point of Contact" at (XXX) XXX-XXX or email at johndoe@wa.us or "Alternate Point of Contact" (XXX) XXX-XXXX or email at janedoe@wa.us for any other information that you may need.

Sincerely,

Your Agency Head  
Title  
Agency

## PREPARER INFORMATION

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Preparer	
Prefix	
First Name	
Middle Name	
Last Name	
Title	
Agency/Organization	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
Fax	
E-mail	

## CONTACT INFORMATION

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Point of Contact	
Prefix	
First Name	
Middle Name	
Last Name	
Title	
Agency/Organization	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
Fax	
E-mail	

## APPLICANT INFORMATION

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Applicant	
Task Force	
Organization Name	
Employer Identification Number	
DUNS Number	
Address 1	
Address 2	
City	
County	
State	
Zip	
Country	
Submission Date	
Type of Applicant	
Congressional District Applicant	
Congressional District Project	
Authorized Representative First Name	
Authorized Representative Middle Name	
Authorized Representative Last Name	

Authorized Representative Title	
Authorized Representative Phone Number	
Applicant Identifier (if applicable)	
State Applicant Identifier (if applicable)	
Organizational Unit:	
Department:	
Division:	
Made available for EO 12372 (Answer Y or N )	
Date Reviewed If applicable	
"Y" for not covered "N" for not selected	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b>  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction  Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  January 0, 1900	Applicant Identifier  0
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier  0
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: 0	Organizational Unit: 0	
Organizational DUNS: 0	Department: 0	
Address: 0	Division: 0	
Street: 0	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: 0	Prefix: 0	First Name: 0
County: 0	Middle Name: 0	Last Name: 0
State: 0	Suffix: 0	Email: 0
Country: 0	Phone Number: 0	Fax Number: 0

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
0

**7. TYPE OF APPLICANT:** (See back of Form for Application Types)  
0

**8. TYPE OF APPLICATION:**  
 New     Continuation     Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 See back of Form for description of letters  
 Other (Specify):

**9. NAME OF FEDERAL AGENCY:**  
U.S. Department of Homeland Security / Federal Emergency Management Agency (FEMA)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 TITLE: Urban Search & Rescue Response System  
 9 7    0 2 5

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Urban Search & Rescue Response System

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Statewide

**13. PROPOSED PROJECT:** Coordinate Statewide Emergency Management Program  
 Start Date:    Ending Date:

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant: 0    b. Project: 0

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: January 0, 1900 b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ - .00	
b. Applicant	\$ .00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program Income	\$ .00	
g. TOTAL	\$ - .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative:

Prefix: 0	First Name: 0	Middle Name: 0
Last Name: 0	Suffix: 0	
b. Title: 0	c. Telephone Number: 0	
d. Signature of Authorized Representative:	e. Date Signed:	



## COOPERATIVE AGREEMENT BUDGET SUMMARY

BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. US&R Readiness Cooperative Agreement	<b>97.025</b>	0.00	0.00	0.00	\$	0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) Admin. & Mgmt.	(2) Training	(3) Equipment	(4) Storage & Maint.		
a. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
b. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	
c. Travel	0.00	0.00	0.00	0.00	0.00	
d. Equipment	0.00	0.00	0.00	0.00	0.00	
e. Supplies	0.00	0.00	0.00	0.00	0.00	
f. Contractual	0.00	0.00	0.00	0.00	0.00	
g. Construction	N/A	N/A	N/A	N/A	N/A	
h. Other	0.00	0.00	0.00	0.00	0.00	
i. Total Direct Charges <i>(sum of 6a-6h)</i>	0.00	0.00	0.00	0.00	0.00	
j. Indirect Charges	0.00	0.00	0.00	0.00	0.00	
k. TOTALS <i>(sum of 6i and 6j)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
7. Program Income		\$	\$	\$	\$	\$

NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$0.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$0.00	\$0.00	\$0.00	\$0.00	
FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$0.00	\$	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$0.00	\$0.00	\$0.00	\$0.00	
OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

**National Urban Search & Rescue Response System**  
**US&R Task Force Readiness Cooperative Agreement Budget Narrative**  
**Purpose of Agreement**

The purpose of this **Readiness Cooperative Agreement** is to continue the development and maintenance of National Urban Search and Rescue (US&R) Response System resources to be prepared for mission response and to provide qualified personnel in support of Emergency Support Function-9 (ESF-9) activities under the National Incident Management System (NIMS) and the National Response Framework (NRF).

Our Task Force agrees to manage the continued development and maintenance of this National US&R Response System resource. We will be prepared to provide qualified, competent US&R personnel in support of ESF-9 activities under the National Response Framework. Specifically, the **FY2012 US&R Funding Opportunity Announcement** and the accompanying budget narrative provide our plan to accomplish our objectives identified by DHS/FEMA. This work plan identifies the key areas that our Task Force will focus its continued readiness efforts. These key areas are administrative and program management, training, support, equipment cache preparedness, maintenance and storage. These key areas are detailed in the Grant Guidance/Statement of Work. This Cooperative Agreement will allow our Task Force to maintain a high standard and condition of operational readiness. It is the intent of our Task Force to comply with the US&R Response System **FY 2012 US&R Funding Opportunity Announcement** throughout the duration of this agreement.

While portions of the **FY2012 US&R Funding Opportunity Announcement** are included in the budget narrative, we acknowledge compliance with the **FY2012 Funding Opportunity Announcement** in its entirety.







**Other**

**Notes for Other Section**  
 This area will cover any miscellaneous items that are not covered in the other object classes and are allowable within the Statement of Work.

Item	Quantity	Unit Cost	Total Cost
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
<b>Total</b>			<b>\$0</b>

<b>Other</b>	<b>Cost Basis:</b> Please mark appropriate box(es) below.
Describe any additional supporting information for other costs below.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List here):
This narrative box has character limitations. For additional clarification, use tab 14.	

**Indirect Costs**

**Notes for Indirect Costs Section**  
 Indirect Costs can only be listed if there is an Indirect Cost Rate Agreement that has been approved by a cognizant Federal Agency. A copy of the Indirect Cost Rate Agreement should accompany the application. The Indirect Cost Rate Agreement you provide should state what category or categories the Indirect Costs are based on, ie equipment, salaries, all expenses, etc. The information provided below should list the description of the cost category for the base, the amount on which it's based, the percentage, and the total. The rate or amount approved at time of award will prevail thru the term of the Cooperative Agreement.

**Indirect Costs**

Item/Category	Item Description	Base Amount	Percentage	Total Cost
<b>Total</b>				<b>\$0</b>

<b>Indirect Costs</b>	<b>Cost Basis:</b> Please mark appropriate box(es) below.
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List here):
This narrative box has character limitations. For additional clarification, use tab 14.	

# TRAINING

**Task Force General Comments**

This Program Category covers the costs for the training portion of this Readiness Cooperative Agreement. The training portion of this budget/narrative will cover costs for a maximum amount of time of 12 months, and will be accomplished within the 18 month period of performance. This Task Force intends to maintain a deployable Task Force and will provide the required training to insure mission readiness, safety, and management of the Task Force. The training will be accomplished in accordance with the Urban Search & Rescue Program Office statement of work, program guidance, directives, and will also include training to meet the NIMS compliance requirements. The training cost details will be provided in the below object classes under this Program Category. Our Task Force will attempt to maintain the preparedness of the Task Force under this Readiness Cooperative Agreement, in order to provide critical emergency response services as one of the 28 teams for the National Urban Search and Rescue Response System. Funding for any deployments will be handled under the Activation Cooperative Agreement. The below list of training and costs covers what is anticipated for this Readiness Cooperative Agreement. Due to the dynamic program, training scheduling and requirement changes, some of the training listed may require revisions. Any changes will be noted within the Performance Reports, and will include the change and the reason for the change. It will not require a budget adjustment as long as the change is within the Program Category total as noted at time of award, and is an approved training requirement within the statement of work, program guidance, and directives. The only exception to this is the movement of travel funds between the Administration/Management Program Category and the Training Program Category, which can be accomplished without requiring a budget change, however, it must be noted in the Performance Reports, with the change and the reason for the movement of funds.

<b>Total Training Cost</b>	\$0
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**Personnel Salaries & Fringe Benefits**

**Notes for Personnel Salaries and Fringe Benefits Section**

The Task Force can use this category to account for the salaries of Task Force Members attending US&R-related, US&R required, and local training as well as salaries for the training coordinator. This includes, but is not limited to, functional training, mobilization training, local training for the program, grants management training, training with other task forces, research and development for equipment, and other DHS/FEMA approved training events, or training related to the requirements of the US&R program, as approved by the Program Manager/Grants Assistance Officer. This may also include backfill expenses for the individual(s) attending training. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week/month, etc.). If overtime hours are listed, please note them as a separate line item below. Put the total amount under salary. Note the hourly rate in the clarification box.

**Personnel Salaries and Fringe Benefits**

Staff Position	Training Event Description	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (If Applicable)	Salary	Total	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
<b>Totals</b>						<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>Personnel Salaries</b>	<b>Cost Basis:</b> Please mark appropriate box(es) below.
The area below is to provide additional notes the Task Force may need to add for clarifying the range of salary rates used to develop the average hourly costs.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List here):
This narrative box has character limitations. For additional clarification use tab 14	

<b>Fringe Benefits</b>	<b>Cost Basis:</b> Please mark appropriate box(es) below.
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if applicable) and list the items (e.g., health, dental, workers' comp) that are included.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List here):
This narrative box has character limitations. For additional clarification use tab 14	









**Other**

**Notes for Other Section**  
 This area will cover any miscellaneous items that are training-related and allowable under the Statement of Work but not covered in the other object classes.

**Other (If Applicable)**

Item	Quantity	Unit Cost	Total Cost
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
<b>Total</b>			<b>\$0</b>

Other	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for other costs below.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List here):
This narrative box has character limitations. For additional clarification use tab 14	

**Indirect Costs**

**Notes for Indirect Costs Section**  
 Indirect Costs can only be provided if there is an Indirect Cost Rate Agreement that has been approved by a cognizant Federal Agency. A copy of the Indirect Cost Rate Agreement should accompany the application. The Indirect Cost Rate Agreement that you provide should state what category or categories the Indirect Costs are based on, ie equipment, salaries, all expenses, etc. The information provided below should list the description of the cost category for the base, the amount on which it's based, the percentage, and the total. The rate or amount approved at time of award will prevail thru the term of the Cooperative Agreement.

**Indirect Costs**

Item/Category	Item Description	Base Amount	Percentage	Total Cost
<b>Total</b>				<b>\$0</b>

Indirect Costs	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List Here):
This narrative box has character limitations. For additional clarification use tab 14	

## EQUIPMENT

Task Force General Comments
<p>This Program Category covers the costs for the equipment portion of the Readiness Cooperative Agreement for our Task Force. The period of performance covers a 18 month period to accomplish the work in this area. Our Task Force intends to maintain a deployable Task Force and will provide the required equipment to insure mission readiness, safety, and management of the Task Force. The equipment will be purchased in accordance with the requirements of the Urban Search &amp; Rescue Program Office statement of work, current cache list, and official guidance from the US&amp;R Program Office. The equipment and supporting cost details will be provided in the below object classes under this Program Category. Our Task Force will attempt to maintain the preparedness of the Task Force under this Readiness Cooperative Agreement, in order to provide critical emergency response services as one of the 28 teams for the National Urban Search and Rescue Response System.</p> <p>The below list of equipment and costs covers what is anticipated for this Readiness Cooperative Agreement. Due to the dynamic program, training scheduling and requirement changes, some of the equipment listed may require revisions. Any changes will be noted within the Performance Reports, and will include the change and the reason for the change. It will not require a budget adjustment as long as the change is within the Program Category total as noted at time of award, and is an approved equipment requirement within the statement of work, current cache list, and official guidance from the US&amp;R Program Office.</p>

Total Equipment Cost
\$0

### Personnel Salaries & Fringe Benefits

Notes for Personnel Salaries and Fringe Benefits Section
<p>The Task Force can use this category to account for the salaries of Task Force Members who perform duties related to maintenance of US&amp;R equipment and vehicles. This may also include backfill expenses for individual(s) who are working with the cache. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week/month, etc.). If overtime hours are listed, please note them as a separate item below. Put the total amount under salary. Note the hourly rate in the clarification box.</p>

### Personnel Salaries and Fringe Benefits

Staff Position	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (If Applicable)	Salary	Totals
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
<b>Totals</b>					\$0	\$0

Personnel Salaries	Cost Basis: Please mark appropriate box(es) below.
<p>The area below is to provide additional notes the Task Force may need to add for clarifying the range of salary rates used to develop the average hourly costs.</p>	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other <span style="float: right;">(List here):</span>
<p>This narrative box has character limitations. For additional clarification use tab 14</p>	

Fringe Benefits (If Applicable)	Cost Basis: Please mark appropriate box(es) below.
<p>The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if applicable) and list the items (e.g., health, dental, workers' comp) that are included.</p>	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other <span style="float: right;">(List here):</span>
<p>This narrative box has character limitations. For additional clarification use tab 14</p>	













## STORAGE & MAINTENANCE

### Task Force General Comments

This Program Category covers the costs for the storage/maintenance portion of this Readiness Cooperative Agreement. The costs for the Storage/Maintenance portion of this budget/narrative will be addressed in this section and will cover costs for a maximum amount of time of 12 months for any warehouse lease or maintenance costs for the equipment/vehicles, and the costs will occur within the 18 month period of performance. Our Task Force intends to provide the required storage and maintenance for the equipment to insure mission readiness, safety, and management of the Task Force. The storage and maintenance will be in accordance with the requirements of the Urban Search & Rescue Program Office statement of work, program guidance, and directives. The supporting cost details will be provided in the below object classes under this Program Category.

Our Task Force will attempt to maintain the preparedness of the Task Force under this Readiness Cooperative Agreement, in order to provide critical emergency response services as one of the 28 teams for the National Urban Search and Rescue Response System. The below list of costs covers what is anticipated for this Readiness Cooperative Agreement. Minor renovations are allowed for the warehouse and they will not change the footprint of the facility.

<b>Total Storage &amp; Maintenance Cost</b>	\$0
---	-----

### Personnel Salaries & Fringe Benefits

#### Notes for Personnel Salaries and Fringe Benefits Section

The Task Force can use this category to account for the salaries of Task Force Members who perform duties related to storage & maintenance. This may also include backfill expenses for individual(s) who are working with related projects. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week/month, etc.). If overtime hours are listed, please note them as a separate line item below. Put the total amount under salary. Note the hourly rate in the clarification box

#### Personnel Salaries and Fringe Benefits

Staff Position	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (If Applicable)	Salary	Totals
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
<b>Totals</b>					<b>\$0</b>	<b>\$0</b>

<b>Personnel Salaries</b>	<b>Cost Basis:</b> Please mark appropriate box(es) below.
The area below is to provide additional notes the Task Force may need to add for clarifying the range of salary rates used to develop the average hourly costs.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List here):
This narrative box has character limitations. For additional clarification use tab 14	

<b>Fringe Benefits</b>	<b>Cost Basis:</b> Please mark appropriate box(es) below.
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if applicable) and list the items (e.g., health, dental, workers' comp) that are included.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List here):
This narrative box has character limitations. For additional clarification use tab 14	









**Indirect Costs**

**Notes for Indirect Costs Section**

Indirect Costs can only be provided if there is an Indirect Cost Rate Agreement that has been approved by a cognizant Federal Agency. A copy of the Indirect Cost Rate Agreement should accompany the application. The Indirect Cost Rate Agreement that you provide should state what category or categories the Indirect Costs are based on, ie equipment, salaries, all expenses, etc. The information provided below should list the description of the cost category for the base, the amount on which it's based, the percentage, and the total. The rate or amount approved at time of award will prevail thru the term of the Cooperative Agreement.

**Indirect Costs**

Item/Category	Item Description	Base Amount	Percentage	Total Cost
<b>Total</b>				<b>\$0</b>

Indirect Costs	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval.	<input type="checkbox"/> Union Agreements <input type="checkbox"/> City/County/Organization Negotiated Agreements <input type="checkbox"/> Historical Data <input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Costs are in Comparison w/ other TFs for Similar Tasks or Items <input type="checkbox"/> Other (List here):
This narrative box has character limitations. For additional clarification use tab 14	



## BUDGET SUMMARY - OVERALL

This summary will be populated based on figures entered into other sections of this narrative.

Activity	Cost
Administration & Management	\$0.00
Training	\$0.00
Equipment	\$0.00
Storage & Maintenance	\$0.00
Object Class	Cost
Personnel	\$0.00
Fringe Benefits	\$0.00
Travel	\$0.00
Equipment	\$0.00
Supplies	\$0.00
Contractual	\$0.00
Other	\$0.00
Indirect Charges	\$0.00
<b>Activity Sum</b>	<b>\$0.00</b>
<b>Object Class Sum</b>	<b>\$0.00</b>
<b>Total</b>	<b>\$0.00</b>



<b>7. Training Coordinator:</b>	<b>Name</b>
<i>Describe Describe Training Coordinator functions here.</i>	

<b>8. Training Manager:</b>	<b>Name</b>
<i>Describe Training Manager functions here.</i>	

<b>Other (Please list position and name)</b>	
<i>Describe position functions here.</i>	

<b>Other (Please list position and name)</b>	
<i>Describe position functions here.</i>	

<b>Other (Please list position and name)</b>	
<i>Describe position functions here.</i>	

<b>Other (Please list position and name)</b>	
<i>Describe position functions here.</i>	

## BUDGET CLARIFICATION

Please use the blocks below if additional space is needed to clarify other sections of the narrative

ADMINISTRATIVE/MANAGEMENT
<i>Personnel Salaries:</i>
<i>Fringe Benefits:</i>
<i>Travel:</i>

ADMINISTRATIVE/MANAGEMENT
<i>Equipment:</i>
<i>Supplies:</i>
<i>Contractual:</i>

ADMINISTRATIVE/MANAGEMENT
<i>Other:</i>
<i>Direct Charges</i>

ADMINISTRATIVE/MANAGEMENT







STORAGE & MAINTENANCE
<i>Personnel Salaries:</i>
<i>Fringe Benefits:</i>
<i>Travel:</i>

STORAGE & MAINTENANCE
<i>Equipment:</i>
<i>Supplies:</i>
<i>Contractual:</i>

STORAGE & MAINTENANCE
<i>Other:</i>
<i>Direct Charges</i>

STORAGE & MAINTENANCE