

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



READINESS COOPERATIVE AGREEMENT

# TASK FORCE NARRATIVE WORKBOOK



# 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.

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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 Same or the year 20XX Department of Homeland Security/FEMA, Urban Search & Resc. Coope Live Agreement for a total of \$XXX,XXX.

The following items are enclosed:

- 1. Application for Federal Assistance, SF 42
- 2. Budget Information-Non Construction Programs FEMA form SF 424A
- 3. Summary sheet for Assurances and Coth. ratio 3, SF 424 B
- 4. SF LLL
- 5. Budget Narrative
- 6. Single Audit Report fo ```\XX/Co. ``ctive Action Plan
- 7. Indirect Cost Rate Agree nem
- 8. Specifications for all rolling and/or floating transportation
- 9. Position Descriptions for a Staff paid by the Cooperative Agreement

Please call "Your Point of Contrat" at (XXX) XXX-XXX or email at johndoe@wa.us or "Alternate Point of Contat" (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

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

#### **CONTACT INFORMATION**

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**

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 F	OR			Version 7/03
FEDERAL ASSIS	STANCE	2. DATE SUBMIT	ITED	Applicant Identifier
		J	anuary 0, 1900	0
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				0
Application	Pre-application			
Construction	Construction	4. DATE RECEIV	ED BY FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
. APPLICANT INFORM	ATION	<b>-</b>		
egal Name:	0		Organizational Unit:	0
Organizational DUNS:	0			0
Address:	0			0
Street:	0			nber of person to be contacted on matters
City:	0		involving this application	
ounty:	0			t Name: 0
tate:	0		Middle Name:	0
Country:	CATION NUMBER (EIN):		Last Name: Suffix:	0
. LIVIPLOTER IDENTIFI	CATION NUMBER (EIN):		Email:	
0			Phone Number:	Fax N .oer: 0
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# COOPERATIVE AGREEMENT BUDGET SUMMARY

		BUDGE	Γ SUMMARY				
Grant Program Function	Catalog of Federal Domestic Assistance	Estimated Unobligated Funds			New or Revised Budget		
or Activity (a)	Number (b)	Federal Non-Federal		Federal (e)	Non-Federal (f)	Total (g)	
US&R Readiness     Cooperative     Agreement	97.025	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	
		BUDGE	T CATEGORIES				
6. Object Class Catego	ries	(1)Admin. & Mgmnt.	(2) Training	FUNCTION OR ACTIV (3) Equipment	/ITY (4) Storage & Maint.	Total (5)	
a. Personnel		\$0.00	<u> </u>			\$0.00	
b. Fringe Bene	fits	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 (sum of 6a-6h)		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 (su	m of 6i and 6j)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
7. Program Income		\$	\$	\$	\$	\$	

	NON-FED	ERAL RESOURC	ES		
(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
	FORECAS	TED CASH NEED	os		
	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 ESTIMAT	ES OF FEDERAL FU	NDS NEEDED FO	R BALANCE OF	THE PROJECT	
		FUTURE FUNDING PERIODS (Years)			
(a) Grant Program		(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 BUI	GET INFORMAT	ION		
21. Direct Charges:		22. Indirect Charg	ges:		
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 develor nent and maintenance of this National US&R Response System resource. We will a prepared to provide qualified, competent US&R personnel in support of a SF J activities under the National Response Framework. Specific, 'ly, the FY2012 US&R Funding Opportunity Announcement and the accomplimative provide our plan to accomplish our object, residentified by DHS/FEMA. This work plan identifies the key areas that a transfer force will focus its continued readiness efforts. These key areas are accurately an and program management, training, support, equipment cache prepared ass, maintenance and storage. These key areas are detailed in the Grant Cuidance/Statement of Work. This Cooperative Agreement with allow on 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&P Response System FY 2012 US&R Funding Opportunity Announcement the aughout the duration of this agreement.

While portions of the FY201 L US&R Funding Opportunity Announcement are included in the budget narrative, we acknowledge compliance with the FY2012 Funding Opportunity Announcement in its entirety.

#### **ADMINISTRATION & MANAGEMENT**

#### Task Force General Comments

Task Force General Comments

Our Task Force will accomplish the goals set forth in the DHS-FEMA statement of work, guidance, and directives provided by the Urban Search & Rescue Program Office. The costs for the Administration & Management portion of this budget/narrative will be addressed in this section and will cover costs for a maximum amount of time of 12 months, and the costs will occur within the 18 month period of performance. The cost details will be provided in the object classes within this Program Category. The Administrative/Management personnel under this Cooperative Agreement is responsible for the day-to-day operations of the Task Force and will be responsible to ensure that all management, administration and operational requirements are accomplished. Our Task Force will attempt to maintain the Task Force will attempt on the Task Force will

Total Administration & Management Cost	
	\$0

#### Personnel Salaries & Fringe Benefits

Personnel Salaries and Fringe Benefits

Staff Position

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

Name

votes for Personners salaries and Fringe Benefits Section

The Task Force will provide sufficient staff for management and administration of the US&R Task Force day- to-day activities to accomplish required supervisory, administrative, training and logistical duties. Specifically: program

nanagement; grants management; financial management; administrative support; training coordination and instruction; logistics management and property accountability. This shall include, but is not limited to, funding personnel salaries

elating to Task Force development and management; record-keeping, inventory and maintenance of the US&R Equipment Caches; correspondence with Task Force members and parties who support Task Force activities; along with similar

Provide the staffs' salary, benefits, and also note any cost of living increases (percentage and amount) below that will be paid under the Cooperative Agreement. There is a drop down menu for the staff positions, and any additional staff not noted can be added. If a staff position is part time, please provide the hours and hourly rate in the Personnel box below to clarify the time to be allotted, e.g., one day a week, 40 hours a month at a rate of \$45.00 per hour, 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.

Overtime Hours Salary Dates (Current) Salary Dates (Prior) Fringe Benefits Salary

\$0 \$0 \$0

						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
If other, list here						\$0
If other, list here						\$0
If other, list here						\$0
If other, list here						\$0
If other, list here						\$0
If other, list here						\$0
Totals				\$0	\$0	\$0
Personnel Salaries	Cost Basis:	Please mark appropriate box	x(es) below.			
The area below is for any additional notes the Task Force may need to add for clarifying the paid staff positions. If the position is part-time list the hours, and hourly rate. Also there is a separate area (Tab 14) for the position descriptions for each staff position listed, or position descriptions may be added as an		Union Agreements				
attachment.		City/County/Organization No	egotiated Agreements			
		Historical Data				
		Bids/Quotes				
		Costs are in Comparison w/	other TFs for Similar	Tasks or Items		
		Other	(List here):			
This narrative box has character limitations. For additional clarification use tab 14						
Fringe Benefits  The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (If applicable) and list	Cost Basis:	Please mark appropriate box	x(es) below.			
the items (e.g., health, dental, workers' comp) that are included.		Union Agreements				
		City/County/Organization No	egotiated Agreements			
		Historical Data				
		Bids/Quotes				
		Costs are in Comparison w/	other TFs for Similar	Tasks or Items		
This narrative box has character limitations. For additional clarification use tab 14		Other	(List here):			
This harractive box has character limitations. For additional clarification use tab 14						

#### Travel

#### Notes for Travel Section

Notes for Travel Section

Attend DHS/FEMA-approved US&R meetings, conferences, and training sessions, to include Task Force Leader meetings, the 12 standing US&R Work Groups, Operations Group, Ad Hoc Work Groups and Sub-Groups, Incident Support Team (IST) training/meetings, workshops, or others as directed by the US&R Program Office as they relate to the National US&R Response System. Other activities include on-site peer Operational Readiness Evaluation (ORE) of other Task Forces, quality assurance oversight of FEMA-sanctioned training courses, training with other Task Forces, grants management training, and research and development for equipment, as directed by the US&R Program Office. Based on approval by the US&R Program Office and available funding, Task Forces can use funds to cover travel for product research and development efforts, thereby keeping apprised of cutting edge technology for equipment used within the System.

There are also miscellaneous meetings that are required due to the dynamic program. Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations that are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings, and you can add others that are in line with the statement of work. The drop down menu in the section below includes all events, allowing you the flexibility to account for your travel costs in this section Admin/Management Program Category. The Task Force is authorized to reallocate funds between Admin/Management travel and Training travel without requesting a budget change authorization. However, this change must be reflected in your Performance Report and note the reason(s) for the change.

Event Title	No. of Personnel	No. of Trips	Cost Per Person	Lump Sum
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
Total				\$0

Travel	Cost Basis:	: Please mark appropriate box(es) below.
Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above.		
		Union Agreements
		City/County/Organization Negotiated Agreements
		Historical Data
		Bids/Quotes
		Costs are in Comparison w/ other TFs for Similar Tasks or Items
This narrative box has character limitations. For additional clarification use tab 14		Other (List here):

#### Equipment

#### **Notes for Equipment Section**

Notes for Equipment Section

Purchase of Office furniture and equipment specifically for administrative purposes are allowable under this Cooperative Agreement. This shall include, but is not limited to, laptops and desktop computers, cellular telephones/wireless PDAs, printers, scanners, copy machines, desks, book shelves, etc. The costs noted in this area are for the purchase of equipment and not service agreements, which should be included under contractual or other. Rolling or floating transportation will require specifications as a part of the application and should be listed under the Equipment of program Category. The general definition of "Equipment" out of the CFR is: "Equipment" mass an article for nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000.

#### Equipment

These are the items our Task Force anticipates requiring for this Cooperative Agreement for the equipment object class under the Administration/Management Program Category. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed items will be reflected in the Performance Reports, with the reason for the change noted and the Task Force will not be required to submit a budget change if items are on the approved cache lists, authorized by program guidance or directives.

Item Description	Cache #	Unit Cost	No. of Units	Total Cost
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total	<u>'</u>			\$0

England	OA DI-	Discoursely appropriate hearing hearing
Equipment	Cost Basis:	Please mark appropriate box(es) below.
Describe any additional supporting information for equipment costs below.		
		Union Agreements
		City/County/Organization Negotiated Agreements
		Historical Data
		Bids/Quotes
		Costs are in Comparison w/ other TFs for Similar Tasks or Items
This narrative box has character limitations. For additional clarification, use tab 14.		Other (List here):

Supplies					
I					
of the Task Force and other then what the equipment def more than one year and an acquisition cost which equals	inition states as follo or exceeds the lesse	ows: The general definit er of the capitalization le	tion of "Equipment" out of evel established by the gove	the CFR is: "Equipment" mea	ns/costs that should be listed are items to support the administration/management ans an article of nonexpendable, tangible personal property having a useful life of atement purposes, or \$5000. However, due to the dynamic program, the ted in the Performance Reports, including the reason for the change(s) noted.
Supplies					
These are the items we anticipate requiring for this the Performance Reports, with the reason for the c		eement. However, du	e to the dynamic progra	m, requirement of these it	tems may change and any changes will be reflected in
Item	Cache #	Unit Cost	No. of Units	Total cost	
				\$0	
				\$0	
				\$0 \$0	
				\$0	
				\$0	
				\$0	
				\$0 \$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0 \$0	
Total	1			\$0	
7010				Ų.	
Supplies			Cost Basis:	Please mark appropriate box	x(es) below.
Describe any additional supporting information for supply	costs below.			Union Agreements	
				City/County/Organization No.	legotiated Agreements
				Historical Data	
				Bids/Quotes	
			Costs are in Comparison w/	other TFs for Similar Tasks or Items	
This narrative box has character limitations. For additional clarification, use tab 14.			Other (	(List here):	
Contractual					
Notes for Contractual Section In the area below, list any contractual costs for medical e directive issued by the US&R Program Office.	xams, services, rent	tals, etc. The Task Force	e will ensure that Task Force	e Medical Screening will take	place in accordance with Program Directive 2005-008 or a more current revised

### Contractual

Service	Quantity	Unit Cost	Total Cost
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total		-	\$0

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

0	+	h	_	r

Motos	for	Other	Sort	ior

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
Total	\$0		

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

#### 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

mairect costs				
Item/Category	Item Description	Base Amount	Percentage	Total Cost
Total	•			SI

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.	☐ Union Agreements
	☐ City/County/Organization Negotiated Agreements
	☐ Historical Data
	□ Bids/Quotes
	☐ Costs are in Comparison w/ other TFs for Similar Tasks or Items
	□ Other (List here):
This narrative box has character limitations. For additional clarification, use tab 14.	

#### **TRAINING**

	Genera	

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 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/Managment 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.

Total Training Cost	
	\$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 attending US&R-related, US&R required, and local training as well as salaries for the training coordinator. This includes, but is not imited 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.

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
Totals					\$(	\$0	\$0

Personnel Salaries	Cost Basis: 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.	☐ Union Agreements
	☐ City/County/Organization Negotiated Agreements
	☐ Historical Data
	□ Bids/Quates
	□ Costs are in Comparison w/ other TFs for Similar Tasks or Items
	□ Other (List here):
This narrative box has character limitations. For additional clarification use tab 14	
Fringe Benefits	Cost Basis: 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.	□ Union Agreements
	☐ City/County/Organization Negotiated Agreements
	☐ Historical Data
	□ Bids/Quotes
	□ Costs are in Comparison w/ other TFs for Similar Tasks or Items
	□ Other (List here):
This narrative box has character limitations. For additional clarification use tab 14	

#### Travel

#### Notes for Travel Section

Notes for Travel Section

Attend DHS/FEMA-approxed US&R meetings, conferences, and training sessions, to include Task Force Leader meetings, the 12 standing US&R Work Groups, Operations Group, Ad Hoc Work Groups and Sub-Groups, Incident Support Team (IST) training/meetings, workshops, or others as directed by the US&R Program Office as they relate to the National US&R Response System. Other activities include on-site peer Administrative Readiness Evaluation (ARE) of other Task Forces, quality assurance oversight of FEMA-sanctioned training courses, training with other Task Forces, grants management training, and research and development for equipment, as directed by the US&R Program Office. Based on approval by the US&R Program Office and available funding, Task Forces can use funds to cover travel for product research and development efforts, thereby keeping apprised of cutting edge technology for equipment used within the System.

There are also miscellaneous meetings that are required due to the dynamic program. Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the entipys/training, and you can add others that are in line with the statement of work, program guidance, and directives. This will allow you the flexibility to account for your travel costs in this section (Training) or Admin/Management categories. The Task Force is authorized to reallocate travel funds between Admin/Management travel and Training travel without requesting a budget change authorization. However, any changes must be reflected in your Performance Report, with an explanation on the reason(s) for the change.

Event Title	No. of Personnel	Cost Per Person	Lump Sum
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
If other, list here			\$0
If other, list here			\$0
If other, list here			\$0
If other, list here			\$0

If other, list here \$0 If other, list here \$0 \$0 If other, list here \$0 If other, list here If other, list here \$0 Total \$0

Travel	Cost Basis:	Please mark appropriate box(es) below.
Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above.		Union Agreements
		City/County/Organization Negotiated Agreements
		Historical Data
		Bids/Quotes
		Costs are in Comparison w/ other TFs for Similar Tasks or Items
This narrative box has character limitations. For additional clarification use tab 14		Other (List here):
This harrative box has character limitations. For additional clarification use tab 14		

#### Equipment

Notes for Equipment Section

Purchase of equipment specifically for training, to include props, training materials, training facility expenses, etc. are allowable under this Cooperative Agreement. The costs noted in this area are for the purchase of equipment and not service agreements, which should be included under contractual or other. Rolling or floating transportation, if allowable, will require specifications/approval as part of the application.

The general definition of "Equipment" out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000.

#### Equipment

These are the items our Task Force anticipates requiring under this Cooperative Agreement for the equipment object class under the Training Program Category. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed items will be reflected in the Performance Reports, noting the reason for the change and the Task Force will not be required to submit a budget change if items are on the approved cache lists, authorized by program guidance or directives. Rolling or floating equipment requires the specifications to be submitted to the Program Office/Grants Assistance Officer for prior approval.

Item Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost
•					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total					\$0

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

#### Supplies

#### Notes for Supplies Section

Notes for Supplied an approximate listing of the supplies necessary for preparing and/ or delivery of training within this cooperative agreement.

Supply items/costs that should be listed are items other then what the equipment definition states as follows: The general definition of "Equipment" out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes.

#### Supplies

These are the items our Task Force anticipates requiring under this Cooperative Agreement. However, due to the dynamic program, the requirements for these items may change and any changes will be reflected in the Performance Reports, with the reason for the change noted. A budget change is not required to be submitted if the costs in this category if costs remain the same and items are allowable under the Grant Guidance, current Cache List and official documentation from the US&R Program Office.

Item	Cache #	Unit Cost	No. of Units	Total Cost
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total				\$0

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

#### Contractual

#### Notes for Contractual Section

supporting information for the contractual costs of services, rentals, etc., as it pertains to training.

#### Contractual

Service	Quantity	Unit Cost	Total Cost
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total	•		\$0

Contractual	Cost Basis:	Please mark appropriate box(e	es) below.
Describe any additional supporting information for contractual costs below.	_		
		Union Agreements	
		City/County/Organization Neg	otiated Agreements
		Historical Data	
	_	Tilstorical Data	
		Bids/Quotes	
		Costs are in Comparison w/ or	ther TFs for Similar Tasks or Items
This narrative box has character limitations. For additional clarification use tab 14		Other	(List here):

#### Other

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

Other (	(If A	ilaa	cabl	e)

Item	Quantity	Unit Cost	Total Cost
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total			\$0

Other	Cost Basis:	Please mark appropriate box(e	es) below.
Describe any additional supporting information for other costs below.			.,
		Union Agreements	
		City/County/Organization Nego	otiated Agreements
		Historical Data	
		Bids/Quotes	
		Costs are in Comparison w/ of	ther TFs for Similar Tasks or Items
This narrative box has character limitations. For additional clarification use tab 14		Other	(List here):

#### Indirect Costs

#### Notes for Indirect Costs Section

Notes for Indirect Costs acro. Osts 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
Total				\$0

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.		Union Agreements
		City/County/Organization Negotiated Agreements
		Historical Data
		Bids/Quotes
		Costs are in Comparison w/ other TFs for Similar Tasks or Items
		Other (List Here):
This narrative box has character limitations. For additional clarification use tab 14		

#### **EQUIPMENT**

#### **Task Force General Comments**

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 & Rescue Program Office statement of work, current cache list, and official guidance from the US&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.

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&R Program Office.

Total Equipment Cost	
Total Equipment Cost	
	\$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 maintenance of US&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.

Personnel Salaries and Fringe Benefits

Staff Position	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
Totals			\$0	\$0	\$0

Personnel Salaries	Cost Basis:	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.		Union Agreements
		City/County/Organization Negotiated Agreements
		Historical Data
		Bids/Quotes
		Costs are in Comparison w/ other TFs for Similar Tasks or Items
		Other (List here):
This narrative box has character limitations. For additional clarification use tab 14		
Fringe Benefits (If Applicable)	Cost Basis:	Please mark appropriate box(es) below.
Fringe Benefits (If Applicable) 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.	Cost Basis:	Please mark appropriate box(es) below.  Union Agreements
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if		
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if		Union Agreements
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if		Union Agreements  City/County/Organization Negotiated Agreements
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if		Union Agreements  City/County/Organization Negotiated Agreements  Historical Data
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if		Union Agreements  City/County/Organization Negotiated Agreements  Historical Data  Bids/Quotes

#### Travel

#### Notes for Travel Section

Travel in this category would cover costs relating to quality assurance on equipment or vehicle, or any other travel related to cache management within the scope of the Grant Guidance. Please note:

These expenses can be reflected within the Administrative/Management or Training travel category instead. Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations that are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings, and you can add others that are in line within the Statement of Work.

Travel (If Applicable)

Event Title	No. of Personnel	Cost Per Person	No. of Trips (approx.)	Total Cost
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
Total	-			\$0

Travel	Cost Basis:	Please mark appropriate box(es) below.
Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above.		Union Agreements
		City/County/Organization Negotiated Agreements
		Historical Data
		Bids/Quotes
		Costs are in Comparison w/ other TFs for Similar Tasks or Items
		Other (List here):
This narrative box has character limitations. For additional clarification use tab 14		

#### Equipment

#### Notes for Equipment Section

Your agency is authorized to purchase equipment as listed in the approved DHS/FEMA Task Force Equipment Cache List, dated December 2011, or any subsequently approved DHS/FEMA US&R Equipment ist. Task Force personnel are reminded and directed not to exceed quantity and/or cost caps as listed on the cache list. Task Force must follow department procurement regulations, which are in accordance with 44 CFR Part 13 or 2 CFR 215 to ensure reasonable prices are obtained. The US&R Program Office and the Grants Office Assistance Officer must provide written approval for any other equipment not identified on approved cache list(s), in program guidance, or specifications. Those Task Forces who maintain an IST Medical Cache are to include the appropriate amount below for epilacement of equipment and pharmaceuticals.

However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed items will be reflected in the Performance Reports, noting the reason for the change and the Task Force will not be required to submit a budget change if items are on the approved cache lists, noted in the statement of work, or authorized by program guidance or directives. Rolling or floating equipment requires the specifications to be submitted to the US&R Branch/Grants Assistance Officer for prior approval. The general definition of "Equipment" out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000.

#### Equipment

These are the items our Task Force anticipates requiring for this Cooperative Agreement under the equipment object class within the Equipment Program Category. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed items will be reflected in the Performance Reports, noting the reason for the change and the Task Force will not be required to submit a budget change if items are on the approved cache lists, authorized by program guidance or directives. Rolling or floating equipment to expect the program of the change of the program of the change of the program of the change of the program o

Item Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total	-	•	-	<u> </u>	\$0

Equipment	Cost Basis:	Please mark appropriate box(es) be	low.
Describe any additional supporting information for equipment costs below.		Union Agreements	
		City/County/Organization Negotiated	d Agreements
		Historical Data	
		Bids/Quotes	
		Costs are in Comparison w/ other To	Fs for Similar Tasks or Items
		Other	(List here):
This narrative box has character limitations. For additional clarification use tab 14			

#### Supplies

lotes	for	Sup	plies	Sect	ior
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Notes for Supplies Section
In the area below, provide an approximate listing of necessary supplies. Supply items/costs that should be listed are items other then what the equipment definition states as follows: The general definition of "Equipment" out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to the listed items will be reflected in the Performance Reports, including the reason for the change(s) noted.

#### Supplies

These are the items our Task Force anticipates requiring under this Cooperative Agreement. However, due to the dynamic program, the requirements for these items may change and any changes will be reflected in the Performance Reports, with the reason for the change noted. A budget change is not required to be submitted for approval if the costs in this object class remain as approved at time of award and the items are allowable in accordance with the statement of work, program guidance and directives.

Item	Cache #	Unit Cost	No. of Units	Total Cost
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total				\$0

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

#### Contractual

Notes for Contractual Section			
In the area below, list any supporting information for the contractual	al costs of services, rentals,	, etc., for equipment.	
0			
Contractual Service	Quantity	Unit Cost	Total Cost
Jei Vice	Quantity	Offit Cost	\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total			\$0
		1	
Contractual		Cost Basis	s: Please mark appropriate box(es) below.
Describe any additional supporting information for contractual costs	below.		Union Agracments
			Union Agreements
			City/County/Organization Negotiated Agreements
		_	City/County/Organization Negotiated Agreements
			Historical Data
			Thistorical Data
			Bids/Quotes
		_	Didding addition
			Costs are in Comparison w/ other TFs for Similar Tasks or Items
		_	designation of the confidence
			Other (List here):
		_	(======================================
This narrative box has character limitations. For additional clarifi	cation use tab 14		
Other			
Notes for Other Section			
This area will cover any miscellaneous items that are are equipment	t-related and allowable und	der the Statement of Work bu	It not covered in the other object classes.
Other			
Item	Quantity	Unit Cost	Total Cost
Item	Quantity	Utilit Cust	\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total		ı	\$0
170141			<b>4</b> 0
Other		Cost Pasi	: Please mark appropriate box(es) below.
Describe any additional supporting information for other costs below	<i>I</i> .	COST Dasi:	s. Flease Hark appropriate box(es) below.
	•	1 -	Union Agreements
		_	
			City/County/Organization Negotiated Agreements
			3
			Historical Data
			Bids/Quotes
			Costs are in Comparison w/ other TFs for Similar Tasks or Items
			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, i.e., 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
Total				\$0

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.		Union Agreements
		City/County/Organization Negotiated Agreements
		Historical Data
		Bids/Quotes
		Costs are in Comparison w/ other TFs for Similar Tasks or Items
		Other (List here):
This narrative box has character limitations. For additional clarification use tab 14		

#### **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.

Tota	I Stor	age 8	Mai	ntena	ance	Cos

\$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

Personnel Salaries and Fringe Renefits

Staff Position	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (If	Salary	Totals
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
Totals				\$0	\$0	\$0

Totals		\$0	\$0	\$0
Personnel Salaries	Cost Basis:	Please mark appropriate box(es) b	pelow.	
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.		Union Agreements		
		City/County/Organization Negotiat	ted Agreements	
		Historical Data		
		Bids/Quotes		
		☐ Costs are in Comparison w/ other TFs for Similar Tasks or Iter		
		Other	(List here):	
This narrative box has character limitations. For additional clarification use tab 14				
Fringe Benefits	Cost Basis:	Please mark appropriate box(es) b	elow.	
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.		Union Agreements		
		City/County/Organization Negotiat	ted Agreements	
		Historical Data		
		Bids/Quotes		
		Costs are in Comparison w/ other	TFs for Similar Tas	sks or Items
		Other	(List here):	
This narrative box has character limitations. For additional clarification use tab 14				

#### Travel

#### Notes for Travel Section

This section can be used for those travel items related to storage, maintenance and/or equipment (e.g., mileage, etc.) allowable within the scope of the Statement of Work. Please note: These expenses can be reflected within the Administrative/Management travel category instead. Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations that are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings, and you can add others that are in line within the Statement of Work.

Travel (If Applicable)

Event Title	No. of Personnel	Cost Per Person	Number of Trips	Total Cost
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
If other, list here				\$0
Total				\$0

Travel	Cost Basis:	Please mark appropriate box(es)	below.	
Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above.		Union Agreements		
		City/County/Organization Negotia	ated Agreements	
		Historical Data		
		□ Bids/Quotes		
		Costs are in Comparison w/ other	er TFs for Similar Tasks or Items	
		Other	(List here):	
This narrative box has character limitations. For additional clarification use tab 14				

#### Equipment

#### Notes for Equipment Section

Notes for Equipment Section
This section may be used to reflect expenses related purchasing, maintenance and repair of equipment and vehicles, as approved by DHS/FEMA and within the scope of the Statement of Work.
Your Task Force is authorized to purchase equipment as listed in the approved DHS/FEMA Task Force Equipment Cache List, dated December 2011, or any subsequently approved DHS/FEMA US&R
Equipment list. Task Force personnel are reminded and directed not to exceed quantity and/or cost caps as listed on the cache list. Task Force must follow department procurement regulations, which are in accordance with 44 CFR Part 13 or 2 CFR 215 to ensure reasonable prices are obtained. The US&R Program Office and the Grants Office Assistance Officer must provide written approval for any other equipment not identified on approved cache list(s). Those Task Forces who maintain an IST Medical Cache are to include the appropriate amount below for replacement of equipment and pharmaceuticals. Please note: These expenses can be reflected within the Equipment category instead.

tem Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost
					\$1
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$(
					\$(
					\$0
					\$(
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total					\$0

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

#### Supplies

N	lotes	fa-	c	am li a	~ C~	

In the area below, provide an approximate listing of necessary supplies. Supply items/costs that should be listed are items other then what the equipment definition states as follows: The general definition of "Equipment" out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or \$5000.

Supplies

Item	Cache #	Unit Cost	No. of Units	Total cost
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
•				\$0
•				\$0
Total	<u> </u>			\$0

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

#### Contractual

Notes	tor	Con	tractua	I Section

In the area below, list any supporting information for the contractual costs of services, rentals, etc., as it pertains to the maintenance and/or lease of storage facilities and associated US&R equipment and supplies. Under the quantity for leases please include the square footage of the warehouse. This section can also include costs for planning, engineering and other costs for development, maintenance, minor construction, upgrades, minor renovations and modifications, etc. of the existing warehouse/training facilities that do not change the footprint of the structures. Any costs for upgrades to existing warehouse facilities associated with this funding must be included and be approved by the Program Office and Grants Assistance Officer. This Cooperative Agreement may not be used for funding new capital construction.

Contrac	ctual
Contra	ctuai

Service	Prior Coverage Dates	Lease Begin Date	Lease End Date	Quantity	Unit Cost	Total Cost
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
Total	<u> </u>		<u> </u>	·		\$0

Contractual	Cost Basis:	Please mark appropriate box(es)	below.
Describe any additional supporting information for contractual costs below. Include square footage and cost per for any facility leases included above.		Union Agreements	
		City/County/Organization Negotia	nted Agreements
		Historical Data	
		Bids/Quotes	
		Costs are in Comparison w/ other	r TFs for Similar Tasks or Items
		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 are storage & maintenance-related and allowable under the Statement of Work but not covered in the other object classes, including minor construction costs.

#### Other (List minor renovation costs here)

Item	Quantity	Unit Cost	Total Cost
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total			\$0.00

Other	Cost Basis:	Please mark appropriate box(es)	below.
Describe any additional supporting information for other costs below.		Union Agreements	
		City/County/Organization Negotia	iated Agreements
		Historical Data	
		Bids/Quotes	
		Costs are in Comparison w/ other	er TFs for Similar Tasks or Items
		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
Total			<u> </u>	\$0

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.		Union Agreements	
		City/County/Organization Negotia	nted Agreements
		Historical Data	
		Bids/Quotes	
		Costs are in Comparison w/ other	r TFs for Similar Tasks or Items
		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
Activity Sum	\$0.00
Object Class Sum	\$0.00
Total	\$0.00

## **POSITION DESCRIPTIONS**

Please fill in position descriptions below, or attach pre-typed descriptions.

1. Administrative Specialist: Name	4. Logistics Coordinator: Name
Describe Administrative Specialist functions here.	Describe Logistics Coordinator functions here.
2. Financial Grants Manager: Name Describe Financial Grants Manager functions here.	5. Logistics Manager: Name
Describe Financial Grants Manager functions here.	Describe Logistics Manager functions here.
Ü	
3. Grant Manager: Name	6. Program Manager: Name
3. Grant Manager: Name	6. Program Manager: Name
Describe Grant Manager functions here.	Describe Program Manager functions here.

7. Training Coordinator: Name	8. Training Manager: Name
Describe Describe Training Coordinator functions here.	Describe Training Manager functions here.
Other (Please list position and name)	Other (Please list position and name)
Describe position functions here.	Describe position functions here.
Describe position runctions here.	Describe position runctions here.
Other (Please list position and name)	Other (Please list position and name)
Describe position functions here.	Describe position functions here.
Describe pesition runetions here.	Describe position rundions here.

#### **BUDGET CLARIFICATION**

Please use the blocks below if additional space is needed to clarify ADMINISTRATIVE/MANAGEMENT	other sections of the narrative
ADMINISTRATIVE/MANAGEMENT	ADMINISTRATIVE/MANAGEMENT
Personnel Salaries:	Equipment:
Fringe Benefits:	Supplies:
Travel:	Contractual:
ADMINISTRATIVE/MANAGEMENT	ADMINSTRATIVE/MANAGEMENT
Other:	
Direct Charges	

TRAINING	TRAINING
Personnel Salaries:	Equipment:
Fringe Benefits:	Supplies:
Travel:	Contractual:

IRAINING	TRAINING
TRAINING Other:	
Direct Charges	
EQUIPMENT	EQUIPMENT Equipment:
Personnel Salaries:	Equipment:
Fringe Benefits:	Supplies:
Fringe Benefits:  Travel:	Supplies:  Contractual:

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EQUIPMENT	EQUIPMENT
Other:	
Direct Charges	
2 in our only goo	

STORAGE & MAINTENANCE	STORAGE & MAINTENANCE
Personnel Salaries:	Equipment:
Fringe Benefits:	Supplies:
Travel:	Contractual:
STORAGE & MAINTENANCE	STORAGE & MAINTENANCE
Other:	
Direct Charges	