

Department of Homeland Security  
Federal Emergency Management Agency  
**URBAN SEARCH AND RESCUE RESPONSE SYSTEM  
SEMI-ANNUAL PERFORMANCE REPORT**

OMB 1660-007  
Expires July 31, 2012

**Paperwork Burden Disclosure Notice**

Public reporting burden for this form is estimated to be 2 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB Number. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: Collections and Research Branch, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20590-3305, Paperwork Reduction Project (1660-0073). **Note: Do not send your completed form to this address.**

**INSTRUCTIONS**

This report is due on the date outlined in the current US&R Grant Guidance/Statement of Work

Fill in all highlighted sections in all pages of the workbook

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

Type in the name and title of person submitting report. After printing document, sign and date to submit

Submit completed report in accordance with current procedure

**Performance Report - Narrative Section**

This report is used to provide information to the US&R Branch, FEMA Leadership and the

Grant Programs Directorate on Task Force activities within the 4 budget categories

Report activities from the last 6 months of all open cooperative agreements

**Performance Report - Funds Supplement**

Fill in the highlighted boxes with your task force information

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

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

The "Grant ID Number" represents the grant award number

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

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

The "Remaining Balance" will be calculated automatically

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

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

*Semi-Annual Performance Report - Narrative*

Task Force: [redacted] TF- [redacted] For Time Period: [redacted] to [redacted]  
Reporting Date: [redacted]

**A. Management**

*1. Describe the adequacy of staffing for the Task Force Program Management Team (Full Time/ Significant Part Time members) including actual or anticipated vacancies and expected fill dates.*

[redacted]

*2. Provide status of all open Cooperative Agreements as to whether there are any anticipated budget changes, extensions or delays in closeout package submission.*

[redacted]

*3. Identify Local and National meetings attended and National work groups supported.*

[redacted]

*4. Provide at least 3 overall Task Force management goals or objectives for the next 6 months.*

[redacted]

*5. Discuss any anticipated problems/issues you foresee within the next 6 months that may impact the management objectives defined in the Task Force's budget plan(s).*

[redacted]

**B. Training and Exercises**

**1. Summarize local general and/or specialized training conducted and National (sponsored) courses attended during the previous 6-month period. Identify number of participants attending training and associated costs.**

Cost	Number of TF attendees	Course Title	Course Date	Course Location

**2. Indicate number of Task Force Members:**

	<i>Prior Period</i>	<i>Current</i>
<i>Rostered Members:</i>		
<i>Deployable Members:</i>		
<i>Fully Trained Members:</i>		
<i>New Recruits:</i>		

**3. Provide at least 3 overall Task Force training and/or exercise goals or objectives for the next 6 months and briefly describe any performance benefits from the cooperative agreement funding.**

**4. Discuss any anticipated problems/issues you Task Force foresees within the next 6 months that may impact the training and/or exercise objectives defined in the Task Force's budget plan(s):**

**C. Equipment**

*1. US&R Task Force Tools and Equipment cache – identify the adequacy, shortfalls, and procurement actions in progress and/or associated problems. Identify the number of inventories conducted. Discuss any equipment replacement issues or delays.*

*2. Provide any overall Task Force equipment procurement/accountability goals or objectives for the next 6 months.*

*3. Discuss any anticipated problems/issues your Task Force foresees within the next 6 months that may impact the equipment procurement/accountability objectives defined in the Task Force's budget plan(s):*

**D. Storage and Maintenance**

*1. Provide information on the adequacy of your warehouse facility, management of this facility and any lease, ownership, or security issues. Discuss any issues or planned actions to improve your facilities.*

*2. Provide an explanation of availability of all needed vehicles to deploy your Task Force. Identify any Task Force shortfalls and plan to resolve these issues, including completion dates.*

**E. Overall Performance**

*Feel free to provide any information you feel should be relayed to either the US&R Program Office or Grant Programs Directorate on the performance of your Task Force or any issues you are facing in the administration your US&R cooperative agreement(s).*



**Submitted by:**

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

**Cooperative Agreement Summary  
Information Page**

Task Force: xx-TFx

Reporting Period: 7/31/20XX For Time Period 1/1/20XX to 6/30/20XX

<i>Linked to Page 1</i> Grant Fiscal Year	FY 20xx	<i>Linked to Page 2</i> Grant Fiscal Year	FY 20xx	<i>Linked to Page 3</i> Grant Fiscal Year	FY 20xx
Federal Grant ID Number:		Federal Grant ID Number:		Federal Grant ID Number:	
Grant Award Amount:	\$ -	Grant Award Amount:	\$ -	Grant Award Amount:	\$ -
Beginning Period Balance:	\$ -	Beginning Balance:	\$ -	Beginning Balance:	\$ -
<b>Funds Spent this Period:</b>	<b>Current Expenditures</b>	<b>Funds Spent this Period:</b>	<b>Current Expenditures</b>	<b>Funds Spent this Period:</b>	<b>Current Expenditures</b>
Administration/Management	\$ -	Administration/Management	\$ -	Administration/Management	\$ -
Training	\$ -	Training	\$ -	Training	\$ -
Equipment Purchases	\$ -	Equipment Purchases	\$ -	Equipment Purchases	\$ -
Storage and Maintenance	\$ -	Storage and Maintenance	\$ -	Storage and Maintenance	\$ -
<b>Total Funds Spent:</b>	\$ -	<b>Total Funds Spent:</b>	\$ -	<b>Total Funds Spent:</b>	\$ -
Remaining Grant Balance:	\$ -	Remaining Grant Balance:	\$ -	Remaining Grant Balance:	\$ -

Additional General Grant Information entered below this line

Catalog of Federal Domestic Assistance	Old CFDA #	New CFDA #
	0	00/00/200x to 00/00/200X
	0	00/00/200x to 00/00/200X
	0	00/00/200x to 00/00/200X

Total funds remaining \$ -

Name of Person Submitting Report \_\_\_\_\_  
 (Typed Name)  
 Program Manager \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title

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

Task Force: xx-TFx

Reporting Period: 7/31/20XX For Time Period 1/1/20XX to 6/30/20XX

<i>Linked to Funds Report Page</i>	Original or Modified Budgeted Amount	Previously Expended Total Amount	Remaining Actual Amount	Amount (+ or -) of BUDGET	
Grant Fiscal Year	FY 20xx				
Federal Grant ID Number:	0				
Local Grant ID Number	<input type="text"/>				
Award Amount: →	\$ -				
Beginning Period Balance: →	\$ -				
<b>Funds Expended:</b>	<b>Budgeted</b>	<b>Previous Expenditures</b>	<b>Current Expenditures</b>	<b>+ or - Budget</b>	<b>% Not Spent</b>
Administration/Management	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Training	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Equipment Purchases	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Storage and Maintenance	\$ -	\$ -	\$ -	\$ -	#DIV/0!
<b>Total Funds Expended:</b>	\$ -	\$ -	\$ -	\$ -	
Remaining Grant Balance: →	\$ -				

Period of Performance	FY 20xx	0	00/00/200x	to	00/00/200X
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**Explanation on Spending Plan: Describe your progress to meet your spending plan goals**

**Administration/Management**

**Training**

**Equipment**

**Storage and Maintenance**

**Name of Person Submitting Report**

(Typed Name)

Program Manager  
Title

Signature

Date

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

Task Force: xx-TFx

Reporting Period: 7/31/20XX For Time Period 1/1/20XX to 6/30/20XX

<i>Linked to Funds Report Page</i>	Original or Modified Budgeted Amount	Previously Expended Total Amount	Remaining Actual Amount	Amount (+ or -) of BUDGET	
Grant Fiscal Year	FY 20xx				
Federal Grant ID Number:	0				
Local Grant ID Number:	<input type="text"/>				
Award Amount:	\$ -				
Beginning Period Balance:	\$ -				
<b>Funds Expended:</b>	<b>Budgeted</b>	<b>Previous Expenditures</b>	<b>Current Expenditures</b>	<b>+ or - Budget</b>	<b>% Not Spent</b>
Administration/Management	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Training	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Equipment Purchases	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Storage and Maintenance	\$ -	\$ -	\$ -	\$ -	#DIV/0!
<b>Total Funds Expended:</b>		\$ -	\$ -	\$ -	
Remaining Grant Balance:	\$ -				#DIV/0!

Period of Performance	FY 20xx	0	00/00/200x	to	00/00/200X
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**Explanation on Spending Plan: Describe your progress to meet your spending plan goals**

Administration/Management (Example: We are on target to meet our spending plan goals.)

Training

Equipment

Storage and Maintenance

**Name of Person Submitting Report**

(Typed Name)	_____	_____
Program Manager	Signature	Date
Title		



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

Task Force: xx-TFx

Reporting Period: 7/31/20XX For Time Period 1/1/20XX to 6/30/20XX

<i>Linked to Funds Report Page</i>	Original or Modified Budgeted Amount	Previously Expended Total Amount	Remaining Actual Amount	Amount (+ or -) of BUDGET		
Grant Fiscal Year	FY 20xx					
Federal Grant ID Number:	0					
Local Grant ID Number:	<input type="text"/>					
Award Amount: →	\$ -					
Beginning Period Balance: →	\$ -					
<b>Funds Expended:</b>	<b>Budgeted</b>	<b>Previous Expenditures</b>	<b>Current Expenditures</b>	<b>+ or - Budget</b>	<b>% Not Spent</b>	
Administration/Management	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
Training	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
Equipment Purchases	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
Storage and Maintenance	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
<b>Total Funds Expended:</b>	\$ -	\$ -	\$ -	\$ -		
Remaining Grant Balance: →	\$ -					

Period of Performance	FY 20xx	0	00/00/200x	to	00/00/200X
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**Explanation on Spending Plan: Describe your progress to meet your spending plan goals**

**Administration/Management** (Example: We are on target to meet our spending plan goals.)

**Training**

**Equipment**

**Storage and Maintenance**

**Name of Person Submitting Report**

(Typed Name)

Program Manager  
Title

Signature

Date