

## Capitol City Pharmacy MRC ( 2614 )

Date Established :  
Last Modified On :

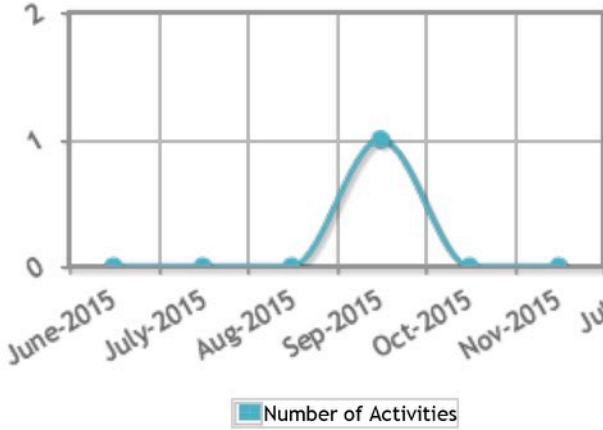
Region :  
Last Modified By :

### Basic Unit Information

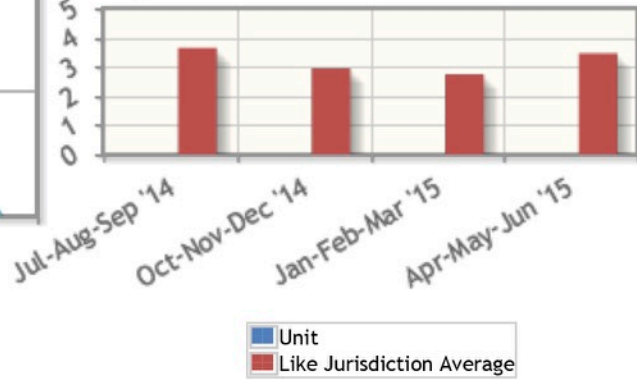
Status :  
\*Address Line 1 :  
Address Line 2 :  
\*City :  
\*State :  
\*Zip :  
Website :

### MRC Unit Activity Dashboard

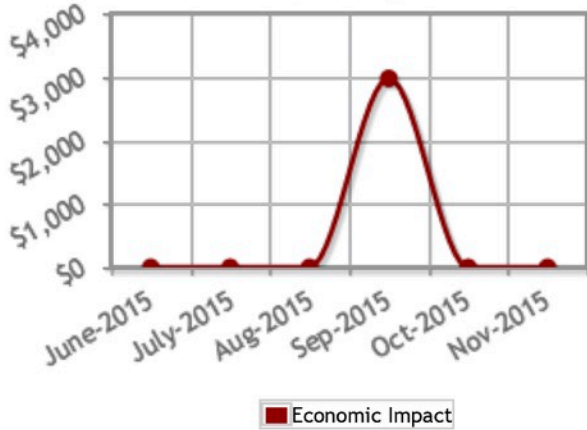
Number of Activities by Month



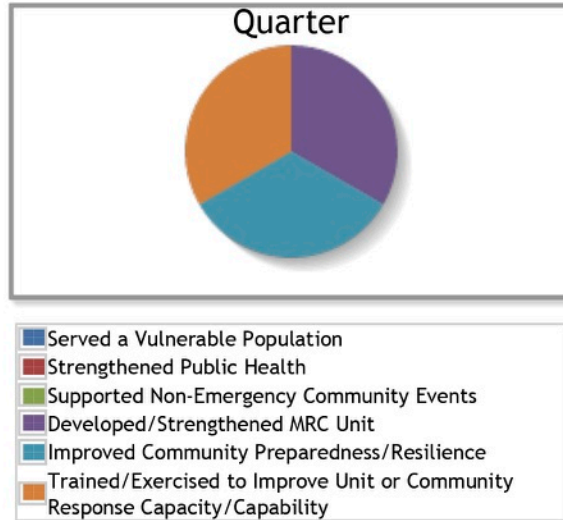
Number of Activities by Quarter Compared to Like Jurisdiction : Urban



Economic Impact by Month



Impact Categories from Previous Quarter



**Latest TA Assessment**

<b>Assessment Date</b>	<b>Status</b>	<b>Unit Status/Recommendation</b>	<b>Pending TAA Date</b>
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**Unit Information**

<b>Unit Name :</b>	
<b>Sponsoring Organization :</b>	
<b>Phone :</b>	
<b>Type :</b>	
<b>How Heard? :</b>	
<b>Unit Description :</b>	
<b>Mission Statement :</b>	
<b>Goals/Objectives :</b>	

ADMIN ONLY – Is this a Youth/Junior MRC?

ADMIN ONLY – Is this a Veterinary MRC?

ADMIN ONLY – Is this a Faith-based MRC?

ADMIN ONLY – Is this a Tribal MRC?

ADMIN ONLY – Is this a State-wide MRC?

**Unit Jurisdiction**

<b>Type of Jurisdiction</b>	
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**Jurisdiction Notes:**

None

## Points of Contact

To change one of the below, the "new" Director or Coordinator must set up a new account, or update their account, and select the appropriate User Type and Unit. The Program Office will then review and contact for confirmation.

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Current POC

MRC Director (POC Displayed Online)



## Emergency Contact Information

### Emergency Contact Information

Note: the MRC program office is requesting this information for situations when after-hours communications are necessary. This information will not be shared on the MRC Web site.

<b>Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	

### Alternate Contact Information

<b>Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	

**Unit Volunteers (52) Total**

<b>Volunteer Type</b>	<b>Count</b>
Physicians	
Physician Assistants	
Nurse Practitioners	
Nurses	
Pharmacists	
Dentists	
Veterinarians	
Mental Health Professionals	
EMS Professionals	
Respiratory Therapists	
Other Public Health/Medical	
Non-Public Health/Non-Medical	

### Unit Activities

(Future and 3 most recent displayed)

9/12/2015 - 9/12/2015

<b>Activity Name</b>	
<b>Impact</b>	
<b>Mission(s)</b>	
<b>Total Volunteers</b>	
<b>Total Volunteer Hours</b>	
<b>Total Economic Value</b>	\$

## Unit Profile Information

### Member Screening

\* Does your MRC unit have policies/procedures for volunteer screening and selection?

\* Are the professional credentials of your MRC members verified?

Does your MRC unit require "Fit-for-Duty" Checks (i.e. physical and mental)?

\* Credentialing

\* Screening Mechanisms

## Training

- \* Does your MRC unit have a training plan?
- \* Does your MRC unit utilize the MRC Core Competencies?
- \* Does your MRC unit utilize MRC-TRAIN?
- \* Is your MRC unit compliant, or working towards compliance, with NIMS requirements?
- \* Does your MRC unit participate in training exercises/drills with local partners?

Orientation Frequency

Training Required

**Partnerships/Relationships**

\* Partner Organizations

## Unit Composition

\* Does your MRC Unit allow youth membership (under 18 years of age)?

\* Unit Composition

\* PHM Professional Status

## Organization/Planning

\* Are MRC volunteers given day-to-day leadership roles/assignments?

Is your MRC unit using the official MRC logo?

\* Unit Focus

\* Activities Health

\* Activities Preparedness

\* Unit Leader Type

\* Unit Leader Percentage



## Unit/Volunteer Management

Does your MRC unit have a steering/advisory committee or governing body?

Does your MRC unit have a set of bylaws or similar governing instructions?

\* Does your MRC unit have written position descriptions for the various volunteer roles?

Does your MRC unit have a system for providing ID cards to members?

Does your MRC unit evaluate volunteer performance?

Does your MRC unit have a volunteer recognition/award program?

Does your MRC unit have a Continuity of Operations (COOP) plan?

Member Track

Apparel

## Response Coordination/Integration

\* Do you track your MRC members' willingness to deploy outside of the local jurisdiction?

Have any of your MRC members applied for (or actually participated in) Federal deployment training or responses?

\* Are your MRC members included, or do you plan to include them, in the State volunteer registry (ESAR-VHP)?

\* Is your MRC unit included in the local Emergency Operations Plan?

\* Does your MRC unit use an Incident Command System (ICS) management structure for responses?

\* Do you have written Job Action Sheets for response roles?

Does your MRC unit have procedures for handling spontaneous volunteers?

Does your MRC unit participate in after-action reviews following responses?

Does your MRC unit utilize amateur radio operators?

Activation Mechanism

Response Obstacles

## MRC Network

\* In the past 3 months, has your MRC unit contacted other MRC units to ask for or provide information?

\* In the past 12 months, has your MRC unit participated in State or Regional MRC meetings/calls?

\* Are you currently subscribed to the MRC listserv (either the one-way or two-way)?

## Goals/Objectives

\* Have you implemented a strategic planning process – with goals and measurable objectives – for your MRC unit?

Does your MRC unit have an evaluation strategy?

**Profile - Unit Information**

**( 5 of 5 question(s) un-answered )**

ADMIN ONLY - Is this a Youth/Junior MRC?

ADMIN ONLY - Is this a Veterinary MRC?

ADMIN ONLY - Is this a Faith-based MRC?

ADMIN ONLY - Is this a Tribal MRC?

ADMIN ONLY - Is this a State-wide MRC?

**Financial/Material Resources**

**( 10 of 19 question(s) un-answered )**

\* Has your MRC unit determined its financial and material resource needs?

\* Is your MRC unit registered as a charitable organization (i.e., 501 C3)?

\* Does your MRC unit maintain an inventory of material resources?

\* Is your MRC unit able to accept donated materials?

\* Is your MRC unit able to accept donated funds?

ADMIN ONLY – Did this unit participate in the MRC Demonstration Project (FY02 Cohort)?

ADMIN ONLY – Did this unit participate in the MRC Demonstration Project (FY03 Cohort)?

ADMIN ONLY – Did this unit receive a capacity-building award (2006–07)?

ADMIN ONLY – Did this unit receive a capacity-building award (2007–08)?

ADMIN ONLY – Did this unit receive a capacity-building award (2008–09)?

ADMIN ONLY – Did this unit receive a capacity-building award (2009–10)?

ADMIN ONLY – Did this unit receive a capacity-building award (2010–11)?

ADMIN ONLY – Did this unit receive a capacity-building award (2011–12)?

\* ADMIN ONLY – Did this unit receive a non-competitive capacity-building award (2012–13)?

\* ADMIN ONLY – Did this unit receive a competitive capacity-building award (2012–13)?

Funding

Other Funding Sources

\* Operating Budget

\* Optimal Budget

## Liability/Risk Management

\* Does your MRC unit have a risk management plan?

Does your MRC unit have a code of conduct or other policies regarding volunteer behavior while representing the unit?

Does your MRC unit provide volunteers with a handbook, manual, or other document that states unit policies and procedures?

Does your MRC unit have policies and procedures to safeguard volunteers' physical and mental health?

\* Legal Protections – Source

\* Legal Offered – What – emergency

\* Legal Offered – When

\* Legal offered – what – non emergency



## Communications

Does your MRC unit have a communications/media outreach plan?

Has your MRC unit identified someone who is responsible for communications/media outreach?

Do you document MRC events with photographs or video? (Note: please share your photographs with DCVMRC at [MRCcontact@hhs.gov](mailto:MRCcontact@hhs.gov))

Does your MRC unit (or housing organization) have guidelines in place for the use of social media?

Comm Materials

Share Newsletter

Media Coverage

Social Media Tools

Communication mechanisms

### TA Assessments

[New TA Assessment \(../../TAA/NewTAA.aspx?unit=2614\)](#)

Assessment Date	Status	Unit Status	Recommendation	Delete
No data available in table				

**References**

<b>Name</b>	
<b>Title/Organization</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Name</b>	
<b>Title/Organization</b>	
<b>Phone</b>	
<b>Email</b>	

**Resume**

Empty resume content area.

## Interview Q&A

**Describe the jurisdiction that your MRC unit will cover**

**Describe the goals and objectives of your MRC unit**

**Describe the public health and emergency preparedness/response mission and focus of your MRC unit.**

**Describe the organizational structure of your MRC unit**

**Describe the composition of your MRC unit**

**Describe the recruitment plans of your MRC unit**

**Describe your MRC unit's plans for screening and selecting members and staff,**

**including verification of professional credentials**

**Describe your MRC unit's plans for training**

**Describe your MRC unit's affiliations and partnerships with local public health and emergency management agencies**

**Describe your MRC unit's affiliations and partnerships with other local or state governmental or non-governmental organizations and agencies**

**Describe your MRC unit's administrative plans and procedures**

**Describe how your MRC unit is integrated with the local and state emergency plans (ESF-8) for your jurisdiction**

**Describe how your MRC unit has participated in the MRC "network"**

**Processing Dates/Comments**

Date	Status	Comments	Who