Region II Community and Faith-Based Organizations Needs/Capabilities and Continuity Program Survey

Includes two separate surveys – 1.) Needs and Capability Assessment, 2.) Individual Skills Survey and 3.) Continuity of Operations.

The Needs and Capability Assessment and the individual skills survey were originally found in a FEMA text, *Engaging Community and Faith-based Organizations*. The individual skills survey is a means of providing a service to partners to easily assess capacity in their organization in a deidentified manner. The COOP exercise is an adaptation to existing surveys for use when engaging R2 stakeholders.

The intent is to utilize these surveys in whole, or in part, to gather data from R2 stakeholders that will inform programmatic priorities and actions. Respondents will only take one of these surveys at a time, and determination of what surveys will be deployed will be determined by FEMA Region 2 National Preparedness Division leadership.

Request: Region 2 requests that this question bank be routed for formal approval and granted an OMB Control number so regular and recurrent surveys can be administered for continuous improvement purposes.

Needs and Capability Assessment

Organizational Capabilities Assessment Form

Use this customizable self-assessment form to aid in determining how partner organizations might assist in emergency management operations. Elements of this form were developed in collaboration with partners in Miami-Dade County Communities Organized to Respond in Emergencies (C.O.R.E.), the National Disaster Interfaith Network, and the University of Southern California Center on Religion and Civic Culture.

Partnering Organization's Information

Name of Organization:_____

Date of Contact: _____

Position in Organization: _____

Home/Cell/Organization Telephone Number:_____

Work/Personal/Organization Email Address: _____

Work/Home/Organization Mailing Address: _____

Web URL of Organization: _____

Organization Type:

☐ Federal Emergency Management Agency/Department of Homeland Security

☐ Other Federal Agency

☐ Local/State Government

☐ Tribal/Territorial Government

☐ Community Emergency Response Team (CERT) or Medical Reserve Corps (MRC)

☐ Voluntary Organizations Active in Disaster (VOAD) and Community Organizations Active in Disaster (COAD)

☐ Community Based Organization

☐ Private Business

☐ House of Worship/Faith-Based

☐ K-12 Educational Institution

☐ Institute of Higher Education

☐ Military

☐ Healthcare

☐ General public

☐ None/Other: _____ .

Number of Members/Employees Total:_____

Does your organization have a Disaster or Emergency Plan in place? Yes_____ No _____

What services/resources do you provide on a daily basis to your members or community?

	To organization members	To broader community
Care for people with disabilities or access and functional needs	☐	☐
Child Care	☐	☐
Clothes Distribution	☐	☐
Commercial Kitchen	☐	☐
Community Center	☐	☐
Counseling	☐	☐
Food/Commodities Pantry	☐	☐
Medical Services	☐	☐
Security	☐	☐
Shelter	☐	☐
Shelter Management	☐	☐
Transportation	☐	☐
Other _____	☐	☐

Would your organization be willing to provide these services in an emergency? Yes_____No ____

How is your facility/organization equipped to fulfill the services that you provide? (e.g., space, utilities, equipment) _____

_____

_____

Are all of your facilities equipped with generators? Yes____No ____Partially_____

Please provide information regarding the occupations and skills of members of your organization who may be able to serve the community in a crisis (please note any training or certifications obtained, as applicable/available):

☐ Chaplain / Spiritual Care Providers: _____

☐ Crisis Counselors: _____

☐ Individuals Trained in Cardiopulmonary Resuscitation (CPR)/First Aid:_____

☐ Interpreters (please include languages, to include American Sign Language): _____

_____

☐ Medical Doctors: _____

☐ Nurses / Licensed Vocational Nurses: _____

☐ Paramedics/ Emergency Medical Technicians: _____

☐ Retired Public Safety Personnel: _____

☐ Teachers/Child Care: _____

☐ Veterinarian or Animal Care Services: _____

☐ Other (e.g., amateur radio operators): _____

Does your organization have the ability to distribute food or other commodities to the community during a small or large-scale incident? Yes____No ____ {*Survey logic: If respondent selects no, they will skip to the question on shelter space*}

• If yes, how many meals can your organization prepare and serve each day? _____

• Does your organization have the ability to deliver food? Yes____No ____

Does your organization have a shelter space available for use during a small or large-scale incident? Yes____No ____ {*Survey logic: If respondent selects no, they will skip to the question on childcare*}

• If yes, what is the square footage and type of space that is available for sheltering?

_____

_____

• How many people can be sheltered? _____

• Can people with disabilities and others with access and functional needs use this facility? (Please fill out only one of the comment boxes for "Yes" or "No" and provide details) Yes____No____ (Please provide details) _____

- Are non-service animals permitted in or around the shelter space? (Please provide details.)

  _____

  _____

Does your organization have a licensed or certified childcare facility? Yes____No ____{*Survey logic: If respondent selects no, they will skip to the question on mental and emotional counseling*}

- If yes, is your organization willing to serve community members and children who need assistance following an incident? Yes____No ____

- What is your maximum childcare capacity?

  _____

Can your organization provide mental, emotional counseling during a small or large-scale incident? Yes____No ____   {*Survey logic: If respondent selects no, they will skip to the question on communication systems*}

- If yes, what types of counseling (mental, emotional)?

  _____

- If yes, how many licensed/certified/trained counselors will your organization be able to provide?

  _____

Does your organization have a communication system to activate in response to a small or large-scale incident? If you do, you will be prompted to clarify the type of system you have (e.g., amateur radio, phone tree) and who the system reaches (e.g., community members, employees) Yes_____No ____   {*Survey logic: If respondent selects no, they will skip to the question on donations*}

- If yes, what type of system do you have (e.g., amateur radio, phone tree)?

  _____

- Who does the system reach (e.g., community members, employees)?

  _____

Does your organization accept donations? Yes____No ____ {*Survey logic: If respondent selects no, they will skip to the question on donations through case management*}

- If yes, what type (e.g., food, clothing, money)?

  _____

Does your organization distribute donations through case management? Yes____No ____ {*Survey logic: If respondent selects no, they will skip to the question on mobilizing volunteers*}

- If yes, what type (e.g., food, clothing, money)?

  _____

Does your organization have the ability to mobilize volunteers to assist the community during a small or large-scale incident? Yes____No ____ {*Survey logic: If respondent selects no, they will skip to the question on additional services*}

- If yes, how many volunteers could your organization provide at one time?

  _____

Are there additional services that your organization would be able to provide during a small or large-scale incident? Yes____No ____

If yes, please explain:

_____

_____

_____

What type of assistance do you believe your organization will need to prepare in advance for organizational preparedness/continuity?

- ☐ Communications
- ☐ Developing Partnerships
- ☐ Donations Management
- ☐ Mass Care Feeding
- ☐ Organizational Preparedness/Continuity
- ☐ Service Coordination
- ☐ Sheltering
- ☐ Spiritual and Emotional Care/Counseling
- ☐ Other: _____

What type of assistance do you believe your organization will need to respond to or recover from a small or large-scale incident (e.g., debris removal, interpreters)? _____

_____

Are you a part of, or aware of, other organizations/networks that provide similar community services? Yes____No ____{*Survey logic: If respondent selects no, they will skip to the question on if your organization is interested in potential topics areas to learn about*}

- If yes, please provide their contact information:_____

Is your organization interested in learning more about one or more of the following?

- Disaster Response and Emergency Operations   Yes____No ____
- Emergency Preparedness Fairs   Yes____No ____
- Community Emergency Response Team (CERT) Training   Yes____No ____
- American Red Cross CPR / First Aid Training   Yes____No ____
- Communications   Yes____No ____
- Donations Management in Disasters   Yes____No ____
- Volunteer Management in Disasters   Yes____No ____

- Sheltering   Yes____No ____
- Mass Care Feeding   Yes____No ____
- Spiritual and Emotional Care/Counseling   Yes____No ____
- Service Coordination   Yes____No ____
- Developing Partnerships   Yes____No ____
- Preparedness Activities   Yes____No ____
- Protecting Houses of Worship   Yes____No ____
- Continuity Planning and Operations   Yes____No ____
- Youth Preparedness   Yes____No ____
- Senior Preparedness   Yes____No ____
- Community Mapping   Yes____No ____
- Network Development   Yes____No ____
- Other _____

Continuity of Operations (COOP):

Does your organization have a Continuity of Operations (COOP) plan? {*Survey logic: If respondent selects "No" or "Don't know", they will skip to the prompt to provide additional comments or notes on their COOP plan*}

a. Yes, and it is up-to-date

b. Yes, but it is out-of-date

c. No

d. Don't know

If your organization does have a Continuity of Operations Plan, is it supported by a Test, Training & Exercise program?

a. Yes

b. No

c. Don't know

Are risks and vulnerabilities associated with Continuity of Operations qualified through a standardized "Hazard Analysis"?

a. Yes

b. No

c. Don't know

If your organization maintains a Continuity of Operations Plan does it contain incident-specific annexes pertaining to things such as pandemic, cyber-attack, earthquake, etcetera?

a. Yes

b. No

c. Don't know

Additional Comments or Notes: _____

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Individual Skills Survey

The Individual Skills Survey is a means of providing a service to partners to easily assess capacity in their organization in a deidentified manner. Information will be collected at an organization level and aggregated before dissemination to partners.

Individual Skills Survey Form

Partner organizations can use this customizable form to inventory the current emergency skills of individuals within their organizations.

Current Organization:

Name of Organization: _____

Work/Home/Organization Mailing Address: _____

Work/Home/Cell/Organization Phone Number:_____

Work/Personal/Organization Email Address:_____

Position or service activity with current organization, if any: _____

Special Skills / Training / Work Experience (please check the boxes that apply to your organization, you will have opportunities to provide more information for some of the options in the next question): {*Survey logic: If respondent selects any of the responses with a chance to provide more details through an open-response i.e., the fill-in the blank lines next to responses. If they don't select any of those potentially open-response options they will proceed to the question on transportation next; Any of the text in red means it won't display in the initial question, but will in the follow-up open-response question*}

- ☐ Accounting
- ☐ Community Emergency Response Team
- ☐ Chainsaw Operator
- ☐ Child Care Worker
- ☐ Clergy (religious affiliation): _____
- ☐ Clerical
- ☐ Commercial Driver's License
- ☐ Construction (type): _____
- ☐ Counseling (type): _____
- ☐ CPR/AED Certification: Child / Adult and Expiration: _____
- ☐ Elderly/Access and Functional Needs Care Worker
- ☐ First Aid Certification   Expiration: _____
- ☐ Food Preparation
- ☐ Forklift Operator

- ☐ Amateur Radio Operator
- ☐ Heavy Equipment Operator (type): _____
- ☐ Medical/Nursing (list certifications): _____
- ☐ Mountain Climbing/Rappelling
- ☐ Pilot License (type): _____
- ☐ Red Cross Volunteer
- ☐ Shelter Management
- ☐ Social Media: _____
- ☐ Specialized Search and Rescue Training

- ☐ Trucking/Hauling
- ☐ Veterinarian or Animal Care Services
- ☐ Volunteer Management
- ☐ Warehouse/Inventory/Donations Sorting and Management
- ☐ Access to and Trust of Underserved Communities
- ☐ Other Special Skills and Licenses (list):_____

_____

Transportation (please check the boxes that apply to your organization):

- ☐ I have a valid driver's license
- ☐ I own a personal vehicle
- ☐ I use public transportation only
- ☐ I rely on friends/family for transportation

Available Equipment and Resources (please check the boxes that apply to your organization): {*Survey logic: If respondent selects "Amateur Radio Call Sign or " with a chance to provide more details through an open-response i.e., the fill-in the blank lines next to responses. If they don't select any of those potentially open-response options they will proceed to the question on transportation next*}

- ☐ Chainsaw
- ☐ Citizens Band (CB) Radios/Walkie-Talkies
- ☐ Four-Wheel Drive Vehicle
- ☐ Amateur Radio Call Sign:_____Expiration: _____
- ☐ Portable Generator or Solar Power
- ☐ Trailer
- ☐ Water Pump
- ☐ Other (list): _____

_____

Language Skills (please indicate if there are any speakers of these languages in your organization and your best estimate of their respective proficiency level – Beginner, Intermediate, Advanced {e.g., Beginner in French Creole under Reading and Intermediate for Speaking}):

Arabic	
American Sign Language	
Armenian	
Chinese Dialect_____	
French	
French Creole	
German	
Haitian	
Italian	
Japanese	
Korean	
Portuguese	
Russian	
Spanish	
Tagalog	
Vietnamese	
Other (List): _____	

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Continuity of Operations

Continuity Program Survey

Introduction

The purpose of this survey is to examine current state of your organization's continuity program. It will help to identify the organization's current and potential partnerships within the community, which are critical to developing and sustaining a culture of continuity. It will help identify existing coordinating structures in which organizational continuity planners should participate in to integrate continuity planning, operations, and responsibilities into emergency management, preparedness, and resilience efforts. Other inter- and intra-organizational continuity plans and programs (e.g., incident management, Occupant Emergency Plans, and Emergency Operations Plans, IT/Disaster Recovery Plans), should be considered to ensure synchronization across plans and programs enhancing overall continuity posture.

Partnering Organization's Information

Name of Organization:_____
Position in Organization: _____
Home/Cell/Organization Phone Number:_____
Work/Personal/Organization Email Address: _____
Work/Home/Organization Mailing Address: _____
Web URL: _____

Organization Type:

- ☐ Federal Emergency Management Agency/Department of Homeland Security

- ☐ Other Federal Agency

- ☐ Local/State Government

- ☐ Tribal/Territorial Government

- ☐ Community Emergency Response Team (CERT) or Medical Reserve Corps (MRC)

- ☐ Voluntary Organizations Active in Disaster (VOAD) and Community Organizations Active in Disaster (COAD)

- ☐ Community Based Organization

- ☐ Private Business

- ☐ House of Worship/Faith-Based

- ☐ K-12 Educational Institution

- ☐ Institute of Higher Education

- ☐ Military

☐ Healthcare

☐ General public

☐ None/Other: _____

Section I

➢ Have you created an overall continuity strategy that is agreed upon by elected officials or organizational leadership?

Yes

No

➢ Have you identified existing, applicable continuity regulations or requirements? In the absence of requirements, identify continuity guidance, and principles most applicable to the organization.

Yes

No

Please note applicable guidance

➢ Have you identified continuity program planning roles and responsibilities?

Yes

No

➢ Have you established a continuity planning team to assist with planning including representatives from other organizational offices or departments?

Yes

No

➢ Have you developed a project plan, timelines, and milestones for program maintenance?

Yes

No

> ➢ Have you identified preliminary budgeting and resource requirements?

Yes

No

> ➢ Have you obtained the support of leadership and elected officials for the continuity program?

Yes

No

Section II

> ➢ Have you conducted a Business Process Analysis (BPA) to identify and document the activities and tasks that are performed within your organization, with an emphasis on the big picture (how the organization interacts with partners and stakeholders) and the operational details?

Yes

No

> ➢ Have you conducted a risk assessment to identify and analyze potential threats and hazards?

Yes

No

> ➢ Have you conducted a Business Impact Analysis (BIA) to identify and evaluate how the organization's threats and hazards may impact the organization's ability to perform its essential functions?

Yes

No

➢ Have you identified the organization's essential functions and essential supporting activities by determining what organizational functions are essential, taking into account statutory requirements and linkages to National Essential Functions and other essential functions in the community?

Yes

No

➢ Have you identified mitigation options to address the risks identified in the BIA (e.g., alternate operating facilities, telework policies, devolution procedures, mutual aid agreements)?

Yes

 No

➢ Have you identified the organization's key elements (e.g., technology, people) and detail how those elements support the execution of essential functions?

Yes

No

➢ Have you drafted a comprehensive plan that outlines the requirements and procedures needed to perform essential functions, and establishes contingency plans in the event that key resources are not available?

Yes

No

Section III

➢ Have you established a schedule for conducting regular test, training, and exercise events to assess and validate continuity plans, policies, procedures, and systems?

Yes

No

> ➢ Have you created a corrective action program to implement and track areas for improvement identified during tests, exercises, or real-world incidents?

Yes

No

> ➢ Have you developed continuity metrics and success criteria to evaluate and assess the organization's continuity plans and program against?

Yes

No

> ➢ Have you established a schedule for conducting a review (using the continuity metrics and success criteria) and revision of the organization's continuity strategy, plan, and supporting documents and agreements such as Memorandums of Understanding and Memorandums of Agreement?

Yes

No

> ➢ Have you aligned and allocated resources (e.g., budget) to implement continuity activities before, during, and following a continuity activation?

Yes

No

> ➢ Have you developed a continuity multi-year strategic plan to provide for the development, maintenance, and review of continuity capabilities to ensure the program remains viable and successful to include test, training, and exercise activities, and plan reviews?

Yes

No