

## U.S. REPATRIATION PROGRAM PROJECT NARRATIVE

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is for states to request reimbursement for costs incurred as a result of an emergency repatriation or an approved planning, training, or exercise activity. Public reporting burden for this collection of information is estimated to average 0.5 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to obtain reimbursement for an emergency repatriation (42 U.S.C. Section 1313). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0474 and the expiration date is **XX/XX/XXXX**. If you have any comments on this collection of information, please contact the U.S. Repatriation Program, 330 C St. SW, Washington, D.C. 20201.

| SECTION I: STATE AND AGENCY NAME                                            |                |
|-----------------------------------------------------------------------------|----------------|
| 1. State Name                                                               | 2. Agency Name |
| SECTION II: PROJECT PERIOD                                                  |                |
| 3. Project Begin and End Dates (MM/DD/YYYY to MM/DD/YYYY)<br>_____ to _____ |                |
| SECTION III: PROJECT NARRATIVE                                              |                |
| 4. Description of Overall Project Plan                                      |                |



## **GENERAL INFORMATION**

**Purpose:** This form is to provide an overall description of planned activities for the entire project period (e.g., years 1, 2, and 3) regarding emergency repatriation planning, training, and exercises.

**Who Should Complete this Form:** An official authorized by the state.

**When to Submit:** Submit with initial application, and when submitting a revised project narrative if applicable.

**Where to Submit:** Include with initial application, with cc to [OHSEPR-Grants@acf.hhs.gov](mailto:OHSEPR-Grants@acf.hhs.gov).

## **SPECIFIC INSTRUCTIONS**

### **SECTION I: STATE AND AGENCY NAME**

**Item 1. State Name.** Provide the name of the state.

**Item 2. Agency Name.** Provide the full name of the state agency and relevant office.

### **SECTION II: PROJECT PERIOD**

**Item 3. Project Begin and End Dates (MM/DD/YYYY to MM/DD/YYYY).** Enter the project period for this narrative (e.g., three years).

### **SECTION III: PROJECT NARRATIVE**

**Item 4. Description of Overall Project Plan.** Provide a brief summary (not to exceed one page) of the state's planned activities for the entire project period (e.g., three years). The summary should include overall activities for each year regarding planning, training, and exercises related to improving state readiness for emergency repatriation and updating the State Emergency Repatriation Plan. The narrative should indicate the proposed sequence of activities throughout the project period (e.g., Year 1: tabletop exercise testing current plan, after action report; Year 2: revise and update plan, develop and implement training for all relevant participants; Year 3: full-scale exercise, finalize plan, etc.).