

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

OMB 1660-0073
Expires XX XX, 20XX

PAPERWORK BURDEN DISCLOSURE NOTICE
FEMA Form FF-104-FY-21-175 (formerly 089-0-11)

Public reporting burden for this data collection is estimated to average 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 this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. 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 20472-3100, 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 Notice of Funding Opportunity/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: For Time Period: to
Reporting Date:

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.

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

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

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

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).

B.

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:

Prior Period

Current Period

Rostered Members:

Deployable Members:

Fully Trained Members:

New Recruits:

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:

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

Linked to Page 1		Linked to Page 2		Linked to Page 3	
Grant Fiscal Year	FY 20xx	Grant Fiscal Year	FY 20xx	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:	\$ -
Funds Spent this Period:	Current Expenditures	Funds Spent this Period:	Current Expenditures	Funds Spent this Period:	Current Expenditures
Administration/Management	\$ -	Administration/Management	\$ -	Administration/Management	\$ -
Training	\$ -	Training	\$ -	Training	\$ -
Equipment Purchases	\$ -	Equipment Purchases	\$ -	Equipment Purchases	\$ -
Storage and Maintenance	\$ -	Storage and Maintenance	\$ -	Storage and Maintenance	\$ -
Total Funds Spent:	\$ -	Total Funds Spent:	\$ -	Total Funds Spent:	\$ -
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 #	

Period of Performance	FY 20xx	0	00/00/20xx	to	00/00/20xx
	FY 20xx	0	00/00/20xx	to	00/00/20xx
	FY 20xx	0	00/00/20xx	to	00/00/20xx

Total funds remaining \$ -

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

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

Task Force:

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

	Original or Modified Budgeted Amount	Previously Expended Total Amount	Remaining Actual Amount	Amount (+ or -) of BUDGET	
<i>Linked to Funds Report Page</i>					
Grant Fiscal Year	FY 20xx				
Federal Grant ID Number:	0				
Local Grant ID Number					
Award Amount: →	\$ -				
Beginning Period Balance:	→		\$ -		
Funds Expended:	Budgeted	Previous Expenditures	Current Expenditures	+ or - Budget	% Not Spent
Administration/Management	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Training	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Equipment Purchases	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Storage and Maintenance	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Total Funds Expended:		\$ -	\$ -	\$ -	
Remaining Grant Balance:	→		\$ -	\$ -	#DIV/0!
Period of Performance	FY 20xx		0	00/00/20xx	to 00/00/20xx

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 B

FEMA FORM 089-11

Page 7 of 9

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

Task Force:

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

	Original or Modified Budgeted Amount	Previously Expended Total Amount	Remaining Actual Amount	Amount (+ or -) of BUDGET
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Linked to Funds Report Page

Grant Fiscal Year FY 20xx

Federal Grant ID Number: 0

Local Grant ID Number:

Award Amount: \$ -

Beginning Period Balance: \$ -

	Funds Expended:	Budgeted	Previous Expenditures	Current Expenditures	+ or - Budget	% Not Spent
Administration/Management	\$	-	\$ -	\$ -	\$ -	#DIV/0!
Training	\$	-	\$ -	\$ -	\$ -	#DIV/0!
Equipment Purchases	\$	-	\$ -	\$ -	\$ -	#DIV/0!
Storage and Maintenance	\$	-	\$ -	\$ -	\$ -	#DIV/0!
Total Funds Expended:			\$ -	\$ -	\$ -	

Remaining Grant Balance: \$ - #DIV/0!

Period of Performance FY 20xx **0** 00/00/20xx **to** 00/00/20xx

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

Task Force:

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

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		