Department of Homeland Security
Federal Emergency Management Agency

URBAN SEARCH AND RESCUE RESPONSE SYSTEM

Task Force Narrative Workbook

OMB 1660-0073
Expires XX XX, 20XX

PAPERWORK BURDEN DISCLOSURE NOTICE
FEMA Form FF-104-FY-21-174 (formerly 089-0-10)

Purpose

The U.S. Department of Homeland Security (DHS) and the Federal Emergency Management Agency (FEMA) are accountable to provide support and funding for the maintenance and readiness of the National Urban Search and Rescue (US&R) Response System. The purpose of the **Readiness Cooperative Agreement** is to support the continued development and maintenance of a national urban search and rescue capability.

Specifically, the agreement provides a mechanism for distribution of Cooperative Agreement funding for certain purposes in preparation for US&R disaster response. The Cooperative Agreement allows each Sponsoring Agency of a US&R task force the opportunity to maintain a high standard and condition of operational readiness and includes guidance on key areas for task force management to focus on continued preparedness efforts.

The Cooperative Agreement provides direction to the US&R task force Sponsoring Agency for the use of funding to provide: administrative and program management, training, support, equipment cache procurement, maintenance and storage. This workbook is designed for use by the Sponsoring Agencies of all current task forces within the US&R Response System when applying for the US&R Readiness Cooperative Agreement solicitation.

For more specific information and instructions for submission, refer to the applicable Notice of Funding Opportunity (NOFO) package and Statement of Work.

Urban Search & Rescue (US&R) Readiness Cooperative Agreement
Task Force Narrative Workbook
CONTENTS

SAMPLE COVER LETTER FOR COPERATIVE AGREEMENT APPLICATION

Date:

US Department of Homeland Security
Federal Emergency Management Agency
Grants Management Branch
Attn: Ms. Tawana Mack
800 K Street NW - Rm: S430-5
Washington, DC 20472

Dear Ms. Mack:

Enclosed is the US&R application of **Your Sponsoring Agency Name** for the year **XXXX** Department of Homeland Security/FEMA, Urban Search & Rescue Cooperative Agreement for a total of $**X,XXX,XXX**.

The following items have been completed electronically within ND Grants:

- ☐ . Application for Federal Assistance, SF 424
- ☐ . Budget Information-Non Construction Programs FEMA form SF 424A
- ☐ . Summary sheet for Assurances and Certifications, SF 424 B
- ☐ . SF GG/SF LLL - Lobbying Activities

The following are included in the Narrative Statement (FEMA Wkbk 089-0-10) and attached with the Application:

- ☐ . Preparer & Contact Information Sheet
- ☐ . Budget Narrative (Budget Summary Sheet, four cost categories and Budget Totals)
- ☐ . Position Descriptions for all Staff paid by the Cooperative Agreement

The following are submitted as additional attachments:

- ☐ . Indirect Cost Rate Agreement
- ☐ . Specifications for all rolling transportation
- ☐ 0. Pre-Award Cost Request and Approval

Please call **"Your Point of Contact" at (XXX) XXX-XXX** or email at **johndoe@wa.us** or **"Alternate Point of Contact" (XXX) XXX-XXXX** or email at **janedoe@wa.us** for any other information that you may need.

Sincerely,

Your Agency Head
Title
Agency

PREPARER INFORMATION

FEMA Form 089-0-10A

Preparer	
Prefix	
First Name	
Middle Name	
Last Name	
Title	
Agency/Organization	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
Fax	
E-mail	

CONTACT INFORMATION

Point of Contact	
Prefix	
First Name	
Middle Name	
Last Name	
Title	
Agency/Organization	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
Fax	
E-mail	

APPLICANT INFORMATION

Applicant	
Task Force	
Organization Name	
Employer Identification Number	
DUNS Number	
Address 1	
Address 2	
City	
County	
State	
Zip	
Country	
Submission Date	
Type of Applicant	
Congressional District Applicant	
Congressional District Project	
Authorized Representative First Name	
Authorized Representative Middle Name	
Authorized Representative Last Name	
Authorized Representative Title	

Authorized Representative Phone Number	
Applicant Identifier (if applicable)	
State Applicant Identifier (if applicable)	
Organizational Unit:	
Department:	
Division:	
Made available for EO 12372 (Answer Y or N)	
Date Reviewed If applicable)	
"Y" for not covered "N" for not selected	

COOPERATIVE AGREEMENT BUDGET SUMMARY

FEMA Form 089-0-10B

BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. US&R Readiness Cooperative Agreement	**97.025**	0.00	0.00	0.00	$	0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		$0.00	$0.00	$0.00	$0.00	$0.00

BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)Admin. & Mgmnt.	(2) Training	(3) Equipment	(4) Storage & Maint.	
a. Personnel	$0.00	$0.00	$0.00	$0.00	$0.00
b. Fringe Benefits	0.00	0.00	0.00	0.00	0.00
c. Travel	0.00	0.00	0.00	0.00	0.00
d. Equipment	0.00	0.00	0.00	0.00	0.00
e. Supplies	0.00	0.00	0.00	0.00	0.00
f. Contractual	0.00	0.00	0.00	0.00	0.00
g. Construction	N/A	N/A	N/A	N/A	N/A
h. Other	0.00	0.00	0.00	0.00	0.00
i. Total Direct Charges *(sum of 6a-6h)*	0.00	0.00	0.00	0.00	0.00
j. Indirect Charges	0.00	0.00	0.00	0.00	0.00
k. TOTALS *(sum of 6i and 6j)*	$0.00	$0.00	$0.00	$0.00	$0.00

7. Program Income	$	$	$	$	$

NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	$	$	$	$0.00
9.				0.00
10.				0.00
11.				0.00
12. TOTAL *(sum of lines 8-11)*	$0.00	$0.00	$0.00	$0.00

FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal	$0.00	$	$	$	$
14. Non-Federal	0.00				
15. TOTAL *(sum of lines 13 and 14)*	$0.00	$0.00	$0.00	$0.00	$0.00

BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
	FUTURE FUNDING PERIODS (Years)			
(a) Grant Program	(b) First	(c) Second	(d) Third	(e) Fourth
16.	$	$	$	$
17.				
18.				
19.				
20. TOTAL *(sum of lines 16-19)*	$0.00	$0.00	$0.00	$0.00

OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

National Urban Search & Rescue Response System
S&R Task Force Readiness Cooperative Agreement Budget Narrativ
Purpose of Agreement

The purpose of this **Readiness Cooperative Agreement** is to continue the development and maintenance of National Urban Search and Rescue (US&R) Response System resources to be prepared for mission response and to provide qualified personnel in support of Emergency Support Function-9 (ESF-9) activities under the National Incident Management System (NIMS) and the National Response Framework (NRF).

Our Task Force agrees to manage the continued development and maintenance of this National US&R Response System resource. We will be prepared to provide qualified, competent US&R personnel in support of ESF-9 activities under the National Response Framework. Specifically, this fiscal year's US&R Notice of Funding Opportunity (NOFO) and the accompanying budget narrative provides our plan to accomplish our objectives identified by DHS/FEMA. This work plan identifies the key areas that our Task Force will focus its continued readiness efforts. These key areas are admistrative and program management, training, support, equipment cache preparedness, maintenance and storage. These key areas are detailed in the Grant Guidance/Statement of Work. This Cooperative Agreement will allow our Task Force to maintain a high standard and condition of operational readiness. It is the intent of our Task Force to comply with this fiscal year's US&R NOFO throughout the duration of this agreement.

While portions of this fiscal year's US&R NOFO are included in the budget narrative, we acknowledge compliance with this fiscal year's US&R NOFO in its entirety.

ADMINISTRATION & MANAGEMENT

FEMA Form 089-0-10C

Task Force General Comments
Our Task Force will accomplish the goals set forth in the DHS-FEMA statement of work, guidance, and directives provided by the Urban Search & Rescue Program Office. The costs for the Administration & Management portion of this budget/narrative will be addressed in this section and will cover costs for a maximum amount of time of 12 months, and the costs will occur within the 36 month period of performance. The cost details will be provided in the object classes within this Program Category. The Administrative/Management personnel under this Readiness Cooperative Agreeement is responsible for the day-to-day operations of the Task Force and will be responsible to ensure that all management, administration and operational requirements are accomplished. Our Task Force will attempt to maintain the preparedness of the Task Force under this Readiness Cooperative Agreement, in order to provide critical emergency response services as one of the 28 teams for the National Urban Search and Rescue Response System under the Response Cooperative Agreement. Funding for any deployments will be handled under the Response Cooperative Agreement.

Total Administration & Management Cost
$0

Personnel Salaries & Fringe Benefits

Notes for Personnel Salaries and Fringe Benefits Section
The US&R Task Force will provide sufficient staff for management and administration of the Task Force day- to-day activities to accomplish required supervisory, administrative, training and logistical duties. Specifically: program management; grants management; financial management; administrative support; training coordination and instruction; logistics management and property accountability. This shall include, but is not limited to, funding personnel salaries relating to Task Force development and management; record-keeping, inventory and maintenance of the US&R Equipment Caches; correspondence with Task Force members and parties who support Task Force activities; along with similar management and administrative tasks.
Provide the staffs' salary, benefits, and also note any cost of living increases (percentage and amount) below that will be paid under the Readiness Cooperative Agreement. There is a drop down menu for the staff positions, and any additional staff not noted can be added. If a staff position is part time, please provide the hours and hourly rate in the Personnel box below to clarify the time to be allotted, e.g., one day a week, 40 hours a month at a rate of $45.00 per hour , etc. If overtime hours are listed, please note them as a separate line item below. Put the total amount under salary. Note the hourly rate in the clarification box.

Personnel Salaries and Fringe Benefits

Staff Position	Name	Full/Part Time	Overtime Hours	Salary Dates (Current)	Salary Dates (Prior)	Fringe Benefits	Salary	Total
								$0
								$0
								$0
								$0
								$0
								$0
								$0
								$0
								$0
								$0
								$0
								$0
If other, list here								$0
If other, list here								$0
If other, list here								$0
If other, list here								$0
If other, list here								$0
If other, list here								$0
Totals						**$0**	**$0**	**$0**

Personnel Salaries	Cost Basis: Please mark appropriate box(es) below.
The area below is for any additional notes the Task Force may need to add for clarifying the paid staff positions. If the position is part-time list the hours, and hourly rate. Also there is a separate area (Tab 11) for the position descriptions for each staff position listed, or position descriptions may be added as an attachment.	☐ *ion Agreements* ☐ *y/County/Organization Negotiated Agreements* ☐ *torical Data* ☐ *s/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *ıer (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Fringe Benefits	Cost Basis: Please mark appropriate box(es) below.
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if applicable) and list the items (e.g., health, dental, workers' comp) that are included.	☐ *ion Agreements* ☐ *y/County/Organization Negotiated Agreements* ☐ *torical Data* ☐ *s/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *ıer (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Travel

Notes for Travel Section

Attend DHS/FEMA-sponsored or DHS/FEMA-approved US&R meetings, conferences, and training sessions, to include Task Force Leader meetings, Advisory Organization Meetings, Ad Hoc Groups and Sub-Groups, Incident Support Team (IST) training/meetings, workshops, or others as directed by the US&R Program Office as they relate to the National US&R Response System. Other activities include on-site peer Administrative Readiness Evaluation (ARE) of other Task Forces, quality assurance oversight of FEMA-sanctioned training courses, training with other Task Forces, grants management training, and research and development for equipment, as directed by the US&R Program Office. Based on approval by the US&R Program Office and available funding, Task Forces can use funds to cover travel for product research and development efforts, thereby keeping apprised of cutting edge technology for equipment used within the System.

There are also miscellaneous meetings that are required due to the dynamic program. Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations that are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings, and you can add others that are in line with the statement of work. The drop down menu in the section below includes all events, allowing you the flexibility to account for your travel costs in this section Admin/Management Program Category or the Training Program Category. The Task Force is authorized to reallocate funds between Admin/Management travel and Training travel without requesting a budget change authorization. However, this change must be reflected in your Performance Report and note the reason(s) for the change.

Travel

Event Title	No. of Personnel	No. of Trips	Cost Per Person	Lump Sum
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
Total				**$0**

Travel	**Cost Basis:** Please mark appropriate box(es) below.
Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above	☐ *'on Agreements*
	☐ *y/County/Organization Negotiated Agreements*
	☐ *torical Data*
	☐ *'s/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification use tab 12	☐ *'ner (List here):*

Equipment

Notes for Equipment Section

Purchase of office furniture and equipment specifically for administrative purposes are allowable under this Cooperative Agreement. This shall include, but is not limited to, laptops and desktop computers, higher-end printers, scanners, copy machines, desks, book shelves, etc. The costs noted in this area are for the purchase of equipment and not service agreements, which should be included under contractual or other. Rolling or floating transportation will require specifications as part of the application and should be listed under the Equipment Program Category. The general definition out of 2 C.F.R. Part 200 is: Equipment is tangible personal property with a useful life of at least 1 year & a per unit cost of at least $5,000 (or the non-federal entity's equivalent threshold, whichever is lower).

Equipment

These are the items our Task Force anticipates requiring for this Cooperative Agreement for the equipment object class under the Administration/Management Program Category. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed items will be reflected in the Performance Reports, with the reason for the change noted and the Task Force will not be required to submit a budget change if items are on the approved cache lists, authorized by program guidance or directives.

Item Description	Cache #	Unit Cost	No. of Units	Total Cost
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
Total				**$0**

Equipment	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for equipment costs below.	☐ *'on Agreements*
	☐ *y/County/Organization Negotiated Agreements*
	☐ *torical Data*
	☐ *'s/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification, use tab 12.	☐ *'ner (List here):*

Supplies

Notes for Supplies Section

In the below area, provide an **approximate** listing of the supplies necessary for the administration/management of this cooperative agreement. Supply items/costs that should be listed are items to support the administration/management of the Task Force and other than what the equipment definition states in 2 C.F.R. Part 200. Supplies, on the other hand, are tangible personal property lower than the $5,000 equipment threshold or have a useful life of less than a year. Phones, tablets, etc. would more likely be supplies than equipment. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to the listed items will be reflected in the Performance Reports, including the reason for the change(s) noted.

Supplies

These are the items we anticipate requiring for this Cooperative Agreement. However, due to the dynamic program, requirement of these items may change and any changes will be reflected in the Performance Reports, with the reason for the change noted.

Item	Cache #	Unit Cost	No. of Units	Total cost
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
Total				**$0**

Supplies	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for supply costs below.	☐ *'on Agreements*
	☐ *'y/County/Organization Negotiated Agreements*
	☐ *torical Data*
	☐ *'s/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification, use tab 12.	☐ *ıer (List here):*

Contractual

Notes for Contractual Section

In the area below, list any contractual costs for medical exams, services, rentals, etc. The Task Force will ensure that Task Force Medical Screening will take place in accordance with Program Directive 2005-008 or a more current revised directive issued by the US&R Program Office.

Contractual

Service	Quantity	Unit Cost	Total Cost
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
Total			**$0**

Contractual	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for contractual costs below.	☐ *'on Agreements*
	☐ *'y/County/Organization Negotiated Agreements*
	☐ *torical Data*
	☐ *'s/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification, use tab 12.	☐ *ıer (List here):*

Other

Notes for Other Section
This area will cover any miscellaneous items that are not covered in the other object classes and are allowable within the Statement of Work.

Item	Quantity	Unit Cost	Total Cost
			$0
			$0
			$0
			$0
			$0
			$0
Total			**$0**

Other	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for other costs below.	☐ *'on Agreements*
	☐ *y/County/Organization Negotiated Agreements*
	☐ *torical Data*
	☐ *s/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification, use tab 12.	☐ *ner (List here):*

Indirect Costs

Notes for Indirect Costs Section
Indirect Costs can only be listed if there is an Indirect Cost Rate Agreement that has been approved by a cognizant Federal Agency. A copy of the Indirect Cost Rate Agreement should accompany the application. The Indirect Cost Rate Agreement you provide should state what category or categories the Indirect Costs are based on, ie equipment, salaries, all expenses, etc. The information provided below should list the description of the cost category for the base, the amount on which it's based, the percentage, and the total. The rate or amount approved at time of award will prevail thru the term of the Cooperative Agreement.

Indirect Costs

Item/Category	Item Description	Base Amount	Percentage	Total Cost
Total				**$0**

Indirect Costs	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval.	☐ *'on Agreements*
	☐ *y/County/Organization Negotiated Agreements*
	☐ *torical Data*
	☐ *s/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification, use tab 12.	☐ *ner (List here):*

TRAINING

FEMA Form 089-0-10D

Task Force General Comments
This Program Category covers the costs for the training portion of this Readiness Cooperative Agreement. The training portion of this budget/narrative will cover costs for a maximum amount of time of 12 months, and will be accomplished within the 36 month period of performance. This Task Force intends to maintain a deployable Task Force and will provide the required training to insure mission readiness, safety, and management of the Task Force. The training will be accomplished in accordance with the Urban Search & Rescue Program Office statement of work, program guidance, directives, and will also include training to meet the NIMS compliance requirements. The training cost details will be provided in the below object classes under this Program Category. Our Task Force will attempt to maintain the preparedness of the Task Force under this Readiness Cooperative Agreement, in order to provide critical emergency response services as one of the 28 teams for the National Urban Search and Rescue Response System. Funding for any deployments will be handled under the Activation Cooperative Agreement. The below list of training and costs covers what is anticipated for this Readiness Cooperative Agreement. Due to the dynamic program, training scheduling and requirement changes, some of the training listed may require revisions. Any changes will be noted within the Performance Reports, and will include the change and the reason for the change. It will not require a budget adjustment as long as the change is within the Program Category total as noted at time of award, and is an approved training requirement within the statement of work, program guidance, and directives. The only exception to this is the movement of travel funds between the Administration/Managment Program Category and the Training Program Category, which can be accomplished without requiring a budget change, however, it must be noted in the Performance Reports, with the change and the reason for the movement of funds.

Total Training Cost
$0

Personnel Salaries & Fringe Benefits

Notes for Personnel Salaries and Fringe Benefits Section
The Task Force can use this category to account for the salaries of Task Force Members attending US&R-related, US&R required, and local training as well as salaries for the training coordinator. This includes, but is not limited to, functional training, mobilization training, local training for the program, grants management training, training with other task forces, research and development for equipment, and other DHS/FEMA approved training events, or training related to the requirements of the US&R program, as approved by the Program Manager/Grants Assistance Officer. This may also include backfill expenses for the individual(s) attending training. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week/month, etc.). If overtime hours are listed, please note them as a separate line item below. Put the total amount under salary. Note the hourly rate in the clarification box.

Personnel Salaries and Fringe Benefits

Staff Position	Training Event Description	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (If Applicable)	Salary	Total
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
Totals					**$0**	**$0**	**$0**

Personnel Salaries	Cost Basis: Please mark appropriate box(es) below.
The area below is to provide additional notes the Task Force may need to add for clarifying the range of salary rates used to develop the average hourly costs.	☐ *ion Agreements* ☐ *y/County/Organization Negotiated Agreements* ☐ *storical Data* ☐ *ls/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *her (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Fringe Benefits	Cost Basis: Please mark appropriate box(es) below.
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if applicable) and list the items (e.g., health, dental, workers' comp) that are included.	☐ *ion Agreements* ☐ *y/County/Organization Negotiated Agreements* ☐ *storical Data* ☐ *ls/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *her (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Travel

Notes for Travel Section
Attend DHS/FEMA-sponsored or DHS/FEMA-approved US&R meetings, conferences, and training sessions, to include Task Force Leader meetings, the Advisory Organization Meetings, Incident Support Team (IST) training/meetings, workshops, or others as directed by the US&R Branch as they relate to the National US&R Response System. Other activities include on-site peer Administrative Readiness Evaluations (AREs) of other US&R Task Forces, quality assurance oversight of FEMA-sanctioned training courses, training with other Task Forces, grants management training, and research and development for equipment, as directed by the US&R Branch. Based on approval by the US&R Branch and available funding, Task Forces can use funds to cover travel for product research and development efforts, thereby keeping apprised of cutting edge technology for equipment used within the System. There are also miscellaneous meetings that are required due to the dynamic program. Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings/training, and you can add others that are in line with the statement of work, program guidance, and directives. This will allow you the flexibility to account for your travel costs in this section (Training) or Admin/Management categories. The Task Force is authorized to reallocate travel funds between Admin/Management travel and Training travel without requesting a budget change authorization. However, any changes must be reflected in your Performance Report, with an explanation on the reason(s) for the change.

Travel

Event Title	No. of Personnel	Cost Per Person	Lump Sum
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
If other, list here			$0
If other, list here			$0
If other, list here			$0
If other, list here			$0
If other, list here			$0
If other, list here			$0
If other, list here			$0
If other, list here			$0
If other, list here			$0
Total			**$0**

Travel	**Cost Basis:** Please mark appropriate box(es) below.
Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above.	☐ *ıion Agreements* ☐ *ty/County/Organization Negotiated Agreements* ☐ *storical Data* ☐ *ds/Quotes* ☐ *ısts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *ther (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Equipment

Notes for Equipment Section
Purchase of equipment specifically for training, to include props, training materials, training facility expenses, etc. are allowable under this Cooperative Agreement. The costs noted in this area are for the purchase of equipment and not service agreements, which should be included under contractual or other. Rolling or floating transportation, if allowable, will require specifications/approval as part of the application. The general definition of ''Equipment'' out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or $5000.

Equipment

These are the items our Task Force anticipates requiring under this Cooperative Agreement for the equipment object class under the Training Program Category. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed items will be reflected in the Performance Reports, noting the reason for the change and the Task Force will not be required to submit a budget change if items are on the approved cache lists, authorized by program guidance or directives. Rolling or floating equipment requires the specifications to be submitted to the Program Office/Grants Assistance Officer for prior approval.

Item Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
Total					**$0**

Equipment	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for equipment costs below.	☐ *Union Agreements* ☐ *City/County/Organization Negotiated Agreements* ☐ *Historical Data* ☐ *Bids/Quotes* ☐ *Costs are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *Other* *(List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Supplies

Notes for Supplies Section
In the area below, provide an approximate listing of the supplies necessary for preparing and/ or delivery of training within this cooperative agreement. Supply items/costs that should be listed are items other then what the equipment definition states as follows: The general definition of ''Equipment'' out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or $5000.

Supplies

These are the items our Task Force anticipates requiring under this Cooperative Agreement. However, due to the dynamic program, the requirements for these items may change and any changes will be reflected in the Performance Reports, with the reason for the change noted. A budget change is not required to be submitted if the costs in this category if costs remain the same and items are allowable under the Grant Guidance, current Cache List and official documentation from the US&R Branch.

Item	Cache #	Unit Cost	No. of Units	Total Cost
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
Total				**$0**

Supplies	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for supply costs below.	☐ ion Agreements ☐ y/County/Organization Negotiated Agreements ☐ storical Data ☐ ls/Quotes ☐ sts are in Comparison w/ other TFs for Similar Tasks or Items ☐ her (List here):
This narrative box has character limitations. For additional clarification use tab 12	

Contractual

Notes for Contractual Section
In the area below, list any supporting information for the contractual costs of services, rentals, etc., as it pertains to training.

Contractual

Service	Quantity	Unit Cost	Total Cost
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
Total			**$0**

Contractual	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for contractual costs below.	☐ ion Agreements ☐ y/County/Organization Negotiated Agreements ☐ storical Data ☐ ls/Quotes ☐ sts are in Comparison w/ other TFs for Similar Tasks or Items ☐ her (List here):
This narrative box has character limitations. For additional clarification use tab 12	

Other

Notes for Other Section
This area will cover any miscellaneous items that are are training-related and allowable under the Statement of Work but not covered in the other object classes.

Other (If Applicable)

Item	Quantity	Unit Cost	Total Cost
			$0
			$0
			$0
			$0
			$0
			$0
Total			**$0**

Other	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for other costs below.	☐ *ion Agreements*
	☐ *y/County/Organization Negotiated Agreements*
	☐ *storical Data*
	☐ *ls/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification use tab 12	☐ *her (List here):*

Indirect Costs

Notes for Indirect Costs Section
Indirect Costs can only be provided if there is an Indirect Cost Rate Agreement that has been approved by a cognizant Federal Agency. A copy of the Indirect Cost Rate Agreement should accompany the application. The Indirect Cost Rate Agreement that you provide should state what category or categories the Indirect Costs are based on, ie equipment, salaries, all expenses, etc. The information provided below should list the description of the cost category for the base, the amount on which it's based, the percentage, and the total. The rate or amount approved at time of award will prevail thru the term of the Cooperative Agreement.

Indirect Costs

Item/Category	Item Description	Base Amount	Percentage	Total Cost
Total				**$0**

Indirect Costs	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval.	☐ *ion Agreements*
	☐ *y/County/Organization Negotiated Agreements*
	☐ *storical Data*
	☐ *ls/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification use tab 12	☐ *her (List Here):*

EQUIPMENT

FEMA Form 089-0-10E

Task Force General Comments
This Program Category covers the costs for the equipment portion of the Readiness Cooperative Agreement for our Task Force. The period of performance covers a 36 month period to accomplish the work in this area. Our Task Force intends to maintain a deployable Task Force and will provide the required equipment to insure mission readiness, safety, and management of the Task Force. The equipment will be purchased in accordance with the requirements of the Urban Search & Rescue Branch statement of work, current cache list, and official guidance from the US&R Branch. The equipment and supporting cost details will be provided in the below object classes under this Program Category. Our Task Force will attempt to maintain the preparedness of the Task Force under this Readiness Cooperative Agreement, in order to provide critical emergency response services as one of the 28 teams for the National Urban Search and Rescue Response System.
The below list of equipment and costs covers what is anticipated for this Readiness Cooperative Agreement. Due to the dynamic program, training scheduling and requirement changes, some of the equipment listed may require revisions. Any changes will be noted within the Performance Reports, and will include the change and the reason for the change. It will not require a budget adjustment as long as the change is within the Program Category total as noted at time of award, and is an approved equipment requirement within the statement of work, current cache list, and official guidance from the US&R Branch.

Total Equipment Cost
$0

Personnel Salaries & Fringe Benefits

Notes for Personnel Salaries and Fringe Benefits Section
The Task Force can use this category to account for the salaries of Task Force Members who perform duties related to maintenance of US&R equipment and vehicles. This may also include backfill expenses for individual(s) who are working with the cache. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week/month, etc.). If overtime hours are listed, please note them as a separate item below. Put the total amount under salary. Note the hourly rate in the clarification box.

Personnel Salaries and Fringe Benefits

Staff Position	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (If Applicable)	Salary	Totals
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
Totals				**$0**	**$0**	**$0**

Personnel Salaries	Cost Basis: Please mark appropriate box(es) below.
The area below is to provide additional notes the Task Force may need to add for clarifying the range of salary rates used to develop the average hourly costs.	☐ *on Agreements* ☐ */County/Organization Negotiated Agreements* ☐ *orical Data* ☐ */Quotes* ☐ *ts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *er (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Fringe Benefits (If Applicable)	Cost Basis: Please mark appropriate box(es) below.
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if applicable) and list the items (e.g., health, dental, workers' comp) that are included.	☐ *on Agreements* ☐ */County/Organization Negotiated Agreements* ☐ *orical Data* ☐ */Quotes* ☐ *ts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *er (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Travel

Notes for Travel Section
Travel in this category would cover costs relating to quality assurance on equipment or vehicle, or any other travel related to cache management within the scope of the Grant Guidance. **Please note: These expenses can be reflected within the Administrative/Management or Training travel category instead.** Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations that are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings, and you can add others that are in line within the Statement of Work.

Travel (If Applicable)

Event Title	No. of Personnel	Cost Per Person	No. of Trips (approx.)	Total Cost
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
Total				**$0**

Travel	**Cost Basis:** Please mark appropriate box(es) below.
Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above.	☐ *ɔn Agreements* ☐ */County/Organization Negotiated Agreements* ☐ *orical Data* ☐ *:/Quotes* ☐ *ts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *er (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Equipment

Notes for Equipment Section
Your agency is authorized to purchase equipment as listed in the approved DHS/FEMA 2015 US&R Task Force Equipment Cache List, or any subsequently approved DHS/FEMA US&R Equipment list. Task Force personnel are reminded and directed not to exceed quantity and/or cost caps as listed on the cache list. Task Force must follow department procurement regulations, which are in accordance with 2 CFR Part 200 to ensure reasonable prices are obtained. The US&R Program Office and the Grants Office Assistance Officer must provide written approval for any other equipment not identified on approved cache list(s), in program guidance, or specifications. Those Task Forces who maintain an IST Medical Cache are to include the appropriate amount below for replacement of equipment and pharmaceuticals. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to listed items will be reflected in the Performance Reports, noting the reason for the change and the Task Force will not be required to submit a budget change if items are on the approved cache lists, noted in the statement of work, or authorized by program guidance or directives. Rolling or floating equipment requires the specifications to be submitted to the US&R Branch/Grants Assistance Officer for prior approval. The general definition of ''Equipment'' out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or $5000.

Equipment

Assistance Officer for prior approval.

Item Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
Total					**$0**

Equipment	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for equipment costs below.	☐ *on Agreements* ☐ */County/Organization Negotiated Agreements* ☐ *orical Data* ☐ *:/Quotes* ☐ *ts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *er (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Supplies

Notes for Supplies Section

In the area below, provide an approximate listing of necessary supplies. Supply items/costs that should be listed are items other then what the equipment definition states as follows: The general definition of ''Equipment'' out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or $5000. However, due to the dynamic program, the requirements for these items (within the amount approved at time of award for this object class) may change. Any changes to the listed items will be reflected in the Performance Reports, including the reason for the change(s) noted.

Supplies

and any changes will be reflected in the Performance Reports, with the reason for the change noted. A budget change is not required to be submitted for approval if the costs in this

Item	Cache #	Unit Cost	No. of Units	Total Cost
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
Total				$0

Supplies	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for supply costs below.	☐ *n Agreements* ☐ */County/Organization Negotiated Agreements* ☐ *orical Data* ☐ */Quotes* ☐ *ts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *er (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Contractual

Notes for Contractual Section
In the area below, list any supporting information for the contractual costs of services, rentals, etc., for equipment.

Contractual

Service	Quantity	Unit Cost	Total Cost
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
Total			**$0**

Contractual	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for contractual costs below.	☐ *on Agreements* ☐ */County/Organization Negotiated Agreements* ☐ *orical Data* ☐ */Quotes* ☐ *ts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *er (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Other

Notes for Other Section
This area will cover any miscellaneous items that are are equipment-related and allowable under the Statement of Work but not covered in the other object classes.

Other

Item	Quantity	Unit Cost	Total Cost
	0	$0	$0
			$0
			$0
			$0
			$0
			$0
Total			**$0**

Other	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for other costs below.	☐ *on Agreements* ☐ */County/Organization Negotiated Agreements* ☐ *orical Data* ☐ */Quotes* ☐ *ts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *er (List here):*
This narrative box has character limitations. For additional clarification use tab	

Indirect Costs

Notes for Indirect Costs Section
Indirect Costs can only be provided if there is an Indirect Cost Rate Agreement that has been approved by a cognizant Federal Agency. A copy of the Indirect Cost Rate Agreement should accompany the application. The Indirect Cost Rate Agreement that you provide should state what category or categories the Indirect Costs are based on, i.e., equipment, salaries, all expenses, etc. The information provided below should list the description of the cost category for the base, the amount on which it's based, the percentage, and the total. The rate or amount approved at time of award will prevail thru the term of the Cooperative Agreement.

Indirect Costs

Item/Category	Item Description	Base Amount	Percentage	Total Cost
Total				**$0**

Indirect Costs	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval.	☐ *ɔn Agreements* ☐ */County/Organization Negotiated Agreements* ☐ *orical Data* ☐ */Quotes* ☐ *ts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *er (List here):*
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STORAGE & MAINTENANCE

FEMA Form 089-0-10F

Task Force General Comments
This Program Category covers the costs for the storage/maintenance portion of this Readiness Cooperative Agreement. The costs for the Storage/Maintenance portion of this budget/narrative will be addressed in this section for any warehouse lease or maintenance costs for the equipment/vehicles, and the costs will occur within the 36 month period of performance. Task force management is reminded you may only use cooperative agreement funds to pay for warehouse leases for a twelve-month consecutive period within the overall period of performance and that there is no guarantee of cooperative agreement funding in future years (See Statement of Work, Section F, Cooperative Agreement Funding at pages 21-22). Task forces may write contracts with an available fund's clause or option years for protection. The storage and maintenance will be in accordance with the requirements of the Urban Search & Rescue Branch statement of work, program guidance, and directives. The supporting cost details will be Our Task Force will attempt to maintain the preparedness of the Task Force under this Readiness Cooperative Agreement, in order to provide critical emergency response services as one of the 28 teams for the National Urban Search and Rescue Response System. The below list of costs covers what is anticipated for this Readiness Cooperative Agreement. Except for minor renovations and modifications of existing warehouse facilities that do not change the footprint of the structure, construction and renovation costs are not allowed. Examples of permissible minor renovation and modification costs include but are not limited to office/storage space buildout/reconfiguration, ceilings,

Total Storage & Maintenance Cost
$0

Personnel Salaries & Fringe Benefits

Notes for Personnel Salaries and Fringe Benefits Section
The Task Force can use this category to account for the salaries of Task Force Members who perform duties related to storage & maintenance. This may also include backfill expenses for individual(s) who are working with related projects. If specific costs are unknown, give estimated salary hours and average salary rate. If specific dates are unknown, provide estimated time frame (e.g., 1 day per week/month, etc.). If overtime hours are listed, please note them as a separate line item below. Put the total amount under salary. Note the hourly rate in the clarification box

Personnel Salaries and Fringe Benefits

Staff Position	Full/Part Time	Overtime Hours	Date Salary Charged	Fringe Benefits (If Applicable)	Salary	Totals
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
Totals				**$0**	**$0**	**$0**

Personnel Salaries	Cost Basis: Please mark appropriate box(es) below.
The area below is to provide additional notes the Task Force may need to add for clarifying the range of salary rates used to develop the average hourly costs.	☐ *on Agreements* ☐ *y/County/Organization Negotiated Agreements* ☐ *torical Data* ☐ *s/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *ier (List here):*
This narrative box has character limitations. For additional clarification use tab	

Fringe Benefits	Cost Basis: Please mark appropriate box(es) below.
The area below is to state the total percentage (e.g., 23%) for the Fringe Benefits (if applicable) and list the items (e.g., health, dental, workers' comp) that are included.	☐ *on Agreements* ☐ *y/County/Organization Negotiated Agreements* ☐ *torical Data* ☐ *s/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *ier (List here):*
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Travel

Notes for Travel Section
This section can be used for those travel items related to storage, maintenance and/or equipment (e.g., mileage, etc.) allowable within the scope of the Statement of Work. **Please note: These expenses can be reflected within the Administrative/Management travel category instead.** Costs can be provided in detail or by trip costs, and a detail of the costs should be listed in the comments sections, that will show how you arrived at the trip total. The costs listed below are estimates due to travel locations that are unknown at the time of application. It is at this time when costs are generally based on historical data. There are drop down menus for some of the meetings, and you can add others that are in line within the Statement of Work.

Travel (If Applicable)

Event Title	No. of Personnel	Cost Per Person	Number of Trips	Total Cost
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
If other, list here				$0
Total				**$0**

Travel	**Cost Basis:** Please mark appropriate box(es) below.
Briefly describe breakdown of travel Cost Per Person. Provide examples of "other authorized travel" if selected above.	☐ *'on Agreements* ☐ *'v/County/Organization Negotiated Agreements* ☐ *' torical Data* ☐ *'s/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *'ner (List here):*
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Equipment

Notes for Equipment Section
This section may be used to reflect expenses related purchasing, maintenance and repair of equipment and vehicles, as approved by DHS/FEMA and within the scope of the Statement of Work. Your Task Force is authorized to purchase equipment as listed in the approved DHS/FEMA 2017 US&R Task Force Equipment Cache List, or any subsequently approved DHS/FEMA US&R Equipment list. Task Force personnel are reminded and directed not to exceed quantity and/or cost caps as listed on the cache list. Task Force must follow department procurement regulations, which are in accordance with 2 CFR Part 200 to ensure reasonable prices are obtained. The US&R Branch and the Grants Office Assistance Officer must provide written approval for any other equipment not identified on approved cache list(s). Those Task Forces who maintain an IST Medical Cache are to include the appropriate amount below for replacement of equipment and pharmaceuticals. **Please note: These expenses can be reflected within the Equipment category instead.**

Equipment

Item Description	Item #	Cache #	Unit Cost	No. of Units	Total Cost
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
Total					**$0**

Equipment	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for equipment costs below.	☐ *'on Agreements*
	☐ *'/County/Organization Negotiated Agreements*
	☐ *torical Data*
	☐ *s/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification use tab 12	☐ *ıer (List here):*

Supplies

Notes for Supplies Section
In the area below, provide an approximate listing of necessary supplies. Supply items/costs that should be listed are items other then what the equipment definition states as follows: The general definition of ''Equipment'' out of the CFR is: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes, or $5000.

Supplies

Item	Cache #	Unit Cost	No. of Units	Total cost
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
Total				**$0**

Supplies	**Cost Basis:** Please mark appropriate box(es) below.
Describe any additional supporting information for supply costs below.	☐ *on Agreements*
	☐ *v/County/Organization Negotiated Agreements*
	☐ *torical Data*
	☐ *s/Quotes*
	☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items*
This narrative box has character limitations. For additional clarification use tab 12	☐ *ner (List here):*

Contractual

Notes for Contractual Section
In the area below, list any supporting information for the contractual costs of services, rentals, etc., as it pertains to the maintenance and/or lease of storage facilities and associated US&R equipment and supplies. Under the quantity for leases please include the square footage of the warehouse. Task force management is reminded you may only use cooperative agreement funds to pay for warehouse leases for a twelve-month consecutive period within the overall period of performance and that there is no guarantee of cooperative agreement funding in future years (See Statement of Work, Section F, Cooperative Agreement Funding at pages 21-22). Task forces may write contracts with an available fund's clause or option years for protection.

Contractual

Service	Prior Coverage Dates	Lease Begin Date	Lease End Date	Quantity	Unit Cost	Total Cost
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
Total						**$0**

Contractual	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for contractual costs below. Include square footage and cost per for any facility leases included above.	☐ *on Agreements* ☐ *v/County/Organization Negotiated Agreements* ☐ *torical Data* ☐ *s/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *ıer (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Other

Notes for Other Section
This area will cover any miscellaneous items that are are storage & maintenance-related and allowable under the Statement of Work but not covered in the other object classes. Except for minor renovations and modifications of existing warehouse facilities that do not change the footprint of the structure, construction and renovation costs are not allowed. Examples of permissible minor renovation and modification costs include but are not limited to office/storage space build-out/reconfiguration, ceilings, loading docks/doors, lighting, HVAC, and security fencing. US&R Branch approval is required for reimbursement of renovation and modification costs.

Other (List minor renovation/modification costs here)

Item	Quantity	Unit Cost	Total Cost
			$0
			$0
			$0
			$0
			$0
			$0
Total			**$0.00**

Other	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for other costs below.	☐ *on Agreements* ☐ *v/County/Organization Negotiated Agreements* ☐ *torical Data* ☐ *s/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *ıer (List here):*
This narrative box has character limitations. For additional clarification use tab 12	

Indirect Costs

Notes for Indirect Costs Section
Indirect Costs can only be provided if there is an Indirect Cost Rate Agreement that has been approved by a cognizant Federal Agency. A copy of the Indirect Cost Rate Agreement should accompany the application. The Indirect Cost Rate Agreement that you provide should state what category or categories the Indirect Costs are based on, ie equipment, salaries, all expenses, etc. The information provided below should list the description of the cost category for the base, the amount on which it's based, the percentage, and the total. The rate or amount approved at time of award will prevail thru the term of the Cooperative Agreement.

Indirect Costs

Item/Category	Item Description	Base Amount	Percentage	Total Cost
Total				**$0**

Indirect Costs	Cost Basis: Please mark appropriate box(es) below.
Describe any additional supporting information for indirect costs below. Please advise who is the Cognizant Federal Agency and the date of approval.	☐ *on Agreements* ☐ *v/County/Organization Negotiated Agreements* ☐ *torical Data* ☐ *s/Quotes* ☐ *sts are in Comparison w/ other TFs for Similar Tasks or Items* ☐ *ıer (List here):*
This narrative box has character limitations. For additional clarification use tab	

BUDGET TOTALS

FEMA Form 089-0-10G

This summary will be populated based on figures entered into other sections of this narrative.

Activity	**Cost**
Administration & Management	$0.00
Training	$0.00
Equipment	$0.00
Storage & Maintenance	$0.00
Object Class	**Cost**
Personnel	$0.00
Fringe Benefits	$0.00
Travel	$0.00
Equipment	$0.00
Supplies	$0.00
Contractual	$0.00
Other	$0.00
Indirect Charges	$0.00

Activity Sum	**$0.00**

Object Class Sum	**$0.00**

Total	**$0.00**

POSITION DESCRIPTIONS

FEMA Form 089-0-10H

Please fill in position descriptions below, or attach pre-typed descriptions.

1. Administrative Specialist:Name
Describe Administrative Specialist functions here.

2. Financial Grants ManagerName
Describe Financial Grants Manager functions here.

3. Grant Manager: Name
Describe Grant Manager functions here.

4. Logistics Coordinator: Name
Describe Logistics Coordinator functions here.

5. Logistics Manager: Name
Describe Logistics Manager functions here.

6. Program Manager: Name
Describe Program Manager functions here.

7. Training Coordinator: Name
Describe Describe Training Coordinator functions here.

8. Training Manager: Name
Describe Training Manager functions here.

Other (Please list position and name)
Describe position functions here.

Other (Please list position and name)
Describe position functions here.

Other (Please list position and name)
Describe position functions here.

Other (Please list position and name)
Describe position functions here.

BUDGET CLARIFICATION

FEMA Form 089-0-10I

Please use the blocks below if additional space is needed to clarify other sections of the narrative

ADMINISTRATIVE/MANAGEMENT	ADMINISTRATIVE/MANAGEMENT
Personnel Salaries:	***Equipment:***
Fringe Benefits:	***Supplies:***
Travel:	***Contractual:***

ADMINISTRATIVE/MANAGEMENT	ADMINSTRATIVE/MANAGEMENT
Other:	
Direct Charges	

TRAINING
Personnel Salaries:
Fringe Benefits:
Travel:

TRAINING
Equipment:
Supplies:
Contractual:

TRAINING
Other:
Direct Charges

TRAINING

EQUIPMENT
Personnel Salaries:
Fringe Benefits:
Travel:

EQUIPMENT
Equipment:
Supplies:
Contractual:

EQUIPMENT	EQUIPMENT
Other:	
Direct Charges	

STORAGE & MAINTENANCE
Personnel Salaries:
Fringe Benefits:
Travel:

STORAGE & MAINTENANCE
Equipment:
Supplies:
Contractual:

STORAGE & MAINTENANCE
Other:
Direct Charges

STORAGE & MAINTENANCE