

# FY2013 UASI PROJECT PROPOSAL FORM

**HUB, Core City or Sustainment:**

**Has your project been partially funded by pervious UASI grants?:**      Yes  
No

## 1. BACKGROUND INFORMATION

### 1.a. Contact Information:

#### Person Submitting Proposal:

Name:

Agency:

Position Title:

Business Phone:

Cell:

Fax:

Email:

#### Project Lead Contact Information:

Same as Submitter:

Name:

Title:

Phone:

Email:

#### Department Head Contact Information:

Name:

Title:

Phone:

Email:

**Department Head Approval:**      Yes      No

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### 1.b. Project Name:

### 1.c. Total Project Cost:

#### Annual Sustainment Costs:

### 1.d. Mission Areas:

Select all that corresponds to the mission area of your project

Prevent

Protect

Respond

Recover

Mitigation

### Allocation Requested:

**1.e. Project Description:** *Briefly describe exactly what the project entails and what would be accomplished by funding the project. Describe what, if any, existing capabilities the Bay Area Region currently has in place concerning this project such as any plans developed, training delivered, or equipment purchased, etc. Explain if this project can be scalable. (3000 character limit with spaces)*

**1.f. Resource Typing: Complete this section for Equipment and Training Projects only**

Resource typing is categorizing, by capability, the resources requested, deployed and used in incidents. Measurable standards identifying resource capabilities and performance levels serve as the basis for categories. Resource users at all levels use these standards to identify and inventory resources. Resource kinds may be divided into subcategories to define more precisely the capabilities needed to meet specific requirements.

Go to the following web site for more information. <http://www.fema.gov/resource-management#item4>

**Project Type:**       Equipment  
                              Training

**NIMS Typed Disciplines:**

**NIMS Typed  
Resource to be  
Supported:**

**NIMS Type #:**

**Typed Equipment to be  
Purchased:**

**# of Personnel to be  
Trained for Typed  
Teams:**

**# of Typed Teams to be  
Trained:**

**Sustain / Add:**

**Core Capability to be  
Supported:**

**Cost of Purchase:**

**Comments:**

## 2. ALIGNMENT WITH THE BAY AREA HOMELAND SECURITY STRATEGY

### 2.a. Bay Area Security

#### Goals and Objectives:

*Check all of the Bay Area goal(s) that this project directly supports*

1. Develop a Regional Risk Management and Planning Program
2. Enhance Information Analysis and Infrastructure Protection Capabilities
3. Strengthen Communications Capabilities
4. Strengthen CBRNE Detection, Response and Decontamination Capabilities
5. Enhance Medical and Public Health Preparedness
6. Strengthen Emergency Planning and Citizen Preparedness
7. Enhance Recovery Capabilities
8. Enhance Homeland Security Exercise, Evaluation and Training Programs

2.b. List each Objective (by number) from the Bay Area Homeland Security Strategy the project supports and address the gaps from the 2012 regional capability assessment. Please complete one or more objectives.

#### Objective 1:

##### Objective Explanation:

*Explain how the project supports implementation of the objective*

##### Funding Assigned for this Objective:

*List the Amount of Funding from the Project that will be Applied to the Objective*

##### Gap(s) Explanation:

*Explain which Gap from the 2012 Regional Capabilities Assessment this project will help address.*

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#### Objective 2:

##### Objective Explanation:

*Explain how the project supports implementation of the objective*

##### Funding Assigned for this Objective:

*List the Amount of Funding from the Project that will be Applied to the Objective*

##### Gap(s) Explanation:

*Explain which Gap from the 2012 Regional Capabilities Assessment this project will help address.*

**Objective 3:**

**Objective Explanation:**

*Explain how the project supports implementation of the objective*

**Funding Assigned for this Objective:**

*List the Amount of Funding from the Project that will be Applied to the Objective*

**Gap(s) Explanation:**

*Explain which Gap from the 2012 Regional Capabilities Assessment this project will help address.*

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**Objective 4:**

**Objective Explanation:**

*Explain how the project supports implementation of the objective*

**Funding Assigned for this Objective:**

*List the Amount of Funding from the Project that will be Applied to the Objective*

**Gap(s) Explanation:**

*Explain which Gap from the 2012 Regional Capabilities Assessment this project will help address.*

### 3. FUNDING

**3.a. Proposed Funding:** *Provide the proposed funding amount for this project towards applicable Planning, Organization, Equipment, Training and Exercises (POETE) elements. For each funding area selected, provide a brief narrative describing the items or services being funded. For Equipment Projects include Costs for Sales Tax, Shipping Costs, Installation and Performance Bond for Projects over \$250,000 or for the purchase of a vehicle, i.e. Bearcat or vessel, i.e. Boat. If applicable, provide the proposed funding amount from the project that can be obligated towards Law Enforcement Terrorism Prevention Activities (LETPA)*

Planning:

Organization:

Equipment:

Training:

Exercises:

**Total Project Costs:**

LETPA Amount :

**Planning:**

*Include language about EOP updates demonstrating that they are following grant requirements of FY2013*

**Organization**

**Equipment List:**

*List the equipment and the Authorized Equipment List (AEL) number from the [www.rkb.us](http://www.rkb.us) website along with the quantity and cost breakdown. Itemize Taxes, Shipping and Installation.*

*\*Performance Bond required for any vehicle, aircraft or watercraft and any item over \$250,000.*

**Training**

**Exercise**

3.b. Other Source(s) of Funding: *Identify funding amounts from other source(s) that is being utilized for this project*

SHSP:

CCP:

MMRS:

General Funds:

Other Grant Funds:

**Total Other Funding:**

**Other Funds**

**Explanation:**

*Explain how any non-UASI funds, such as General Funds, SHSP, MMRS grants, etc. will be used to implement this project.*

## 4. PROJECT IMPACTS AND OUTCOMES

### 4.a. Project Outcomes:

*Describe the regional outcomes and benefits that will be achieved as a result of this project. When describing the regional outcomes and benefits, describe the number of operational areas in the region that will directly benefit from this project.*

*The outcomes and benefits should demonstrate improvement towards building or maintaining capabilities and reducing risk. Explain how your project will improve the capacity to prevent, protect against, respond to, and recover from terrorist incidents or related catastrophic events by providing planning, training, equipment and exercises to the UASI region.*

## 5. PROJECT MANAGEMENT

5.a. Project Milestones: *Identify up to ten milestones, with start and end dates, to be achieved before the end of the twelve month period of performance under the FY 2013 UASI grant. Exact start and end dates of the period of performance are highly subject to change, due to currently unknown state and federal guidance. Our current best guess of the time frame is December 1, 2013 to November 30, 2014. Some Milestones can be achieved prior to the allocation of funding. No purchases can be made prior to completing the execution of your MOU.*

**Assuming December 1, 2013 is your project start date will your project be completed no later than November 30, 2014?**

Yes

No

Milestone #1:

# of days from the Project Start Date to complete this Milestone:

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Milestone #2:

# of days from the Project Start Date to complete this Milestone:

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Milestone #3:

# of days from the Project Start Date to complete this Milestone:

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Milestone #4:

# of days from the Project Start Date to complete this Milestone:

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Milestone #5:

# of days from the Project Start Date to complete this Milestone:

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Milestone #6:

# of days from the Project Start Date to complete this Milestone:



Milestone #7:

# of days from the Project  
Start Date to complete this  
Milestone:

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Milestone #8:

# of days from the Project  
Start Date to complete this  
Milestone:

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Milestone #9:

# of days from the Project  
Start Date to complete this  
Milestone:

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Milestone #10:

# of days from the Project  
Start Date to complete this  
Milestone:

## 5.b. Project Status

Check Corresponding  
Box: *Check all that apply*

This project can be completed within 6 months of funding allocation

This project will require a RFP

This project will require an extension waiver to complete

This project will require a Performance Bond

This project will require a Sole Source

This project will require an EHP

This project will require an EOC Report

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### **Project Funding**

**Explanation:** *Explain if and how this is a "shovel ready" project and describe how quickly this project can be initiated and completed.*

## 5.c. Sustainment

### **Long Term Approach:**

*Describe the long-term approach to sustaining the capabilities maintained or enhanced by this project without UASI funds once the grant performance period is over. To the extent funds are needed for sustainment in the future, will future grants be needed for sustainment or will local funds be used? If no funds are needed, explain why.*