



Application

05767 - FY17 Bay Area UASI

06657 - Regional Care & Sheltering Capability Building

UASI Grant Program

Status: Under Review

Submitted Date:

Project Lead

Name:*

Mr. Corinne Bartshire
Salutation First Name Middle Name Last Name

Title:

Project Manager

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Work Address:

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Suite 420

*

San Francisco California 94102
City State/Province Postal Code/Zip

Phone:*

415-353-5234
Phone Ext.

What Program Area are you interested in?

UASI Grant Program

Organization Information

Organization Name:

Bay Area UASI

Organization Type:

Government

Organization Website:

www.bayareauasi.org

Address:

711 Van Ness Ave
Suite 420

* San Francisco California 94102
City State/Province Postal Code/Zip

Phone:* 415-353-5223
Ext.

Fax: 415-353-5246

If you are unsure of your agency's DUNS number please contact your finance department.

DUNS Number

Funding Categories

Please select the appropriate funding category for your project: Regional

Please describe how your project will benefit three or more hubs in an equitable manner?

With oversight by the UASI's Emergency Management Workgroup's Care and Sheltering Subcommittee, this effort will provide training and tools for all UASI jurisdictions to enhance their capabilities to conduct care and sheltering operations.

This field is limited to 500 characters.

Commonly Requested Items

Project Description

Select a goal: Goal 6 - Emergency Planning and Community Preparedness

Please note: Your project must align with and available priority capability objective for this fiscal year. If your project aligns with an unavailable priority capability objective it may be deemed non-complaint. Please click here to review all of the Bay Area UASI Homeland Security Goals & Objectives

Select a Priority Capability Objective: Objective 6.3 Mass Care

Objective

Select the most applicable FEMA Core Capability for your project: Mass Care Services

FEMA Core Capabilities

Select a nexus to terrorism: This project will enhance regional capacity to: Mitigate Effects of Terrorist Attacks, Respond to Terrorist Attacks, Recover from Terrorist Attacks

Select all that apply

Describe the nexus to terrorism in detail:

Terrorist attacks and various natural hazards could result in the need to feed and/ or shelter large populations for a sustained period of time.

300 Characters Maximum

Select all applicable outcomes:

Yes

a) Provide mass care in a manner consistent with all applicable laws, regulations and guidelines, including those pertaining to individuals with access and functional needs.

Yes

b) Consolidate information about the mass care activities of non-governmental organizations and private-sector companies in order to coordinate operations with state and federal agencies.

Yes

c) Within the first 72 hours of a critical incident, begin to establish shelter, feeding, and hydration operations (including Points of Distribution) for up to 331,400 people and for up to 218,300 household pets needing shelter (THIRA).

No

d) Support more than one million people needing transportation assistance (THIRA).

No

e) During the first seven days of an incident, implement a plan to support mass care services during transition to short-term recovery (THIRA).

No

Other - Describe Below:

-Develop a Mass Care and Sheltering Needs Assessment and Strategy for the Bay Area

-Design and conduct a workshop series to establish a regional understanding of local government roles and responsibilities within the Mass Care Services core capability, with and without ARC as a partner.

-Document sheltering facilities and supplies locations within the Bay Area and the points of contact with access to these resources.

Project Summary- Provide a brief description of your project: For planning projects include a final deliverable.

-Conduct approved Shelter Fundamentals training in all UASI jurisdictions, specifically for Disaster Service Workers.

-Establish action plans to refresh and complete MOUs with ARC and other non-government agency partnerships.

This field is limited to 750 characters.

Compliance Requirements

Sole Source Approval

This project will require Sole Source Approval

Sole Source Request Form

Environmental and Historic Preservation Request

Required for:

This project will require an Environmental & Historic Preservation Form

Environmental and Historic Preservation Screening Form

Watercraft Projects

If project includes purchase of watercraft or watercraft equipment

the California Office of Emergency Services (CalOES) has a separate request form to complete.

This project will require a Watercraft Request Form

Watercraft Request Form

Aviation Projects

If project includes the purchase of aircraft or aviation equipment

the California Office of Emergency Services (CalOES) has a separate request form to complete.

This project will require an Aviation Request Form

Aviation Request Form

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Establish/ Enhance Emergency Operations Center (EOC)

If project includes establishing or enhancing an Emergency Operations Center the California Office of Emergency Services (CalOES) has a separate request form to complete.

This project will require an Emergency Operations Center Request Form

Establish/ Enhance Emergency Operations Center Request Form

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Performance bonds

Required for:

This project will require a Performance Bond

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Personnel Declaration

If project includes hiring personnel, this field is required.

This project will require grant funded personnel (no supplanting)

Each personnel project must complete a separate application.

FEMA Controlled Equipment

Will you select one of these items in your Equipment Budget form?

- 01LE-01-HLMT Helmet, Ballistic
- 01LE-01-SHLD Shield, Ballistic, Protection Against Small Arms
- 02EX-00-EXEN Equipment, Explosive Entry
- 02EX-00-EXTR Materials, Energetic, Bomb Squad Training
- 03OE-07-SUAS System, Small Unmanned Aircraft
- 12VE-00-CMDV Vehicle, Command, Mobile
- 12VE-00-MISS Vehicle, Specialized Mission, CBRNE
- 12VE-00-SPEC Vehicle, Specialized Emergency Management

FEMA Controlled Equipment?

No

Project Timeline

Project Dates*

11/01/2017

Project Start Date

12/31/2018

Project End Date

Milestones

Milestone	Please Describe	Estimated Completion Date
Obtain Quotes		12/29/2017
Conduct a Workshop		04/20/2018
Conduct a Workshop		05/25/2018
Conduct a Gaps Analysis		07/27/2018
Project Completion		12/28/2018

Equipment

Select a category of FEMA Authorized Equipment	Select the appropriate AEL #	Quantity	Price Each	Sales Tax	Shipping Cost	Training Cost	Installation Cost	Total
			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00

Planning

Category	Planning Total
Planning	\$150,000.00

Organization

Category	Organization Total
Organizations	\$0.00

Equipment

Category	Equipment Total
Equipment	\$0.00

Training

Category	Training Total
Training	\$0.00

Exercise

Category

Exercises Total

Exercise

\$0.00

Totals

Total Project Cost

\$150,000.00