

# Federal Fiscal Year 2009 Homeland Security Grant Program Metropolitan Medical Response System (MMRS) Program Application Coversheet

**Alaska Division of Homeland Security and Emergency Management**

<b>Application Deadline 11:59 p.m., Wednesday, July 1, 2009</b>
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**Application Checklist**

- Application:
  1. Completed Federal Fiscal Year (FFY) 2009 Metropolitan Medical Response System (MMRS) Program Grant Application Form
  2. Project budget and budget category cost estimates for each project
  3. Signatory Authority Form with required three (3) signatures for jurisdiction
- Attach a spending plan to expend the balance of any remaining FFY 2007 and 2008 MMRS grant funds, if applicable.
- Attach any applicable Memorandum of Understanding (MOU), or Memorandum of Agreement (MOA) related to inter-agency projects.
- National Incident Management System Compliance Assistance Support Tool (NIMSCAST) input completed for 2008/2009.
- Check if project(s) requires Environmental Planning and Historic Preservation (EHP) consideration. EHP requirements will be defined upon project approval.

Jurisdiction:	
Responsible Borough: (if applicable)	

**Metropolitan Medical Response System (MMRS) – ANCHORAGE and JUNEAU ONLY**

Project Priority	Project Title	EHP Consideration	Funding Request
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
14			\$
15			\$
<b>Total MMRS Projects Request:</b>			<b>\$</b>

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## FFY 2009 MMRS Program Grant – Project Application

Complete a separate MMRS Project Application for each project as it pertains to the investment category. Multiple project applications may be submitted under the investment category. If the project requires an Environmental Planning and Historic Preservation (EHP) review and approval, check the “EHP Consideration” box. Each project must stand alone and will be evaluated on its own merits. Please prioritize all submitted projects. Refer to the State Overview and Guidelines, page 6 for further EHP explanation. Reminder: Eligible projects need to support the Investment Category.

<b><i>Investment Category:</i></b> <b>Strengthening Medical Surge and Strengthen Mass Prophylaxis</b>		
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<b>Grant Program: MMRS</b>	<b>ANCHORAGE and JUNEAU ONLY</b>	<input type="checkbox"/> <b>EHP Consideration</b>
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<b>Project Title:</b>	
<b>Project Priority:</b>	
<b>Jurisdiction:</b>	
<b>Responsible Borough:</b> <i>(If Applicable)</i>	

**Narrative Summary:** Alaska will continue to plan, equip, train and exercise for mass casualty and alternate-care site operations throughout the State, coordinating with emergency management and partner agencies. In addition, develop medical surge and alternate care site operation plans in rural and urban communities. Medical surge capabilities will be strengthened through exercising mass casualty and alternate-care sites. These actions will help protect state/national infrastructure by supporting key personnel and their medical requirements. Alaska will increase pharmaceutical stockpiles and surge-staffing capabilities statewide. Collaborative planning will identify current and future resource requirements and expansion of medical surge capability statewide.

- |                                       |  |
|---------------------------------------|--|
| <b>Primary Target Capability:</b>     | (1) Medical Surge  |
| <b>Secondary Target Capability:</b>   | (1) Emergency Triage and Pre-Hospital Treatment                            |
|                                       | (2) Mass Care (Sheltering, Feeding, and Related Services)                  |
|                                       | (3) Mass Prophylaxis   |
|                                       | (4) Medical Supplies Management and Distribution                           |
| <b>National Priorities:</b>           | (1) Strengthen Planning and Citizen Preparedness Capabilities              |
|                                       | (2) Strengthen CBRNE Detection, Response, and Decontamination Capabilities |
|                                       | (3) Strengthen Communications Capabilities                                 |
|                                       | (4) Strengthen Medical Surge and Mass Prophylaxis Capabilities             |
| <b>State Homeland Security Goals:</b> | (1) Strengthen Capabilities to Manage Medical Surge and Mass Prophylaxis   |

For all projects, a detailed project description must be given in question one. Listed below are eligible projects under this investment. Please check the box applicable to the project proposed by your jurisdiction. If the "OTHER" box is checked, please provide a project name and in question one, a detailed description of how the project supports the investment category.

**Grantees must demonstrate the dual-use nature of any activities implemented under this program that are not explicitly focused on terrorism preparedness.**

- Planning activities to include workshops to increase collaboration and development of regional plans
- Equipment for patient tracking, medical surge care and response, mass prophylaxis, and communications
- Training to increase medical surge care, mass prophylaxis capability, and patient tracking
- Exercises to validate plans capabilities and training in medical surge care, patient tracking, and mass prophylaxis
- Participation in Alaska Shield 2010 Exercise (ASX)
- OTHER: \_\_\_\_\_

1. Provide a description and purpose of this project, with justification for the requested Budget Category(ies) (e.g. personal services, travel, equipment, supplies, contractual, etc.). Allowable equipment categories and standards for FFY 2009 HSGP are listed on the web-based version of the Authorized Equipment List (AEL) which can be found at the Responder Knowledge Base (RKB), [www.rkb.us](http://www.rkb.us).

A) Project Description:

**B) Project Purpose and Importance to Jurisdiction:**

**C) Budget Justification by Category:**

**D) Equipment Request with AEL #** (Allowable equipment categories and standards for FFY 2009 HSGP can be found at the Responder Knowledge Base, [www.rkb.us](http://www.rkb.us))

Description	AEL #	Units	x	Cost Each	Total
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$
			x	\$	\$

Choose the budget category(ies) and put an “X” in the box in the left column. Insert the amount of funds requested for each budget category(ies) and the total amount of funds requested for the project.

Category	Funding Request
<input type="checkbox"/> Planning	\$
<input type="checkbox"/> Equipment	\$
<input type="checkbox"/> Exercise	\$
<input type="checkbox"/> Training	\$
<b>Total Project Funds</b>	<b>\$</b>

**2. Describe how this project is ready-to-go, and how the jurisdiction will initiate start-up within 90 days of the award date.**

**3. Identify potential challenges to the effective implementation of this project (e.g., stakeholder buy-in, sustainability, aggressive timelines, etc.).**

**4. This project provides support to which of the following responders/agencies?**

- |                          |                                   |                          |                             |
|--------------------------|-----------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <b>Law Enforcement</b>            | <input type="checkbox"/> | <b>Emergency Management</b> |
| <input type="checkbox"/> | <b>Fire</b>                       | <input type="checkbox"/> | <b>Coroner</b>              |
| <input type="checkbox"/> | <b>Emergency Medical Services</b> | <input type="checkbox"/> | <b>Medical</b>              |
| <input type="checkbox"/> | <b>Public Health</b>              |                          |                             |

5. Provide a timeline measured by milestones and dates, for the implementation of this project. Possible areas for inclusion are: stakeholder engagement, planning, major contracts, and process/policy updates.

Reminder: Project implementation must begin within 90 days of award date.

**Milestone 1**

Start Date:

End Date:

Description

**Milestone 2**

Start Date:

End Date:

Description

**Milestone 3**

Start Date:

End Date:

Description

**Milestone 4**

Start Date:

End Date:

Description

**Milestone 5**

Start Date:

End Date:

Description

## Signatory Authority Form

**Grant Program:** \_\_\_\_\_

**Agreement Number**

**Date Prepared / Effective Date**

**Name of Applicant (Jurisdiction):**

**Tax ID#:**

### Signatory Information

*Project Manager, Chief Financial Officer, and Signatory Official must be three (3) different individuals.*

	<i>Primary Signatories: Grant Award/Amendments and Quarterly Grant Reports</i>	<i>Primary Delegations: Quarterly Financial and Narrative Grant Reports (only)</i>	<i>Secondary Delegations: Quarterly Financial and Narrative Grant Reports (only)</i>
<b>Project Manager Name</b> <i>Individual who will manage project</i>			
<b>Project Manager Address</b> City, State Zip			
<b>Project Manager Telephone</b>			
<b>Project Manager Fax</b>			
<b>Project Manager Email</b>			
<b>Chief Financial Officer Name</b> <i>Highest level financial officer, authorized to certify financial expenditures and records</i>			
<b>Chief Financial Officer Address</b> City, State Zip			
<b>Chief Financial Officer Telephone</b>			
<b>Chief Financial Officer Fax</b>			
<b>Chief Financial Officer Email</b>			
<b>Signatory Official Name</b> <i>Jurisdiction's Chief Executive Governing Official</i>			
<b>Signatory Official Address</b> City, State Zip			
<b>Signatory Official Telephone</b>			
<b>Signatory Official Fax</b>			
<b>Signatory Official Email</b>			

### Signatures\*\*

*\*\*Signature required by each of the above named individuals.*

<b>Project Manager</b>			
	<i>Primary Signatory</i>	<i>Primary Delegate</i>	<i>Secondary Delegate</i>
<b>Chief Financial Officer</b>			
	<i>Primary Signatory</i>	<i>Primary Delegate</i>	<i>Secondary Delegate</i>
<b>Signatory Official</b>			
	<i>Primary Signatory</i>	<i>Primary Delegate</i>	<i>Secondary Delegate</i>

## **Subgrantee/Jurisdiction Signatory Authority**

### **Obligating Award Document**

The grant Obligating Award Document requires the identification of three (3) separate individuals and their positions; Project Manager, Chief Financial Officer, and Signatory Official and original signatures from the Project Manager, Chief Financial Officer and the Signatory Official. The signatory official's shall be:

- Project Manager; The individual that has the overall responsibility for implementation of the grant project(s).
- Chief Financial Officer; The individual that has final fiscal responsibility and authority for the jurisdiction. (Examples: Financial Officer, Controller, Comptroller, Finance Chief, Financial Manager, etc.)
- Signatory Official; The individual that has final executive authority and responsibility for the jurisdiction. (Examples; Mayor, City Manager)

The signatory officials on the Obligating Award Document and amendments can not be delegated. Changes to these individuals may require an amendment to the original document.

### **Quarterly Progress Reports**

Both the Narrative and Financial Progress Reports require two (2) signatures to ensure appropriate responsibility and accountability for project activities and expenditures.

Required signatures on the Narrative Progress Report:

- Project Manager
- Signatory Official

Required signatures on the Financial Progress Report

- Project Manager
- Chief Financial Officer

### **Delegation of Signatory Authority**

The Chief Financial Officer, Signatory Official, and the Project Manager may delegate signature authority to another individual(s) (delegate) for the Narrative and Financial Progress Reports only. The jurisdiction must submit the Signatory Authority Form upon acceptance of the Obligating Award Document. No changes to this document will be accepted without prior written request and approval from DHS&EM. The jurisdiction must be in compliance with the following:

- The delegate(s) for the Chief Financial Officer or the Signatory Official cannot be the Project Manager nor can the delegate(s) be subordinate to the Project Manager.
- DHS&EM will maintain a copy of the delegation request on file and will apply it to the appropriate grant report. If the delegation letter is not on file, the report will be returned to the jurisdiction.
- DHS&EM reserves the right to accept and authorize the delegation of signatory authority for all grants identified for that jurisdiction.