

**NH Department of Safety
Homeland Security and Emergency Management
FY 07 State Homeland Security Exercise and Evaluation Program
Application**

I. Introduction

FY2007 State Homeland Security Exercise funds are available to enhance the capabilities of local, regional and state responders by testing and evaluating plans, policies, procedures, protocols, systems, equipment, and facilities developed to mitigate against, prepare for, respond to, and recover from the effects of all hazard events. The exercise may be combined with other jurisdictions for a multi-jurisdictional exercise and/or they may be combined with other entities (public health, hospitals, airports, private industry, state agencies etc.) that are planning to conduct an exercise. **Acceptable exercise scenarios include: chemical, biological, radiological, nuclear, explosive, cyber, agricultural and natural or technological disasters. LETPP exercise scenarios must be terrorism-based. If conducting a natural or technological disaster exercise the scenario must be catastrophic in scope and size, as defined by the National Response Plan.**

The application and letter of intent must be returned to:
Katya Brennan, Exercise Training Coordinator
NH Department of Safety, Homeland Security and Emergency Management
33 Hazen Drive
Concord, NH 03305

You will receive an award letter stating the amount of funds that will be allotted to your community under the State Homeland Security Exercise & Evaluation Program. In order to begin planning your exercise or incurring bills related to the exercise, you must first have received the award letter.

Funding amounts will be distributed upon completion of the WMD exercise and receipt of the After Action Report (AAR), improvement plan and expenditure report. If the funding is not used in compliance with the program requirements, you will not be reimbursed for ineligible expenses and you may be ineligible for future State Homeland Security Exercise funding.

Please be aware that the AAR, improvement plan and expenditure report must be returned to NH Homeland Security and Emergency Management within 60 days of completion of the exercise. All After Action Reports must be submitted in electronic format as well as in hard copy.

The Department of Safety, Homeland Security and Emergency Management shall reserve the right to verify any statement or answer given on an application for funding under this part where good cause exists. Good cause shall include, but not be limited to, the following:

- [1] a false statement or answer in an application; or
- [2] a change in the applicant's criteria which has not been reported on the application; or
- [3] inconsistent or inaccurate statements in prior applications.

I have read and understand the above information.
(◀This box must be checked in order for your application to be accepted.)
AW

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1.	Requesting Organization/ Jurisdiction: Belknap Regional Special Operations Group	
	Program Manager/Contact: Sheriff Craif Wiggin	
	Physical Address: 42 County Drive	City: Laconia
	Mailing Address:	Zip: 03246
	Telephone Number: 603-527-5454	
	E-mail Address: Cwiggin@belknapcounty.org	
2.	Total Amount Requested: \$70,000.00	
3.	Date of Exercise: 9/10-6/30/11 (mm/dd/yyyy)	
4.	Exercise Type: TTX-Functional	
5.	Description of Exercise (chemical/bio...): Terrorism linked w/IED component. Expand from TTX through Total Amount Requested:	
6.	List all agencies/departments (local, regional, and state) that will be participating in this exercise: Belknap Regional Tactical team, State Police SWAT, State Police EOD, Central NH Haz Mat., Laconai Fire, and Laconia CERT (citizen corp. team).	
6a.	Does your community have a CERT? (Y or N): <u>Y</u>	Will they be participating? (Y or N): <u>Y</u>
7.	Does your Community have an Emergency Operations Plan (EOP)? <u>Y</u>	
7a.	When was it last updated?	<u>recently</u> (mm/dd/yyyy or N/A)
7b.	When was the last time you exercised/drilled your EOP?	<u>12/9/2010</u> (mm/dd/yyyy or N/A)
7c.	Do you have a Terrorism Annex to your EOP?	<u>Y</u>
7d.	Have you exercised/drilled your Terrorism Plan/Annex?	<u>N/A</u>
7e.	When was the last time your EOC was operational?	<u>2/10/2010</u> (mm/dd/yyyy or N/A)
7f.	Was it operational for a disaster or an exercise/drill?	<u>Disaster</u>
8.	Please list any training needs you have that are relative to the exercise: ICS updates for all team leaders.	
9.	Has the online National Incident Management Capability Assessment Tool (NIMCAST) been completed? This is available at: _____ This is required for jurisdictions seeking Homeland Security funding. <u>N</u>	

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10. Please list equipment purchased with Homeland Security funds that will be used in this exercise:
Bearcat, (US DOJ) Mobile Command Post, All major SOU equipment includes Communications equipment, Haz Mat equipment for Laconia Fire and Central NH Haz mat., EOD equipment from SP, SWAT equipment from SP.

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10. Please check the Target Capabilities you intend to exercise from the list below.

Common Target Capabilities

<input checked="" type="checkbox"/>	Planning
<input checked="" type="checkbox"/>	Communications
<input checked="" type="checkbox"/>	Citizen Preparedness and Participation
<input checked="" type="checkbox"/>	Risk Management

Prevent Mission Area Target Capabilities

<input type="checkbox"/>	Information Gathering and Recognition of Indicators and Warnings
<input type="checkbox"/>	Intelligence Analysis and Production
<input type="checkbox"/>	Intelligence/Information Sharing and Dissemination
<input checked="" type="checkbox"/>	Law Enforcement Investigation and Operations
<input checked="" type="checkbox"/>	Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives (CBRNE) Detection

Protect Mission Area Target Capabilities

<input type="checkbox"/>	Critical Infrastructure Protection (CIP)
<input type="checkbox"/>	Epidemiological Surveillance and Investigation
<input type="checkbox"/>	Food and Agriculture Safety and Defense
<input type="checkbox"/>	Public Health Laboratory Testing

Respond Mission Area Target Capabilities

<input type="checkbox"/>	Animal Health Emergency Support
<input type="checkbox"/>	Citizen Protection: Evacuation and/or Shelter-In-Place Protection
<input type="checkbox"/>	Critical Resource Logistics and Distribution
<input type="checkbox"/>	Emergency Public Information and Warning
<input type="checkbox"/>	Environmental Health
<input type="checkbox"/>	Emergency Operations Center (EOC) Management
<input checked="" type="checkbox"/>	Explosive Device Response Operations
<input type="checkbox"/>	Fatality Management
<input checked="" type="checkbox"/>	Firefighting Operations/Support
<input type="checkbox"/>	Isolation and Quarantine
<input type="checkbox"/>	Mass Care (Sheltering, Feeding, and Related Services)
<input type="checkbox"/>	Mass Prophylaxis
<input type="checkbox"/>	Medical Supplies Management and Distribution
<input type="checkbox"/>	Medical Surge
<input checked="" type="checkbox"/>	Onsite Incident Management
<input checked="" type="checkbox"/>	Public Safety and Security Response
<input checked="" type="checkbox"/>	Responder Safety and Health
<input type="checkbox"/>	Triage and Pre-Hospital Treatment
<input type="checkbox"/>	Urban Search and Rescue (USAR)
<input type="checkbox"/>	Volunteer Management and Donations
<input checked="" type="checkbox"/>	Weapons of Mass Destruction (WMD/Hazardous Materials (HazMat) Response and Decontamination

Recover Mission Area Target Capabilities

<input type="checkbox"/>	Economic and Community Recovery
<input type="checkbox"/>	Restoration of Lifeline
<input type="checkbox"/>	Structural Damage and Mitigation Assessment

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II. Budget Request

Your budget request may require further breakdown after review of this application.

Please read the Reimbursement Checklist for specific information required for each category.

The following are allowable expense categories:

a. **Hiring of Contractors/Consultants** - The services of contractors/consultants may be procured to support the design, development, conduct and evaluation of exercise. A note that any contractors/consultants selected must be familiar with the Homeland Security Exercise Evaluation Program (HSEEP) guidance. The applicant's formal written procurement policy or the Federal Acquisition Regulations (FAR), whichever is more stringent, must be followed. Quotes from at least three contractors/consultants must be provided. An invoice with a detailed outline of contracted services is also required. **Please include a breakdown of the contractor's services.**

Amount Requested for Contractors/Consultants: N/A

b. **Overtime and Backfill** - Overtime and backfill costs associated with the design, development, and conduct of exercises are allowable expenses. (See list of Reimbursable Planning Conferences.) Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established work week related to the planning and conduct of the exercise project(s). In the case of part-time, paid-for-call, paid-on-call, paid-per-call and volunteer personnel, overtime is considered in excess of what they typically work in a week, but at their regular rate of pay or call rate, not at an overtime (time-and-a-half) rate. A volunteer stipend policy is available upon request. **You must submit your personnel expenses on the attached spreadsheet**

Amount requested for Overtime and Backfill: \$70,000.00

c. **Supplies** - Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise project(s) (e.g., copying paper, gloves, tape, non-sterile masks, and disposable protective equipment) **Please submit a breakdown of items you intend to expend/consume in this category. This does not need to be a penny-by-penny list. just a general idea to ensure all items are authorized.**

Amount requested for Supplies: N/A Contractor to pay

d. **Other Items** - These costs include the rental of space/locations for exercise planning and conduct, rental of equipment (e.g., portable toilets, tents), food, refreshments, exercise signs, badges, etc.). You must tie event costs to the exercise. **Please submit a breakdown of items you intend to expend/consume in this category. This does not need to be a penny-by-penny list, just a general idea to ensure all items are authorized.**

Amount requested for Other Items: N/A contractor to pay

Total of Budget Request (auto-fill): \$70,000.00
 (This figure should match the Total Amount Requested on previous sheet)

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I certify that the statements in the attached application are true and correct to the best of my knowledge. Should my community receive any of these funds, I acknowledge that I will comply with conditions of the program (attached).

*Once completed, please print out and fax or mail original to Katya Brennan at:
Fax: 603-223-3609*

*NH Homeland Security and Emergency Management
33 Hazen Drive
Concord, NH 03305*

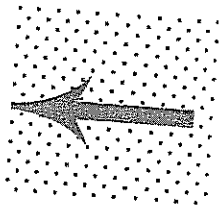
~~Signature of Authorizing Official (Town/City Manager, Selectman)~~

Name: _____
(Signature)

Name: _____
(Please Print)

Date: _____

Title: _____



Submission Requirements for Overtime OR Backfill Reimbursement

Please be sure all documentation is submitted as soon as possible. Please remind your finance people the following MUST be submitted: Overtime and Backfill documentation (paid by municipality via payroll): 1) Request for OT/Backfill Reimbursement Form completed for each person and signed by authorized official, 2) Completed Excel Spreadsheet summarizing personnel OT/Backfill; signed by authorized official, 3) Payroll documentation (proof of payment); signed by authorized official. 4) Copies of the Certification of Completion for training, if applicable.

The signatory is signing for 2 reasons:

- 1) That the person was in fact in training and reimbursed at the rate requested,
- 2) Certifying that the person has been paid by the municipality.

Please note that only time in class will be reimbursed.

Salaried Employees:

And per 1/7/10 email on Program Costs from DHS HQ: Also please note that, it has also been brought my attention by DHS/FEMA Headquarters that, Depending on your specific State, Local, Tribal or bargaining agreement (such as union or association) paying "Salaried" employees "Overtime" for routine, non emergency or events not covered during a time of heightened National Security are (is) normally not eligible for overtime. We will need to be sure that the participating employees are eligible for the OT or BF. This would entail certification from the Chief or the authorized official who has oversight of the salaried employee (Commissioner, Chairman of Selectboard, Town or City Manager, etc). Grant funds will not automatically be assumed as eligible for reimbursement to salaried employees who participate in training or exercises or other DHS activities.



**DEPARTMENT OF SAFETY- GRANTS MANAGEMENT UNIT
 FY 2007/2008 /2009 HOMELAND SECURITY GRANT PROGRAM
 REQUEST FOR OVERTIME/BACKFILL REIMBURSEMENT-Effective for Eligible Events 9/15/10 or later**

MUNICIPALITY _____

This is to certify that:

Name: _____

Was relieved from active duty, or backfilled a position, while attending a DHS/FEMA approved training session or exercise:

Training/Exercise: _____

Date: _____

Location: _____

Amount of reimbursement requested: _____

Because of such absence, the municipality incurred overtime or backfill expenses. (The maximum reimbursement available will not exceed a documented \$400 per person per day for salary PLUS allowed benefits not to exceed \$550 per day in total). For all DHS/FEMA training programs and exercises proper pre-approval documentation of eligibility must have been received from the Department of Safety point of contact for each program. Strict coordination with DOS is required (NH FS&T, NH HSEM, DOS- Grants Management). SIGNED Payroll records must be attached that correspond to this request; a signed summary of costs by day must be attached. Only time in class is reimbursed. Only documented and pre-approved exercise related time is reimbursed.

Overtime expenses are the result of personnel who worked over and above their normal scheduled daily or weekly work time in the performance of DHS/FEMA-approved activities. Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established work week (usually 40 hours) related to the planning and conduct of exercise or training projects. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or the awarding agency, whichever is applicable. In no case is dual compensation allowable. Overtime costs which are the direct result of attendance at FEMA and/or approved training courses and programs are allowable. Overtime payments related to backfilling personnel who have been sent to training are also allowable, but only the marginal added cost to the grantee of having to pay overtime instead of regular time. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though such work may benefit both activities. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation and as of April 26, 2005 retirement may be reimbursed per program guidance.

Backfill, also called "Overtime as Backfill", expenses are the result of personnel who are working overtime in order to perform the duties of other personnel who are temporarily assigned to DHS/FEMA approved activities (training, exercises, etc.) outside their core responsibilities. Backfill-related Overtime- Also called "Overtime as Backfill": These expenses are limited to overtime costs which result from personnel who are working OVERTIME - which results from personnel working over and above what your department considers overtime as a direct result of their performance of DHS/FEMA-approved activities specified in the applicable grant guidance-to perform duties of other personnel who are temporarily assigned to DHS-approved activities outside of their core responsibilities. These costs are calculated by subtracting the non-overtime compensation, including fringe benefits of the temporarily assigned personnel from the total costs (non-overtime and overtime compensation, including fringe benefits) paid to backfill the position.

Therefore, I am seeking reimbursement for costs incurred as described above. Documentation will be retained at the Municipal/Agency level and be available for State/Federal audit. I further certify that these costs are an accurate record of those incurred by the listed individual for this specific DHS/FEMA approved training or exercise and that the individuals have been paid by the municipality.

Sincerely,

 (Signature Municipal CEO authorized to sign)

 (Print name and phone number)

Remittance Address:

Remittance Federal ID Number:

A copy of the training certificate issued must be attached.

