

**Homeland Security and Emergency Management
State Homeland Security Exercise and Evaluation Program Application**

STATE OF NEW HAMPSHIRE

DEPARTMENT OF SAFETY

HOMELAND SECURITY AND EMERGENCY MANAGEMENT

HSEEP

GRANT APPLICATION PACKET

APPLICANT: Town of Allenstown

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Directions: If filling out electronically, this application has shaded fields for easier entry. To make this possible, the document is locked/protected. If you need to fill in information outside of these shaded fields, you must turn off this protection. *To do this, please do one of the following:*

- On the **Tools** menu, click **Unprotect Document**, or
- On the **Forms** toolbar, click **Protect Form** 

To go back to filling in the fields, you will need to do one of the following:

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- On the **Forms** toolbar, click **Protect Form** 

<i>(To be filled in by NH HSEM)</i>
Date received:
Initials:
Grant Amount:
Status:
Funding Year:
Event Type:
Event Date:

Applicant Organization/Agency Name:

I. SUMMARY INFORMATION

A. Exercise Type/Topic and Date 100% Cost of Project(s)

1. Full Scale/Active Shooter October 2017	\$ 21,878
2.	\$
3.	\$
4.	\$
Total Cost of Projects (100%)	\$

B. Contact Information

Primary Contact:

Alternate Contact:

Name: <u>Shaun Mulholland</u>	Name: _____
Title: <u>EMD</u>	Title: _____
Street Address: <u>16 School St.</u>	Street Address: _____
Mailing Address: _____	Mailing Address: _____
Community/Zip: <u>Allenstown 03275</u>	Community/Zip: _____
Phone: <u>603-485-4276 X 112</u>	Phone: _____
Email: <u>smulholland@allenstownnh.gov</u>	Email: _____

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C. Exercise location: Allenstown Fire Station

D. Does your community have an Emergency Operations Plan (EOP)? Yes

- When was it last updated? 08/08/2016 (mm/dd/yyyy or N/A)
- When was the last time you exercised/drilled your EOP? 2014 (mm/dd/yyyy or N/A)
- When was the last time your EOC was operational? 2014 (mm/dd/yyyy or N/A)

Was it operational for a disaster or an exercise/drill? Disaster

II. EXERCISE DESCRIPTION

A. Core Capabilities- Please select three (3) to five (5) capabilities that will be tested in this exercise:

1. Operational Coordination
2. Operational Communications
3. On-scene Security and Protection

B. Please list any training that will be needed prior to the exercise:

Warm Zone training and protocols

C. Please list any equipment that was previously purchased with FEMA or Homeland Security funds that will be used in this exercise:
None

D. Exercise Narrative – please explain how this event will enhance emergency management capabilities. If applicable, include other agencies participating, a timeline of planning meetings and exercise dates, and what plans are being tested.

The Town is on a training cycle for active shooter incidents at our schools. 2017 is the year for another full scale exercise to test our abilities to respond to such an incident. We have new staff who will be participating for the first time.

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We will also be testing the new protocol and response plan for the warm zone concept. We will be testing this plan along with the new equipment we hope to acquire through a grant.

The following agencies will be participating:

Allenstown Police Department
Pembroke Police Department
Merrimack County Sheriff's Dept.
Hooksett Police Dept.
Allenstown Fire Dept.
Tri-Town EMS
Allenstown School District
Allenstown Emergency Management

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III. Budget Request

The following are allowable expense categories:

1. Planning, Design, and Development

Applicants may receive funding for the planning time spent designing and developing the exercise. This may include pre-time for planning meetings, planning meetings, and administrative costs. 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.

- Complete Appendix B: Personnel Calculation Sheet for all planning related costs
- Attach the community'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.
- Signed contract agreement between community and contractor.

Amount Requested for Contractors/Consultants: \$12,800

2. Overtime and Backfill

Overtime and backfill costs associated with the design, development, and conduct of exercises are allowable expenses. 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. See Appendix A: Overtime and Backfill Policy

- Complete Appendix B: Personnel Calculation Sheet

Amount requested for Overtime and Backfill: \$8,538

3. 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).

- Attach an itemized breakdown of supplies

Amount requested for Supplies: \$0

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4. Food

Only one meal is allowed for reimbursement per 4 hour time block. Refer to GSA per diem rates for food expense guidelines <http://www.gsa.gov/portal/category/100120>

Attach an itemized breakdown of food

Amount requested for Food: \$540

5. 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.

Attach an itemized breakdown of items

Amount requested for other items: \$0

Total Amount Requested \$21,878

IV. SIGNATURE & CERTIFICATION PAGE

PLEASE NOTE: Applications that do not contain all of the requested information, including any necessary attachments, will be followed up on. Priority will be given to applications that are all-inclusive.

The NH Department of Safety, Homeland Security and Emergency Management shall reserve the right to verify any statement or answer given on an application for a grant 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.

Excluded Parties List

I certify that none of the vendors, contractors, or sub-contractors being used for this exercise is listed on the Federal Excluded Parties List. Further I certify that I have checked the Federal Excluded Parties List found at

<https://www.sam.gov/portal/SAM/##11>

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APPENDIX A: OVERTIME AND BACKFILL POLICY

**OVERTIME AND BACKFILL POLICY FOR DHS-APPROVED TRAINING
Exercises
UNDER SHSGP FISCAL YEARS 2014, 2015 AND BEYOND**

1. Scope

This policy shall take affect immediately and will apply to exercises for eligible pre-approved exercise applications based on **SHSGP fiscal years 2014, 2015 and beyond**. This policy shall not be precedent setting for any other classes, programs or grant periods.

2. Policy:

The policy set forth shall be for all first responders that participate in pre-approved HSEEP exercises.

A. General Conditions

1. Under no circumstances is dual compensation allowed.
2. There is no reimbursement for straight time pay except in the cases of part time, paid-per-call or volunteer stipends.
3. The maximum allowable reimbursement is set by the Commissioner of the NH Department of Safety at \$650 per person per day

Only expenses outlined in this document shall be eligible for reimbursement.

Reimbursement for Overtime and/or Backfill will be paid to the community. The Grant reimbursement is intended to make a “municipality whole” for the participation of an employee in training or exercises.

B. FULL TIME PERSONNEL

Communities will be reimbursed for full time personnel participating in eligible training and exercises under the following conditions:

Overtime

Full time personnel who are paid overtime to attend training will be reimbursed for actual time in class; i.e. 8 hours of pay for an 8 hour class. **Travel time and/or mileage are not eligible.**

Backfill

Full time personnel who are called in on overtime to cover a duty shift for another member who is on-duty and receiving straight time to

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attend training (backfill) will be reimbursed for the actual class time only as outlined above. **Travel time and/or mileage are not eligible.**

It is expected that the responder who is assigned to training in lieu of normal duty and whose shift is being covered will return to duty to complete their normal shift assignment.

C. PART-TIME PERSONNEL

If an agency has budgeted employees to work less than a full time schedule, the time that these employees spend traveling to and attending approved training above and beyond their regularly scheduled hours can be considered overtime and therefore covered. For example, if an agency budgets an individual for 20 hours per week but approved training activities require that person to work 25 hours in a week, the additional 5 hours spent in training could be covered by SHSGP grants.

D. PAID-FOR-CALL, PAID-ON-CALL, AND PAID-PER-CALL VOLUNTEER PERSONNEL

If an agency relies upon paid-for-call, paid-on-call, and/or paid-per-call volunteer personnel and opts to include them in approved training and exercises, grantees can use SHSGP grant funds to pay volunteers for their attendance at these activities in accordance with established processes. These Communities will be reimbursed for their members to attend training based on their documented rate of pay.

E. STIPENDS FOR VOLUNTEER FIRST RESPONDERS

Stipends for purely volunteer first responders to attend approved training are allowable when volunteers are completely unpaid and no legal agreement exists to support pay for training activities with the following justification:

These Communities will be reimbursed for actual class time at the rate of \$20.80 per hour. Student travel time and mileage expenses are not eligible.

All funds will be paid to the community. Students will not receive payment made out to them.

F. FILING PROCEDURE

The following procedure must be followed by all Communities seeking reimbursement of payroll costs as outlined in this policy:

All documentation packages must be submitted to NH HSEM for initial review as soon as possible following the completion of the exercise/class. The following documents **must** be submitted as part of this package:

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1. Successful completion of the After Action Report with Improvement Plan.
2. Completed NH Department of Safety Overtime/Backfill Reimbursement Forms for each person for whom reimbursement is being requested, **signed by an authorized official.**
3. Payroll documentation to support the requested reimbursement, signed by an **official authorized to approve payroll.**
4. **Summary sheet listing the employee name, date of training, rate of pay, hours, benefits by percentage and total amount requested, signed by an authorized official. Benefits are limited to FICA, Workers Compensation, Unemployment Compensation and Retirement rate in effect at the time of the exercise/training.**
5. Volunteer Stipend Justification (if applicable), **signed by an authorized official.**
6. Invoice for the total amount requested, made out to NH Department of Safety, Grants Management Unit.

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