



Application

06863 - FY18 Bay Area UASI

07113 - Continuation of Regional Care and Shelter Capability Building

UASI Grant Program

Status: Under Review

Submitted Date: 10/05/2017 9:21 PM

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## Project Lead

**Name:\*** Ms. Corinne Bartshire  
Salutation First Name Middle Name Last Name

**Title:** Regional Project Manager

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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

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## Organization Information

**Organization Name:** Bay Area UASI Management Team for External Grants

**Organization Type:** Government

**Organization Website:**

**Address:** 711 Van Ness Ave  
Suite 420

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

Phone:\* 415-353-5234  
Ext.

Fax:

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

DUNS Number 070384255

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## 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 Work Group's Care and Shelter 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.*

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## Commonly Requested Items

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### 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: 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).

Yes

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:

Contractor support for 2nd year of 2 year effort to build local government capabilities for emergency care and shelter operations with a focus on (1) supporting medical needs in a shelter, (2) animal sheltering, (3) mass feeding, and (4) public information.

Deliverables may include:

(1) Facilitated discussions regarding logistical requirements, agency roles, and necessary functions for supporting medical needs in a shelter with an outcome of recommended planning activities for the region,

(2) Support to local governments in enhancing / developing emergency animal sheltering plans,

(3) Training on best practices / local resources for mass feeding operations, and

(4) Public information toolkit to assist with messaging of care and shelter operations.

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

*This field is limited to 750 characters.*

**For equipment projects, please provide an inventory of the requested item currently used in the county:**

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## 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.*

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## **FEMA Controlled Equipment**

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

- 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

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## **Project Timeline**

**Project Dates\***

11/01/2018

12/31/2019

Project Start Date

Project End Date

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## Milestones

Milestone	Please Describe	Estimated Completion Date
(PLANNING) Obtain Quotes		11/30/2018
(PLANNING) Contract Award		01/31/2019
Other	Facilitated Discussions	05/31/2019
Other	Mass Feeding Training	07/31/2019
Other	Animal Sheltering Plan Support	08/30/2019
Other	Public Information Toolkit	08/30/2019
Other	Project Summary and Recommendations Report	10/31/2019

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## 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

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## Planning

Category	Planning Total
Planning	\$200,000.00

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## Organization

Category	Organization Total
Organizations	\$0.00

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## Equipment

**Category**

**Equipment Total**

Equipment

\$0.00

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**Training**

**Category**

**Training Total**

Training

\$0.00

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**Exercise**

**Category**

**Exercises Total**

Exercise

\$0.00

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**Totals**

**Total Project Cost**

\$200,000.00