



Application

06863 - FY18 Bay Area UASI

07118 - Medical Needs and Behavioral Health Shelter Planning.

UASI Grant Program

Status: Under Review

Submitted Date:

Project Lead

Name:*

Mr. Nicholis Chad Steller
Salutation First Name Middle Name Last Name

Title:

Public Health Emergency Preparedness Coordinator

Work Email:

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Work Address:

1270 Natividad Road

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1270 Natividad Road
Salinas California 93906
City State/Province Postal Code/Zip

Phone:*

831-755-4796
Phone Ext.

What Program Area are you interested in?

Organization Information

Organization Name:

Monterey Department of Public Health

Organization Type:

Government

Organization Website:

Address:

1270 Natividad Rd

* Salinas California 93906
City State/Province Postal Code/Zip

Phone:* 831-755-4796
Ext.

Fax:

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

DUNS Number 0000

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?

Project will develop resources that will be utilized by 13 Bay Area (BA) local health jurisdictions (LHJs) which encompass all hubs and will improve shelter planning, training, and response to terrorist events thus building community resilience.

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, Recover from Terrorist Attacks

Select all that apply

Describe the nexus to terrorism in detail:

A terrorist attack could result in the need to support people with behavioral health and medical needs who have evacuated from their homes or care facilities to shelters or temporary sites. This project will strengthen the resilience of all UASI OAs to respond to and recover from terrorist incident

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:

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

Building on the 2018 Care & Shelter project, ABAHO PHP will develop a scalable concept of operations for supporting the medical and behavioral health(BH) needs of people displaced by disaster. Deliverables include: Assessment tool for use during an incident to help identify BH and medical services, by function, needed for displaced populations; Develop a disaster BH Emergency and Continuity of Operations Plan, a coordination model for NGO, private, and public sector BH agencies, and function-based requirements for staffing, space, pharmaceuticals, and supplies for each model; develop and implement standardized behavioral health training for disaster service workers, and private/public sector licensed clinicians based on best practice model

This field is limited to 750 characters.

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

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-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?

Not Applicable

Project Timeline

Project Dates*

11/01/2018

Project Start Date

12/31/2019

Project End Date

Milestones

Milestone	Please Describe	Estimated Completion Date
(PLANNING) RFP Release		11/15/2018
(PLANNING) Contract Award		02/15/2019
(PLANNING) Identify and Engage Stakeholders		03/15/2019
(PLANNING) Draft Plan		08/15/2019
(PLANNING) Revise and Complete Plan		11/15/2019

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	\$175,000.00

Organization

Category	Organization Total
Organizations	\$0.00

Equipment

Category	Equipment Total
Equipment	\$0.00

Training

Category

Training Total

Training

\$75,000.00

Exercise

Category

Exercises Total

Exercise

\$0.00

Totals

Total Project Cost

\$250,000.00