

EDMUND G. BROWN JR.
GOVERNOR

MARK S. GHILARDUCCI
SECRETARY



Cal EMA
CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

October 12, 2012

10-19-12 P12:09 IN

Captain Tom Madigan
Alameda County
4985 Broder Boulevard
Dublin, CA 94568

SUBJECT: NOTIFICATION OF SUBGRANTEE AWARD APPROVAL
FY 2012 Homeland Security Grant Program (HSGP)
Grant #2012-SS-00123; Cal EMA 001-00000
Subgrantee Performance Period: October 12, 2012 to May 31, 2014

Dear Captain Madigan:

The California Emergency Management Agency (Cal EMA) has approved your FY 12 Homeland Security Grant Program (HSGP) award in the amount of \$1,205,943. Once your completed application is received and approved, you may request reimbursement of eligible grant expenditures using the Cal EMA Financial Management Forms Workbook available at www.calema.ca.gov.

During the review process, a Cal EMA representative examined and evaluated your FY 12 HSGP grant application. As a result of this review, some of your funded projects may have been assigned performance milestones shorter than the subgrantee performance period, based in part on information provided in your application and submitted workbook. Performance milestones will be used by Cal EMA to both determine the appropriate date to disencumber funds awarded under this grant and redirect them to other needs across the State and as indicators of performance and grant management capacity in future competitive grant applications.

<u>Activities:</u>	<u>Amount</u>	<u>Completion Date</u>
ALL PROJECTS	\$600,000	10/31/13

Additionally, Aviation/Watercraft requests, Establish/Enhance Emergency Operations Center (EOC) projects, projects requiring Environmental and Historic Preservation (EHP) review and Sole Source Procurement requests will require additional approvals from Cal EMA. Subgrantees must obtain written approval for these activities **prior** to incurring any costs, in order to be reimbursed for any related costs under this grant. Subgrantees are required to obtain a performance bond for any equipment item over \$250,000, or any vehicle, aviation, or watercraft (regardless of the cost) financed with homeland security dollars.

Following acceptance of this award, you must enter your grant information into the US Office of Grants and Training, Grant Reporting Tool (GRT), for the December 2012 Biannual Strategy Implementation Report (BSIR) period. The GRT can be accessed online at <https://www.reporting.odp.dhs.gov/>.

HOMELAND SECURITY, PROP1B AND EMERGENCY MANAGEMENT BRANCH
3650 SCHRIEVER AVENUE · MATHER, CA 95655
MAIN LINE: (916) 845-8186

Captian Madigan
October 12, 2012
Page Two

Semi-annual performance reports must be prepared and submitted to Cal EMA via the GRT for the duration of the grant period or until all activities are completed and the grant is formally closed. Failure to submit performance reports could result in grant reduction, termination, or suspension.

This grant is subject to all policies and provisions of the Federal Single Audit Act of 1984 and the Single Audit Act Amendments of 1996. Any funds received in excess of current needs, approved amounts, or those found owed as a result of a final review or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal EMA.

Your dated signature is required on this letter. Please sign and return the original to your Cal EMA program representative within ten days of receipt, and keep a copy for your files.

For further assistance, please feel free to contact your Cal EMA program representative or the Homeland Security Grants Section at (916) 845-8186.

Sincerely,



MARK S. GHILARDUCCI
Secretary

Captain Tom Madigan, Authorized Agent
Alameda County Operational Area

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

PROJECT LEDGER

*Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests.
Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.*

CFDA # **97.067**

Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message.

LEDGER TYPE: **Initial Application**
Today's Date: **August 6, 2012**

Alameda County Sheriff's Office

Item Number	Project	Project Name	Funding Source	Discipline	Solution Area	Solution Area Sub-Category	Total Obligated	Amount Approved Previous	Amount This Request	Match Amount	Total Approved	Remaining Balance	Percentage Complete
							1,205,943					1,205,943	
1	A	Management and Administration	HSGP-SHSP	LE	M&A	Grant Admnl	60,297					60,297	
2	B	Interoperability	HSGP-SHSP	LE	Equipment	Interoperable Communications Equipment	500,000					500,000	
3	C	CERT	HSGP-SHSP	FS	Equipment	Other Authorized Equipment	25,000					25,000	
4	C	CERT	HSGP-SHSP	FS	Training	Course Delivery and Evaluation	75,000					75,000	
5	D	Haz-Mat Trailer	HSGP-SHSP	FS	Equipment	Terrorism Incident Prevention Equipment	100,000					100,000	
6	E	EOD/Portable Explosive Detector	HSGP-SHSP	LE	Equipment	Detection	60,000					60,000	
7	F	Portable Scan System	HSGP-SHSP	LE	Equipment	Terrorism Incident Prevention Equipment	84,000					84,000	
8	G	Unmanned Aerial System	HSGP-SHSP	LE	Equipment	CBRNE Search and Rescue Equipment	31,646					31,646	
9	H	Urban Shield	HSGP-SHSP	LE	Exercise	Conduct/Attend/Evaluate	50,000					50,000	
10	I	MMRS	HSGP-SHSP	FS	Equipment	CBRNE Search and Rescue Equipment	220,000					220,000	
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**CALIFORNIA EMERGENCY MANAGEMENT AGENCY
GRANT AWARD FACE SHEET (Cal EMA 2-101)**

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a Grant Award of funds to the following:

1. Grant Recipient: Kern County Sheriff's Office		1a. DUNS #:	064165933
In the amount and for the purpose and duration set forth in this Grant Award.		2a. DUNS #:	064165933
2. Implementing Agency: Kern County Sheriff's Office		4. Location of Project:	Kern County Sheriff's Office
3. Implementing Agency Address: Street: 1701 Lakeside Drive, 12th Floor City: Oakland		5. Performance Period:	11/13/2012 to 6/30/2014
6. Disaster/Program Title: State Homeland Security Grant Program		7. ZIP Code + 4:	94612-4305

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2012	7. HSSP-SHSP		\$1,205,943		\$0	\$0	\$1,205,943	\$0
	8.				\$0	\$0	\$0	\$0
	9.				\$0	\$0	\$0	\$0
	10.				\$0	\$0	\$0	\$0
	11.				\$0	\$0	\$0	\$0
	12. TOTALS	\$0	\$1,205,943	\$1,205,943	\$0	\$0	\$0	\$1,205,943

13. This Grant Award consists of the title page, the application for the grant, which is attached and made a part hereto, and the Assurances/Certifications which are being submitted. I hereby certify that the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, governing body of the implementing agency. The grant recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The grant recipient certifies acceptance of this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, rules, regulations, federal program guidelines, and Cal EMA policy and program guidelines. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of state budget.

14. Official Authorized to sign for Applicant/Grant recipient:		15. Federal Employee ID Number: 996004501	
Name: Gregory J. Allen	Title: Sheriff		
Telephone: (310) 272-6666	FXN: (310) 272-3795	Email: gallen@kerncounty.ca.gov	
Payment Mailing Address: 1401 Lakeside Drive, 12th Floor	City: Oakland	State: CA	Zip Code + 4: 94612-4305
Signature: _____	Date: 6-Aug-12		

(FOR Cal EMA USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Cal EMA Fiscal Officer _____ Date _____

Cal EMA Secretary (or designee) _____ Date _____

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

AUTHORIZED BODY OF 5 - SIGNATURE AND CONTACT INFORMATION

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #

97.067

Alameda County Sheriff's Office

Authorized Body of 5- Signature and contact information					
Position	Signature	Printed Name	Title	Phone	Email
County Public Health Officer		Alex Briscoe	County Public Health Officer	(510) 618-3452	alex.briscoe@acsoov.org
County Fire Chief		Demetrius Shaffer	County Fire Chief	(510) 618-3403	dshaffer@acsoov.org
Municipal Fire Chief		Debra Pryor	Municipal Fire Chief	(510) 981-5500	dpryor@cityofberkeley.biz
County Sheriff		Casey Nica	County Sheriff	(510) 208-9811	onica@acsoov.org
Chief of Police		Craig Stecker	Chief of Police	(510) 790-6811	craig.stecker@cityofalameda.ca.us
Additional Position (Optional)					
Additional Position (Optional)					

Additional Authorized Agent contact information							
Authorized Agent's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Tom Madigan	Captain	4985 Broder Blvd	Dublin	CA	94568	925-551-7806	tmadigan@acsoov.org
Dean Stavert	Commander	1401 Lakeside Drive, 12th Floor	Oakland	CA	94612	510-208-6871	dstavert@acsoov.org
Richard Lucia	Undersheriff	1401 Lakeside Drive, 12th Floor	Oakland	CA	94612	510-272-6868	rlucia@acsoov.org
Contact's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Rudean C. Johnson	Sheriff's Technician	4985 Broder Blvd	Dublin	CA	94568	925-803-7806	rcjohnson@acsoov.org
Tom Madigan	Captain	4985 Broder Blvd	Dublin	CA	94568	925-803-7812	tmadigan@acsoov.org

CAL EMA # _____ FIPS # _____ Vendor Suffix # _____ CDEA # _____ Grant # _____

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY
GRANT AWARD FACE SHEET (CAL EMA 2-101)**

The California Emergency Management Agency, hereafter designated CAL EMA, hereby makes a Grant Award of funds to the following:

1. Grant Recipient: <u>Alameda County Sheriff's Office</u>		1a. DUNS #: <u>064165053</u>
In the amount and for the purpose and duration set forth in this Grant Award.		2a. DUNS #: <u>064165053</u>
2. Implementing Agency: <u>Alameda County Sheriff's Office</u>		4. Location of Project: <u>Alameda County Sheriff's Office</u>
3. Implementing Agency Address:		
Street: <u>1401 Lakeside Drive, 12th Floor</u>	City: <u>Oakland</u>	ZIP Code + 4: <u>94612-4305</u>
5. Disaster/Program Title: <u>Sheriff Homeland Security Grant Program</u>		6. Performance Period: <u>11/13/2012 to 6/30/2014</u>

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-kind Match	F. Total Match	G. Total Project Cost
2012	7. HSRP-SHER		\$1,205,943		\$0	\$0	\$1,205,943	
	8.				\$0	\$0	\$0	\$0
	9.				\$0	\$0	\$0	\$0
	10.				\$0	\$0	\$0	\$0
	11.				\$0	\$0	\$0	\$0
	12. TOTALS	\$0	\$1,205,943	\$1,205,943	\$0	\$0	\$1,205,943	\$1,205,943

13. This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement and have the approval of the City/County/Federal Officer, City Manager, County Administrator, Governing Board Chair, or Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient signifies acceptance of this grant and agrees to adhere to the grant project in accordance with the Grant Award as well as all applicable state and federal laws, rules, regulations, federal program guidelines, and Cal EMA policy and program guidelines. The Grant Recipient further agrees that the allocation of funds may be input on the attachment of the State Budget.

14. Official Authorized to Sign for Applicant/Grant Recipient:				15. Federal Employer ID Number: <u>946000511</u>			
Name: <u>Gregory J. Ahern</u>	Title: <u>Sheriff</u>	Individual Signature: _____					
Telephone: <u>(510) 272-8865</u>	FAX: <u>(510) 272-3795</u>	Email: _____					
Payment Mailing Address: <u>1401 Lakeside Drive, 12th Floor</u>	City: <u>Oakland</u>	State: <u>CA</u>	ZIP Code + 4: <u>94612-4305</u>				
Signature: <u>Gregory J. Ahern</u>	Date: <u>8/15/12</u>						

(FOR CAL EMA USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

CAL EMA Fiscal Officer: _____	Date: _____	CAL EMA Secretary (or designee): _____	Date: _____
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CALIFORNIA EMERGENCY MANAGEMENT AGENCY

AUTHORIZED BODY OF 5 - SIGNATURE AND CONTACT INFORMATION

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Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.*

CFDA #

97.067

Alameda County Sheriff's Office

Authorized Body of 5- Signature and contact information					
Position	Signature	Printed Name	Title	Phone	Email
County Public Health Officer		Alex Briscoe	County Public Health Officer	(510) 618-3452	alex.briscoe@accgov.org
County Fire Chief		Demetrius Shaffer	County Fire Chief	(510) 618-3403	dshaffer@accgov.org
Municipal Fire Chief		Debra Pryor	Municipal Fire Chief	(510) 981-5500	dpryor@cityofberkeley.info
County Sheriff		Casey Nice	County Sheriff	(510) 208-9811	cnice@accgov.org
Chief of Police		Craig Steckler	Chief of Police	(510) 790-6811	csteckler@ed.tremont.ca.us
Additional Position (Optional)					
Additional Position (Optional)					

Additional Authorized Agent contact information							
Authorized Agent's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Tom Madigan	Captain	4985 Broder Blvd.	Dublin	CA	94568	925-551-7806	tmadigan@accgov.org
Dean Stavert	Commander	1401 Lakeside Drive, 12th Floor	Oakland	CA	94612	510-208-6871	dstavert@accgov.org
Richard Lucia	Undersheriff	1401 Lakeside Drive, 12th Floor	Oakland	CA	94612	510-272-6868	rlucia@accgov.org
Contact's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Rudean C. Johnson	Sheriff's Technician	4985 Broder Blvd.	Dublin	CA	94568	925-803-7806	rcjohnson@accgov.org
Tom Madigan	Captain	4985 Broder Blvd.	Dublin	CA	94568	925-803-7812	tmadigan@accgov.org

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

FFATA Financial Disclosure

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CFDA#: **97.067**

Alameda County Sheriff's Office

- Public Law (PL) 109-282 (Federal Funding Accountability and Transparency Act of 2006), as amended by Section 6202(a) of the Government Funding Transparency Act of 2008 (PL 110-252), which is outlined in FEMA GPD information Bulletin No. 350.
- If the subgrantee in the preceding year did not get 80% or more of its annual gross revenues from Federal Awards, and \$25M or more in annual gross revenues from Federal awards, and the public does have access to information about the compensation of the senior executives of the entity, then the subgrantee is not subject to the FFATA Financial Disclosure requirements.
- FFATA Financial Disclosure is in addition to the Authorized Body of Five page.
- Cal EMA enters FFATA information on behalf of the subgrantee.

Executive Name	Title	Annual Salary	Annual Dollar Value of Benefits	Total Compensation

Not Subject to FFATA Financial Disclosure

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

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CFDA # 97.067

Alameda County Sheriff's Office

Project A: M & A	Investment 1, 5 Objective 1.1, 5.1 Capability Supported: Planning, Information Sharing and Dissemination	Assist Operational Area with the management and administration of the State Homeland Security Grant Program.	Fund staffing needs to comply with all the grant requirements.	At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be 50% complete and \$430,150 funds will be expended. At the 18 month mark, this project will be ___% complete and \$___ funds will be expended.
Project B: Interoperability	Investment 3 Objectives 3.1 Capability Supported: Communications	Project is being carried over from previous years. The East Bay Regional Communications System is a regional interoperability communication project. It is a two county P-25 compliant communications system in the final stages of buildout. Funding will be used to purchase consoles for the dispatch centers.	The completion of the EBRCSA system will provide regional interoperability for public agencies within Alameda and Contra Costa counties as well as providing a platform to allow connection between North Bay, South Bay and West Bay systems. The targeted completion date is January, 2013.	At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be 100% complete and \$ 500,000 funds will be expended. At the 18 month mark, this project will be ___% complete and \$___ funds will be expended.
Project C: CERT	Investment 4 Objective 4.1 Capability Supported: Community Preparedness and Participation, Planning	CERT funding is needed to educate citizens through out the operational area about disaster preparedness and to train them in basic disaster response skills.	CERT members can assist others in their neighborhood when professional responders are not immediately available to help. CERTs provide useful information to responders and support their efforts, as directed, at the disaster site.	At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be 50% complete and \$50,000 funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.
Project D: Hazmat Trailer	Investment 5 Objective 5.1, 5.3 Capability Supported: CBRNE Detection, Response and Decontamination Capabilities	Livermore/Pleasanton Fire seeks funds to purchase a trailer to be used to house and transport Type II Hazmat Team equipment for their HazMat Team. L/P Fire is a part of a County, Regional and State set of resources. As a part of the Cal EMA Mutual Aid System, the team could be requested to respond anywhere within the state should the need arise.	Obtaining this trailer would enable L/P Fire's HazMat team to safely store and transport Type II Hazmat equipment that can't be carried on the current vehicle. Acquiring this equipment is vital to the HazMat team's ability to serve this geographically isolated area of Alameda County and will enable it to meet the needs of the State Mutual Aid Plan.	At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be 50% complete and \$50,000 funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.
Project E: EOD	Investment 5 Objective 5.1, 5.3 Capability Supported: CBRNE Detection, Response and Decontamination Capabilities	Explosive Detector to be used by Alameda County Bomb Technicians to determine explosive products (liquids and solids) while providing explosive ordnance disposal services to the cities of Alameda County; unincorporated areas and throughout Region 2. The Bomb Squad supports all first responders in these areas.	The detector is needed to ensure all Bomb Technicians have the appropriate analysis equipment necessary to work in hazardous environments where exposure to explosive, chemical, biological, radiological material is possible. It will provide a higher level of personal protection for Bomb Technicians while conducting investigations.	At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be ___% complete and \$___ funds will be expended. At the 18-month mark, this project will be 100% complete and \$60,000 funds will be expended.
Project F: Portable Scan System	Investment 1, 5 Objective 5.1, 5.3 Capability Supported: Information Analysis/Information Sharing, CBRNE Detection, Response and Decontamination Capabilities	Portable scanning and mapping instrument for Alameda County Crime Lab. The Crime Lab is utilized by all the cities in the county, East Bay Regional Parks and the California Highway Patrol. ACSO is the Mutual Aid Coordinator for Region II; the scanner will be available for use through out the 16 county region.	The Scanning system provides a detailed reconstruction of a crime scene for documentation purposes. It is accepted as evidence in U.S. courts for both Civil and Criminal cases. The system has applications for Vulnerability and Threat Assessment, Post Blast Investigation, CBRNE Response and Fire Scene Reconstruction.	At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be 50% complete and \$42,000 funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.

Project	State Investment Goal and Objectives	Project Description	Need	Performance Objectives
Project G: Unmanned Aerial System	Investment 1, 5 Objectives 1.1, 5.1 Capability Supported: Intelligence and Information sharing and Dissemination, Planning	ACSO seeks funds to purchase an Unmanned Aerial System equipped with video downlink to provide real-time situational analysis for first responders in the operational area and Region 2 in emergencies and/or terrorist related events. The UAS will be operated by licensed pilots from the Sheriff's Air Operations Unit.	An UAS would be a valuable asset to the operational area in all disciplines. In the aftermath of an emergency or terrorist event, the UAS can provide live camera feed to assist with direction of first responders and damage assessment. The UAS will enhance our ability to respond through out the region.	At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be ___% complete and \$___ funds will be expended. At the 18-month mark, this project will be 100% complete and \$31,646 funds will be expended.
Project H: Urban Shield	Investment 5, 8 Objective 5.1, 8.1 Capability Supported: Planning, CBRNE Detection, On Site Incident Management	Urban Shield is a full scale exercise designed to test the adequacy of regional policies, plans, procedures and protocols during an emergency or terrorist related event. Regional first responders are involved in the planning, coordinating and/or managing this event.	Urban Shield is unique because of its focus on training during the exercise. This training provides first responders, homeland security officials, emergency management officials, and other personnel with the knowledge, skills and abilities needed to perform key tasks in large scale disasters or terrorist events.	At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be 100% complete and \$50,000 funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.
Project I: MMRS	Investments 4,6, 5 Objectives 4.1, 5.1, Capability Supported: Planning, Mass Prophylaxis, CBRNE Detection, Response and Decontamination Capabilities,	Funds are needed to purchase essential mass casualty response equipment and conduct training to prepare the community with the knowledge and experience to deal with large scale emergencies involving hazardous materials and/or potential WMD events in their jurisdictions or within the region.	MMRS funding allows the Op Area to continue planning, equipping and training for Mass Casualty events to protect the health of the population in an emergency and/or terrorist event.	At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be 50% complete and \$110,000 funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.
Project J	Investment Goal Objective			At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be ___% complete and \$___ funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.
Project K	Investment Goal Objective			At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be ___% complete and \$___ funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.
Project L				At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be ___% complete and \$___ funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.
Project M	Investment Goal Objective			At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 12-month mark, this project will be ___% complete and \$___ funds will be expended. At the 18-month mark, this project will be ___% complete and \$___ funds will be expended.

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

PROJECT LEDGER

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CFDA # 97.067

LEDGER TYPE: Initial Application

Today's Date: August 6, 2012

Alameda County Sheriff's Office

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CALIFORNIA EMERGENCY MANAGEMENT AGENCY

APPLICANTS MUST COMPLETE ALL INFORMATION AND PROVIDE ALL NECESSARY SUPPORTING DOCUMENTATION TO THE CALIFORNIA EMERGENCY MANAGEMENT AGENCY. SUPPORTING DOCUMENTATION MAY BE AVOIDED IN SOME CASES BY CHECKING THE "EXEMPT" BOX IN THE "COMMENTS" COLUMN.

CFDA# 97.067

Alameda County Sheriff's Office

LEADER TYPE

TODAY'S DATE

QTY	DESCRIPTION	UNIT	STATUS	AGENCY	TYPE	CLASSIFICATION	EST. COST	ACTUAL COST	DATE ACQUIRED	DATE EXPIRES	REMARKS	STATUS	DATE	BY	REMARKS
7	Dispatch Console	86CP-05-ERUC	Yes	HSGP-SHSP	LE	Interoperable Communications Equipment	500,000					Yes	No	No hold indicated	500,000
	Program Clothing	21GH-00-CCEJ	No	HSGP-SHSP	FS	Other Authorized Equipment	7,500					No	No	No hold indicated	7,500
	Back Packs (200)	19GR-00-BGPK	No	HSGP-SHSP	FS	Logistical Support Equipment	10,000					No	No	No hold indicated	10,000
	Medical Kits, Responder (200)	09NE-01-BAGM	No	HSGP-SHSP	FS	Medical	7,500					No	No	No hold indicated	7,500
	HazMat Trailer (1)	12TR-00-TEQP	No	HSGP-SHSP	FS	Decontamination	100,000					No	No	No hold indicated	100,000
	Portable Explosive Detector (1)	07ED-01-THOD	No	HSGP-SHSP	LE	Detection	60,000					No	No	No hold indicated	60,000
	Portable Scan System (1)	02EX-00-PBIE	No	HSGP-SHSP	LE	Terrorism Incident Prevention Equipment	84,000					No	No	No hold indicated	84,000
	Unmanned Aerial System (1)	03CE-07-RPVS	Yes	HSGP-SHSP	LE	Search and Rescue Equipment	31,646					No	No	No hold indicated	31,646
	Medical Triage Supplies (100)	09NE-01-MCOC	No	HSGP-SHSP	LE	Medical	50,000					No	No	No hold indicated	50,000
	Portable Radios (50)	06CP-01-PORP	Yes	HSGP-SHSP	LE	Interoperable Communications Equipment	50,000					No	No	No hold indicated	50,000
	Search/Rescue Equipment Cache	03SR-02-TLHJ	No	HSGP-SHSP	FS	Search and Rescue Equipment	120,000					Yes	No	No hold indicated	120,000

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

Submitters to this document may include: proposed projects, equipment requests, modification requests, or reimbursement requests. Submitters may be asked to revise and/or re-submit any Alameda Financial Management Form Worksheet.

Alameda County Sheriff's Office

CFDA #	97.067
LEDGER TYPE:	Initial Application
Today's Date:	August 6, 2012

Project	Expend Title	Funding Source	Decision	Subplan Area Sub-Category (FEMA 428)	Expenditure Category	Est. Amount	Start Date	End Date	Anticipated Start	Date of AFR entered into process	Part of a Procurement over 100K	50% Contingency	Estimated Cost	Amount Approved Previous	Amount This Request	Cash Request	Total Approved to Date	Remaining Balance
G	Urban Shield	HSGP-SHSP	LE	Conduct/Attend/Evaluate	OT & Backfill		10/26/12		Full Scale Host		No	No	50,000					50,000

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #: 97.067

Alameda County Sheriff's Office

Supporting Information for Reimbursement/Advance of State and Federal Funds

This request is for an/a: Initial Application

This claim is for costs incurred within the grant expenditure period from and does not cross fiscal years.

[Redacted] (Beginning Expenditure Period Date)

through

[Redacted] (Ending Expenditure Period Date)

[Redacted] (Cash or Mod Request #)

[Redacted] (Amount This Request)

Under Penalty of Perjury I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances.

Statement of Certification - Authorized Agent

This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient signifies acceptance of this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal EMA policy and program guidelines. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget. For HSGP: All equipment and training procured under this grant must be in support of the development or maintenance of an identified team or capability.

Tom Madigan, Captain
Printed Name and Title

Signature of Authorized Agent

August 15, 2012
Date

Please reference the Instructions Page under the "Authorized Agent" section for instructions/address on where to mail workbook

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

AUTHORIZED AGENT

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #: 97.067

Alameda County Sheriff's Office

Supporting Information for Reimbursement/Advance of State and Federal Funds

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Tom Madigan, Captain

Printed Name and Title

Tom Madigan, CAPTAIN

Signature of Authorized Agent

August 15, 2012

Date

Please reference the Instructions Page under the "Authorized Agent" section for instructions/address on where to mail workbook

Alameda County Sheriff's Office
Office of Homeland Security and Emergency Services
4985 Broder Boulevard, Dublin, CA 94568-3309

Gregory J. Ahern, Sheriff
Director of Emergency Services
Coroner - Marshal

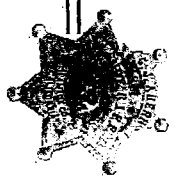


25% LAW ENFORCEMENT

25% of FY2012 SHSGP must be used dedicated to Law Enforcement Terrorism Prevention-oriented Activities. Alameda County Operational Area will use Projects B, E, F, G, and H to ensure that this requirement is met. The projects will support Building Prevention and Protection Capabilities.

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Coroner - Marshal

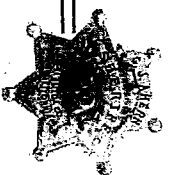


5% M&A CAP

The Alameda County Operational Area has allotted \$60,297.00 of FY12 SHSG funds for M&A which is the federally mandated cap of 5%.

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Gregory J. Ahearn, Sheriff
Director of Emergency Services
Coroner - Marshal



50% PERSONNEL CAP

Alameda County Operational Area will not exceed the 50% personnel cap for FY2012. The personnel cost will be less than \$602,971.50 which is 50% of the FY12 SHSG.

Alameda County Sheriff's Office

Office of Homeland Security and Emergency Services
4985 Broder Boulevard, Dublin, CA 94568-3309



Gregory J. Ahern, Sheriff

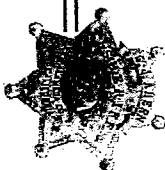
Director of Emergency Services
Coroner - Marshal

TRAINING WITH AAR/EXERCISE DETAIL

Alameda County Operational Area will plan and conduct the Urban Shield Exercise in FY2012. Urban Shield is a full-scale exercise, designed to assess and validate the speed, effectiveness and efficiency of capabilities, as well as test the adequacy of regional policies, plans, procedures and protocols. Urban Shield incorporates regional critical infrastructure, emergency operation centers, regional communication systems, equipment and assets, as well as personnel representing all aspects of emergency response including intelligence, law enforcement, Explosive Ordnance Disposal Units, Fire, EMS, etc. Regional first responders are involved in the planning, coordination and/or management of this training event. The Urban Shield Exercise is unique because of its focus on training during the exercise. This training provides first responders, homeland security officials, emergency management officials, private and non-governmental partners, and other personnel with the knowledge, skills, and abilities needed to perform key tasks required in large-scale disasters. A comprehensive After-Action Report (AAR) is completed and addresses regional risk assessments and related vulnerabilities. The AAR identifies gaps and provides a regional roadmap in the form of improvement plans. The AAR provides UASI Regions with critical information to assist in allocating future resources, assets, training, etc. In

Alameda County Sheriff's Office

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Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

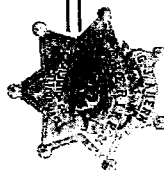
ALAMEDA COUNTY EOP DESCRIPTION

Alameda County is located in an area faced with a high risk of being involved in either a natural or manmade disaster. The County is located in a geographical area highlighted by major earthquake faults; at the crossroads of major highway, air, sea and rail transportation routes; and in a commercial area of diverse businesses and industries using hazardous materials. The potential for major disaster is present. The county is committed to its responsibility to save lives, limit injuries, and minimize damage to property. The Emergency Operations Plan has the flexibility to be used in all emergencies and will facilitate response and recover activities in an efficient and effective way. The EOP establishes policies and procedures and assign responsibilities to ensure the effective management of emergency operations within Alameda County. It provides information on the Alameda County Operational Area (OArea) emergency management structure and how the emergency management team is activated. This plan is designed to be a multi-hazard plan which can be used by the County in any emergency that may strike. The Alameda County EOP addresses the entire spectrum of contingencies, ranging from relatively minor incidents to large scale disasters. This includes but is not limited to the following:

- Earthquakes
- Floods of Weather related Emergencies
- Fire
- Major Transportation or Industrial Accidents
- Civil Disturbance
- Hazardous Material Threat/Releases
- Energy related Emergencies
- Terrorism/Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE)

Alameda County Sheriff's Office

Office of Homeland Security and Emergency Services
4935 Boulder Boulevard, Dublin, CA 94568-3309



Gregory J. Aherm, Sheriff

Director of Emergency Services
Coroner - Marshal

SPECIAL NEEDS NARRATIVE

COLLABORATING AGENCIES RESPONDING TO DISASTERS (CARD) is the lead agency which supports Alameda County's efforts to serve people with special needs. CARD is an integral partner in the Alameda County Emergency Operations Center and serves as the liaison for special needs population issues during emergency activations.

CARD provides support to vulnerable and special needs population and disaster preparedness related assistance through partnership with the following organizations:

- Community and faith based organizations serving Alameda County
- Alameda County Office of Homeland Security and Emergency Services
- Alameda County Fire Departments, Sheriff Office, Public Health, Mental Health and Emergency Medical Services.
- Cities within Alameda County
- Other entities serving the preparedness needs of vulnerable populations in Alameda County.

CARD participates in the planning, execution and/or follow-up of no less than two disaster exercise and drills including hospital drills and county and city exercises. CARD participates in the development, execution and follow up of many conferences, planning initiatives and other special venues concerning vulnerable and special needs populations. CARD conducts direct outreach projects and provides acts of service such as trainings, meetings, presentations and consultations on topics such as creating disaster plans, Standard Emergency Management System/Incident Command System, Public Health initiatives, Shelter in Place and other relevant topics as requested. CARD's emphasis remains on vulnerable and special needs populations within Alameda County and helping emergency response entities to develop and enhance their ability to serve vulnerable and special needs communities

Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal



EQUIPMENT NARRATIVE

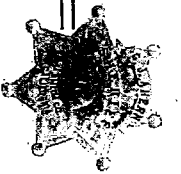
Alameda County Op Area will purchase the following equipment, capabilities have been identified:

- Project B: Dispatch Consoles – Strengthen Communication Capabilities
- Project C: CERT Equipment – Strengthen Community Preparedness and Participation
- Project D: Hazmat Trailer – CBRNE Detection, Response and Decontamination Capabilities
- Project E: Portable Explosive Detector – CBRNE Detection, Response and Decontamination Capabilities
- Project F: Portable Scan System - Information Analysis/Information Sharing, CBRNE Detection, Response and Decontamination Capabilities
- Project G: Unmanned Aerial System - Intelligence and Information Sharing and Dissemination; Planning
- Project I: MMRS Equipment – Mass Prophylaxis, Planning, CBRNE Detection, Response and Decontamination Capabilities.

The National Priorities supported are: Strengthen Interoperable Communications and Operable Communications, Strengthen Information Sharing and Collaboration Capabilities, Strengthen Medical Mass Prophylaxis Capabilities, Strengthen Planning and Citizen's Preparedness, Expand Regional Collaboration and Strengthen CBRNE Detection, Response and Decontamination Capabilities.

Alameda County Sheriff's Office
Office of Homeland Security and Emergency Services
4985 Broder Boulevard, Dublin, CA 94568-3309

Gregory J. Ahern, Sheriff
Director of Emergency Services
Coroner - Marshall



AUTHORIZED AGENTS FOR ALAMEDA COUNTY

Sheriff Gregory Ahern

1401 Lakeside Drive, 12th Floor

Oakland, CA 94612

510-272-6866

rahern@acgov.org

Undersheriff Richard Lucia

1401 Lakeside Drive, 12th Floor

Oakland, CA 94612

510-272-6868

rlucia@acgov.org

Commander Dean Stavert

1401 Lakeside Drive, 12th Floor

Oakland, CA 94612

510-272-6872

dstavert@acgov.org

Captain Tom Madigan

4985 Broder Blvd.

Dublin, CA 94568

925-803-7806

tmadigan@acgov.org

**APPROVAL AUTHORITY BODY
MEMBER INFORMATION**

Name: Craig Steckler

Title: County: Chief of Police

Discipline Represented: Law Enforcement

Mailing Address: 2000 Stevenson Blvd, Fremont, CA 94538

Office Phone Number: 510-790-6810

Cell Phone Number: [REDACTED]

Fax Number: 510-790-6801

E-Mail Address: csteckler@fremont.gov

**APPROVAL AUTHORITY BODY
MEMBER INFORMATION**

Name: Casey Nice

Title: Assistant Sheriff

Discipline Represented: Law Enforcement

Mailing Address: 1401 Lakeside Drive, Oakland, CA 94612

Office Phone Number: 510-208-9811

Cell Phone Number: [REDACTED]

Fax Number: 510-272-3796

E-Mail Address: cnice@accgov.org

**APPROVAL AUTHORITY BODY
MEMBER INFORMATION**

Name: Demetrious Shaffer

Title: County Fire Chief

Discipline Represented: Fire Services

Mailing Address: 835 East 14th Street, Suite 200, San Leandro, CA 94577

Office Phone Number: 510-618-3490

Cell Phone Number: [REDACTED]

Fax Number: 510-618-3445

E-Mail Address: dshaffer@acgov.org

**APPROVAL AUTHORITY BODY
MEMBER INFORMATION**

Name: Debra Pryor

Title: County: Fire Chief

Discipline Represented: Fire Services

Mailing Address: 2100 MLK Jr. Way, Berkeley, CA 94704

Office Phone Number: 510-981-5500

Cell Phone Number:

Fax Number: 510-981-5517

E-Mail Address: dpryor@cityofberkeley.ca.us

**APPROVAL AUTHORITY BODY
MEMBER INFORMATION**

Name: Alex Briscoe

Title: County Public Health Officer

Discipline Represented: Health Care Services

Mailing Address: 1000 San Leandro Blvd, Suite 300, San Leandro, CA 94577

Office Phone Number: 510-618-3453

Cell Phone Number: [REDACTED]

Fax Number: 510-351-1367

E-Mail Address: alex.briscoe@acgov.org

**APPROVAL AUTHORITY BODY
MEMBER INFORMATION**

Name: James Miguel

Title: County: Fire Chief

Discipline Represented: Fire Services

Mailing Address: 3560 Nevada Dr., Pleasanton, CA 94566

Office Phone Number: 925-454-2300

Cell Phone Number: [REDACTED]

Fax Number: 925-249-2397

E-Mail Address: jmiguel@jplfire.org

APPROVAL AUTHORITY BODY
MEMBER INFORMATION

Name:

Casey Nice

Title:

Assistant Sheriff

Discipline Represented:

Mailing Address:

1401 Lakeside Dr.
Oakland, CA 94612

Office Phone Number:

510-208-9811

Cell Phone Number:

[REDACTED]

Fax Number:

510-272-3796

E-Mail Address:

CNice@acgov.org

APPROVAL AUTHORITY BODY
MEMBER INFORMATION

Name:

Demetrious Shaffer

Title:

County Fire Chief

Discipline Represented:

Alameda County

Mailing Address:

835 East 14th Street, Suite 200
San Leandro, CA

Office Phone Number:

510-618-3490

Cell Phone Number:

[REDACTED]

Fax Number:

510-618-3445

E-Mail Address:

dshaffer@acgov.org



Committed to
Prior Service

Demetrious N. Shaffer
INTERIM FIRE CHIEF
Alameda County Fire Department
835 E. 14th Street
San Leandro, CA 94577
Tel: (510) 618-3490
Fax: (510) 618-3445
dshaffer@acgov.org

APPROVAL AUTHORITY BODY
MEMBER INFORMATION

Name:

Craig Steckler

Title:

Police Chief

Discipline Represented:

City of Fremont

Mailing Address: 2006 Stevenson Blvd.

Fremont, CA 94538

Office Phone Number:

510-790-6811

Cell Phone Number:

Fax Number:

510-790-6801

E-Mail Address:

csteckler@fremont.gov

APPROVAL AUTHORITY BODY
MEMBER INFORMATION

Name:

Alex Briscoe

Title:

County Public Health Officer

Discipline Represented:

Alameda County Health Care Services

Mailing Address:

1000 San Leandro Blvd, Suite 300
San Leandro, CA 94577

Office Phone Number:

510-618-3452

Cell Phone Number:

Fax Number:

510-351-1367

E-Mail Address:

APPROVAL AUTHORITY BODY
MEMBER INFORMATION

Name:

James Miguel

Title:

FIRE CHIEF, Livermore - Rensselaer Fire Dept.

Discipline Represented:

FS

Mailing Address:

3560 NEVADA DR.
RENSSELAER, G. 94566

Office Phone Number:

925-454-2300

Cell Phone Number:

[REDACTED]

Fax Number:

925-249-2397

E-Mail Address:

JMIGUEL@CFIRE.ORG

APPROVAL AUTHORITY BODY
MEMBER INFORMATION

Name:

Debra Pryor

Title:

Fire chief

Discipline Represented:

City of Berkeley

Mailing Address:

2100 MILK LR Way
Berkeley, CA 94704

Office Phone Number:

510-981-5500

Cell Phone Number:

Fax Number:

510-981-5517

E-Mail Address:

dpryor@cityofberkeley.info



Grant Programs Directorate
Homeland Security

OMB Control#: 1660-0115
 Expiration Date: 10/31/2013
 FEMA Form: 024-0-1

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING FORM

Paperwork Burden Disclosure Notice

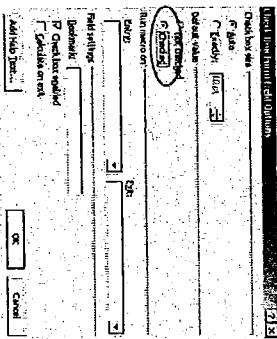
Public reporting burden for this form is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0115) **NOTE: Do not send your completed form to this address.**

Completing the Screening Form:

This form must be attached to all project information sent to the Grant Programs Directorate (GPD) to initiate environmental and historic preservation (EHP) compliance review, per the National Environmental Policy Act (NEPA) and other EHP laws and executive orders. There is no need to complete and submit this form if the grant scope is limited to planning, management and administration, classroom-based training, table-top exercises and functional exercises, or purchase of mobile and portable equipment where no installation needed. Information Bulletin 345 (September 1, 2010) provides details on these activities. The form must be completed by someone with in-depth understanding of project details and location. Completion of this form does not conclude the EHP review process and FEMA may need to contact you for further information. Not providing requested information may result in funding release delays. This form is intended to be completed electronically. The following website provides a version of this form that is suitable for printing and completing by hand as well as additional guidance such as on how to make an aerial map: <http://www.fema.gov/dplan/ehp/ehp-applicant-help.stm#5>.

To check (X) a box (for example, Yes No), left double-click using your mouse and a Check Box Form Field Options box will appear, then under the Default Value, select Checked and press OK (see figure, right). To write in a text field (), select the text field with your mouse and begin typing.

Submit completed form with necessary attachments to GRDEHHPinfo@dhs.gov with the following information in the e-mail subject line: **EHP Submission: Project Title, Subgrantee Name, Grant Award Number (Example, EHP Submission: Courthouse Camera Installation, Any Town, State, 12345).**



Complete all of Section A, Section B, all of each portion(s) of Section C corresponding to checked blocks in Section B, and all of section D that apply to the project.

A. PROJECT INFORMATION (complete all)

DHS Grant Award Number: _____ Grant Program: SHSGP
 Fiscal Year: FY2012
 Project Title:..... H: Urban Shield
 Grantee (SAA): Cal EMA Sub grantee: Alameda County
 Grantee POC: Rachel Magana Subgrantee POC:..... Rudy Johnson
 Mailing Address:..... 3050 Schriever Ave., Mailing Address:..... 4985 Broder Blvd., Dublin, CA 94568
 Mather, CA 95653
 E-mail: Rachel.Magana@calema.ca.gov E-mail: rjohnson@aegov.org
 Dollar value of grant (if known): \$50,000.00

B. PROJECT TYPE

Please check ALL the block(s) that best fit the scope of the project.

- 1. Training and Exercises. Go to page 2. Complete all of Section C.1.
- 2. Purchase of Equipment. Go to page 3. Complete all of Section C.2.
- 3. Physical security enhancements. Go to page 3. Complete all of Section C.3.
- 4. Renovations/upgrades/modifications to existing structures. Go to page 3. Complete all of Section C.4.
- 5. New construction/addition. Go to page 4. Complete all of Section C.5.
- 6. Communication towers, related equipment, and equipment shelters. Go to page 5. Complete all of Section C.6.
- 7. Other. If your project does not match any of these categories, go to page 6. Complete Section C.7

The following information is required to initiate EHP review of the project. Based on the project's scope of work, determine which project type applies below and complete that section. For multi-component projects or those that may fit into multiple project types, complete the section that best applies and provide a complete project description. The project description should contain a brief summary of what specific action is proposed, where it is proposed, and how it will be implemented. If the project involves multiple locations, information for each must be provided. Attach additional pages, if needed.

Provide a complete project description: _____

C. PROJECT DETAILS

- 1. Training and Exercises (check each that applies): Classroom-based Field-based
 If the training is classroom and discussion-based only, and is not field-based, this form does not need to be completed and submitted. All other training must provide the following:
 - a. Describe the scope of the proposed training or exercise (purpose, frequency, materials,

and equipment needed, number of participants, and type of activities required) Urban Shield is a full scale regional preparedness exercise designed to test the adequacy of regional policies, plans, procedures and protocols during an emergency or terrorist related event. Twenty seven agencies from Law Enforcement, EOD, Fire and EMS in the region will host different training exercises within their jurisdictions, simultaneously, to evaluate our existing level of preparedness and identify areas in need of improvement.

(Attach additional pages, if needed):

b. Will the field-based training take place at an existing facility having established procedures for that particular proposed training and exercise, and that conforms with existing land use designations (refer to Information Bulletin #329 (http://fema.dhs.gov/empr/IB%20329_20090902.pdf) for further information)?

Yes No

* If yes, please provide the name and location of the facility (physical training site address or latitude-longitude): Alameda County Regional Training Center, 6289 Madigan Road, Dublin, CA 94568

* If no, provide the location (physical project address or latitude-longitude) and a full description of the area where training will occur:

c. Does the field-based training/exercise differ in any way (including, but not limited to frequency, amount of facilities/land used, materials or equipment used, number of participants, type of activities) from previously permitted training exercises and training practices? Yes No

* If yes, explain any differences between the proposed activity and those that were approved in the past, and the reason(s) for the change in scope: Yes No

d. Will any equipment or structures need to be installed to facilitate training? Yes No
 * If yes, explain how and where this is proposed to be done (include site-specific color photographs):

2. Purchase of equipment (If the entire project is limited to purchase of mobile/portable equipment and there is no installation needed, you do not need to complete and submit this form.)

a. Specify what equipment, and the quantity:

b. Provide AEL number(s) (if known):

c. Will this equipment be installed? Yes No

* If Yes, go to page 6, Complete Section D.

3. Physical security enhancements and/or installations (for example: installation of backup generators, fencing, cameras, building/room access control, bollards, motion detection systems, x-ray machines, and lighting).

a. Describe what, how, and where improvement(s)/installation(s) will occur in/on the facility/building/structure:

b. Provide project location (physical project address and latitude-longitude):

c. Will the new equipment/improvements use the existing power supply systems? Yes No

* If no, describe new power source and installation (such as utility trenching):

d. If generator installation, please state the capacity (KW):

- If a separate fuel tank is also included, describe if it is to be installed above or below ground, and its capacity (gallons):
- a. Go to Page 6. Provide additional project details in Section D. _____

4. Renovations/upgrades/modifications to existing structures.

- a. Provide detailed description of modifications:
- b. Provide project location (physical project address and latitude-longitude): Yes No
- c. Will any equipment need to be installed? Yes No
 - If yes, please note in Section 2, (purchase of equipment).
- f. Go to Page 6. Provide additional project details in Section D. _____

5. New construction/addition (for example: emergency operations centers, docks, piers, security guardhouse).

- a. Provide detailed scope of work (site acreage, new facility square footage/number of stories, utilities, parking, stormwater features, etc):
- b. Provide project location (physical project address or latitude-longitude): Yes No
- c. Will any equipment need to be installed? Yes No
 - If yes, please note in Section 2 (purchase of equipment).
- d. Will the new building/facility/renovations use existing utilities? Yes No
 - If no, describe installation of new utilities in (a) above (including trenching):
- e. Go to Page 6. Provide additional project details in Section D. _____

6. Communication towers, related equipment, and equipment shelters

- a. Provide a detailed description of the project:
- b. Provide project location (physical project address or latitude-longitude):
- c. Provide the elevation above mean sea level of the project location:
- d. For projects involving antenna(s) installations on existing towers:
 - Provide the height of the existing tower:
 - The height of the tower following the installation of the new antenna(s):
- e. For new tower projects, state the total height (in feet) of the communication tower or structure including any antennae to be mounted:
- If the proposed tower height is greater than 199 feet above ground level, state why this is needed to meet the requirements of the project:
- Will the tower be free-standing or require guy wires? Free standing Guy wires
- If guy wires are required, state number of bands and how many:
- State why a guyed tower is needed to meet the requirements of this project:

- What kind of lighting will be installed, if any (for example: white strobe, red strobe, or steady burning)?.....
- f. A general description of terrain (For example: mountainous, rolling hills, flat to undulating).....
- g. Describe the frequency and seasonality of fog/low cloud cover.....
- h. Provide a list of habitat types and land use on and adjacent to the tower site (within 1/2 mile), by acreage and percentage of total (e.g., woodland conifer forest, grassland, agriculture wetbody, marsh):.....
- i. Is there evidence of bird roosts or rookeries present within 1/2-mile of the proposed site? Yes No
 - a. If yes, describe:.....
 - Distance to nearest wetland area (for example: forested swamp, marsh, riparian, marine) and coastline if applicable:.....
- j. Distance to nearest telecommunication tower:.....
 - Have measures been incorporated for minimizing impacts to migratory birds? Yes No
- k. Have measures been incorporated for minimizing impacts to migratory birds? Yes No
 - If yes, describe:.....
- l. Has an FCC registration been obtained for this tower? Yes No
 - If yes, provide Registration #:.....
- m. Has the FCC E106 process been completed? Yes No
- n. Has the FCC Tower Construction Notification System (TCNS) process been completed? Yes No
 - If yes, attach all relevant environmental documentation submitted as part of the registration process including use of the Tower Construction Notification System (TCNS), if applicable. FRN#.....
- o. Will any equipment or structures need to be installed? Yes No
 - If yes, explain what type how and where this is proposed to be done (attach additional pages, if pages needed):.....
- p. Will equipment be co-located on existing FCC licensed tower or other structure? Yes No
 - If yes, identify the type of structure:.....
- q. Go to Page 6. Provide additional project details in Section D.

7. Other For any project that does not fit a category listed above, please provide a thorough summary of the proposed action and location. Include as much detail as necessary to ensure someone not personally familiar with the project is able to conduct an EHP review.

- a. Project Summary:.....
- b. Provide additional project details in Section D.

D. OTHER PROJECT RELATED INFORMATION (complete all that apply)

Environmental and Historic Preservation Screening Form

The following website may provide some additional EHP related guidance and resources to help complete this section <http://www.tenn.gov/plan/ehp/ehp-application-help.shtml#5>.

1. If work is proposed on/in an existing building(s) or structure(s) provide the year built: _____
 - If the building or structure involved is over 45 years old and significant renovation, rehabilitation, or modification has occurred, please provide the year(s) and briefly describe the nature of remodeling: _____
2. If the project affects the exterior of the building, are there any known buildings and/or structures that are 45 years or older in the immediate project area? _____ Yes No/NA
 - If yes, please provide the location, ground-level color photos of these, and identify their location(s) on the aerial map.
3. Is the building or structure on which work is proposed a historic property or in a historic district, or are there any adjacent historic properties? _____ Yes No
 - Information about historic properties may be found on the National Register of Historic Places at <http://nhrp.focus.nps.gov/nhrchehome.do?searchtype=matrehome> or the respective State Historic Preservation Office may have information on their website.
4. Will ground disturbance be required to complete the project? _____ Yes No
 - If yes, provide total extent (depth, length and width) of each unique ground disturbing activity. Light poles, bollards and fencing are each unique ground disturbing activities (For example, six light poles, 24" dia. x 4' deep; trenching 12" x 500' x 18' deep): _____
5. Has the ground been previously disturbed? _____ Yes No
 - If yes, please describe the current disturbed condition of the area (for example, parking lot, roadway right-of-way, commercial development): _____
6. Are there technical drawings or site plans available, if yes please attach. _____ Yes No
7. Attach color site photographs:
 - Ground-level color site photos that provide context and show where site work/physical installations are proposed (label photos).
 - Ground-level color photographs of each side of the building involved.
 - Aerial color photograph with project limits outlined and with the location of any proposed installations identified.
 - Aerial color photograph(s) showing all ground disturbing activities (if applicable).
8. Is the project part of an approved plan such as a Master Plan or an Implementation Plan or any larger action/project? _____ Yes No
 - If yes, provide the plan/project name and brief description: _____
9. Is there any *previously* completed environmental documentation for this project (for example: Environmental Impact Statement, Environmental Assessment, wetland delineation, archaeological study)? _____ Yes No
 - If yes, please attach documentation. If a NEPA document, what was the decision? (*Check one, and please attach*):
 - Finding of No Significant Impact (FONSI) or
 - Record of Decision (ROD)

Name of preparing agency: _____
Date approved: _____

Environmental and Historic Preservation Screening Form

10. Is there any *previously* completed agency coordination for this project (for example correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office (SHPO), Tribal Historic Preservation Office (THPO), or permitting agencies)? Yes No

- If yes, please attach documentation unless included in NEPA documentation identified above.

11. Provide FEMA Flood Insurance Rate Map (FIRM), with project limits outlined. FIRM maps can be created from: <http://www.fema.gov/hazard/map/firm.shtm>

12. Provide U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map created from: <http://www.fws.gov/wetlands/Data/Mapper.html>

2012 URBAN SHIELD EHP EXERCISE SUMMARY

Exercise # _____ : Confidence Course _____
ACSO Regional Training Center,
6289 Madigan Rd., Dublin, CA 94568

Latitude: 37° 42' 58.39" N Longitude: 121° 52.8135' W



Confidence Course

Scenario Synopsis:

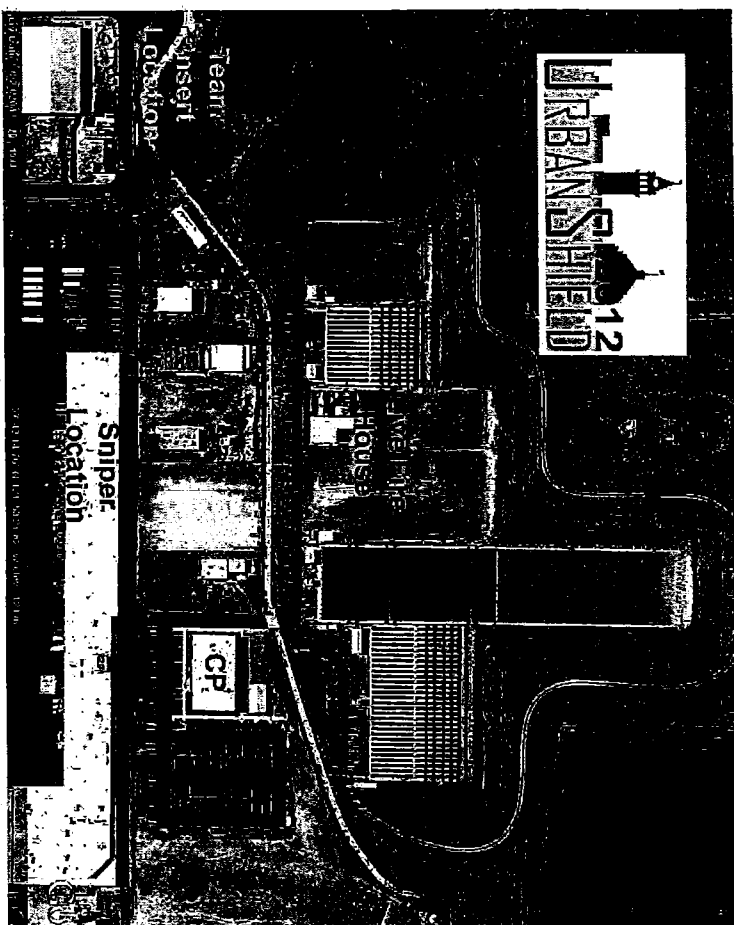
This scenario is a physical fitness challenge. The exercise will take place at an existing training facility constructed specifically for law enforcement training.

Participants begin the scenario with a Confidence Course which consists of 14 stations. Upon completion of the Confidence Course competitors will begin a 2.3 mile run on existing roads and trails at the training complex. During the run competitors will confront multiple physical challenges. They will each climb a steep hill using a rope, ascend portions of a hill through corrugated pipe, clear three successive six foot walls, and conduct log carry. At the completion of the run the competitors will return to the Confidence Course to complete three obstacles to complete the exercise.

2012 URBAN SHIELD EHP EXERCISE SUMMARY

Exercise # : Live Fire Environment
Alameda County Sheriff's Office Firearms Training Facility
5301 Madigan Road, Dublin, CA 94568

Latitude: 37° 43' 11.54" N Longitude: 121° 53' 18.4" W



Scenario Synopsis: This exercise will test the ability of tactical teams to utilize their sniper/observer (S/O) to guide their movements and provide intelligence as to the best method to infiltrate/exfiltrate to their target.

Each tactical team will have their designated sniper placed into a position where they can provide overwatch for the movements of the team. In order to successfully complete the exercise, the Team Leader will have to coordinate with the S/O to visually clear the areas they will be moving through as they complete their mission.

This event will take place at the Alameda County Firearms Training facility, which is part of the Regional Training Center. This event will utilize live ammunition on the firing range. This outdoor facility was specifically constructed for the county and meets all local, state, and federal regulations.

Attachment F—HSGP Application Checklist | 2012

Subgrantee: Alameda County Of Area FIPS #
CAL EMA Regional Rep: Rachel Magana

OPERATIONAL/URBAN AREAS

- Financial Management Forms Workbook
- Face Sheet
- Authorized Body of 5 Sheet
- FFATA Financial Disclosure Sheet
- Project Descriptions
- Project Ledger
- Equipment Inventory Ledger
- Organization Roster
- Training Roster
- Planning Ledger
- Exercise Roster
- Personnel Roster
- Consultant Roster
- Management and Administrations Roster
- Authorized Agent Sheet

STATE AGENCIES

- Financial Management Forms Workbook
- Face Sheet
- Authorized Body of 5 Sheet
- FFATA Financial Disclosure Sheet
- Project Descriptions
- Project Ledger
- Equipment Inventory Ledger
- Organization Roster
- Training Roster
- Planning Ledger
- Exercise Roster
- Personnel Roster
- Consultant Roster
- Management and Administrations Roster
- Authorized Agent Sheet

- Narrative Attachments:
- 25% Law Enforcement - Minimum
 - 5% M&A Cap
 - 50% Personnel Cap
 - Training w/AAR/Exercise Detail
 - Describe your BOP
 - Equipment Typing

- Narrative Attachments:
- 25% Law Enforcement - Minimum
 - 5% M&A Cap
 - 50% Personnel Cap
 - Training w/AAR/Exercise Detail
 - Describe your BOP
 - Equipment Typing

- Approval Authority:
- Contact Information for each member
 - Written Agreement from each member
 - Governing Body Resolution (Certified)
 - Authorized Agent(s) Information Form
 - Grant Assurances (Signed Originals)

- Project Narrative Form
- Signature Authority - Authorized Agent
- Grant Assurances (Signed Originals)
- Authorized Agent(s) Information Form
- Grant Assurances (Signed Originals)

Attending State-Sponsored Training - Reporting Form

Tracking Number: Request-12-29038

SAA POC First Name: John

SAA POC Last Name: Garrett

SAA POC Email: John.garrett@calema.ca.gov

SAA POC Phone: (916) 322-0892

State/Territory: California

Urban Area: Not Applicable

Sponsoring Jurisdiction: Alameda County Op Area

Total Cost: 75000

Grant Programs: SHSP

Grant Year: 2012

Disciplines Trained: Fire Service(100)

Dates of Delivery: 1/1/2013-12/31/2013

Catalog Number:

Proposed Course Title: CERT

Description of Course: on file

Mission Area: Respond

Level of Training: Awareness

Training Provider: Alameda County Fire Depts.

Delivery: InReview

Thank you for submitting the Training Request form.

[Create Another Training Request](#)



Training Request Form

Training Officer (POC)

First Name:	Rudy
Last Name:	Johnson
Email:	rjohnson@acgov.org
Phone Number:	925-803-7806
Course Title:	CERT Training
Level of Training:	AWARENESS
Disciplines Trained:	Fire Service
Training Provider:	Alameda County Fire Dep't
Course From Date:	01/01/2013
Course To Date:	12/31/2013
Number of Individuals:	100
State:	CA
Urban Area:	Not Applicable
Sponsoring Jurisdiction:	Alameda County Op Area
Total Cost:	\$75,000
Grant Program:	SHSP
Grant Year:	2012

States or Urban Areas intending to use SLGCP funds to support attendance at non-SLGCP courses must meet the following guidelines:

1. Fall within the SLGCP mission scope to prepare State and local personnel to prevent, respond to, and recover from acts of terrorism involving CBRNE weapons.
2. Build additional capabilities that 1) meet a specific need identified through the homeland security assessment process, and 2) comport with the State or Urban Area Homeland Security Strategy.
3. Address tasks articulated in the ODP Emergency Responder Guidelines and the ODP Homeland Security Guidelines for Prevention and Deterrence appropriate for this type and level of training.
4. Address the specific tasks articulated in the Universal Task List and Target Capabilities List, as they become available.
5. Comport with applicable Federal, State, and/or local certification, regulatory, and policy requirements deemed appropriate for this type and level of training.
6. The funds for this course are used to supplement, not supplant, existing funds that have been appropriated for the same purpose.

By submitting this form, I certify, to the best of my knowledge, that this course meets the above guidelines and adheres to the ODP mission of preparing for, responding to, and recovering from WMD and CBRNE incidents. SLGCP will conduct periodic, randomized reviews of State and Urban Area training funded through SLGCP monies. These reviews may include requests for all course materials and physical observation of or participation in the funded training. If these reviews determine that courses are outside the scope of this guidance, grantees will be asked to repay grant funds expended in support of those efforts.