

HSGP - RESF-WG Proposal Instructions

DEMHS Regional ESF Project Proposal Form

Background: In compliance with the Region 2 HSGP Guidance Document, and the requirements of proposals for projects to be funded by Region 2 HSGP funds, this document was developed. Each project proposed for HSGP funding, regardless of RESF-WG or Agency is to complete this form.

Instructions: This Excel document has multiple worksheets to aid in project development. Project dependent, fill out the appropriate worksheet (Equipment, Training, Conference, Exercise, or combination thereof). The Worksheets will autofill the form for consideration by the RESF-WG, to be forwarded to the REPT-SC for consideration.

Equipment Worksheet: A-E Items requested are title headings (ex. Radios, Tools, etc.) the description below the title, should be each individual item (ex. model number of equipment). Enter in the Equipment required to complete the proposed project.

Training Worksheet: Please enter the number of students and hourly rate for EACH pay grade for persons attending, and class hours. Course Instructor cost should be entered the same way. If there is a flat rate for instructors enter the number of instructors as 1 and the rate in the "Hourly Rate" then "Classroom Hours" as 1. Enter the Vendor and Venue Cost (remember venue should be no-cost or low-cost per federal guidelines) **Conference Worksheet:** Please enter appropriate information in each field. Please reference the guidelines

for baggage outlined in the Region 2 HSGP Guidance Document. Meal Allowance for travel days will automatically calculate at 75% per the Federal Guidelines. Add the class day meal cost.

Project Cover Form: Please enter the information in the remaining fields. Drop-downs are provided where appropriate

Submittal: Print ALL documentation from this worksheet and attach to quotes, SWOT Analysis, and Brief as appropriate. Forward all information to the Chair/Co-Chair of the RESF-WG the proposal falls under for approval to be forwarded to the REPT-SC for funding.

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DEMHS	Project	Name:	Simulat	ion Based	l Inciden	t Comma	nd Post	Training		aining/Exerc	
MAGEMENT 8 HOWE	Project N	/lanager:	J. Laucella,	S. Bisson, J.Lo	ovelace, N.V	elardi	RESF W	G Project F			
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IMULATION-BASED TRAIN	ING FOR COM	IMAND POST	PERSONNEL.								
HE SOLUTION											
he course utilizes the Nati		•					•	•			
nteraction through unified heir community's readines		_	ency medical	services, as we	ell as units of g	government, ¡	provide key di	ecision maker	with a fram	ework in which	to evaluate
Tableyop/NIMS City	Yes	Brief At	tached:		Quote(s)	Attached:	Υ				
Regional Bene				n post trainir			•	ss Casualty	training		
	Planning C				for Proposa		- ,	Ordered:		Received:	
Project Milestones		Dates (Equ	ipment):		· 1	, ,		Placed Ir	Service:		
Planning Requirer				uested from re	gional host ag	encv					
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				Equipment	t Project In	formation					
Equipment Requi	ested:	A)	0							Cost:	\$0.00
B) 0		7.9		Cost:	\$0.00	C)	0			Cost:	\$0.00
D) 0				Cost:	\$0.00	E)				Cost:	\$0.00
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Description	Quantity	Cost/Unit	Total
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B) Item(s) Requested			
Description	Quantity	Cost/Unit	Total
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	T	otal	\$0.00

	To	Total		
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E) Item(s) Requested				
Description	Quantity	Cost/Unit	Total	
			\$0.00	
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	To	Total		

C) Item(s) Requested			
Description	Quantity	Cost/Unit	Total
			\$0.00
			\$0.00
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	To	otal	\$0.00

EQUIPMENT WORKSHEET INSTRUCTIONS - A-E Items requested are title headings (ex. Radios, Tools, etc.) the description below the title, should be each individual item (ex model number of equipment). Enter in the Equipment required to complete the proposed project.

D) Item(s) Requested			
Description	Quantity	Cost/Unit	Total
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
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			\$0.00
	To	otal	\$0.00

	Training/Exercise Worksheet										
(Overtime/Backfill Estimate			Co	urse Instru	ıctor Estima	te		Classroom	n Materials	
Number of Students	Hourly Rate	Classroom Hours	Total	Number of Instructors	Hourly Rate	Classroom Hours	Total	Item	Quantity	Unit Cost	Total
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
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			\$0.00				\$0.00				\$0.00
	Total		\$0.00		Total		\$0.00		Total		\$0.00

Course Cost		Venue Cost	Venue Cost		Supplies		
Vendor	Total	Venue	Total	Item	Quantitiy	Unit Cost	Total
BoMac Educational Services	\$15,000.00	TBD	\$0.00				\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total	\$15,000.00	Total	\$0.00				\$0.00
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			1		Total		\$0.00

Conference Worksheet

	Conference Cost				
Attendees	Cost	Total			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
	Total	\$0.00			

	Baggage				
Attendees	Cost	Total			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
	Total	\$0.00			

	Lodging	
Attendees	Cost	Total
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
	Total	\$0.00

Quantity	Travel Day Quantity Meal Allowance			
·		\$0.00		

Travel			
Attendees	Cost	Total	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
	Total	\$0.00	

Rental Car			
Attendees	Cost	Total	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
	Total	\$0.00	

Classroom					
	Quantity	Cost	Daily Total		
Day 1			\$0.00		
Day 2			\$0.00		
Day 3			\$0.00		
Day 4			\$0.00		
Day 5			\$0.00		
		Total	\$0.00		