



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.

Equipment Worksheet

A) Item(s) Requested				B) Item(s) Requested				C) Item(s) Requested			
Description	Quantity	Cost/Unit	Total	Description	Quantity	Cost/Unit	Total	Description	Quantity	Cost/Unit	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
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
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			\$0.00				\$0.00				\$0.00
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			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
	Total		\$0.00		Total		\$0.00		Total		\$0.00

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

Training Worksheet

Overtime/Backfill Estimate				Course Instructor Estimate				Classroom 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
			\$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
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
			\$0.00				\$0.00				\$0.00
Total			\$0.00	Total			\$0.00	Total			\$0.00

Course Cost		Venue Cost		Supplies			
Vendor	Total	Venue	Total	Item	Quantity	Unit Cost	Total
CT Fire Academy/DEMHS	\$11,000.00						\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total	\$11,000.00	Total	\$0.00				\$0.00

			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Total			\$0.00

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

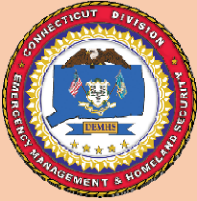
Baggage		
Attendees	Cost	Total
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Total		\$0.00

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

Meals			
Travel Day			
Quantity	Meal Allowance	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

Travel		
Attendees	Cost	Total
		\$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
Total		\$0.00



FFY 2024

HSGP RESF Working Group Project Proposal

DEMHS Region: **Region 2** RESF-WG: **RESF-5 Emergency Management**

Project Name: **ICS 300 & 400**

Project Type:

Training

Project Manager: **J. Laucella (8), S. Bisson(4), J. Lovelace(13)** RESF WG Project Priority: **Priority 1**

Project Description:

ICS 300 & 400- 2 sessions a year for each class.

SWOT Attached: **YES** Brief Attached: **YES** Quote(s) Attached: **NO**

Regional Benefit: **Meet training gap for middle and senior leadership due to limit class availability over last 5 years.**

Project Milestones
Planning Complete: **Request for Proposals (Bids):** **Ordered:** **Received:**
Training Dates (Equipment): **TBD** **Placed In Service:**

Planning Requirements: **Location TBD. Echo Hose Ambulance in Shelton11 has available space to offer program if needed.**

Equipment Project Information

Equipment Requested:	A) 0	Cost:	\$0.00
B) 0	Cost:	\$0.00	C) 0
D) 0	Cost:	\$0.00	E) 0

Equipment Total Cost: **\$0.00**

Host Community of Asset:

Equipment Maintenance Requirement:

Interoperable Communications Required:

Training/Exercise/Conference Project Specific

Overtime/Backfill Cost Estimate:	\$0.00	Instructor Cost:	\$0.00	Course Material Cost:	\$0.00
Course Cost:	\$11,000.00	Supply Cost:	\$0.00	Venue Cost**:	\$0.00
Project Total:	\$11,000.00 ** No Cost Option preferred, Low Cost Option				

Conference Name: **Conference Location:**

Conference Estimated Cost Total: **\$0.00** **Conference Cost:** **\$0.00** **Travel:** **\$0.00**

Baggage: **\$0.00** **Meals Total:** **\$0.00** **Meal Travel Day:** **\$0.00** **Meals Class Day:** **\$0.00**

Lodging Cost: **\$0.00** **Rental Car/Transportation Cost:** **\$0.00**

PROJECT TOTAL

\$11,000.00