

State of Arizona Department of Homeland Security



Governor Janice K. Brewer

Director Gilbert M. Orrantia

October 10, 2011

Coordinator Michael Evans
Cochise County Emergency Services
1415 Melody Lane – Building G
Bisbee, AZ 85603

Subject: FFY 2011 Homeland Security Grant Program Award
Grant Agreement Number: **888400-03**
Project Title: **Cochise Training**

Dear Mr. Evans:

The application that your agency submitted to the Arizona Department of Homeland Security (AZDOHS) for consideration under the Homeland Security Grant Program has been awarded. The project titled "**Cochise Training**" has been partially funded under the STATE HOMELAND SECURITY GRANT PROGRAM for **\$10,000.00**. The grant performance period is **October 1, 2011 through September 30, 2012**. This grant program is part of the U.S. Department of Homeland Security Grant Program and specifically is awarded under CFDA #97.067 (Catalog of Federal Domestic Assistance).

Per your approved application Cochise County Emergency Services intends to furnish a memorandum of understanding (MOU) in the amount of **\$5,000** to the AZDOHS which will authorize the Arizona Division of Emergency Management (ADEM) in coordination with AZDOHS to manage and implement the scope of grant agreement number 888400-03. Please place the attached MOU on agency letterhead, sign and return to AZDOHS:

Arizona Department of Homeland Security
1700 W. Washington St, Suite 210
Phoenix, AZ 85007

The remaining amount of **\$5,000** will be utilized by Cochise County Emergency Services to provide workshops and conferences in Cochise County. To initiate the award process for the **\$5,000**, the following action items must be completed, signed and returned to AZDOHS:

1. Go to www.azdohs.gov under Grants and download two original Subgrantee Agreements.
2. Application administration page (enclosed).
3. Environmental and Historic Preservation (EHP) required documentation (if applicable, see attached EHP Designation Letter).
4. Complete NIMSCAST at www.fema.gov/nimscast. Per Federal Grant Guidance, sovereign nations are required to provide their respective State Administrative Agency access to their NIMSCAST data. For more information on NIMSCAST, contact Mariano Gonzalez at mariano.gonzalez@azdema.gov, or (602) 464-6327. No hard copy required.

Hard copies of the subgrantee agreement will **not** be mailed to you. These items must be completed and on file at AZDOHS in order for your agency to be eligible for reimbursement. **If all documentation listed in numbers 1, 2, and 3 above is not signed and received by AZDOHS on or before January 31, 2012 this award is rescinded and the funds will be reallocated.**

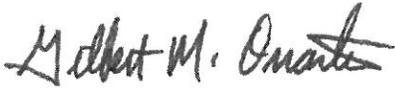
Additional grant requirements:

- Reimbursements are limited to approved quantities and funding thresholds.

- All radio equipment purchased with Homeland Security funds must be P25 capable and programmed in accordance with the Arizona's State Interoperable Priority Programming Guide Channels, which include standard names for national channels as identified in the National Interoperability Field Operations Guide (NIFOG).
- If your project requires an Environmental and Historic Preservation (EHP) review, this must be completed, submitted and **approved** by FEMA/AZDOHS prior to any expenditure of funds.
- All projects that support training initiatives including FEMA approved/state sponsored training must be in compliance with grant guidance, the subgrantee agreement, and approved through the ADEM/AZDOHS training request process prior to execution of training.
- All reimbursements for personnel costs must be in compliance with AZDOHS Time and Effort Reporting requirements.
- Subgrantees are required to annually submit a copy of their annual A133 Audit to ADZOHS.

Congratulations on your Homeland Security Grant Program award.

Sincerely,



Gilbert M. Orrantia
Director

Cc: Elizabeth Philhower

This form is to be signed and returned.

Grant #: **888400-03** Sub-Recipient: **Cochise County Emergency Services**

Project Title: **Cochise Training**
Grant Program: **STATE HOMELAND SECURITY GRANT PROGRAM**

1. Unit of Government: **Cochise County Emergency Services**
Point of Contact: **Elizabeth Philhower**

Sub-recipient Address:
Street: **1415 Melody Lane – Building G**
City/State/Zip: **Bisbee, AZ 85603**

1a. Agency's Authorized Individual: **Michael Evans**
Authorized individual has delegated authority to make application on behalf of the agency.
Phone#: **520-432-9220**
FAX #: **520-599-2147**
E-mail Address: **mevans@cochise.az.gov**

2. Organizational Type: **Local Government / Municipality**

3. Region or Entity: **South Region**

4. Initiative Title: **Implement NIMS/NRP Capabilities**

5. Project Title: **Cochise Training**

6. Total Dollar Amount Requested: **\$25,000.00** Total Dollar Amount Awarded: **\$10,000.00**

7. State Homeland Security Strategy Objective Title and Action Item(s) (ex 8.1):
2.3.0, 2.3.1, 2.3.2, 2.3.4, 5.3.1, 5.4.3

8. Can partial funding be accepted? If so, at what amount(s)? If not, why? Please explain.
Yes, in any amount, however it is funded as a separate project every year because there are not on-going expenses that relate to the success of this project.

10. If this is a multi-disciplinary project, please list the disciplines served (e.g., law enforcement, fire service, public health, etc).
This training supports personnel from the entire southern region, and other Homeland Security regions in the state, as well as the disciplines who request training: Fire, Police, EMS, schools, public health, hospitals, and emergency management.

11. Does this project require an environmental review (includes any ground disturbance or activity on 50 year old buildings)? (Yes or No)
No

APPROVAL PROCESS

The signatures below verify the submission/approval process. All parties signify that all aspects of this project are allowable, reasonable and justifiable in accordance with published federal grant guidelines.

Project Point of Contact

Elizabeth Philhower

Print Name

Signature

Date

Strategic Planner or
Assistant Director Planning & Preparedness

William D. Seltzer

Print Name

Signature

Date

This form is to be signed and returned.