CAPABILITY: VOLUNTEER MANAGEMENT BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 527,906	$ 68,484	$ 459,422
Fringe	$ 107,409	$ 23,969	$ 83,440
Indirect	$ 151,938	$ 22,096	$ 129,842
Supplies	$ 69,489	$ 450	$ 69,039
Travel	$ 182,281	$ 15,092	$ 167,189
Equipment	$ 7,796	$ -	$ 7,796
Contractual	$ 752,994	$ 404,659	$ 348,335
Other	$ 76,940	$ 3,468	$ 73,472
Collocated	$ 16,980	$ 8,490	$ 8,490
Direct Assistance			
TOTAL	**$ 1,893,733**	**$ 546,708**	**$ 1,347,025**

HQ POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 3	$ 143,933	$ 50,376	$ 46,440	$ 16,980
OPS:	$ -	$ -	$ -	$ -
Contractual:				$ -
Total:	$ 143,933	$ 50,376	$ 46,440	$ 16,980

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air	Cost Contractual - PF Fees
FTEs: 3	$ 900	$ 2,500	$ 3,468	$ 1,376
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 900	$ 2,500	$ 3,468	$ 1,376

VOLUNTEER MANAGEMENT - Activity 1
Funding Type: PHEP

Activity: Sustainment of Responder Management Processes

Outputs: 1) Daily data analysis and data integrity checks (review accounts for proper Group typing and classifications); 2) Produce ad hoc reports; 3) Produce monthly reports for ESF 8 deployable resources (Emergency Duty Group 1 and 2 Personnel and other deployable resources); 4) Quarterly reports on alert response rates for Emergency Duty Group 1 personnel (deployable staff); 5) Provide just-in-time technical assistance to users of the system; 6) Notify, alert, credential and deploy responders during a public health emergency, incident or event; 7) Conduct background checks for responders.

Section Manager: John DeIorio

Activity Description:

Ensure that Emergency Duty Group 1 Personnel (Deployable) are properly registered in the SERVFL/Everbridge notification system. Provide ongoing support to users of the system as the need arises. Notify, alert, verify credentials and deploy responders. Develop and distribute a monthly State ESF8 Deployable Resources Capability Summary Report. Work closely with stakeholders to identify changes to the Everbridge/SERVFL based on system use experience and in accordance with identified gaps or changes in processes.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This project meets the capability requirement of redundant communications utilized to alert, notify and mobilize responders for the public health agency's response. Data integrity will occur on a regular basis to ensure registrants are correctly entered into the system including correct classification and team affiliation if applicable. Reports will be generated on a regular schedule an ad hoc basis. On-going support will be provided to users of they system on as needs require.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

This was previously funded through the HPP and PHEP Cooperative Agreements.

How has this Activity been operationalized in the past year?

The Everbridge/SERVFL System has been used to catalog, identify, alert, notify and deploy responders for both drills and incidents. Examples of previous incidents include supporting Duval County (TB), Hurricane Exercises, South Carolina EMAC, and Ebola preparedness activities.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

ESAR-VHP works with states to establish a national network of state-based programs for pre-registration of volunteer health professionals. Working within this network of verified credentials and up-to-date information, volunteers are able to serve at a moment's notice, within their state or across state lines, to provide needed help during an emergency. As the Department and State progress with credentialing/qualifying personnel for All Hazards Incident Management Team positions, this system will also be used for credential/qualification records. The Department uses the Everbridge/SERVFL application to alert and notify responders during drills and real world activations and deployments. If the Activity is not funded, manual systems and processes would be used resulting in a much slower response time and any funding received related to the online ESAR-VHP application would need to be redirected.

Are there alternate solutions to filling this gap?

While other applications exist DOH has gone through a competitive process to determine a system that meets the needs of the agency.

BUDGET-Activity 1						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Public Health Response Teams Background Checks -	400.00	50	$ 20,000	$ -	$ 20,000
Total				$ 20,000	$ -	$ 20,000

VOLUNTEER MANAGEMENT - Activity 2
Funding Type: PHEP

Activity: Volunteer Management will sustain the responder qualification and verification process for deployable responders.

Outputs: Sustainment of a Department responder qualification review process for responders to include:1) Historical Recognition Process for qualification; 2) Review of Position Task Book templates for use within Public Health discipline for qualification after expiration of Historical Recognition period; 3) Review and update of outdated Asset Typing document. For consistency with other state agencies, the intent is to use a process similar to that established in 2015 by the Florida Division of Emergency Management for the State Type III All Hazards Incident Management Team position qualifications with endorsements for Public Health qualification when not provided in the NIMS All Hazards Position Qualifications.

Section Manager: John DeIorio

Activity Description:

Continue development of a responder qualification process for deployable public health and medical response resources for strike teams, task forces and single resources, for deployments to public health and medical incidents. This includes updating current asset typing document, developing a historical recognition/qualification review process, and task books. This deliverable crosses programs with training & exercise as it relates to TRAIN and identifying training that fulfills responder needs.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This project will continue to build the public health and medical deployable resources (strike teams, task forces and single resources) qualification/credentialing initiative in conjunction with State and national (FEMA, AHIMTA) standards and guidelines to support the needs of a public health and medical response.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Credentialing has been less formalized in the past, however Florida Department of Health employee requirements have been implemented for all department approved responders. The Florida Division of Emergency Management has undertaken the task of qualifying personnel who are seeking qualification for positions on Type III All Hazards Incident Management Teams. This is starting with Command and General staff positions, but will extend to unit Leader and subordinate positions. Funding is provided through the Florida Department of Health and the activities and programs administered by the local county health departments.

How has this Activity been operationalized in the past year?

Credentialing is an ongoing process The Florida Division of Emergency Management has initiated a Type III All Hazards Incident Management Team position qualification process. The historical recognition period for past experience and training is open until November 2016. Thereafter a position task book will be required to be completed for qualification. In order to be consistent with NIMS and position qualifications, it is the intention of the Department to follow a very similar process for responder qualification as is being used by the Florida Division of Emergency Management with respect to Type III AHIMT position qualifications.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

There will be no standardized process for identifying qualified department responders. For incidents that involve a disaster declaration or EMAC requests, it is possible that personnel will be turned down for deployment.

Are there alternate solutions to filling this gap?

The Authority Having Jurisdiction can determine personnel qualifications for deployment at this time. However, if personnel are not qualified to NIMS standards they may not be permitted to respond to an EMAC request.

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Travel costs for Credentialing/Qualification Review Workgroup designated for face-to-face meeting to develop Public Health Response Team Historical Recognition Requirements for position qualifications and for Task Book development after closing period of Historical Recognition period. This will include positions to match the State of Florida Type III All Hazards Incident Management Team Command and General Staff through Unit Leader positions (as established by Florida Division of Emergency Management). Also includes, re-evaluation of positions previously approved by the FDOH Asset Typing Work group. Remaining workgroup tasks will be done virtually.	6.00	682	$ 4,092	$ 4,092	
Total				$ 4,092	$ 4,092	

VOLUNTEER MANAGEMENT - Activity 3
Funding Type: PHEP

Activity: Responder Management Workshop

Outputs: Conduct a 1 1/2 day workshop for Public Health Response Team Leaders and other Preparedness/Response related personnel.

Section Manager: Bobby Bailey

Activity Description:

Workshop to engage Public Health and Medical Response Team Leaders, Program Leaders and Regional Staffing Points of Contact to hold a workshop on Responder Management/Public Health Response Team best practices, pre-deployment/deployment/post-deployment processes and communication, equipment and supplies.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This activity is sustaining an existing capability. The first workshop was approved last year and will be held in April 2016.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. Activity was funded with grant funds in '15-'16.

How has this Activity been operationalized in the past year?

A workshop is scheduled for April 2016. Attendees will include Public Health Response Team Leaders, BPR Responder Management staff, Staffing Points of Contact, Regional Co-Chairs and guest speakers.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Public Health Response Team Leaders and others involved in the deployment process will not have an opportunity to come together, network, share discipline specific and program updates/changes and be apprised of changes and updates to Responder Management and Response Safety and Health related items.

Are there alternate solutions to filling this gap?

Yes. Hold a "virtual" workshop to discuss similar items. Virtual opportunities work well for short meetings with limited personnel, however, can be more cumbersome for a larger number of attendees and outcomes can be compromised with technological issues. The advantage of networking face-to-face is also lost.

BUDGET - Activity 3

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	Responder Management Workshop costs for materials (agendas, presentations, handouts, name tags, other workshop related material for 75 personnel).	1	$ 1,000	$ 1,000		$ 1,000
Travel	Responder Management Workshop Participants (Strike Team Leads, Program/Subject Matter Expert/Leads, Regional Staffing POCs, BPR RM Staff) 75 personnel X $642.00 (estimated travel cost per person for a 1 1/2 day workshop including rental car and per diem). To be held at a DOH facility that can accommodate the number of personnel anticipated.	1	$ 30,000	$ 30,000		$ 30,000
Total				$ 31,000	$ -	$ 31,000

VOLUNTEER MANAGEMENT- Activity 4
Funding Type: PHEP & HPP

Activity: Sustainment of Medical Reserve Corps (MRC) including registration, identification, notification, organization, assignment, deployment and demobilization of volunteers for healthcare response needs.

Outputs: 1) Management of MRC contracts and Schedule C funding for designated MRC units according to classification; 2) A roster of MRC volunteers, who are identified, qualified and NIMS compliant prior to a public health incident; 3) Compliance with federal ESAR-VHP (Emergency System for Advanced Registration of Volunteer Health Professionals) standards.

Section Manager: John DeIorio

Activity Description:

Project sustains local Florida MRC units through either direct (Schedule C) funding or through a contract instrument. Project sustains the volunteer request process so that prospective volunteers are mobilized in the appropriate health professional role for the healthcare organization's response, and ensures volunteer management process is established that supports organizing and assigning volunteers simultaneously across requesting healthcare organizations.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This project will continue to sustain the Florida MRC program.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

The funding was provided by the HPP Cooperative Agreement.

How has this Activity been operationalized in the past year?

Florida MRC Volunteers during the 2014-15 grant year provided Chapter 110 MRC activities and Responses that have resulted in over 35,000 MRC volunteer hours and saved the State of Florida over $1.6 Million. Past trends: 2013-14 ($1.2 million and over 26,000 volunteer hours) and in 2012-13 ($1.5 million with more than 55,000 volunteer hours).

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Florida MRC Volunteers augment local County Health Department Staff and First Responders. This includes all Florida MRC unit activities, action plans, spending plans and training & exercise. Training and exercise calendars are reviewed and approved by the local County Health Officer or their designee to make sure that local needs are being met. Reductions to the program could impact the ability to provide medical surge support.

Are there alternate solutions to filling this gap?

Yes. Use of other local Volunteer Organizations that do not have the same training, membership and screening requirements as Florida MRC Volunteers.

BUDGET - Activity 4						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Salary	MRC CHD FTE & OPS Salary for 21 MRC Units			$ 383,973.00	$ -	$ 383,973.00
Fringe	MRC CHD FTE & OPS Fringe for 21 MRC Units			$ 57,033.00	$ -	$ 57,033.00
Indirect	MRC CHD FTE & OPS Indirect for 21 MRC Units			$ 105,498.00	$ -	$ 105,498.00
Travel	MRC Schedule C funding for 15 MRC units (Broward, Miami-Dade, Volusia, Collier, Manatee, Escambia, Santa Rosa, St. Lucie, Levy, Martin, Putnam, St. Johns, West Central Florida [Pasco], Okeechobee, and Southwest Florida [Lee]) Recruitment and Local MRC unit operations.	1.00	$ 10,689.00	$ 10,689		$ 10,689
Contractual	MRC Schedule C funding for 16 MRC units (Broward, Miami-Dade, Indian River, Manatee, Santa Rosa, Sarasota, St. Lucie, Levy, Okeechobee, Collier, Escambia, Marion, Martin, Pinellas, Putnam, and Sumter) Recruitment and Local MRC unit operations.	1.00	$ 186,647.00	$ 186,647		$ 186,647
Other	MRC Schedule C funding for 24 MRC units (Broward, Miami-Dade, Bay, Southwest Florida [Lee], Alachua, Duval, Marion, Volusia, West Central Florida [Pasco], Collier, Indian River, Manatee, Escambia, Santa Rosa, Sarasota, Okaloosa-Walton [Okaloosa], St. Johns, St. Lucie, Levy, Okeechobee, Putnam, Central Florida [Orange], Martin, and Sumter) Recruitment and Local MRC unit operations. Includes background screenings, air cards, postage, recruitment materials, exercise, start triage training, utilities, IPhone, telephone and network support, facility and maintenance support, printing and copying, office phone/fax, room rentals, vehicle rental, go bags/kits, Blackberry, educational materials, IT Communication equipment fees, freight, MRC Volunteer vaccinations, advertising)	1.00	$ 58,472.00	$ 58,472		$ 58,472
Contractual	DOH Affiliated Contractual MRC Units - MRC units in Community Organizations, one (1) with over 1000 volunteers (Palm Beach County Medical Society) to support and sustain Florida MRC Network and SERVFL operations.	1.00	$ 52,000.00	$ 52,000		$ 52,000
Contractual	DOH Affiliated Contractual MRC Units - MRC units in Community Organizations, one (1) with under 500 volunteers each (Florida Keys) to support and sustain Florida MRC Network and SERVFL operations.	1.00	$ 27,000.00	$ 27,000		$ 27,000
Contractual	DOH Affiliated Contractual MRC Units - MRC units in Community Organizations, one (1) with under 500 volunteers each (North Florida) to support and sustain Florida MRC Network and SERVFL operations.	1.00	$ 30,000.00	$ 30,000		$ 30,000
Contractual	DOH Affiliated Contractual MRC Units - MRC units in Community Organizations, one (1) with under 500 volunteers each (Lake) to support and sustain Florida MRC Network and SERVFL operations.	1.00	$ 32,000.00	$ 32,000		$ 32,000
Equipment	MRC Schedule C funding for 2 MRC units (Martin, Okaloosa-Walton [Okaloosa]) Recruitment and Local MRC unit operations.	1.00	$ 7,796.00	$ 7,796	$ -	$ 7,796
Supplies	MRC Schedule C funding for 20 MRC units (Broward, Miami-Dade, Duval, Collier, Marion, Volusia, West Central Florida [Pasco], Indian River, Manatee, Santa Rosa, St. Johns, St. Lucie, Levy, Martin, Okeechobee, Okaloosa-Walton [Okaloosa], Escambia, Southwest Florida [Lee], Putnam, and Sumter) Recruitment and Local MRC unit operations.	1.00	$ 48,589.00	$ 48,589		$ 48,589
Travel	Programmatic Related Travel (Program Manager travel, program related continuing education offerings for staff professional development/position specific qualification standards)	1.00	$ 10,000.00	$ 10,000	$ 10,000	
Total				$ 1,009,697	$ 10,000	$ 999,697

VOLUNTEER MANAGEMENT - Activity 5
Funding Types: PHEP

Activity: Sustain the responder management system

Outputs: 1) Customizable application for responder management; 2) Portal for access to multiple systems (e.g., AIMS, EpiCom, or Everbridge); 3) Dashboards to display data (e.g., ESF8 or ESAR-VHP); 4) Virtual Joint Information Center (JIC); 5) Integration of multiple systems (e.g., AIMS, EpiCom and Everbridge) via the HAN; 6) Backup system for Everbridge data; 7) Technical assistance by Systems Integration staff to group managers on using the HAN; 8) Periodic trainings for group managers.

Section Manager: Victor Johnson

Activity Description:

Systems Integration staff will utilize a contract with a vendor for the maintenance and additional development of the Florida Health Alert Network (FLHAN) as an online web-based application providing responder management (e.g., MRC and ESF8) analytics, dashboards and reports, as well as a gateway to applications for supporting key preparedness, response and recovery activities for health and medical emergency management.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Gap:Fills the gaps for responder management (i.e., an automated responder management system) as well as a virtual JIC and EpiCom capability requirements that resulted when the bureau moved from Florida Department of Health Emergency Notification System (FDENS) to Everbridge.

Sustainment: Sustain two-way linkage between Everbridge and Health Alert Network (HAN) systems, which are the online web applications, necessary for analytics, dashboards and reports.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

In 2006, the Bureau established the HAN that consisted of FDENS (the alert and notification system) and State Emergency Responders and Volunteers of Florida (SERVFL, the responder management system). In 2012, FDENS and SERVFL transitioned to FNRMS because of vendor platform changes. In 2013, FNRMS was replaced by the Everbridge system (an alert and notification system). In 2014, the Bureau re-established a HAN with alert and notification functionality along with limited responder management functionality. In 2015, the Bureau continued to work on building out the responder management functionality.

How has this Activity been operationalized in the past year?

1) Established HAN and made available to users; 2) Finalized the creation of approximately 35 state-level dashboards, reports and analytics necessary to be in compliance with the grant's ESAR-VHP requirement (e.g., MRC) and ESF8 requirements; 3) Nightly reconciliations between DOH/MQA and Division of Business and Professional Regulations (DBPR) and Federal Office of Inspector General.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The Bureau would lose the following functionality: 1) Two-way linkage between Everbridge and HAN systems, the online web application necessary for analytics, dashboards and reports; 2) Ownership of data that allows for restoration of services after loss and granular analysis, dashboards, and reports; 3) Automated verification of credentials between DOH/MQA and Division of Business and Professional Regulations (DBPR); 4) Automated verification Free From Federal Exclusion (Federal Office of Inspector General); 5) Customize search functionality; 6) Customized reports; 7) Internal and external contacts' demographic maintenance screens; 8) Convert automated Excel credential verification reports to dynamic web pages.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 5						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Notification and Responder Management Services (Everbridge, SERVFL) Hosting of **Hub** site to support all Application Programming Interfaces which are needed.	12	$ 8,800	$ 105,600	$ 105,600	
Contractual	Business Analyst to conduct evaluation of system and programming support of Notification and Responder Management Services (FDENS, SERV=FL, EpiCom) Gabbard. Information Systems of Florida (75% of 1960)	1470	$ 100	$ 147,000	$ 147,000	
Contractual	Data Programmer needed to support and design statewide used Preparedness systems which are administer by the Data Management team within the Bureau. (Everbridge, SERVFL,) A. Sikes Information Systems of Florida (78% of 1960)	1529	$ 99	$ 151,371	$ 151,371	
Total				$ 403,971	$ 403,971	$0.00

VOLUNTEER MANAGEMENT - Activity 6
Funding Type: HPP

Activity: Responder Management staff will train Public Health Response Team leaders on NIMS all-hazard Strike Team/Task Force Leader responsibilities. This includes an update to the DOH Public Health Team Leader Guide added to the Responder Management Plan as an attachment and updating the DOH Asset Typing Document of Public Health Response Teams.

Outputs: 1) Updated Public Health Team Leader Guide; 2) Updated Public Health Asset Typing Document; 3) Deliver statewide Active Bystander Training; 4) Deliver strike team leader training (face-to-face) on NIMS all-hazards Strike Team/Task Force Leader responsibilities for Public Health, MRC and SMRT team leaders; 5) Deliver Safety Officer training (face-to-face) on NIMS all-hazards Safety Officer duties/responsibilities; 6) Deliver Safety Officer Train-the-Trainer course to develop a regional cadre of NIMS All Hazards Safety Officer qualified personnel to ensure qualified personnel on local ICS Command and General Staff during an incident or event to which DOH resources are deployed.

Section Manager: Ben St. John

Activity Description:

Deliver training identified in the MYTEP to prepare personnel to assume roles in emergency response, and sustain capabilities.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

These trainings will build to fill gaps or sustain the capabilities of personnel required in emergency response and as identified in the TEPW.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background:

Funding has been allocated by the Florida Department of Health and the local County Health Departments to support these types of trainings. The Active Bystander, Strike Team/Task Force Leader, Safety Officer TTT and Safety Officer will be funded through the BPR training and exercise unit.

How has this Activity been operationalized in the past year?

Strike Team/Task Force Leader training has been delivered throughout Florida with DOH having two personnel qualified as trainers. The Active Bystander Trainings are scheduled by the local MRC Units. There are currently 83 qualified MRC Instructors. Safety Officer is proposed to be taught by qualified BPR personnel in the same manner as Strike Team/Task Force Leader has been taught over the last two years. It will be delivered regionally to capture personnel from a particular region, as well as across the state. Safety Officer TTT will be scheduled through the Division of Emergency Management and the intent is to deliver once a year to ensure a cadre of Safety Officer instructors to sustain the efforts to have adequate numbers of Safety Officer qualified personnel throughout the state for use within an ICS structure locally when an incident or event arises and DOH resources are deployed to assist. Both the Public Health Response Team Asset Typing Guide and Public Health Team Leader Guide are out of date and are in need of update.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

During 2014-15, a total of 10 Public Health attendees were trained using nationally (DHS FEMA) standardized and department approved training materials for Strike Team/Task Force Leader. Without this training, the department would have to rely on the experience of the responder to accomplish the stated mission or specific response. This could could have varying results and unintended consequences. As personnel complete this training they are meeting the accepted national standard for team leaders working within an incident management system as required by HSPD 5. (National Incident Management System Position Specific training).

Are there alternate solutions to filling this gap?

Yes. Outsource the trainings at a higher cost or coordinate trainers locally or through another State or Local Organization that conduct similar types of trainings.

BUDGET - Activity 6						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP Base	ASPR-HPP
Travel	Active Bystander Travel for providing Instructor Training to qualified local MRC Instructors. Formula used - 2 instructors per unit x $250.00 travel costs x 20 units.	1.00	$ 15,000	$ 15,000	$ -	$ 15,000
Other	Active Bystander Printing for providing Instructor Training to qualified local MRC Instructors, ABT Participant Manuals, and fold out cards for Active Bystander General Public course attendees. Shipping costs.	1.00	$ 15,000	$ 15,000	$ -	$ 15,000
Supplies	Active Bystander Supplies for providing the Active Bystander General course to attendees. Shipping costs.	1.00	$ 5,000	$ 5,000	$ -	$ 5,000
Supplies	L-984 Strike Team/Task Force Leader training supplies (printed materials, materials used in delivery of course such as markers, easel pad paper, etc.)	1.00	$ 4,000	$ 4,000	$ -	$ 4,000
Supplies	L-960 NIMS All Hazards Safety Officer training supplies (printed materials, materials used in delivery of course such as markers, easel pad paper, etc.)	1.00	$ 5,000	$ 5,000	$ -	$ 5,000
Supplies	L-955 NIMS All Hazards Safety Officer TTT training supplies (printed materials, materials used in delivery of course such as markers, easel pad paper, etc.)	1.00	$ 5,000	$ 5,000	$ -	$ 5,000
Travel	Travel for instructors to teach L984, L960, L955 - Formula used - 2 instructors x $1,000 travel costs for entire delivery of course. L984 2 deliveries, L960 2 deliveries, L955 one delivery.	1.00	$ 10,000	$ 10,000	$ -	$ 10,000
Travel	Travel for attendees for L984, L960, L955 - Formula used - 20 attendees x $1,000 travel costs for entire delivery of course. L984 2 deliveries, L960 2 deliveries, L955 one delivery.	1.00	$ 100,000	$ 100,000	$ -	$ 100,000
Total				$ 159,000	$ -	$ 159,000