

Bob Dixon  
Presiding Commissioner

Harold Bengsch  
1<sup>st</sup> District Commissioner

John C. Russell  
2<sup>nd</sup> District Commissioner



Shane Schoeller  
Clerk of the Commission

Christopher J. Coulter, AICP  
County Administrator

Megan Applegate  
Executive Assistant

## COUNTY COMMISSION

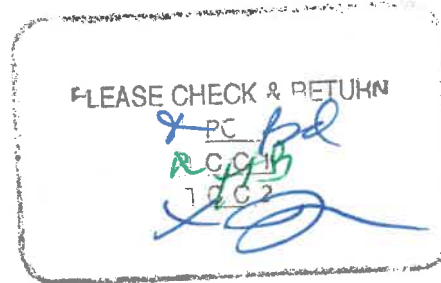
### Greene County, Missouri

(417) 868-4112

#### Greene County Commission

#### Commission Briefing Minutes

Thursday, May 14, 2020  
09:30 AM  
Commission Conference Room  
1443 N. Robberson, 10<sup>th</sup> Floor



**THIS MEETING WILL BE LIMITED TO NO MORE THAN 10 PEOPLE DUE TO SOCIAL DISTANCING (THIS DOES NOT INCLUDE TELECONFERENCE PARTICIPANTS.) THIS IS DUE TO A COMMISSION ORDER NO. POL-20.4.30.**

The Greene County Commission is now offering an alternative to attending the meeting. Please join our meeting from your computer, tablet or smartphone. <https://www.gotomeet.me/GCCommissionOffice>. You can also dial in using your phone. United States: +1 (872) 240-3412. You will be prompted for a PIN number where you will hit the "#" key and be prompted for an access code: 675-853-269

**PLEASE BE AWARE:** Cox Health has adopted a universal making policy for all their properties. Masks are to be worn entering and exiting their facilities and medical office buildings as well as when in any interior common areas such as a lobby, hallway, shared bathroom, elevator, and stairwell.

**Attendees:** Bob Dixon, Harold Bengsch, John Russell, Chris Coulter, Megan Applegate, Donna Barton, Larry Woods and Randy Foster.

**Teleconference Attendees:** Rick Kessinger, Cindy Stein, Royce Denny, Jeff Scott, Jeff Bassham, Kevin Barnes, Tina Phillips, Melissa Denney, Justin Hill, Bill Prince and Jason Wert.

#### Informational Items

Resource Management- Kevin Barnes

- Courtroom project update.
- Temporary jail project update.
- Jail project update.

Cox Medical Tower • 1443 North Robberson Avenue, 10<sup>th</sup> Floor • Springfield, Missouri 65802

Mailing Address 940 Boonville Avenue • Springfield, Missouri 65802

[www.greenecountymo.gov](http://www.greenecountymo.gov)



**Sheriff's Office-Royce Denny**

- 0 COVID-19 cases in the Greene County jail.
- Currently 265 federal inmate population.

**Juvenile Office-Bill Prince**

- Office staff is currently on rotation and working from home.
- Juvenile court cases have been exempt and still are proceeding.

**Items for Consideration and Action by the Commission**

**EX1) Approval of GCSO RHSOC Grant, Sheriff's Office.**

Commissioner Harold Bengsch moved to approve Commissioner Dixon to sign the grant application as presented. Commissioner John Russell seconded the motion and it passed unanimously. Yes: Dixon, Bengsch and Russell.

**EX2) Approval of OEM RHSOC Grant, OEM.**

Commissioner John Russell moved to approve Commissioner Dixon to sign the grant application as presented. Commissioner Harold Bengsch seconded the motion and it passed unanimously. Yes: Dixon, Bengsch and Russell.

**Other:**

With no other business the meeting was adjourned.



Bob Dixon  
*Presiding Commissioner*

Harold Bengsch  
*1<sup>st</sup> District Commissioner*

John C. Russell  
*2<sup>nd</sup> District Commissioner*



Shane Schoeller  
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**COUNTY COMMISSION**  
**Greene County, Missouri**  
**(417) 868-4112**

**Greene County Commission**

**REVISED Commission Briefing Agenda**

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Informational Items  
Resource Management  
Sheriff's Office  
Juvenile Office

Items for Consideration and Action by the Commission  
Approval of GCSO RHSOC Grant, Sheriff's Office  
Approval of OEM RHSOC Grant, OEM

Other:

**Cox Medical Tower • 1443 North Robberson Avenue, 10<sup>th</sup> Floor • Springfield, Missouri 65802**  
**Mailing Address 940 Boonville Avenue • Springfield, Missouri 65802**  
**[www.greenecountymo.gov](http://www.greenecountymo.gov)**

REVISED 05/12/2020 @ 10:53 AM

**Cox Medical Tower • 1443 North Robberson Avenue, 10<sup>th</sup> Floor • Springfield, Missouri 65802**  
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***[www.greenecountymo.gov](http://www.greenecountymo.gov)***

# Missouri Department of Public Safety

## Application

### 113160 - FY 2020 SHSP Region D - Final Application

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113665 - Region D Mobile Command Vehicle Sustainment, Light and Communication Upgrade  
State Homeland Security Program (SHSP)

Status: Editing

Submitted  
Date:

### Applicant Information

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#### Primary Contact:

Name:*	Deputy Title	Randy First Name	Foster Last Name
Job Title:*	Deputy Sheriff		
Email:*	rfoster@greenecountymo.gov		
Mailing Address:*	1010 N. Boonville		
Street Address 1:			
Street Address 2:			
*	Springfield City	Missouri State/Province	65802 Postal Code/Zip
Phone:*	816-550-6023		
Fax:*	417-868-4040		Ext.

#### Organization Information

Applicant Agency:*	Greene County, Sheriff's Office			
Organization Type:*	Government			
Federal Tax ID#:*	446000506			
DUNS #:*	095831228			
SAM/CCR CAGE Code:	3QMR3	07/26/2019 Valid Until Date		
Organization Website:	www.greenecountymo.gov			
Mailing Address:*	1010 N Boonville			
Street Address 1:				
Street Address 2:				
City*	Springfield	Missouri	65802	3859





	City	State/Province	Postal Code/Zip	+ 4
County:*	Greene			
Congressional District:*	07			
Phone:*	417-829-6279			
				Ext.
Fax:*	417-868-4830			

## Contact Information

### Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
  - If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
  - If the applicant agency is a State Department, the Director shall be the Authorized Official
  - If the applicant agency is a college/university, the President shall be the Authorized Official
  - If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
- If applicable please upload copy of 501C3 in the Named Attachments section of the application as one of the Other documents.
- If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official
- \*\*This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125\*\*

#### Authorized Official:\*

Mr

Bob

Dixon

Title (Mr.Ms.etc)

First Name

Last Name

#### Job Title:\*

Presiding Commissioner

#### Agency:\*

County of Greene

#### Mailing Address:\*

1443 N Robberson, 10th Floor

#### Street Address 1:

1443 N Robberson, 10th Floor

#### Street Address 2:

\*

Springfield

Missouri

65802

City

State

Zip Code

#### Email:\*

BDixon@greencountymo.gov

#### Phone:\*

417-868-4112

Office

Ext.

Cell

#### Fax:\*

417-868-4818

### Applicant Project Director

#### Applicant Project Director:\*

Sheriff

Jim

Arnott

Title (Mr.Ms.etc)

First Name

Last Name

#### Job Title:\*

Sheriff

#### Agency:\*

Greene County Sheriff's Office

#### Mailing Address:\*

1010 N. Boonville

#### Street Address 1:

1010 N. Boonville

#### Street Address 2:

\*

Springfield

Missouri

65802



	City	State	Zip Code
<b>Email:*</b>	JArnott@greenecountymo.gov		
<b>Phone:*</b>	417-868-4040		
	Office	Ext.	Cell
<b>Fax*</b>	417-868-4830		
<b>Fiscal Officer</b>			
<b>Fiscal Officer:*</b>	Mrs	Janell	Westbrook
	Title (Mr.Ms.etc)	First Name	Last Name
<b>Job Title:*</b>	Finance Coordinator		
<b>Agency:*</b>	Greene County Sheriff's Office		
<b>Mailing Address:*</b>	1010 N. Boonville		
<b>Street Address 1:</b>	1010 N. Boonville		
<b>Street Address 2:</b>			
<b>*</b>	Springfield	Missouri	65802
	City	State	Zip Code
<b>Email:*</b>	JWestbrook@greenecountymo.gov		
<b>Phone:*</b>	417-829-6291		
	Office	Ext.	Cell
<b>Fax*</b>	417-868-4830		
<b>Project Contact Person</b>			
<b>Project Contact Person:</b>	Deputy	Randy	Foster
	Title (Mr.Ms.etc)	First Name	Last Name
<b>Job Title:</b>	Deputy Sheriff		
<b>Agency:</b>	Greene County Sheriff's Office		
<b>Mailing Address:</b>	1010 N. Boonville		
<b>Street Address 1:</b>	1010 N. Boonville		
<b>Street Address 2:</b>			
	Springfield	Missouri	65802
	City	State	Zip Code
<b>Email:</b>	RFoster@greenecountymo.gov		
<b>Phone:</b>	417-868-4040	816-550-6023	
	Office	Ext.	Cell
<b>Fax:</b>	417-868-4830		

## Section A.1 through B.2



**A. Project Worksheet**

<b>A.1 Project Title:*</b>	Region D Mobile Command Vehicle Sustainment, Light
<b>A.2 Agency Name:*</b>	Greene County Sheriff's Office
<b>A.3 Region:*</b>	D
<b>A.4 County:*</b>	Greene
<b>A.5 Project Location Zip Code:*</b>	65802
<b>A.6 Project Activity Type:*</b>	Develop/enhance interoperable communications systems
<b>A.7 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?*</b>	Sustain
<b>A.8.a If you answered Build/Enhance to question A.7 provide an answer to the following question. Has your agency coordinated with other agencies to determine if the resources requested are currently available within the region/state?</b>	Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.
<b>A.8.b If answered yes to A.8.a, explain coordination efforts made by your agency, as well as the outcome of the coordination efforts.</b>	
<b>A.9.a Project Description*</b>	This project will provide funding to cover recurring monthly costs for data and cellular services. It will also provide funding to replace equipment that has reached the end of it's service life and has begun to fall into disrepair.
<b>A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:*</b>	This project will provide funding to pay for monthly data and satellite subscription services for the Mobile Command Vehicle. It will provide funding to replace halogen flood lights with LED, and it will replace a radio patch device.
<b>A.9.c Provide estimated duration of the project (how long will it take to complete this project):*</b>	It will take 2-3 months to complete the project, depending on lead time from the manufacturer/vendors to obtain replacement parts. Subscription services will be paid monthly through the duration of the grant.
<b>A.9.d What are the objectives this project is designed to accomplish? (the purpose of the project)*</b>	This project will keep data and satellite subscription services active on the Mobile Command Vehicle. It will replace the halogen light heads in the Night Scan mast with LED modules. It will replace an NC250 patching device that is failing.
<b>A.9.e How does this project align with/increase terrorism preparedness for your agency/region/state?*</b>	Operational Coordination: Within 12 hours, mobilize critical resources, establish NIMS compliant command and control, and essential coordination structures within the affected area; and maintain as needed throughout the duration of the incident.
<b>A.9.f Why is this project necessary for the</b>	This project is necessary to maintain the highest level of operational readiness for this resource should it be requested.



region/state?\*

**B. Project Capability, THIRA and Dual Use**

Please review the State FY19 MO THIRA and FY19 MO SPR to determine the following:

**B.1 Which Primary Core Capability best aligns to this project?\*** Operational Communications

**B.2 How does this project impact the Capability Target listed on the State THIRA/SPR for the Core Capability chosen in B.1?\*** This project impacts capability gaps in operable and interoperable communications capabilities as well as technology deficiency that hinders advanced response initiatives to human caused terrorist/criminal acts

1000 Character Limit

**Section B.3**

Row	Approach	Description
Planning	Sustain	
Organization	Sustain	
Equipment	Sustain	This project sustains by refreshing equipment and maintaining subscription services
Training	Sustain	
Exercise	Sustain	

**Section B Continued**

**B.4 If this project is dual use, please describe how this project supports terrorism preparedness, and how this project increases preparedness for other hazards unrelated to terrorism: (both terrorism preparedness, and other unrelated hazards)?**

In addition to fulfilling a key component of the THIRA, the availability of the command vehicle is important to the region for natural disaster incidents, planned events and exercises, and local public safety activities. It is capable of rolling out within two hours of a deployment request to support communications during any of the listed events and more.

Dual use are activities, which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use.  
1000 Character Limit

**B.5 Please review the National Priorities in the FY2020 SHSP Notice of Funding Opportunity or FY2020 SHSP/LETPA Notice of Funding Opportunity.**

**1. Enhancing Cybersecurity**

**2. Enhancing the protection of soft targets/crowded places**

**3. Enhancing information and intelligence sharing and cooperation with federal agencies including DHS**

**4. Addressing emergent threats**

**If this project aligns to a National priority, please select the priority below. (If your project does not align to a National priority, please select Not Applicable.)**

**National Priority:\*** Not Applicable (N/A)

**Core Capability:\*** Not Applicable (N/A)

**C. Project Background**

**Complete Project Background Investment Justification alignment and Prior Accomplishments for each year ONLY if proposed project was also funded with prior grant funds.**

**C.1 Was any portion of the proposed project** Yes





**funded with FY19 funds?:\***

**C.2 FY19 Investment Justification**

Building and Sustaining Interoperable Communication Capabilities

*If funded with FY19 Federal Grant Award what was the last major accomplishment/milestone was completed with FY19 funds?*

**C.3 FY19 Prior Accomplishments:**

Replacement of the on-board generator, one mobile radio, and maintained all subscription services.

250 Character Limit

**C.4 Was any portion of the proposed project funded with FY18 funds?:\***

Yes

**C.5 FY18 Investment Justification:**

Building & Sustaining Interoperable Communication Capabilities

*If funded with FY18 Federal Grant Award what was the last major accomplishment/milestone was completed with FY18 funds?*

**C.6 FY18 Prior Accomplishments:**

Replacement of the on-board portable radio cache, addition of scanners, a dual carrier modem, additional network infrastructure, and maintained all subscription services

250 Character Limit

**C.7 Was any portion of the proposed project funded with FY17 funds?:\***

Yes

**C.8 FY17 Investment Justification:**

Building & Sustaining Interoperable Communication Capabilities

**C.9 FY17 Prior Accomplishments:**

Replacement of mobile radios, maintained all subscription services

250 Character Limit

**D. Deployable/Sharable Resources**

*Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.*

*Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).*

**D.1 Does this project fund resources that are:\***

Deployable Resource

*If answered Deployable in question D.1 complete questions D.2-D.8.*

*If answered Shareable in question D.1 complete questions D.2-D.4.*

*If answered NA in question D.1 skip to Section E.*

**D.2 Item Name:**

Mobile Command Vehicle

**D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s):**

The project will sustain the resource by maintaining subscription based services and replacing older equipment to maintain capabilities

250 Character Limit

**D.4 Special conditions/requirements on sharing the deployable/shareable resource(s):**

Must contact owning jurisdiction to request resource. Owning agency personnel must remain with vehicle at all times. Refueling plan in place for deployment longer than 12 hours.



Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

FEMA Resource Typing Library Tool is located at <https://rtit.preptoolkit.org/Public>.

**D.5 Is deployable resource NIMS Kind & Typed?:**

Yes

**D.6 Deployable Resources Kind & Type Name(s):**

Mobile Communications Center

Example: Mass Casualty Support Vehicle  
250 Character Limit

**D.7 Deployable Resources Kind & Type ID(s):**  
(ID x-xxx-xxxx)

2-508-1053

Example: ID 3-508-1032 Vehicle  
250 Character Limit

**D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:**

250 Character Limit

## E. Audit Details

**E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?:\***

Yes

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

**E.2 Date last audit completed:**  
MM/DD/YYYY\*

06/21/2019

If an agency has never had an audit, please enter the date of their last annual financial statement.

**E.3 By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit (or annual financial statement) in the Named Attachments section of this application:\***

Yes

## F. Risk Assessment

**F.1 Does the applicant agency have new personnel that will be working on this award?:\***

No

New personnel is defined as working with this award type less than 12 months.

**F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:\***

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**F.3 Does the applicant agency receive any direct Federal awards?:\***

Yes

Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.

**F.4 Did the applicant**

No



agency receive any  
Federal monitoring on a  
direct federal award in  
their last fiscal year?:\*

#### **G. National Incident Management System (NIMS)**

**G.1 Has the jurisdiction  
formally adopted the  
National Incident  
Management System  
(NIMS) throughout the  
jurisdiction or  
organization to prevent,  
protect against,  
mitigate, respond to,  
and recover from  
incidents?:\***

Yes

**G.2 Has the jurisdiction  
ensured training for the  
incident personnel  
incorporates NIMS  
training that is pertinent  
to each individuals  
incident responsibilities  
in alignment with the  
NIMS training  
program?:\***

Yes

**G.3 Does the  
jurisdiction develop,  
maintain, and implement  
mutual aid agreements  
(to include agreements  
with the private sector  
and nongovernmental  
organizations)?:\***

Yes

**G.4 Does the  
jurisdiction apply ICS as  
the standard approach  
to the on-scene  
command, control, and  
coordination of  
incidents?:\***

Yes

**G.5 Does the  
jurisdiction enable  
effective and secure  
communications within  
and across jurisdictions  
and organizations?:\***

Yes

**G.6 Does the  
jurisdiction identify and  
inventory deployable  
incident resources  
consistently with  
national NIMS resource  
typing definitions and  
job titles/position  
qualifications, available  
through the Resource  
Typing Library Tool?:\***

No

**G.7 Has your agency  
designated a point of  
contact to serve as the  
principal coordinator for**

Yes



the implementation of NIMS?\*

G.8 Has your agency adopted NIMS terminology for the qualification, certification, and credentialing of incident personnel?\*

Yes

G.9 Does your agency use the NIMS Resource Management Process during incidents? (identify requirements, order and acquire, mobilize, track and report, demobilize, reimburse and restock)\*

Yes

G.10 Does your agency implement JIS for the dissemination of incident information to the public, incident personnel, traditional and social media, and other stakeholders?\*

Yes

G.11 Does your agency use MAC Groups/Policy Groups during incidents to enable decision making among elected and appointed officials and support resource prioritization and allocation?\*

Yes

G.12 Does your agency organize and manage EOC's and EOC teams consistent with pertinent NIMS guidance?\*

Yes

G.13 Does your agency apply plain language and clear text communications standards?\*

Yes

G.14 Does your agency develop, maintain, and implement procedures for data collection, analysis, and dissemination to meet organizational needs for situational awareness?\*

Yes

*If answered No to any questions G.1-G.14, please explain planned activities during grant period to strive towards being NIMS compliant.*

**G.15 Planned Activities:** G6 - Due to changes in the Tier 1 NIMS National Resource Typing Definitions; we have not completed retying all jurisdictional resources.

## H. Certified Assurances

*To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances*





if the assistance is awarded:

#### SHSP Certified Assurances

**H.1 By checking this box, I have read and agree to the terms and conditions of this grant:\*** Yes

In order to be eligible for funding the correct Authorized Official must be designated and have knowledge of these Certified Assurances. **If the incorrect Authorized Official is listed or is left off this proposed application this application will be deemed ineligible for funding.**

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.

-If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official

-If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official

-If the applicant agency is a State Department, the Director shall be the Authorized Official

-If the applicant agency is a college/university, the President shall be the Authorized Official

-If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, If applicable please upload copy of 501C3 in the Other Attachments section of this application

-If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official

-\*\*This is not an all-inclusive list if you do not fall into the above categories or are unsure of who the Authorized Official is for your agency please contact The Missouri Office of Homeland Security at (573) 522-6125\*\*

**H.2 Authorized Official Name and Title:\*** Mr. Bob Dixon, Presiding Commissioner



**H.3 Name and Title of person completing this proposed application:\*** Deputy Randy Foster

**H.4 Date:\***

## Personnel

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities:	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

## Narrative Justification - Personnel

5000 Character Limit

## Personnel Benefits

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

## Narrative Justification - Benefits



5000 Character Limit

**Travel**

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:
			\$0.00			

**Narrative Justification - Travel****Travel Justification**

5000 Character Limit

**Equipment**

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
Communications Patch Device and Cabling	06CP-02-BRDG	1.0	\$7,847.06	\$7,847.06	Yes	Law Enforcement	Equipment	Interoperable Communications Equipment
Lighting Upgrade Kit	03OE-03-LTPA	1.0	\$5,095.00	\$5,095.00	Yes	Law Enforcement	Equipment	Other Authorized Equipment
				\$12,942.06				

**Narrative Justification - Equipment**

**Communications Patch Device** – Several years ago, we identified a need to be able to patch radio channels together on the Mobile Command Vehicle. We were able to accomplish this, quite literally, by taking a device that was beyond it's intended life cycle out of another agency's garbage, making minor repairs and putting it in service. This device is in place and set for use any time the vehicle is deployed. It was originally capable of connecting four radios together (for multi-cast operations) or patching two radios together. It has begun to fail, in that one of the radio inputs is now completely inoperative. It has also become an unreliable means to create a patch. The replacement device proposed would be able to connect up to four radios together into multi-cast and repeater configurations using an intuitive computer interface, or the button and lights control panel. It connects to the various radios by way of specific cabling. It is capable of interfacing with mobile and portable radios. In the event portable radios are used, we will also be able to connect those radios to external antenna ports and use vehicle mounted antennas drastically increasing the range of operation. RHSOC funding did not originally purchase this piece of equipment.



**Lighting Upgrade Kit** – The Mobile Command Vehicle is equipped with a second pneumatic mast, that hoists two halogen flood-style lights about six feet into the air. The light unit is controlled via remote. It provides localized illumination for the area around the command vehicle, beyond what is afforded by the regular vehicle mounted lighting. This device has been on the vehicle since its build date in 1994. The mast, compressor, cabling and mechanical components are in excellent condition, for its age. The light heads are not. They are traditional quartz-halogen lights. In the event a bulb burns out, it requires climbing onto the vehicle, removing numerous fasteners to disassemble the light head, replacement of the bulb and reassembly. The light reflectors are rusted, and the lenses are dingy and clouded from years of use. This kit will replace both halogen light heads with lifetime warrantied LED heads. The LED's use far less energy than the halogen, run cooler, and have a significantly longer lifespan. The RHSOC has not paid for this piece of equipment, as it was on it when we inherited the vehicle.

5000 Character Limit

## Supplies/Operations

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
				\$0.00			

## Narrative Justification - Supplies/Operations

5000 Character Limit

## Contractual

Item Name:	Type of Contract:	Contract Amount:	Discipline:	Function:	Allowable Activity:
Cellular, Data services	Services	\$2,750.00	Law Enforcement	Management and Administration	Recurring expenses such as those associated with cell phones and faxes during the PoP of the grant program
		\$2,750.00			

## Narrative Justification - Contractual

**Command Post - Data Service - Cellular - AT&T:** This item is being requested to sustain the data connectivity capabilities of the Mobile Command Unit. The cost for this item is based on the prior year's costs for the Regional Communications Vehicle's cellular data. This funding will cover the cost of these services for the durations of the grant period from 10/1/2021 to -11/31/2023. The data services are flat-rate, unlimited plans with static IP addresses assigned.

5000 Character Limit



**Total Budget**

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**Total Personnel:** \$0.00  
**Total Benefits:** \$0.00  
**Total Travel:** \$0.00  
**Total Equipment:** \$12,942.06  
**Total Supplies/Operation:** \$0.00  
**Total Contractual:** \$2,750.00  
**Total Project Cost:** \$15,692.06

**Named Attachments**

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Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)*	Audit notes	Audit Notes fy20.pdf	pdf	399 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quotes or other cost basis	LED Upgrade Kit Estimate	GREENE COUNTY .pdf	pdf	165 KB
Training Request Form				
Other Supporting Information	Quote for patch device and cabling	Q20200507004JA.pdf	pdf	122 KB
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				







The Will-Burt Company  
401 Collins Blvd Orrville,  
OH 44667

**PRICE QUOTE**

Quote Number  
GREENE CTY

AN EMPLOYEE OWNED COMPANY

Tax ID 34-0620280

DUNS: 00-446-9797

**Customer :**

GREENE COUNTY

Attention: RANDY FOSTER

Phone:

Fax :

Email: [rfoster@greencountymoh.gov](mailto:rfoster@greencountymoh.gov)

**Will-Burt Sales Person**

Name: Andrew Capozella

Phone: 330-684-5298

Mobile:

Fax: 330-684-1190

Email: [acapozella@willburt.com](mailto:acapozella@willburt.com)

Quote Date	Expiration Date	Payment Terms	Lead Time	Freight Terms
			3-4 Weeks	Prepaid

Quantity	Part #	Model & Description	Unit Price	Extended Price
1	5542601	NIGHT SCAN XL200 LED UPGRADE KIT 2X125 WATT	\$ 5,095.00	\$ 5,095.00
		XL200 LED 12/24VDC WITH AC POWER SUPPLY		\$ -
		40,000 TOTAL LUMEN OUTPUT WITH LIFETIME		\$ -
		WARRANTY ON LED LIGHT FIXTURES		\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

Sale Amount: \$ 5,095.00

Freight: TBD

Other:

**Total: \$ 5,095.00**

All product sales are subject to The Will-Burt Company's standard TERMS AND CONDITIONS OF SALE, which are incorporated herein by reference and can be located at the following website link: [www.willburt.com](http://www.willburt.com)

ISO 9001:2008 CERTIFIED





**Public Safety Solutions**

Last Updated: 5/11/2020  
Updated By: J. Ayres  
Service ID: QUOTE2020050704JA

www.pss-mo.com  
PO Box 8944 Springfield, MO  
888-605-0616

**Project Proposal Prepared for:  
Greene County Sheriffs Office  
Interoperability Solution Replacement**

CONTRACT ITEMS					
Line Number	Part Number	Description	Contract Vehicle	Price Each	Qty Total
NON-CONTRACT ITEMS					
Line Number	Part Number	Description		Price Each	Qty Total
21	5060-100000	ACU-M package, AC/DC Powered. Includes 110/220V power supply and AC/DC power cords		\$ 5,067.00	1 \$ 5,067.00
22	5060-109000	Network option - enables two VoIP channels and WAIS capability		\$ 629.00	1 \$ 629.00
23	0150-200000	Handset, Black		\$ 124.00	1 \$ 124.00
24	5961-291262-15	ACU Interconnect Cable for Motorola APX Mobile		\$ 325.00	1 \$ 325.00
25	5961-291408-15	ACU Interconnect Cable for Harris XG-100M Mobile		\$ 325.00	1 \$ 325.00
26	5961-291327-15	ACU Interconnect Cable for Motorola XPR (TRBO) Portables		\$ 325.00	1 \$ 325.00
27	5961-291149-15	ACU Interconnect Cable for Kenwood NX (NXDN) Portables		\$ 325.00	1 \$ 325.00
28	5961-291115-15	ACU Interconnect Cable, Underminated		\$ 190.00	2 \$ 380.00
29	RFA4024	RF Uniadapt Coax Cable Adapter Kit		\$ 272.06	1 \$ 272.06
PROFESSIONAL SERVICES					
Line Number	Description				
OTHER					Total
Line Number	Description				
61	Shipping				
					\$ 75.00

Total Contract Items:  
Total Non-Contract Items: \$ 7,772.06  
Total Professional Services:  
Total Other: \$ 75.00  
**Project Total: \$ 7,847.06**

NOTES AND DESIGN ASSUMPTIONS	
81	Project quoted at list prices for grant purposes. At time of procurement, project can be requoted with current discounts and promos.
TERMS AND CONDITIONS OF OFFER	
This proposal is based on the requirements provided by the customer. We reserve the right to correct mathematical or other errors in the quotation.	
Change Orders must be processed for additional out-of-scope material and labor, or other required deviations from quotation.	
All quotations purchased under NASPO ValuePoint, GSA, or other Master Supply Agreement are subject to the applicable contract's terms and conditions and supersede any conflicting terms listed here.	
PAYMENT TERMS	
Net 30 Upon Receipt of Invoice	



2x2

# Missouri Department of Public Safety

## Application

### 113160 - FY 2020 SHSP Region D - Final Application

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114449 - Field Command Post

State Homeland Security Program (SHSP)

Status: Editing

Submitted  
Date:

### Applicant Information

---

#### Primary Contact:

Name:*	Ms Title	Robbin First Name	Sawyer Last Name
Job Title:*	Administrative Services Manager		
Email:*	rsawyer@greencountymmo.gov		
Mailing Address:*	330 W Scott Street		
Street Address 1:			
Street Address 2:			
*	Springfield City	Missouri State/Province	65802 Postal Code/Zip
Phone:*	417-869-6040		Ext.
Fax:*	417-869-6654		

#### Organization Information

Applicant Agency:*	Greene County Emergency Management Agency	
Organization Type:*	Government	
Federal Tax ID#:*	446000506	
DUNS #:*	095831228	
SAM/CCR CAGE Code:	3QMR3	11/23/2011 Valid Until Date
Organization Website:	greencountymmo.gov/oem	
Mailing Address:*	330 W Scott Street	
Street Address 1:		



**Street Address 2:**

<b>City:</b> *	Springfield	Missouri	65802	3859
	City	State/Province	Postal Code/Zip	+ 4
<b>County:</b> *	Greene			
<b>Congressional District:</b> *	07			
<b>Phone:</b> *	417-869-6040			Ext.
<b>Fax:</b> *	417-869-6654			

## Contact Information

---

**Authorized Official**

*The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.*

- *If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official*
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- If applicable please upload copy of 501C3 in the Named Attachments section of the application as one of the Other documents.*
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- **\*\*This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125\*\***

<b>Authorized Official:</b> *	Mr	Bob	Dixon
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:**\* Presiding Commissioner

**Agency:**\* Greene County

**Mailing Address:**\* 1443 N Robberson Avenue, 10th Floor

**Street Address 1:****Street Address 2:**

*	Springfield	Missouri	65802
	City	State	Zip Code

**Email:**\* bdixon@greencountymo.gov

**Phone:**\*

417-868-4112		
Office	Ext.	Cell

**Fax:**\* 417-868-4818

**Applicant Project Director**

<b>Applicant Project Director:</b> *	Mr	Larry	Woods
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:**\* Director

**Agency:**\* Greene County Emergency Management

**Mailing Address:**\* 330 W Scott Street





**Street Address 1:**

**Street Address 2:**

\*  
Springfield Missouri 65802  
City State Zip Code

**Email:\*** lwoods@greenecountymmo.gov

**Phone:\*** 417-869-6040  
Office Ext. Cell

**Fax\*** 417-869-6654

**Fiscal Officer**

**Fiscal Officer:\*** Ms Robbin Sawyer  
Title (Mr.Ms.etc) First Name Last Name

**Job Title:\*** Administrative Services Manager

**Agency:\*** Greene County Emergency Management

**Mailing Address:\*** 330 W Scott Street

**Street Address 1:**

**Street Address 2:**

\*  
Springfield Missouri 65802  
City State Zip Code

**Email:\*** rsawyer@greenecountymmo.gov

**Phone:\*** 417-869-6040  
Office Ext. Cell

**Fax\*** 417-869-6654

**Project Contact Person**

**Project Contact Person:** Ms Courtney Wharton  
Title (Mr.Ms.etc) First Name Last Name

**Job Title:** Network Administrator

**Agency:** Greene County Emergency Management

**Mailing Address:** 330 W Scott Street

**Street Address 1:**

**Street Address 2:**

Springfield Missouri 65802  
City State Zip Code

**Email:** cwharton@greenecountymmo.gov

**Phone:** 417-869-6040  
Office Ext. Cell



## Section A.1 through B.2

---

### A. Project Worksheet

**A.1 Project Title:\*** MO Region D Field Command Post Sustainment

**A.2 Agency Name:\*** Greene County Emergency Management

**A.3 Region:\*** D

**A.4 County:\*** Greene

**A.5 Project Location Zip Code:\*** 65802

**A.6 Project Activity Type:\*** Develop/enhance interoperable communications systems

**A.7 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?\*** Sustain

**A.8.a If you answered Build/Enhance to question A.7 provide an answer to the following question. Has your agency coordinated with other agencies to determine if the resources requested are currently available within the region/state?**

Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.

**A.8.b If answered yes to A.8.a, explain coordination efforts made by your agency, as well as the outcome of the coordination efforts.**

**A.9.a Project Description\*** Sustain continued resource operations by replacement of end-of-life information technology equipment used during regional field deployments for command post activities.

**A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:\*** The equipment is to replace existing end-of-life equipment originally funded by the RHSOC.

**A.9.c Provide estimated duration of the project (how long will it take to complete this project):\*** The project will be completed within 60 days of the arrival of equipment.

**A.9.d What are the objectives this project is** This project will sustain operations and capabilities to field deploy for regional command and IST personnel. Sustains integrated technology connectivity with both regional



designed to accomplish? (the purpose of the project)\*

Communications Vehicles.

A.9.e How does this project align with/increase terrorism preparedness for your agency/region/state?\*

Provides for effective tactical and strategic decision-making capabilities for homeland security which requires incident commanders to receive timely information and have the tools at their disposal that allows them to make informed command level decisions.

A.9.f Why is this project necessary for the region/state?\*

This regional asset assists incident commanders in facilitating the management of on-scene operations. This is accomplished by giving them the tools that provides them with real-time information and the facilities to manage an incident.

## B. Project Capability, THIRA and Dual Use

Please review the State FY19 MO THIRA and FY19 MO SPR to determine the following:

B.1 Which Primary Core Capability best aligns to this project?\*

Operational Coordination

B.2 How does this project impact the Capability Target listed on the State THIRA/SPR for the Core Capability chosen in B.1?\*

This project sustains the capability to provide field response for command and control of virtually any hazard requiring such a response.

1000 Character Limit

## Section B.3

Row	Approach	Description
Planning	Build/Enhance	
Organization	Sustain	Regional Field Command Post-Springfield-Greene Co. OEM
Equipment	Sustain	Maintain investment in regional field response capabilities and continue to leverage consistency between field command post and communications vehicle capabilities.
Training	Build/Enhance	
Exercise	Build/Enhance	

## Section B Continued

B.4 If this project is dual use, please describe how this project supports terrorism preparedness, and how this project increases preparedness for other hazards unrelated to terrorism: (both terrorism preparedness, and other unrelated hazards)?

The Field Command Post is a regional all-hazards resource, allowing users to respond to any hazard that would require the support of a field command and control platform. This use includes both unplanned and planned events.

Dual use are activities, which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use.  
1000 Character Limit

B.5 Please review the National Priorities in the FY2020 SHSP Notice of Funding Opportunity or FY2020 SHSP/LETPA Notice of Funding Opportunity.

1. Enhancing Cybersecurity

2. Enhancing the protection of soft targets/crowded places



3. Enhancing information and intelligence sharing and cooperation with federal agencies including DHS

4. Addressing emergent threats

If this project aligns to a National priority, please select the priority below. (If your project does not align to a National priority, please select Not Applicable.)

National Priority:\* Not Applicable (N/A)

Core Capability:\* Not Applicable (N/A)

### C. Project Background

Complete Project Background Investment Justification alignment and Prior Accomplishments for each year **ONLY** if proposed project was also funded with prior grant funds.

C.1 Was any portion of the proposed project funded with FY19 funds?:\* Yes

C.2 FY19 Investment Justification Building and Sustaining Interoperable Communication Capabilities

If funded with FY19 Federal Grant Award what was the last major accomplishment/milestone was completed with FY19 funds?

C.3 FY19 Prior Accomplishments: Replaced aged and end-of-life computer and printer on Field Command Post to sustain operational life.

250 Character Limit

C.4 Was any portion of the proposed project funded with FY18 funds?:\* Yes

C.5 FY18 Investment Justification: Building & Sustaining Interoperable Communication Capabilities

If funded with FY18 Federal Grant Award what was the last major accomplishment/milestone was completed with FY18 funds?

C.6 FY18 Prior Accomplishments: Replaced aged and end-of-life generator on Field Command Post to sustain operational life.

250 Character Limit

C.7 Was any portion of the proposed project funded with FY17 funds?:\* No

### D. Deployable/Sharable Resources

*Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.*

*Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).*

D.1 Does this project fund resources that are:\* Deployable Resource

If answered Deployable in question D.1 complete questions D.2-D.8.

If answered Shareable in question D.1 complete questions D.2-D.4.

If answered NA in question D.1 skip to Section E.

D.2 Item Name: Region D Field Command Post (FCP)

D.3 If sustaining Sustain continued resource operations by replacement of end-of-life information





**deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s)?:**

technology equipment used during regional field deployments for command post activities.

250 Character Limit

**D.4 Special conditions/requirements on sharing the deployable/shareable resource(s):**

Must contact owning jurisdiction to request resource. Owning agency employee must pull resource to and from deployment location using jurisdiction prime mover for insurance purposes.

Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

*FEMA Resource Typing Library Tool is located at <https://rtft.preptoolkit.org/Public>.*

**D.5 Is deployable resource NIMS Kind & Typed?:**

Yes

**D.6 Deployable Resources Kind & Type Name(s):**

Mobile EOC

Example: Mass Casualty Support Vehicle  
250 Character Limit

**D.7 Deployable Resources Kind & Type ID(s): (ID x-xxx-xxxx)**

2-508-1053

Example: ID 3-508-1032 Vehicle  
250 Character Limit

**D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:**

250 Character Limit

## **E. Audit Details**

**E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?:\***

Yes

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

**E.2 Date last audit completed: MM/DD/YYYY\***

6/21/2019

If an agency has never had an audit, please enter the date of their last annual financial statement.

**E.3 By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit (or annual financial statement) in the Named Attachments section of this application:\***

Yes

## **F. Risk Assessment**

**F.1 Does the applicant agency have new personnel that will be working on this award?:\***

No

New personnel is defined as working with this award type less than 12 months.



**F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:\***

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**F.3 Does the applicant agency receive any direct Federal awards?:\***

Yes

Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.

**F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:\***

Yes

## **G. National Incident Management System (NIMS)**

**G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?:\***

Yes

**G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?:\***

Yes

**G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?:**

Yes

**G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?:\***

Yes

**G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?:\***

Yes

**G.6 Does the**

Yes



jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?:\*

G.7 Has your agency designated a point of contact to serve as the principal coordinator for the implementation of NIMS?\*

Yes

G.8 Has your agency adopted NIMS terminology for the qualification, certification, and credentialing of incident personnel?\*

Yes

G.9 Does your agency use the NIMS Resource Management Process during incidents? (identify requirements, order and acquire, mobilize, track and report, demobilize, reimburse and restock)\*

Yes

G.10 Does your agency implement JIS for the dissemination of incident information to the public, incident personnel, traditional and social media, and other stakeholders?\*

Yes

G.11 Does your agency use MAC Groups/Policy Groups during incidents to enable decision making among elected and appointed officials and support resource prioritization and allocation?\*

Yes

G.12 Does your agency organize and manage EOC's and EOC teams consistent with pertinent NIMS guidance?\*

Yes

G.13 Does your agency apply plain language and clear text communications standards?\*

Yes



**G.14 Does your agency develop, maintain, and implement procedures for data collection, analysis, and dissemination to meet organizational needs for situational awareness?\*** Yes

If answered No to any questions G.1-G.14, please explain planned activities during grant period to strive towards being NIMS compliant.

#### G.15 Planned Activities:

#### H. Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

##### SHSP Certified Assurances

**H.1 By checking this box, I have read and agree to the terms and conditions of this grant:\*** Yes

In order to be eligible for funding the correct Authorized Official must be designated and have knowledge of these Certified Assurances. If the incorrect Authorized Official is listed or is left off this proposed application this application will be deemed ineligible for funding.

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.

-If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official

-If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official

-If the applicant agency is a State Department, the Director shall be the Authorized Official

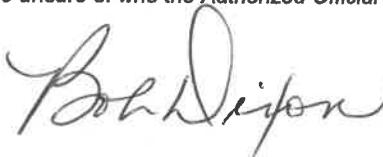
-If the applicant agency is a college/university, the President shall be the Authorized Official

-If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, If applicable please upload copy of 501C3 in the Other Attachments section of this application

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-\*\*This is not an all-inclusive list if you do not fall into the above categories or are unsure of who the Authorized Official is for your agency please contact The Missouri Office of Homeland Security at (573) 522-6125\*\*

**H.2 Authorized Official Name and Title:\*** Bob Dixon, Presiding Commissioner



**H.3 Name and Title of person completing this proposed application:\*** Larry Woods, OEM Director

**H.4 Date:\*** 05/14/2020

## Personnel

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities:	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

## Narrative Justification - Personnel





**Personnel Benefits**

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

**Narrative Justification - Benefits**

5000 Character Limit

**Travel**

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:
			\$0.00			

**Narrative Justification - Travel****Travel Justification**

5000 Character Limit

**Equipment**

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
				\$0.00				

**Narrative Justification - Equipment**



## Supplies/Operations

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
Other (computer, projector, chair, etc.)	Digital Amplified Antenna	1.0	\$150.00	\$150.00	Emergency Management	Equipment	Information Technology
Other (computer, projector, chair, etc.)	Coax Cable 100 ft.	1.0	\$30.00	\$30.00	Emergency Management	Equipment	Information Technology
Other (computer, projector, chair, etc.)	Computer Monitor	1.0	\$175.00	\$175.00	Emergency Management	Equipment	Information Technology
Other (computer, projector, chair, etc.)	Wireless Router	1.0	\$250.00	\$250.00	Emergency Management	Equipment	Information Technology
Other (computer, projector, chair, etc.)	TV Monitors	2.0	\$200.00	\$400.00	Emergency Management	Equipment	Information Technology
				\$1,005.00			

## Narrative Justification - Supplies/Operations

1. Digital Amplified Antenna: This replaces an existing antenna that has stopped functioning with a similar/identical antenna for acquisition of signal for local news capabilities. During field operations, it is important for field command post personnel to receive timely news and information and to monitor news broadcasts for accuracy.
2. Coax Cable (100 ft.): This will be used to rerun wiring paths for antenna and TV monitor connectivity.
3. Computer Monitor: A replacement desktop computer was purchased on a previous RHSOC grant, however, a replacement monitor was not included. This monitor will go with the previously purchased desktop. This desktop computer was a replacement for one that was end-of-life.
4. Wireless Router: This router will provide a capability for both Regional Communications Vehicles to wirelessly connect to the field command post. This will replace existing hire-wired cabling that currently exists.
5. TV Monitors: These monitors will replace existing monitors that have become end-of-life. These monitors are used to provide data displays from the internet, display local news programming, and display information from the regional Communications Vehicles such as video camera feeds and WebEOC information.

## Contractual

Item Name:	Type of Contract:	Contract Amount:	Discipline:	Function:	Allowable Activity:
		\$0.00			



### ***Narrative Justification - Contractual***

5000 Character Limit

**Total Budget**

<b>Total Personnel:</b>	<b>\$0.00</b>
<b>Total Benefits:</b>	<b>\$0.00</b>
<b>Total Travel:</b>	<b>\$0.00</b>
<b>Total Equipment:</b>	<b>\$0.00</b>
<b>Total Supplies/Operation:</b>	<b>\$1,005.00</b>
<b>Total Contractual:</b>	<b>\$0.00</b>
<b>Total Project Cost:</b>	<b>\$1,005.00</b>

### Named Attachments

[illegible]



Missouri Department of  
**Public Safety**

**Application**

**113160 - FY 2020 SHSP Region D - Final Application**

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**114434 - Communications Support Vehicle Sustainment Greene County State Homeland Security Program (SHSP)**

**State Homeland Security Program (SHSP)**

**Status:** Editing

**Submitted  
Date:**

**Applicant Information**

---

**Primary Contact:**

<b>Name:*</b>	Ms Title	Robbin First Name	Sawyer Last Name
<b>Job Title:*</b>	Administrative Services Manager		
<b>Email:*</b>	rsawyer@greencountymo.gov		
<b>Mailing Address:*</b>	330 W Scott Street		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>* </b>	Springfield City	Missouri State/Province	65802 Postal Code/Zip
<b>Phone:*</b>	417-869-6040		Ext.
<b>Fax:*</b>	417-869-6654		

**Organization Information**

<b>Applicant Agency:*</b>	Greene County Emergency Management Agency
<b>Organization Type:*</b>	Government
<b>Federal Tax ID#:*</b>	446000506
<b>DUNS #:*</b>	095831228
<b>SAM/CCR CAGE Code:</b>	3QMR3
	11/23/2011 Valid Until Date
<b>Organization Website:</b>	greencountymo.gov/oem
<b>Mailing Address:*</b>	330 W Scott Street
<b>Street Address 1:</b>	





**Street Address 2:**

<b>City*</b>	Springfield	Missouri	65802	3859
	City	State/Province	Postal Code/Zip	+ 4
<b>County:*</b>	Greene			
<b>Congressional District:*</b>	07			
<b>Phone:*</b>	417-869-6040			
				Ext.
<b>Fax:*</b>	417-869-6654			

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<b>Authorized Official:*</b>	Mr.	Bob	Dixon
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:\*** Presiding Commissioner

**Agency:\*** Greene County

**Mailing Address:\*** 1443 N Robberson Avenue, 10th Floor

**Street Address 1:**

**Street Address 2:**

*	Springfield	Missouri	65802
	City	State	Zip Code

**Email:\*** bdixon@greencountymo.gov

<b>Phone:*</b>	417-868-4112		
	Office	Ext.	Cell

**Fax:\*** 417-868-4818

**Applicant Project Director**

<b>Applicant Project Director:*</b>	Mr.	Larry	Woods
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:\*** Director

**Agency:\*** Greene County Emergency Management



<b>Mailing Address:*</b>	330 W Scott Street		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>*</b>	<b>Springfield</b>	<b>Missouri</b>	<b>65802</b>
	City	State	Zip Code
<b>Email:*</b>	lwoods@greencountymo.gov		
<b>Phone:*</b>	417-869-6040		
	Office	Ext.	Cell
<b>Fax*</b>	417-869-6654		
<b>Fiscal Officer</b>			
<b>Fiscal Officer:*</b>	<b>Ms</b>	<b>Robbin</b>	<b>Sawyer</b>
	Title (Mr.Ms.etc)	First Name	Last Name
<b>Job Title:*</b>	Administrative Services Manager		
<b>Agency:*</b>	Greene County Emergency Management		
<b>Mailing Address:*</b>	330 W Scott Street		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>*</b>	<b>Springfield</b>	<b>Missouri</b>	<b>65802</b>
	City	State	Zip Code
<b>Email:*</b>	rsawyer@greencountymo.gov		
<b>Phone:*</b>	417-869-6040		
	Office	Ext.	Cell
<b>Fax*</b>	417-869-6654		
<b>Project Contact Person</b>			
<b>Project Contact Person:</b>	<b>Ms</b>	<b>Courtney</b>	<b>Wharton</b>
	Title (Mr.Ms.etc)	First Name	Last Name
<b>Job Title:</b>	Network Administrator		
<b>Agency:</b>	Greene County Emergency Management		
<b>Mailing Address:</b>	330 W Scott Street		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
	<b>Springfield</b>	<b>Missouri</b>	<b>65802</b>
	City	State	Zip Code
<b>Email:</b>	lwharton@greencountymo.gov		
<b>Phone:</b>	417-869-6040		



Fax: 417-869-6654

## Section A.1 through B.2

---

### A. Project Worksheet

<b>A.1 Project Title:*</b>	MO Region D Communications Support Vehicle Sustain
<b>A.2 Agency Name:*</b>	Greene County Emergency Management
<b>A.3 Region:*</b>	D
<b>A.4 County:*</b>	Greene
<b>A.5 Project Location Zip Code:*</b>	65802
<b>A.6 Project Activity Type:*</b>	Develop/enhance interoperable communications systems
<b>A.7 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?*</b>	Sustain
<b>A.8.a If you answered Build/Enhance to question A.7 provide an answer to the following question. Has your agency coordinated with other agencies to determine if the resources requested are currently available within the region/state?</b>	Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.
<b>A.8.b If answered yes to A.8.a, explain coordination efforts made by your agency, as well as the outcome of the coordination efforts.</b>	
<b>A.9.a Project Description*</b>	This project will sustain the Missouri Region D Communications Support vehicle, based in Springfield, for capabilities and operations.
<b>A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:*</b>	Sustaining Interoperable Communication capabilities through mobile communications platform.
<b>A.9.c Provide estimated duration of the project (how long will it take to complete this project):*</b>	N/A this is for continuing sustainment operations.
<b>A.9.d What are the</b>	This project will sustain operations and capabilities to deploy in support of regional



objectives this project is designed to accomplish? (the purpose of the project)\*

interoperable communications. Sustains integrated technology support of regional mobile platforms and communications facilities.

A.9.e How does this project align with/increase terrorism preparedness for your agency/region/state?\*

The project increases preparedness by providing a interoperable communications support platform for regional partners.

A.9.f Why is this project necessary for the region/state?\*

This project is necessary in order to provide the subscription services the platform uses to access internet, satellite, telecommunication and television resources.

## B. Project Capability, THIRA and Dual Use

Please review the State FY19 MO THIRA and FY19 MO SPR to determine the following:

B.1 Which Primary Core Capability best aligns to this project?\*

Operational Communications

B.2 How does this project impact the Capability Target listed on the State THIRA/SPR for the Core Capability chosen in B.1?\*

Within 3 hours establish interoperable voice and data communications between local responders, EOCs, and state agencies. Within 12 hours, establish and implement an incident communications plan for entities and responders.

1000 Character Limit

## Section B.3

Row	Approach	Description
Planning	Sustain	
Organization	Sustain	Regional Communications Vehicle-Springfield-Greene Co. OEM
Equipment	Sustain	Maintain investment in regional interoperable communications response capabilities and continue to leverage consistency between field deployment integration capabilities.
Training	Sustain	
Exercise	Sustain	

## Section B Continued

B.4 If this project is dual use, please describe how this project supports terrorism preparedness, and how this project increases preparedness for other hazards unrelated to terrorism: (both terrorism preparedness, and other unrelated hazards)?

In addition to fulfilling a key component of the THIRA, the availability of the communications vehicle is important to the region for natural disaster incidents, planned events, exercises, and other local public safety activities.

Dual use are activities, which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use.  
1000 Character Limit

B.5 Please review the National Priorities in the FY2020 SHSP Notice of Funding Opportunity or FY2020 SHSP/LETPA Notice of Funding Opportunity.

1. Enhancing Cybersecurity





2. Enhancing the protection of soft targets/crowded places

3. Enhancing information and intelligence sharing and cooperation with federal agencies including DHS

4. Addressing emergent threats

If this project aligns to a National priority, please select the priority below. (If your project does not align to a National priority, please select Not Applicable.)

National Priority:\* Not Applicable (N/A)

Core Capability:\* Not Applicable (N/A)

### C. Project Background

Complete Project Background Investment Justification alignment and Prior Accomplishments for each year **ONLY** if proposed project was also funded with prior grant funds.

C.1 Was any portion of the proposed project funded with FY19 funds?:\* Yes

C.2 FY19 Investment Justification Building and Sustaining Interoperable Communication Capabilities

If funded with FY19 Federal Grant Award what was the last major accomplishment/milestone was completed with FY19 funds?

C.3 FY19 Prior Accomplishments: Replaced end-of-life equipment and sustained subscription based contractual services.

250 Character Limit

C.4 Was any portion of the proposed project funded with FY18 funds?:\* Yes

C.5 FY18 Investment Justification: Building & Sustaining Interoperable Communication Capabilities

If funded with FY18 Federal Grant Award what was the last major accomplishment/milestone was completed with FY18 funds?

C.6 FY18 Prior Accomplishments: Replaced end-of-life equipment and sustained subscription based contractual services.

250 Character Limit

C.7 Was any portion of the proposed project funded with FY17 funds?:\* Yes

C.8 FY17 Investment Justification: Building & Sustaining Interoperable Communication Capabilities

C.9 FY17 Prior Accomplishments: Replaced end-of-life equipment and sustained subscription based contractual services.

250 Character Limit

### D. Deployable/Sharable Resources

*Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.*

*Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).*

D.1 Does this project fund resources that are:\* Deployable Resource

If answered Deployable in question D.1 complete questions D.2-D.8.



If answered Shareable in question D.1 complete questions D.2-D.4.  
If answered NA in question D.1 skip to Section E.

**D.2 Item Name:** MO Region D Communication Support Vehicle "Skylab"

**D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s)?:** This project will sustain the resource by maintaining subscription based services and replacing end-of-life equipment to maintain interoperable communication capabilities.  
250 Character Limit

**D.4 Special conditions/requirements on sharing the deployable/shareable resource(s):** Must contact owning jurisdiction to request resource. Owning agency employee must drive and remain with vehicle at all times, for insurance purposes.  
Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.

**D.5 Is deployable resource NIMS Kind & Typed?:** Yes

**D.6 Deployable Resources Kind & Type Name(s):** Mobile Communications Center  
Example: Mass Casualty Support Vehicle  
250 Character Limit

**D.7 Deployable Resources Kind & Type ID(s): (ID x-xxx-xxxx)** 2-508-1053  
Example: ID 3-508-1032 Vehicle  
250 Character Limit

**D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:** 250 Character Limit

## E. Audit Details

**E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?\*** Yes  
If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

**E.2 Date last audit completed: MM/DD/YYYY\*** 6/21/2019  
If an agency has never had an audit, please enter the date of their last annual financial statement.

**E.3 By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit (or annual financial statement) in the Named Attachments section of this application.\***

Yes

## F. Risk Assessment



**F.1 Does the applicant agency have new personnel that will be working on this award?:\***

No

New personnel is defined as working with this award type less than 12 months.

**F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:\***

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**F.3 Does the applicant agency receive any direct Federal awards?:\***

Yes

Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.

**F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:\***

Yes

### **G. National Incident Management System (NIMS)**

**G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?:\***

Yes

**G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?:\***

Yes

**G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?:**

Yes

**G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?:\***

Yes

**G.5 Does the jurisdiction enable effective and secure**

Yes



**communications within  
and across jurisdictions  
and organizations?:\***

**G.6 Does the  
jurisdiction identify and  
inventory deployable  
incident resources  
consistently with  
national NIMS resource  
typing definitions and  
job titles/position  
qualifications, available  
through the Resource  
Typing Library Tool?:\***

Yes

**G.7 Has your agency  
designated a point of  
contact to serve as the  
principal coordinator for  
the implementation of  
NIMS?:\***

Yes

**G.8 Has your agency  
adopted NIMS  
terminology for the  
qualification,  
certification, and  
credentialing of incident  
personnel?:\***

Yes

**G.9 Does your agency  
use the NIMS Resource  
Management Process  
during incidents?  
(identify requirements,  
order and acquire,  
mobilize, track and  
report, demobilize,  
reimburse and restock):\***

Yes

**G.10 Does your agency  
implement JIS for the  
dissemination of  
incident information to  
the public, incident  
personnel, traditional  
and social media, and  
other stakeholders?:\***

Yes

**G.11 Does your agency  
use MAC Groups/Policy  
Groups during incidents  
to enable decision  
making among elected  
and appointed officials  
and support resource  
prioritization and  
allocation?:\***

Yes

**G.12 Does your agency  
organize and manage  
EOC's and EOC teams  
consistent with  
pertinent NIMS  
guidance?:\***

Yes

**G.13 Does your agency**

Yes





apply plain language  
and clear text  
communications  
standards?\*

G.14 Does your agency  
develop, maintain, and  
implement procedures  
for data collection,  
analysis, and  
dissemination to meet  
organizational needs for  
situational awareness?\*

Yes

If answered No to any questions G.1-G.14, please explain planned activities during grant period to strive towards being NIMS compliant.

#### G.15 Planned Activities:

#### H. Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

##### SHSP Certified Assurances

H.1 By checking this  
box, I have read and  
agree to the terms and  
conditions of this  
grant:\*

Yes

In order to be eligible for funding the correct Authorized Official must be designated and have knowledge of these Certified Assurances.  
If the incorrect Authorized Official is listed or is left off this proposed application **this application will be deemed ineligible for funding.**

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.

-If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official

-If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official

-If the applicant agency is a State Department, the Director shall be the Authorized Official

-If the applicant agency is a college/university, the President shall be the Authorized Official

-If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, If applicable please upload copy of 501C3 in the Other Attachments section of this application

-If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official

-\*\*This is not an all-inclusive list if you do not fall into the above categories or are unsure of who the Authorized Official is for your agency please contact The Missouri Office of Homeland Security at (573) 522-6125\*\*

H.2 Authorized Official  
Name and Title:\*

Bob Dixon, Presiding Commissioner



H.3 Name and Title of  
person completing this  
proposed application:\*

Robbin Sawyer, Administrative Services Manager

H.4 Date:\*

05/14/2020

#### Personnel

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities:	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			



**Narrative Justification - Personnel**

---

5000 Character Limit

**Personnel Benefits**

---

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

**Narrative Justification - Benefits**

---

5000 Character Limit

**Travel**

---

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:
			\$0.00			

**Narrative Justification - Travel**

---

**Travel Justification**

5000 Character Limit

**Equipment**

---

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
				\$0.00				



## ***Narrative Justification - Equipment***

---

5000 Character Limit

## ***Supplies/Operations***

---

<b>Supply/Operation Type:</b>	<b>Item Name:</b>	<b>Qty:</b>	<b>Unit Cost:</b>	<b>Total Supply or Operation Expense Cost:</b>	<b>Discipline:</b>	<b>Function:</b>	<b>Allowable Activity:</b>
Other (computer, projector, chair, etc.)	Computer, laptop	1.0	\$675.00	\$675.00	Public Safety Communications	Equipment	Information Technology
				\$675.00			

## ***Narrative Justification - Supplies/Operations***

---

This laptop is to replace the existing computer used for field programming of radios and troubleshooting on-board systems. The current computer harddrive has quit working.

5000 Character Limit

## ***Contractual***

---

<b>Item Name:</b>	<b>Type of Contract:</b>	<b>Contract Amount:</b>	<b>Discipline:</b>	<b>Function:</b>	<b>Allowable Activity:</b>
Communications Support Vehicle - Satellite Television Services	Subscriber Fees	\$1,430.00	Emergency Management	Equipment	Interoperable Communications Equipment
Communications Support Vehicle - Data Service - Cellular - AT&T	Subscriber Fees	\$635.00	Emergency Management	Equipment	Interoperable Communications Equipment
Communications Support Vehicle - Data Service - Cellular - Verizon	Subscriber Fees	\$500.00	Emergency Management	Equipment	Interoperable Communications Equipment
Communications Support Vehicle - Data Service - Satellite Data	Subscriber Fees	\$10,000.00	Emergency Management	Equipment	Interoperable Communications Equipment
Communications Support Vehicle - Voice Service - Satellite Voice Services	Subscriber Fees	\$1,000.00	Emergency Management	Equipment	Interoperable Communications Equipment
		\$13,565.00			



## Narrative Justification - Contractual

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Communications Support Vehicle - Satellite Television Services: This item is being requested to sustain the satellite television capabilities of the Regional Communications Vehicle for situational awareness and media monitoring.

Communications Support Vehicle - Data Service - Cellular - AT&T: This item is being requested to sustain the data connectivity capabilities of the Regional Communications Vehicle.

Communications Support Vehicle - Data Service - Cellular - Verizon: This item is being requested to sustain the data connectivity capabilities of the Regional Communications Vehicle.

Communications Support Vehicle - Data Service - Satellite Data: This item is being requested to sustain the data connectivity capabilities of the Regional Communications Vehicle.

Communications Support Vehicle - Voice Service - Satellite Voice Services: This item is being requested to sustain the voice connectivity capabilities of the Regional Communications Vehicle.

5000 Character Limit

## Total Budget

---

Total Personnel:	\$0.00
Total Benefits:	\$0.00
Total Travel:	\$0.00
Total Equipment:	\$0.00
Total Supplies/Operation:	\$675.00
Total Contractual:	\$13,565.00
Total Project Cost:	\$14,240.00

## Named Attachments

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Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)*	2019 Audit Requirements	2019 Audit Requirements.pdf	pdf	479 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quotes or other cost basis				
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				





Other Supporting Information				
Other Supporting Information				





# Missouri Department of Public Safety

## Application

### 113160 - FY 2020 SHSP Region D - Final Application

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114432 - FY20 - Missouri Region D WebEOC Program Sustainment  
State Homeland Security Program (SHSP)

Status: Editing

Submitted  
Date:

### Applicant Information

---

#### Primary Contact:

Name:*	Mr. Title	Jonathan First Name	Ayres Last Name
Job Title:*	Region D WebEOC Administrator		
Email:*	jayres@regiondwebeoc.org		
Mailing Address:*	330 W Scott		
Street Address 1:	330 W Scott		
Street Address 2:			
*	Springfield City	Missouri State/Province	65802 Postal Code/Zip
Phone:*	417-869-6040		Ext.
Fax:*	417-869-6654		

#### Organization Information

Applicant Agency:*	Greene County Emergency Management Agency		
Organization Type:*	Government		
Federal Tax ID#:	446000506		
DUNS #:	095831228		
SAM/CCR CAGE Code:	3QMR3	11/23/2011 Valid Until Date	
Organization Website:	greenecountymo.gov/oem		
Mailing Address:*	330 W Scott Street		
Street Address 1:			
Street Address 2:			
City*	Springfield	Missouri	65802
			3859



City	State/Province	Postal Code/Zip	+ 4
------	----------------	-----------------	-----

County:\* Greene

Congressional District:\* 07

Phone:\* 417-869-6040

Fax:\* 417-869-6654

Ext.

## Contact Information

### Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
  - If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
  - If the applicant agency is a State Department, the Director shall be the Authorized Official
  - If the applicant agency is a college/university, the President shall be the Authorized Official
  - If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
- If applicable please upload copy of 501C3 in the Named Attachments section of the application as one of the Other documents.
- If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official
- \*\*This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125\*\*

Authorized Official:*	Mr.	Bob	Dixon
	Title (Mr.Ms.etc)	First Name	Last Name

Job Title:\* Presiding Commissioner

Agency:\* Greene County

Mailing Address:\* 1443 N Robberson Avenue, 10th Floor

Street Address 1:

Street Address 2:

*	Springfield	Missouri	65802
	City	State	Zip Code

Email:\* bdixon@greenecountymo.gov

Phone:*	417-868-4112		
	Office	Ext.	Cell

Fax:\* 417-868-4818

### Applicant Project Director

Applicant Project Director:*	Mr.	Jonathan	Ayres
	Title (Mr.Ms.etc)	First Name	Last Name

Job Title:\* Regional WebEOC Administrator

Agency:\* MO Region D WebEOC Program

Mailing Address:\* 330 West Scott Street

Street Address 1:

Street Address 2:

*	Springfield	Missouri	65802
---	-------------	----------	-------



	City	State	Zip Code
<b>Email:*</b>	jayres@regiondwebeoc.org		
<b>Phone:*</b>	417-664-3591	417-664-3591	
	Office	Ext.	Cell
<b>Fax*</b>	000-000-0000		

**Fiscal Officer**

<b>Fiscal Officer:*</b>	Ms	Robbin	Sawyer
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:\*** Administrative Services Manager

**Agency:\*** Springfield/Greene County Office of Emergency Mgmt

**Mailing Address:\*** 330 West Scott Street

**Street Address 1:****Street Address 2:**

*	Springfield	Missouri	65802
	City	State	Zip Code

**Email:\*** rsawyer@greenecountymo.gov

<b>Phone:*</b>	417-869-6040		
	Office	Ext.	Cell

**Fax\*** 417-869-6654

**Project Contact Person**

<b>Project Contact Person:</b>			
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:****Agency:****Mailing Address:****Street Address 1:****Street Address 2:**

	Missouri	
City	State	Zip Code

**Email:****Phone:**

Office	Ext.	Cell
--------	------	------

**Fax:****Section A.1 through B.2**





**A. Project Worksheet**

<b>A.1 Project Title:*</b>	FY20-Missouri Region D WebEOC Program Sustainment
<b>A.2 Agency Name:*</b>	Springfield/Greene County Office of Emerg Mgmt
<b>A.3 Region:*</b>	D
<b>A.4 County:*</b>	Greene
<b>A.5 Project Location Zip Code:*</b>	65802
<b>A.6 Project Activity Type:*</b>	Develop/enhance plans, procedures, and protocols
<b>A.7 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?*</b>	Sustain
<b>A.8.a If you answered Build/Enhance to question A.7 provide an answer to the following question. Has your agency coordinated with other agencies to determine if the resources requested are currently available within the region/state?</b>	Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.
<b>A.8.b If answered yes to A.8.a, explain coordination efforts made by your agency, as well as the outcome of the coordination efforts.</b>	
<b>A.9.a Project Description*</b>	This project will sustain the operations and capabilities of the Missouri Region D WebEOC Program.
<b>A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:*</b>	Items purchased include annual maintenance contract for software updates & support, training materials for use within Region D, funding for mileage for trainers & staff to attend meetings & trainings, funding to attend WebEOC conference and travel.
<b>A.9.c Provide estimated duration of the project (how long will it take to complete this project):*</b>	N/A - This is a continuing effort.
<b>A.9.d What are the objectives this project is designed to accomplish? (the purpose of the project)*</b>	This project will sustain the operations and capabilities of the Missouri Region D WebEOC Program.
<b>A.9.e How does this project align with/increase terrorism preparedness for your agency/region/state?*</b>	This project increases preparedness by providing a Common Operating Picture and Networkable Framework of communications between all entities in the region.
<b>A.9.f Why is this project necessary for the region/state?*</b>	This project is necessary for information sharing, resource requests, and providing incident documentation for incidents.



**B. Project Capability, THIRA and Dual Use**

Please review the State FY19 MO THIRA and FY19 MO SPR to determine the following:

**B.1 Which Primary Core Capability best aligns to this project?\*** Situational Assessment

**B.2 How does this project impact the Capability Target listed on the State THIRA/SPR for the Core Capability chosen in B.1?\*** Maintain investments in WebEOC, continue to look for ways to leverage technology.  
1000 Character Limit

**Section B.3**

Row	Approach	Description
Planning	Build/Enhance	
Organization	Sustain	MO Region D WebEOC Program
Equipment	Sustain	Maintain investments in WebEOC, continue to look for ways to leverage technology.
Training	Build/Enhance	
Exercise	Build/Enhance	

**Section B Continued**

**B.4 If this project is dual use, please describe how this project supports terrorism preparedness, and how this project increases preparedness for other hazards unrelated to terrorism: (both terrorism preparedness, and other unrelated hazards)?**

The Missouri Region D WebEOC Program is an all-hazards platform, allowing use for response to terrorism incidents as well as severe weather, pandemic, and other types of emergent and preplanned events.

Dual use are activities, which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use.  
1000 Character Limit

**B.5 Please review the National Priorities in the FY2020 SHSP Notice of Funding Opportunity or FY2020 SHSP/LETPA Notice of Funding Opportunity.**

1. Enhancing Cybersecurity
2. Enhancing the protection of soft targets/crowded places
3. Enhancing information and intelligence sharing and cooperation with federal agencies including DHS
4. Addressing emergent threats

**If this project aligns to a National priority, please select the priority below. (If your project does not align to a National priority, please select Not Applicable.)**

**National Priority:\*** Enhancing information and intelligence sharing and cooperation with federal agencies, including DHS

**Core Capability:\*** Intelligence and information sharing

**C. Project Background**

**Complete Project Background Investment Justification alignment and Prior Accomplishments for each year ONLY if proposed project was also funded with prior grant funds.**

**C.1 Was any portion of the proposed project** Yes



**funded with FY19  
funds?:\***

**C.2 FY19 Investment  
Justification**

Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight Committees

*If funded with FY19 Federal Grant Award what was the last major accomplishment/milestone was completed with FY19 funds?*

**C.3 FY19 Prior  
Accomplishments:**

Sustaining the operations of the software platform and providing training.

250 Character Limit

**C.4 Was any portion of  
the proposed project  
funded with FY18  
funds?:\***

Yes

**C.5 FY18 Investment  
Justification:**

Building & Sustaining Regional Collaboration via RHSOC

*If funded with FY18 Federal Grant Award what was the last major accomplishment/milestone was completed with FY18 funds?*

**C.6 FY18 Prior  
Accomplishments:**

Sustaining the operations of the software platform and providing training.

250 Character Limit

**C.7 Was any portion of  
the proposed project  
funded with FY17  
funds?:\***

Yes

**C.8 FY17 Investment  
Justification:**

Building & Sustaining Regional Collaboration via RHSOC

**C.9 FY17 Prior  
Accomplishments:**

Sustaining the operations of the software platform and providing training.

250 Character Limit

## **D. Deployable/Sharable Resources**

*Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.*

*Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).*

**D.1 Does this project  
fund resources that  
are:\***

NA

*If answered Deployable in question D.1 complete questions D.2-D.8.*

*If answered Shareable in question D.1 complete questions D.2-D.4.*

*If answered NA in question D.1 skip to Section E.*

**D.2 Item Name:**

**D.3 If sustaining  
deployable/sharable  
Homeland Security  
resource(s), describe  
how the project sustains  
each resource(s):**

250 Character Limit

**D.4 Special  
conditions/requirements  
on sharing the  
deployable/shareable  
resource(s):**

Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

*FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.*



**D.5 Is deployable resource NIMS Kind & Typed?:**

**D.6 Deployable Resources Kind & Type Name(s):**

Example: Mass Casualty Support Vehicle  
250 Character Limit

**D.7 Deployable Resources Kind & Type ID(s): (ID x-xxx-xxxx)**

Example: ID 3-508-1032 Vehicle  
250 Character Limit

**D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:**

250 Character Limit

## **E. Audit Details**

**E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?:\***

Yes

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

**E.2 Date last audit completed: MM/DD/YYYY\***

06/21/2019

If an agency has never had an audit, please enter the date of their last annual financial statement.

**E.3 By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit (or annual financial statement) in the Named Attachments section of this application:\***

Yes

## **F. Risk Assessment**

**F.1 Does the applicant agency have new personnel that will be working on this award?:\***

No

New personnel is defined as working with this award type less than 12 months.

**F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:\***

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**F.3 Does the applicant agency receive any direct Federal awards?:\***

Yes

Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.

**F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:\***

No

## **G. National Incident Management System (NIMS)**





**G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?:\***

Yes

**G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?:\***

Yes

**G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?:\***

Yes

**G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?:\***

Yes

**G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?:\***

Yes

**G.6 Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?:\***

Yes

**G.7 Has your agency designated a point of contact to serve as the principal coordinator for the implementation of NIMS?:\***

Yes

**G.8 Has your agency adopted NIMS terminology for the qualification,**

Yes



certification, and  
credentialing of incident  
personnel?\*

**G.9 Does your agency  
use the NIMS Resource  
Management Process  
during incidents?  
(identify requirements,  
order and acquire,  
mobilize, track and  
report, demobilize,  
reimburse and restock)\***

Yes

**G.10 Does your agency  
implement JIS for the  
dissemination of  
incident information to  
the public, incident  
personnel, traditional  
and social media, and  
other stakeholders?\***

Yes

**G.11 Does your agency  
use MAC Groups/Policy  
Groups during incidents  
to enable decision  
making among elected  
and appointed officials  
and support resource  
prioritization and  
allocation?\***

Yes

**G.12 Does your agency  
organize and manage  
EOC's and EOC teams  
consistent with  
pertinent NIMS  
guidance?\***

Yes

**G.13 Does your agency  
apply plain language  
and clear text  
communications  
standards?\***

Yes

**G.14 Does your agency  
develop, maintain, and  
implement procedures  
for data collection,  
analysis, and  
dissemination to meet  
organizational needs for  
situational awareness?\***

Yes

*If answered No to any questions G.1-G.14, please explain planned activities during grant period to strive towards being NIMS compliant.*

#### **G.15 Planned Activities:**

#### **H. Certified Assurances**

*To the best of my knowledge and belief, all data in this application is true and correct,  
the document has been duly authorized by the governing body of the applicant,  
and the applicant attests to and/or will comply with the following Certified Assurances  
if the assistance is awarded:*

##### *SHSP Certified Assurances*

**H.1 By checking this  
box, I have read and  
agree to the terms and  
conditions of this  
grant:\***



In order to be eligible for funding the correct Authorized Official must be designated and have knowledge of these Certified Assurances.  
**If the incorrect Authorized Official is listed or is left off this proposed application this application will be deemed ineligible for funding.**

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.

-If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official

-If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official

-If the applicant agency is a State Department, the Director shall be the Authorized Official

-If the applicant agency is a college/university, the President shall be the Authorized Official

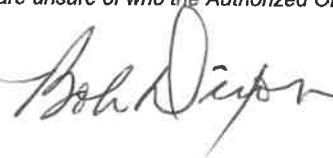
-If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, If applicable please upload copy of 501C3 in the Other Attachments section of this application

-If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official

-\*\*This is not an all-inclusive list if you do not fall into the above categories or are unsure of who the Authorized Official is for your agency please contact The Missouri Office of Homeland Security at (573) 522-6125\*\*

**H.2 Authorized Official  
Name and Title:\***

Bob Dixon, Presiding Commissioner



**H.3 Name and Title of  
person completing this  
proposed application:\***

Jonathan Ayres, Project Director

**H.4 Date:\***

05/14/2020

## Personnel

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities:	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

## Narrative Justification - Personnel

5000 Character Limit

## Personnel Benefits

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

## Narrative Justification - Benefits

5000 Character Limit



## Travel

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:
Region D WebEOC Trainings and Meetings	Lodging, Mileage	Mileage and Lodging	\$1,650.00	Emergency Management	Training	Travel
WebEOC Conference	Lodging, Per Diem/Meals, Vehicle Rental, Other (Parking, taxi, airfare, etc.)	Lodging, meals, airfare, parking, registration, vehicle rental for 5 people	\$14,525.00	Emergency Management	Training	Training workshops and conferences
			\$16,175.00			

## Narrative Justification - Travel

### Travel Justification

**Region D WebEOC End Trainings and Meetings:** This item is being requested for Missouri Region D WebEOC trainers that travel across the region to deliver end-user training to jurisdictions. Many of these trainers do so with personal vehicles; taking time off from their primary employer to deliver this training across the region. Also included in this category is mileage to attend meetings of the administrators of the Missouri Region D, Kansas City Metro, and

State of Missouri and other WebEOC Systems for planning and coordination of interoperability between the systems.

**WebEOC Conference:** Airfare, Lodging, Meals, Parking, Rental Car, and Rental Car Fuel funding is requested for training at the WebEOC Administrator Training / Conference that is conducted annually. The airfare, lodging, meals, parking, rental car and rental car fuel are listed for the Missouri Region D WebEOC Administration Team and the Missouri Region D WebEOC Advisory Committee to attend the conference. The Missouri Region D WebEOC Administration Team is a 4 member group; which maintains the Missouri Region D WebEOC System through programming, creation of new boards, user and permissions administration, reporting functions, development and coordinating end-user training. The Missouri Region D WebEOC Advisory Committee is a 5 person committee that sets policy and direction for WebEOC use within the Region. Travel is for 5 personnel, total, to attend the conference.

At the time of the grant application, we have not been provided the location for the 2021 conference. (Cost basis for this request was based upon costs incurred from the 2018 Conference.)

5000 Character Limit

## Equipment

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
				\$0.00				

## Narrative Justification - Equipment

5000 Character Limit





## Supplies/Operations

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
Other (computer, projector, chair, etc.)	WebEOC Annual Maintenance	1.0	\$26,000.00	\$26,000.00	Emergency Management	Equipment	Information Technology
Other (computer, projector, chair, etc.)	WebEOC Training Supplies	1.0	\$450.00	\$450.00	Emergency Management	Training	Supplies
				\$26,450.00			

## Narrative Justification - Supplies/Operations

**WebEOC Training Manual Printing:** This item is being requested for printing of training manuals for instructing end-users on operations of the Missouri Region D WebEOC System.

**WebEOC Annual Maintenance:** Items in this category include:

- \* Annual support and maintenance contract for WebEOC

- \* Web SSL (Security Certificates)

- \* Domain Name Renewal, public webspace and email services

- \* Web servers are hosted by Amazon AWS Cloud Infrastructure; which is also how the FEMA WebEOC deployment has been performed. This line item will sustain the costs to host the servers within Amazon AWS Cloud. This would also remove the future costs of upgrading any hardware, as this is a virtualized / cloud environment. Cost basis was determined based upon estimate from Amazon AWS Cloud Services.

5000 Character Limit

## Contractual

Item Name:	Type of Contract:	Contract Amount:	Discipline:	Function:	Allowable Activity:
		\$0.00			

## Narrative Justification - Contractual

5000 Character Limit



**Total Budget**

---

**Total Personnel:** \$0.00  
**Total Benefits:** \$0.00  
**Total Travel:** \$16,175.00  
**Total Equipment:** \$0.00  
**Total Supplies/Operation:** \$26,450.00  
**Total Contractual:** \$0.00  
**Total Project Cost:** \$42,625.00

**Named Attachments**

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Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)*	Audit Notes	Audit Notes fy19.pdf	pdf	34 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quotes or other cost basis				
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				

