# **OEM**

District Workshop 05/03/16

District Emergency Preparedness Training
Anthony B. Shelde Community Building
May 3, 2016

#### **AGENDA**

| 8:30am  | REGISTRATION/Continental Breakfast  |                              |
|---------|---|------------------------------|
|         | Welcome & Introductions - Administrative Announcements - Participants Introductions                                       | CSD & OEM                    |
|         | Interstate Presentation - Water damage 101 - Envirocheck – asbestos, lead, mold, sewage, smoke, etc.                      | Interstate<br>Representative |
|         | Grainger Demo - Sandbag presentation  | Grainger<br>Representative   |
|         | GRICUA Presentation   | GRICUA<br>Representative     |
|         | Damage Assessment Forms - Construction Crew Form - Rapid Damage Assessment Form - Individual Assistance Project Worksheet | OEM                          |
| 11:30am | LUNCH   |                              |
|         | GRIC Emergency Operations Plan/DREAP  | OEM                          |
|         | Monsoon Preparation  - Emergency Repairs  - Update Contact List  - Emergency Supplies  - Sandbags  - Resource Catalog     | OEM                          |
| 4:00pm  | - Thank you<br>- Evaluation Forms   |                              |

# **Staff Introductions**

### Tori Begay

### **Emergency Services Coordinator**

- Emergency Planning
- > Prepare reports, memos, documents, etc.
- Grant development, review, and associated reports
- Research and draft standard operating procedures
- Liaison with local, county, state and federal agencies

# Ervin Juan

#### **EPCRA** Coordinator

- Track TIER II facilities with Hazardous Substances and ensure insure information is shared with the community and public safety
- Right to know act to keep community informed about what is being held at these facilities through CTERC
- Facilitate C-TERC, represented each district and GRIC Departments, function is to review TIER II/FERP to ensure compliance
- Work closely with departments and agencies to ensure Community is kept aware and safe through education, training, and notification.
- GRIC is only tribe to have EPCRA program in place like ours

### **Judy Martinez**

Public Health Emergency Preparedness Coordinator

Collaborate and coordinate with Gila River Districts, Departments, and Programs to:

- Develop Public Health related Plans.
- Exercise Plans to improve processes/procedures.
- Manage and report on Gila River's Tribal Public Health Capabilities to the State Health Department.
- Participate in OEM activities, exercises, and response to events and emergency incidents.

### Donna Ethelbah

#### Administrative Assistant

- Office Manager
- Assist in budgets
- Responsible for purchase orders
- Orders and procures supplies
- Schedules meetings

### Laura Pacheco

Emergency Management Grant Specialist

- Apply Annually for Homeland Security Grants (THSG, SHSG, EMPG)
- Manage Open & Closed Grants
- Amendments, Budgets, Reporting, Inventory, Close Outs

### ADAM SAINZ

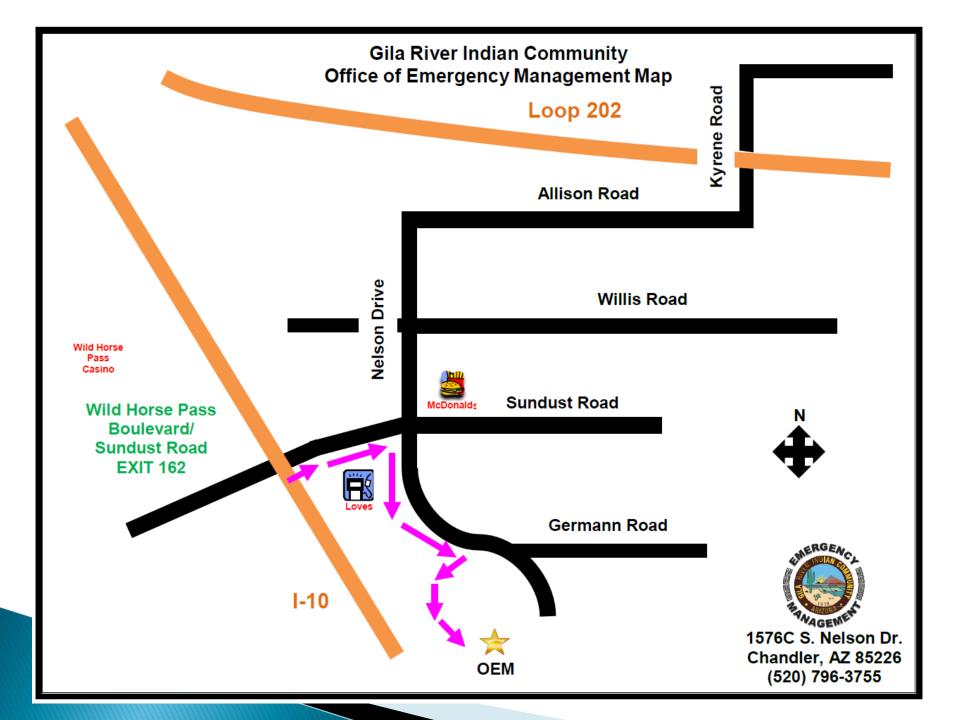
#### **EMERGENCY MANAGEMENT SPECIALIST**

- EMERGENCY RESPONSE PLANS
- DEPARTMENT, PROGRAM PREPAREDNESS
- ▶ Individual Assistance, Response & Recovery

# Beckilyn Gonzales

### **Emergency Operations Technician**

- > 14 years with OEM
- Oversee the OEM Training Program
- Individual Assistance Program
  - ➤ Damage Assessment Forms
  - Coordinate with all the Districts
- Public Assistance Program
  - ➤ Damages to District Service Centers/Infrastructures.
- > Technical Assistance to the Districts



- What is available
- Notification of OEM
- Activation of the EOC
- Emergency housing short term
- Emergency supplies
- Emergency repairs
- > Forms

- Prevention Actions reducing risk from humancaused incidents. This planning can help mitigate secondary/opportunistic incidents occurring after primary incident.
- Protection Reduces or eliminates threat to people...property...environment. Focused on adversarial incidents, protection of critical infrastructure, key resources...vital to security, public health & safety.

Mitigation – Activities which eliminate or reduce probability of disaster occurring. Includes long-term activities which lessen undesirable effects of unavoidable hazards.

 Preparedness – Serve to develop response capabilities needed in the event of an emergency. Planning and training are

REPARED,

activities of preparedness.

- Response Provision of emergency services during crisis.
   Help reduce casualties & damage, speed recovery.
   Includes evacuation, rescue, and similar operations.
- Recovery Short-term and long-term process.

**Short-term** operations restore vital services to district & provide for basic needs of community members, staff and visitors.

Long-term recovery focuses on restoring District to normal pre-disaster, or improved state of affairs. Also a time to institute future mitigation measures, particularly related to recent emergency.

### Recent History

- D4 Head Start
- Casa Blanca Community School
- Gila River Crossing
- Suicides/suicide attempts
- Hundreds of homes impacted in recent years
- Multiple district facilities impacted
- Roadway flooding
- Water/electrical outages

# Keys to Preparedness

- Preparation
  - Active process, need is there
- Training
  - NIMS Training
  - Staff education
  - Exercising the Plan
- Part of everyday activities
  - Staff meetings
  - Safety meetings
  - District exercises
- Having a Plan
  - Know the plan, it provides the foundation
  - Empower staff to do what is needed



### District Emergency Operations Plan

#### **DEOP**

- Have recently worked on several emergency plans
- Attempting to have similar layout
- Consistency is key across GRIC departments, programs, enterprises
- Plan will be submitted to CSD leadership for review and final draft

### **DEOP Standards**

- Template
  - Provides consistency
  - Public Safety awareness
- Succession Planning
- Delegation of Authority
- Documentation of planning activities
  - Annual memorandum
  - 3 year life cycle of plans



# Current Best Practices & Current Event Issues

- Education of the public
- Bomb threat protocol recent bomb scares
- Infectious diseases
- Active Assailant
- Recovery and/or Continuity of Operations Plan (COOP)



### The Plan (DEOP)

- Plan components
  - > Emergency Procedures
  - Appendices
  - >Annual review and documentation
  - ➤Inclusion of COOP overview

# **Emergency Procedures**

- Active Assailant (Avoid Deny Defend)
- Animals
- Assaults/Fights
- Bomb Threat
- Bomb Threat Checklist
- Van Incident
- Evacuation Checklist



- Fire
- Gas Leak
- General Emergency & Staff Responsibilities
- Hazardous Materials Event
- Intruder/Hostage
- Lockdown/Shelter-In-Place
- Media

# **Emergency Procedures**



- Radiological Event
- Resource Inventory
- Reverse Evacuation
- Serious Injury/Death
- Sheltering Procedures
- > Student Unrest

- Suicide
- Terrorist Event
- Update Report
- Weapons
- Weather
- District Specific Procedures?

### Annexes

- COOP
- First Aid Sign
- Instructions for Preliminary Damage Assessment
- Pandemic Influenza and Disease Response

- Public Information Release
- Rapid DamageAssessment
- Search and Rescue Team
- Staff Skills Survey and Inventory



### Adoption, Maintenance, Updates

- Form a planning team/safety team
- Make it a year long process
- Prepare your district
- Practice and test your plan
- Make changes to your plan



### **DREAP Review**

 Disaster Relief and Emergency Assistance Plan

# Emergencies/Disasters

- Determined by Governor's Declaration and/or significant emergency as determined by OEM
- Includes;
  - Fire
  - Flood
  - Wind
  - Disaster
  - Etc.

# Damage Reports Required

- Rapid Damage Assessment
  - Conducted by Districts
- Preliminary Damage Assessment (PDA)
  - Conducted by Districts
- Scope of Work Report
  - Conducted by Districts
  - Evaluated by OEM
  - Determines work to be completed and supports budget allocation

# **Emergency Measures**

- Temporary protective measures allowed under any circumstance
- Temporary measures are not considered permanent
- Are meant to only prevent additional damage

### Home Insurance

- Some homes are covered by insurance through their funding source
- Approximately 50% of all homes are not covered by insurance
- A small number of homes are covered by private insurance

### **Insured Homes**

- Are to be processed by funding type
- Are not eligible for assistance from DREAP funds for repairs
- Emergency measures will be supported by OEM if needed
- Emergency measures available through Insurance
- Requires claim to be submitted
- Insurance to dispatch adjuster to approve claim/scope of work
- Contractors solicited for work by program
- Contractors scheduled for work by program

### Uninsured Homes

- Approved costs covered by DREAP
- Eligible for owners only, not for renters
- Must not be substandard home as determined by Building Inspector or documented by Districts
- Does not cover pre-existing conditions
- Does not cover preventative maintenance issues

# Homeowner Responsibility

- Report Damages within 45 days to District
- Follow up with information requested
- Homeowner responsibility to make contact for needs
- Complete all paperwork
- Allow access to home for repairs

### District Responsibility

- Provide PDA to OEM
- Provide Scope of Work
- Prioritize Projects
- Determine ability to respond/repair
- Conduct Site Visits
- Determine if Insured/Non-insured
- Request additional assistance as required

### **OEM Responsibility**

- Coordinate Resources
- Order Supplies/Materials
- Establish Files
- Secure Funding
- Secure Contractors as Requested
- Request Information From Districts

### After the Storm

- > Files created for each project
- Costs documented
- Scope of work reviewed and compared to actual work completed
- Internal audit completed of costs
- Confirmation of work completed

### Communication Discussion

- What are the components of communication
  - Internal
  - External

### Communication

- Who is responsible?
- What can be stated?
- When does information need to go out
- Where does it go?
- Are there protocols?

**Notice Type: Informational** 

Lead: Impacted Department

- Informational communication is a general notice of activity, emergency or situation where only awareness level is needed.
- Incidents are generally managed by the responding department.
- The distribution list or target audience is based on general distribution lists as part of a department's standard operating guideline.

**Notice Type: Notification** 

Lead: Lead Department

- "Notification" level events are prearranged directives for providing information to key staff and departments.
- Some of these types of events may have the potential of requiring action of the stakeholders contacted or
- Activation at some level of the EOC or need to provide communication.

Notification Type: Activity Required/

**Activation of EOC** 

Lead: Lead Department/OEM

This emergency communication requires other forms of communication due to the action orientated tasks associated with the emergency or disaster.

**Notification Type: Pubic Information** 

Lead: CPAO/Assigned PIO

For certain instances, there is a need to inform the general public about a situation or emergency. This is led by the assigned PIO.

# Communication Chain for Emergency Communication

#### **Communication Chain for Emergency Communication**

Governor / Lt. Governor
CPAO
Office Community Manager/CPAO/OEM
Division Managers/CPAO/OEM
Department Directors/CPAO/OEM

- When contacted with information a decision must be made to move the information up the chain.
- Until CPAO assumes the PIO role, OEM (during activations/declarations) will be charged with making contact with officials.
- Upon assumption of the PIO, CPAO assumes responsibility for providing updates on the behalf of GRIC or the EOC.
- Additional staff/officials to be added to the distribution of information as determined by the PIO/EOC Manager/CPAO.
- Contact with elected officials (Community Council) to be coordinated through CPAO unless other arrangements have been determined.
- Each Department will remain responsible for their own communication needs unless assistance has been requested.

# Potential Impacts to Assistance

- Not covered
- Includes lack of preventative maintenance
- Improper installation
- Obvious previous damage
- Old, degraded shingles
- Rotten wood, plywood
- Etc.

- Not built to code
- Homeowner additions
- Shacks
- Homes meant to be leveled
- Homes previously damaged to the point they were considered destroyed
- Dilapidated buildings

Pre-Existing

Sub-Standard Homes

# Insurance Role

- Requires notification of appropriate program by District
  - Name/Address
- Based on PDA
- They schedule adjuster/work
- Follow up needed by District/Program
  - District to keep OEM informed
- Deductible required
- Personal insurance = Only emergency measures available by OEM

# **OEM Role**

- Support activities out in the field
- Provides for emergency purchases
- Documents incident and creates reports & updates
- Follow DREAP
  - Refusal protocol
  - Emergency, temporary and short term housing
  - Process for repairs

# **District Role**

- Incident Command you are in charge of your District
- Documentation
- Follow up with customers/maintain contact
- Schedules work by crews
- Quality assurance
- SOW/PDA
- Contractor contact
- Communicate on a daily basis with all x 2

# District Repair Work

- Protective in nature
- Temporary
- No documentation needed
- Supplies to be on hand
- Conducted immediately
- Homeowner approval

- Permanent
- Requires:
  - Scope of work (SOW)
  - Project Estimation
  - Timelines
  - All forms to be completed
  - Homeowner approval

**Emergency Measures** 

Permanent Repairs

# Why the Process

- Documents activity/expenses
- Provides information to decision makers
- Returns families back to normalcy quickly
- Identifies unmet needs in the community
- Coordinates resources

### **OEM Matrix**

- # Homes
- # Driveways/Roads
- # Septic Systems
- Minor Major Destroyed
- Name Head of Household
- Address
- Insurance Status

# Preliminary Damage Assessments - PDA's

- Rapid assessment of what is going on in District
- Paints picture of the District
- Initiates documentation
- Prioritizes work
- Less than 24 hours

### Communication

- At least daily x 2
- Daily updates to matrix
- Delegation of authority at all times

# Typical Issues

- Matrix documentation updates/corrections
- Displaced family
- Pre-existing/lack of preventative maint.
- Regular updates
- Lack of information/response to inquiries
- Timelines/action plans
- Hotel placement
- Food
- Overtime vs normal payroll
- Emergency purchases/supplies
- Descriptions lacking pictures speak a thousand works

# Typical Issues cont.

- EOC attendance
- Delegation of authority
- Definitions of key terms (minor, major, destroyed)
- Blanket purchase orders vs. quoted PO's
- After the Incident (ATI) reimbursement
- Return of resources
  - In working order
  - Timely
  - i.e.; 25 cots @ \$100 each
  - Districts responsible for lost/damaged resources

# Damage Assessment Forms



#### INDIVIDUAL ASSISTANCE PROJECT MATRIX

| Declaration                         | #•                  | Inclue        | cident #: Prepared by:  |  |  |                   |               |             |          |  |
|-------------------------------------|---------------------|---------------|---|--|--|-------------------|---------------|-------------|----------|--|
| District #: _                       |                     |               | _ I   | District Contact Name:   |  |                   |               |             | Phone #: |  |
| Owner<br>(Last name, first<br>name) | Physical<br>Address | Proj. # (OEM) | Assistance Requested Driveway (D) Sandbages (S) Emerg. Measures (E) Permanent Repairs (P) | Level of Damage Destroyed (D) Major (M) Minor (Mi) Affected(A) | Status Scheduled(S) In Progress(I) Complete(C) | Insured<br>Yes/No | Start<br>Date | End<br>Date | Comments |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |
|                                     |                     |               |   |  |  |                   |               |             |          |  |

INFORMATION PROVIDED BY DISTRICT STAFF OR DAMAGE ASSESSMENT TEAM WILL BE SUMMARIZED ON A WEEKLY BASIS BY OEM STAFF.



### Rapid Damage Assessment

### \* Construction Crew Form\*

| Prepared By: | Date: |  |  |
|--------------|-------|--|--|
|              |       |  |  |

Step #4: Identify the name and address of the home owners that have been affected and describe the severity of damages. Please <u>NOTE</u> any immediate needs that may need to be addressed.

| Facility/Home<br>Name | Minor<br>Damage<br><\$2500 | Major<br>Damage<br>> \$2500 | Destroyed<br>>50%<br>Value | RHIP/<br>DHD | Description/Comments |
|-----------------------|----------------------------|-----------------------------|----------------------------|--------------|----------------------|
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
|                       |                            |                             |                            |              |                      |
| Roads                 |                            |                             |                            |              |                      |
| Ball Fields           |                            |                             |                            |              |                      |
| Farms and Ranches     |                            |                             |                            |              |                      |
| Schools               |                            |                             |                            |              |                      |
| Other:                |                            |                             |                            |              |                      |



### Rapid Damage Assessment (Public/Individual)

| Reporting District/Department:   |                  |                      |                 |  |  |  |  |  |
|--|------------------|----------------------|-----------------|--|--|--|--|--|
| Prepared By:   |                  |                      | Dat             | Date:  |  |  |  |  |
| Area Assigned:(District, Village, etc.)  |                  |                      | Nat             | rure of Incident: (Flood/Monscon/Rain/Wind/Fire/Other) |  |  |  |  |
| Step #1: Identify  | any immediat     | te <u>Life Safet</u> | y Issues pertai | ning to the emergency.                                 |  |  |  |  |
| Life Safety Issues   | # Confirmed      | #Reported            | Location/Area   | Problem Overview                                       |  |  |  |  |
| Trapped  |                  |                      |                 |  |  |  |  |  |
| Injured  |                  |                      |                 |  |  |  |  |  |
| Deceased   |                  |                      |                 |  |  |  |  |  |
| # of homes<br>impacted   |                  |                      |                 |  |  |  |  |  |
| # People Without<br>Homes  |                  |                      |                 |  |  |  |  |  |
| Evacuation Need / Ev   | vacuation Status | /Shelter Need        | 5:              |  |  |  |  |  |
| Description of Imminent Hazards to Personnel/Facilities:   |                  |                      |                 |  |  |  |  |  |
| Identification of Limits to Disaster Area After Assessment:  |                  |                      |                 |  |  |  |  |  |
| Step #2: Identify and describe all <u>Lifeline or Utilities</u> that are currently functioning or non-functioning. |                  |                      |                 |  |  |  |  |  |

| Lifeline                        | Functioning | Non-Functioning | Description of Problem/Location/Hazards/Needs/Limits                          |
|---------------------------------|-------------|-----------------|---|
| Electricity                     |             |                 | ID systems not functioning, location of outage                                |
| Gas                             |             |                 |   |
| Senrer                          |             |                 |   |
| Water                           |             |                 |   |
| Telephone                       |             |                 | Cell phones, landlines, GRTI system   |
| Transportation<br>System/Routes |             |                 | (Location, type, cause of closure, include estimated time to open; railroads) |

#### Step #3: Identify and describe the Facility that is currently functioning or non-functioning.

| Facility        | Functioning | Non-Functioning | Description of Problem /Location/Needs                               |  |  |
|-----------------|-------------|-----------------|--|--|--|
| Fire Station    |             |                 |  |  |  |
| EMS Station     |             |                 |  |  |  |
| Police Station  |             |                 |  |  |  |
| Hospital/Clinic |             |                 |  |  |  |
| Shelters        |             |                 | Where established/needed   |  |  |
| Service Center  |             |                 | ID which District Service Center are not functioning and why         |  |  |
| Schools         |             |                 | Which schools not functioning and why                                |  |  |
| MIS             |             |                 | Management Information Systems: Inter/Intranet, Phone, Server System |  |  |

Step #4: Identify the name and address of the home owners that have been affected and describe the severity of damages. Please <u>NOTE</u> any immediate needs that may need to be addressed.

| Facility/Home Name & Address: additional sheets if needed | Minor<br>Damage<br><\$2500 | Major<br>Damage<br>> \$2500                      | Destroyed<br>>50%<br>Value                       | Comments                            |
|---|----------------------------|--|--|-------------------------------------|
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  | <u> </u>   |                                     |
|   |                            | <b>_</b>   | <u> </u>   |                                     |
|   |                            |  |  |                                     |
|   |                            | $oxed{oxed}$                                     |  |                                     |
|   |                            |  |  |                                     |
|   |                            |  | <b></b>  |                                     |
|   |                            |  |  |                                     |
| Cometery  |                            | $\vdash$   |  |                                     |
| Parks, Roads, etc.  |                            | <del>                                     </del> | <del>                                     </del> | C                                   |
| Commercial Property<br>Farms and Kanches                  |                            |  |  | Commercial/Industrial               |
| rarms and Kanches   |                            |  | oxdot  | Buildings, Crops, Poultry/Livestock |

Step #5: Please identify any emergency Resources listed below that will need to be deployed.

| Resources                      | Comments/Needs                                   |
|--------------------------------|--|
| Search and Rescue              |  |
| Fire Services                  | GRFD   |
| EMS                            | Emergency Medical Services                       |
| Law Enforcement                |  |
| Public Works                   |  |
| Transportation                 | GRIC DOT/Ambulance/Shuttling/Roadway debris/etc. |
| Electrical Power               | GRICUA/SRP/APS/Emergency Generators              |
| Gas Utilities                  | Southwest Gas/El Paso Natural Gas                |
| Water Utilities                |  |
| Telephone/Cell                 |  |
| MIS                            | Management Information Systems                   |
| Building Safety                |  |
| Emergency Housing Food / Water | How many? Location?                              |
| Food / Water                   | *  |
| Dialysis                       |  |
| Medicine                       |  |
| Other; please list             |  |

#### PROJECT WORKSHEET

#### Homeowner Release

| Head of Household Name:   |  |
|---|--|
| Physical Location:  |  |
| (Owner/Occupant to Initial)   | each box that applies)   |
| I am the legal owner/occupant of the dwelling ident   | ified on this project worksheet.   |
| I give permission for the District/Office of Emergevaluate my dwelling identified on this project wor permanent work. This does not imply all items ide   | ksheet for needed emergency work and/or  |
| I understand that any work being completed will need to b   | e approved and in accordance with emergency  |
| procedures under the direction or coordination of the Dist  | rict and/or the Office of Emergency Management,  |
| which includes the Insurance process. The work and activ  | ities will be identified in the scope of work and be   |
| conducted in good faith by the contractors, employees, in:  | surance contractors, or others acting under the  |
| coordination by the District, Insurance and/or the Office of  | f Emergency Management.  |
| I request the District and/or the Office of Emergence purchase materials listed on the Project Worksheet and (District Staff to follow-up to ensure)I decline emergency assistance under programs Emergency Management. Declining assistance (sw stop any further assistance as a result of this incide | d I will complete the repairs. repairs were completed) managed or coordinated by the Office of the as repair work or emergency housing) will |
| Head of Household Designee  | Date   |
| Homeowner   | Date   |
| District Representative   | Date   |

### PROJECT WORKSHEET

### Individual Assistance Damage Description/Scope of Work

| Declaration#:   | Project#:              | District:                     | G.R.I.D#:                     |           |
|---|------------------------|-------------------------------|-------------------------------|-----------|
|   |                        | t be provided by home         |                               |           |
| 1) Individual Information:                                |                        |                               |                               |           |
| A. Head of Household Name:                                |                        |                               |                               | _         |
| B. Property Owner: Yes No                                 |                        |                               |                               |           |
| C. Malling Address:                                       |                        |                               |                               |           |
| D. Phone Number:  |                        | ☐ Home ☐ Wo                   | rk □ Message                  |           |
| E. Physical Location:                                     |                        |                               |                               | _         |
| F. Rental Unit: Yes No (Rental                            | not covered in perm    | ianent work)                  |                               |           |
| 2) Dwelling Information:                                  | 4                      | A 47 CC                       | Ann FEL:                      |           |
| A. Total Number in Household:                             | Age 0-10:              | Age 17-55:                    | Age 551:                      |           |
| B. Type of Dwelling: Frame M  Other Describ               |                        | co/mind sandwic               | i House     masonry/block     |           |
| C. Number of Bedrooms: 1 2                                |                        |                               | _                             |           |
| D. Insurance: Yes No                                      |                        |                               |                               |           |
|   |                        | and the assessment of the Pol | -14-1                         |           |
|   | TE: Steps 3 and 4 mi   | ust be completed by Dis       | stnct                         |           |
| 3. Damage Assessment:                                     |                        |                               | 7 Dantes and 10 are 5001 Dans |           |
| A. Extent of Damage: Milnor (Below                        |                        |                               |                               | igea)     |
| B. Does the family need temporary or                      |                        |                               | tbags, evaluation, etc.)      | □ No      |
| Describe:   | aneigency science / ii | lousing:    res (ii yes       | wito is providing science:)   | _ NO      |
| C. Does the family have any special ne                    | eds such as medicin    | e transportation etc.?        | □ Ves □ Nh                    | _         |
| Describe:   | .coo ocon co median    | c, suroportation, cto         |                               |           |
| D. Can emergency / temporary repairs                      | be done within 3 day   | s?∏Yes ∏No                    |                               | _         |
| If so, who will be doing the rep                          |                        |                               |                               |           |
|   | Rain Hal               | I Flood / Flash               | Flood Explosion               | Fire      |
| ☐ Other Descri  |                        | _                             |                               |           |
| F. Damage to: Roof  | Celling                | Windows                       | ☐ Doors ☐ Walls               | _         |
| Floors  | Water Supply           | Sewer/Septic System           | Appliances Electrica          | al System |
| Personal Effects"   | Furnishings*           |                               |                               |           |
| ☐ Property/Driveway D                                     | escribe:               | Utilitie                      | s Describe:                   |           |
| Other Describe:   |                        | (Plea                         | se provide/attach pictures)   |           |
| *These are not reimbursable by DREA                       | P funding              |                               |                               |           |
| 4) Approval and Necessary Forms (                         |                        |                               |                               |           |
| A. Is Individual Assistance Approved?                     |                        |                               |                               |           |
| District Official:  |                        | Date:                         |                               |           |
| Insurance Official:                                       |                        | Date:                         |                               |           |
| OEM Official:   |                        | Date:                         |                               |           |
| B. Is Homeowner Release completed/o                       |                        |                               |                               |           |
| <ul> <li>C. Is the home categorized as substan</li> </ul> | dard by any GRIC en    | tttv? □ Yes □ No              |                               |           |

#### PROJECT WORKSHEET

### Individual Assistance Damage Description / Scope of Work

| Prepared                            | Ву:                               | Date:  |   |  |  |  |  |
|-------------------------------------|-----------------------------------|--|---|--|--|--|--|
| Address o                           | of Assessment_                    | District:  | District  |  |  |  |  |
| permissio                           | on for work to                    |  | ge Description / Scope of Work and give<br>k including the removal of all debris and<br>(Owner / Occupant to Initial) |  |  |  |  |
|                                     |                                   | Emergency Measures – Quantity Nee                      | ded/Provided  |  |  |  |  |
| Sa                                  | andbags                           |  |   |  |  |  |  |
| Roof                                | Protection                        |  |   |  |  |  |  |
| -                                   | Vindow/<br>Protection             |  |   |  |  |  |  |
| Flood Waters<br>Drainage/Removal    |                                   |  |   |  |  |  |  |
|                                     | d/Driveway                        |  |   |  |  |  |  |
| Misc.//                             | Other Areas                       |  |   |  |  |  |  |
|                                     |                                   |  |   |  |  |  |  |
| Cirole                              | f Impaoted                        | Damage Decoription<br>(Size, Square Footage, Location) | Scope of Work / Needs<br>(REQUIRED If circled)  |  |  |  |  |
| Prop<br>Debris<br>Driveway<br>Fence | perty/Land<br>Drainage<br>Roads   |  |   |  |  |  |  |
| Utilities                           |                                   |  |   |  |  |  |  |
| Electrical                          | Sewer/Septic<br>Gas/Propane       |  |   |  |  |  |  |
| E                                   | Exterior                          |  |   |  |  |  |  |
| Walls<br>Windows<br>Doors           | Roof<br>Carport/Garage<br>AC Unit |  |   |  |  |  |  |

| Circle If Impacted |                            | Damage Decoription<br>(Size, Square Footage, Location) | Scope of Work / Needs<br>(REQUIRED If circled) |
|--------------------|----------------------------|--|--|
|                    | Ritohen                    |  |  |
| Floor              | Doors                      |  |  |
| Celling            | Furniture                  |  |  |
| Walls              | Belongings                 |  |  |
| Ap                 | pilanoes                   |  |  |
| Range              | Washing Machine            |  |  |
| Dryer              | Water Heater<br>Dishwasher |  |  |
|                    | Distribution .             |  |  |
|                    | ing Room                   |  |  |
| Floor              | Doors                      |  |  |
| Celling<br>Walls   | Furniture<br>Belongings    |  |  |
| wais               | belongings                 |  |  |
|                    | ing Room                   |  |  |
| Floor              | Doors                      |  |  |
| Celling<br>Walls   | Furniture<br>Belongings    |  |  |
| wais               | belongings                 |  |  |
|                    | edroom 1                   |  |  |
| Floor              | Doors                      |  |  |
| Celling<br>Walls   | Furniture<br>Belongings    |  |  |
| wais               | belongings                 |  |  |
| Ве                 | edroom 2                   |  |  |
| Floor              | Doors                      |  |  |
| Celling            | Furniture                  |  |  |
| Walls              | Belongings                 |  |  |
| Be                 | edroom 3                   |  |  |
| Floor              | Doors                      |  |  |
| Celling<br>Walls   | Furniture                  |  |  |
| wais               | Belongings                 |  |  |
| Be                 | edroom 4                   |  |  |
| Floor              | Doors                      |  |  |
| Celling<br>Walls   | Furniture<br>Belongings    |  |  |
| wais               | belongings                 |  |  |
|                    | Bath 1                     |  |  |
| Floor              | Doors                      |  |  |
| Celling            | Furniture                  |  |  |
| Walls              | Belongings                 |  |  |
|                    | Bath 2                     |  |  |
| Floor              | Doors                      |  |  |
| Celling<br>Walls   | Furniture                  |  |  |
| wais               | Belongings                 |  |  |
|                    |                            |  |  |

Activity Log: Time District Staff Comments



# Questions

Thank You!