

**COUNTY OF SUMMIT  
EMERGENCY MANAGEMENT AGENCY  
SPECIAL PROJECTS GRANT APPLICATION**

**GENERAL INFORMATION:**

Applicant's Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone and Fax Numbers: \_\_\_\_\_

**Attach Mission Statement for Group(s):** \_\_\_\_\_

**PROJECT INFORMATION:**

Proposed Project Name: \_\_\_\_\_

Total project cost: \_\_\_\_\_

**Amount of Special Project Grant funds requested:** \_\_\_\_\_

**QUESTIONS:**

1. Identify all phases of the following four Federal Emergency Management Agency's General Provisions under O.R.C. 5915.01(see attached definitions). Justification of identified phases must be included in Question #2.

\_\_\_\_\_ MITIGATION  
\_\_\_\_\_ PREPAREDNESS  
\_\_\_\_\_ RESPONSE  
\_\_\_\_\_ RECOVERY

2. Describe in detail the proposed project. A description of the identified phases of Emergency Management (Question #1) must included in this description: \_\_\_\_\_

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3. Supply the detailed hazard analysis (as attached):

4. Describe the long-term benefits of this project: \_\_\_\_\_

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5. Please detail the conditions which pose a serious and immediate threat to the health or welfare of the County and when the urgent need originated. Estimate the number of persons who will benefit from this project and provide documentation, which supports your figures. \_\_\_\_\_

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6. Please provide an estimated timetable for the project including completion.

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➤ Failure to meet project schedule may result in termination of the agreement for approved projects. Changes to the project schedule must be approved in writing by the Summit County Emergency Management Executive Committee.

7. **Financial Resources:**

Local in-Kind Contributions	\$ _____	_____ %
Local Public Revenues	\$ _____	_____ %
Local Private Revenues	\$ _____	_____ %
Other Revenues	\$ _____	_____ %
Subtotal Local Resources	\$ _____	_____ %
EM Funds Requested	\$ _____	_____ %
Total Project Funding	\$ _____	_____ %

**APPLICATION AUTHORIZATION:**

The undersign certifies that (1) he/she is legally authorized to request and accept financial assistance from the Summit County Emergency Management Executive Committee; (2) that to the best of his/her knowledge, all representations that are part of this application are true and correct; (3) that all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant. Action to the contrary may result in termination of the agreement.

\_\_\_\_\_  
Certifying Representative  
(Type Name and Title)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HAZARD IDENTIFICATION AND CAPABILITY ASSESSMENT

1. What is the hazard that will affect Summit County? \_\_\_\_\_
2. Is this hazard a significant threat to Summit County? \_\_\_\_\_
3. How often does this hazard occur in Summit County? \_\_\_\_\_

- A. Please provide a 5-year history: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## EMERGENCY MANAGEMENT AGENCY WILL PROVIDE BASED ON CURRENT HAZARD ANALYSIS

4. What is your best estimate of the total population that could be seriously affected by this hazard? (Consider peak population, if appropriate.) \_\_\_\_\_

5. What is the level of involvement in Summit County by your group in the following activities?:

Please mark A, B, C, or D in the spaces provided.

- A. Has principal coordinating role.
- B. Does not have the lead role, but is actively involved.
- C. Has no involvement.
- D. Has no responsibility in this area.

- \_\_\_\_\_ Hazard mitigation
- \_\_\_\_\_ Emergency preparedness
- \_\_\_\_\_ Emergency response operations
- \_\_\_\_\_ Long-range recovery after an event

6. Is your current staffing adequate to carry out assigned project responsibilities?  
Please mark A, B, C, or D for each

- A. Yes
- B. Need 1 additional
- C. Need 2 additional
- D. Need 3 or more additional

- \_\_\_\_\_ Paid full time professional
- \_\_\_\_\_ Paid full time clerical
- \_\_\_\_\_ Paid part time professional
- \_\_\_\_\_ Paid part time clerical
- \_\_\_\_\_ Volunteers

Please provide roster with level of education/certificate, which is appropriate for proposed project.

7. Please provide a Table of Organization for your group.

A. Please indicate who is responsible for all project paperwork. \_\_\_\_\_

8. Is the proposed project consistent with the Summit County Emergency Operations Plan?

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A. If yes, under what annex? \_\_\_\_\_

9. Please list resources and placement of these resources: \_\_\_\_\_

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