

JAN. 7.1995 8:56PM

APPENDIX I

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FEDERAL EMERGENCY MANAGEMENT AGENCY MISSION ASSIGNMENT (MA)		See reverse side for Paperwork Burden Disclosure Notice	C.M.B. NO. 3067-0278 Expires February 29, 2004
<b>I. TRACKING INFORMATION (FEMA Use Only)</b>			
State: FL (Florida) Incident: 2004081102-Tropical Storm Bonnie and Hurricane Charley		Action Request #: 42-15678	
Program Code/Event #: 1536DR-TROPICAL STORM BONNIE AND HURRICANE CHARLEY		Date/Time Rec'd: 08/15/2004 13:39	
<b>II. ASSISTANCE REQUESTED</b>			
Assistance Requested: Deploy AmeriCorps Teams to Florida to assist in the tarping of roofs, clean up of debris, and assist in operating warehouses and call centers for donations in support of relief of hurricane Charley for elderly and disabled residents.			
Quantity: 1 (Each)	Date/Time Required: 05/13/2004	Internal Control #: DFO-147	
Delivery Location: State of Florida, 00000			
Initiator/Requestor Name: Ken Skaltzky		24-hour Ph. #: (404) 908-5197	Date: 08/15/2004
POC Name: Arno, Jon B		24-hour Ph. #: (770) 720-5620	Date: 08/15/2004
* State Approving Official (Required for DFA and TA): FRANK KOUTNIK			Date: 08/15/2004
<b>III. INITIAL FEDERAL COORDINATION (Operations Section)</b>			
Action to:	<input type="checkbox"/> ESF #: <input checked="" type="checkbox"/> Other:	Date/Time: 08/15/2004 13:34	Priority: <input type="checkbox"/> 1 Lifesaving <input checked="" type="checkbox"/> 2 Life sustaining <input type="checkbox"/> 3 High <input type="checkbox"/> 4 Medium <input type="checkbox"/> 5 Normal
<b>IV. DESCRIPTION (Assigned Agency Action Officer)</b>			
Mission Statement: Your agency is responsible for submitting a Mission Assignment Monthly Progress Report to FEMA to include cost data when Mission Assignments take more than 60 days to complete, including billing. The Mission Assignment Monthly Progress Report can be accessed and submitted on-line at <a href="http://www.fema.gov/om/afed_agencies.htm">www.fema.gov/om/afed_agencies.htm</a> . The new ALC number can also be accessed at the web address.			
Deploy AmeriCorps Teams to Florida to assist in the tarping of roofs, clean up of debris, and assist in operating warehouses and call centers for donations in support of relief of hurricane Charley for elderly and disabled residents.			
Assigned Agency: CNCS (CORP. FOR NATL COMM. SVC.)		Projected Start Date: 08/13/2004	Projected End Date: 08/30/2004
<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amendment to MA #:		Total Cost Estimate: \$225,000.00	
Assigning Agency POC Name: AMERU CORPS		Phone and fax #s: (404) 331-1192	
<b>V. COORDINATION (FEMA Use Only)</b>			
Type of MA:	<input checked="" type="checkbox"/> Direct Federal Assistance State Cost Share (0%, 10%, 25%)	<input type="checkbox"/> Technical Assistance State Cost Share (0%)	<input type="checkbox"/> Federal Operations Support State Cost Share (0%)
State Cost Share Percent: 25.0%		State Cost Share Amount: \$56,250.00	
Fund Citation: 2004-06-1536DR-0044-XXXX-2506-D		Appropriation code: 70X0762	
Mission Assignment Coordinator (Preparer): CATHERINE SANTANA		Date: 08/15/2004	
** FEMA Project Officer/Branch Chief (Program Approval): JON ARNO		Date: 08/15/2004	
** Comptroller/Funds Control (Funds Review): BUTERBAUGH, SHIRLEY L.		Date: 08/15/2004	
<b>VI. APPROVAL</b>			
* State Approving Official (Required for DFA and TA): FRANK KOUTNIK		Date: 08/15/2004	
** Federal Approving Official (Required for all): CONRAD BURNSIDE		Date: 08/15/2004	
<b>VII. OBLIGATION (FEMA Use Only)</b>			
Mission Assignment #: 1536DR-FL-CNCS-01	Amt. This Action: \$225,000.00	Date/Time Obligated:	
Amendment #: 00	Cumulative Amt: \$225,000.00	Initials:	
* Signature required for Direct Federal Assistance and Technical Assistance Mission Assignments. ** Signature required for all Mission Assignments.			

FEMA Form 90-128, Oct 02

REPLACES ALL PREVIOUS EDITIONS

Mike De Lorenzo

ORIGINAL

APPENDIX II

**Proposed Florida State Parks AmeriCorps Budget**

Based on 30 day projection @ 40 CM's

**Traveling in state-owned service vans to SW Florida**

Food cost (\$21.00 per day X 40 cm's X 30 days)	\$ 25,200
Laundry (\$ 5.00 per week X 4 weeks X 40 cm's)	\$ 800
FSP AmeriCorps lodging costs: \$ 40 per night per 40 cm's = \$ 1,600 X 30 days = <i>Hotel rooms are based on 3 cm's per room</i>	\$ 48,000
16000 miles @ 12 MPG = 1,333 gal @ \$ 2.10 =	\$ 2,800
Equipment: (Chainsaws, hammers, loppers, rakes, PPE, crowbars, air mattresses etc.) \$ 14,000 <i>\$2,800 per district team</i>	
Communication expenses:	\$ 200
<b>Florida State Parks AmeriCorps Total</b>	<b>\$ 91,000</b>
<b>FSP &amp; NCCC Total budget</b>	<b>\$225,000</b>

**TASKS:**

**Covering (wrapping and nailing) damaged homes with visquine.**

**Warehouse assistance at relief centers including sorting, organizing, loading supplies and distribution.**

**Debris removal (lots of this) Help elderly and disabled and those in need.**

**Shelter Operations and Mass Care.**

APPENDIX III

TO: ALL Bureau Chiefs and  
Assistant Bureau Chiefs

FROM: Deborah Burr, State Program Director  
Florida State Parks AmeriCorps

SUBJECT: Coordinators' WORK PLAN for Disaster Recovery Deployment

DATE: August 27, 2004

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This memo serves as guidance in order to streamline overtime accrued during the AmeriCorps Disaster Recovery Deployment for all program staff (Coordinators).

Established work hours begin at 6:45 AM with lunch from 12 PM – 1 PM. The work day typically ends at 5 PM when we arrive back to camp. That results in an average of 10.25 hours a day for our FEMA Mission.

Two to three times a week one Coordinator (on rotation) will take 5-7 members on a grocery store trip. The food purchases are being bought for all five districts from a prepared list. Each trip to the grocery store takes up to 2 hours.

Supplies are bought on an as needed basis. For example, knee pads for roofing, sweatbands for use under hardhats, extra ladders etc. These supply purchases usually occur after 5 PM due to the need for project supervision. Each supply trip takes approximately 2 hours and they are made about twice a week.

Coordinators have a designated day off during the 7 day pay period. On Sundays, Don Dutcher and Cindy Fleming have off with their team and on Mondays, John Staub and Kenneth Holmes have the day off with their team. I have also taken a day off on Thursdays, the last day of the pay period with a travel day on each side.

Team Meetings are planned for at least once a week on Wednesdays. If another meeting is needed between Wednesdays, one will be scheduled as needed. Each meeting takes about 2 hours.

The Coordinators have additional days off to make a trip home to take care of personal business during the pay period of August 27, 2004. Each Coordinator has one day off with a travel day on each end of that for a total of three days.

Administrative responsibilities for each Coordinator (PCards receipts, email etc.) are usually done before 5 PM.

Most of these extra tasks (grocery store, supplies admin etc.) can not be done during the 7 AM – 5 PM work day because of the need for supervision on the project sites. As a result of giving days off, we are down to three Coordinators during the days and after September 3<sup>rd</sup>; Kenneth Holmes will be on Family Leave and will not return.

On average, All Coordinators should accrue up to 60 work hours per pay period because of the support tasks needed by each on a rotation basis. Any additional time must be approved by Deborah Burr and Phil Werndli upon consultation with the District Chiefs.

Cc: Phil Werndli



## Traumatic Incident Stress: Information for Emergency Response Workers

*From the National Institute for Occupational Safety and Health*

Disasters take many forms and demand quick response from emergency workers. They may include natural disasters such as earthquakes or hurricanes, or they may involve manmade disasters such as technological failures or terrorist attacks. As a member of an emergency response team, you and your team members are at risk of experiencing what psychologists refer to as a traumatic incident—an incident that may involve exposure to catastrophic events, severely injured children or adults, dead bodies or body parts, or the loss of colleagues, for instance.

***Traumatic incidents can produce unusually strong emotional reactions that may interfere with your ability to function at the scene or later:***

You may experience any of the physical, cognitive, emotional, or behavioral symptoms listed below in Table 1. Some people experience emotional aftershocks weeks or months after they have passed through a traumatic event. Others may experience these reactions while still at the scene, where they must stay clearly focused on constantly changing hazards to maintain their own safety and to rescue injured victims.

***Remember that strong emotions are normal reactions to an abnormal situation!***

**Table 1.—Symptoms of stress that may be experienced during or after a traumatic incident**

Physical*	Cognitive	Emotional	Behavioral
Chest pain*	Confusion	Anxiety	Intense anger
Difficulty breathing*	Nightmares	Guilt	Withdrawal
Shock symptoms*	Disorientation	Grief	Emotional outburst
Fatigue	Heightened or lowered alertness	Denial	Temporary loss or increase of appetite
Nausea/vomiting	Poor concentration	Severe panic (rare)	Excessive alcohol consumption
Dizziness	Memory problems	Fear	Inability to rest, pacing
Profuse sweating	Poor problem solving	Irritability	Change in sexual functioning
Rapid heart rate	Difficulty identifying familiar objects or people	Loss of emotional control	
Thirst		Depression	
Headaches		Sense of failure	
Visual difficulties		Feeling overwhelmed	
Clenching of jaw		Blaming others or self	
Nonspecific aches and pains			

\*Seek medical attention immediately if you experience chest pain, difficulty breathing, severe pain, or symptoms of shock (shallow breathing, rapid or weak pulse, nausea, shivering, pale and moist skin, mental confusion, and dilated pupils).

### Additional Resources

**Disaster Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA).**

<http://www.mentalhealth.org/cmhs/EmergencyServices/index.htm>

Tips for Talking About Disasters, SAMHSA.

<http://www.mentalhealth.org/cmhs/EmergencyServices/after.htm>

Self-Care Tips for Emergency and Disaster Response Workers, SAMHSA.

<http://www.mentalhealth.org/cmhs/EmergencyServices/response.htm>

Related Links, SAMHSA.

<http://www.mentalhealth.org/cmhs/EmergencyServices/links.htm>

**National Center for Post Traumatic Stress Disorder (PTSD), Department of Veterans Affairs.**

<http://www.ncptsd.org/>

Disaster Mental Health: Dealing with the Aftereffects of Terrorism. Brief Information for the Public and the Professional.

National Center for PTSD, Veterans Affairs

<http://www.ncptsd.org/disaster.html>

St. Laurent, D. (1996). The nutritional needs of rescue teams. *Emergency Preparedness Digest*, April-June, pp. 26–27.

**Please stay safe at work.**

OVER →

## Traumatic Incident Stress: Information for Emergency Response Workers (continued)

### What You Can Do On-site

Taking care of yourself will help you to stay focused on hazards at the site and to maintain the constant vigilance you need for your own safety. Often responders do not recognize the need to take care of themselves and to monitor their own emotional and physical health—especially when recovery efforts stretch into several weeks. The following guidelines contain simple methods for helping yourself. Read them while you are at the site and again after you return home.

- Pace yourself. Rescue and recovery efforts at the site may continue for days or weeks.
- Take frequent rest breaks. Rescue and recovery operations take place in extremely dangerous work environments. Mental fatigue over long shifts can place emergency workers at greatly increased risk for injury.
- Watch out for each other. Co-workers may be intently focused on a particular task and may not notice a hazard nearby or behind.
- Be conscious of those around you. Responders who are exhausted, feeling stressed, or even temporarily distracted may place themselves and others at risk.
- Maintain as normal a schedule as possible: **regular eating and sleeping are crucial**. Adhere to the team schedule and rotation.
- Make sure that you drink plenty of fluids such as water and juices.
- Try to eat a variety of foods and increase your intake of complex carbohydrates (for example, breads and muffins made with whole grains, granola bars).
- Whenever possible, take breaks away from the work area. Eat and drink in the cleanest area available.
- Recognize and accept what you cannot change—the chain of command, organizational structure, waiting, equipment failures, etc.
- Talk to people when **YOU** feel like it. You decide when you want to discuss your experience. Talking about an event may be reliving it. Choose your own comfort level.
- If your employer provides you with formal mental health support, use it!
- Give yourself permission to feel rotten: You are in a difficult situation.
- Recurring thoughts, dreams, or flashbacks are normal—do not try to fight them. They will decrease over time.
- Communicate with your loved ones at home as frequently as possible.

### What You Can Do at Home

Over time, your impressions and understanding of your experience will change. This process is different for everyone. No matter what the event or your reaction to it, you can follow some basic steps to help yourself adjust to the experience:

- Reach out—people really do care.
- Reconnect with family, spiritual, and community supports.
- Consider keeping a journal.
- Do not make any big life decisions.
- Make as many daily decisions as possible to give yourself a feeling of control over your life.
- Spend time with others or alone doing the things you enjoy to refresh and recharge yourself.
- Be aware that you may feel particularly fearful for your family. This is normal and will pass in time.
- Remember that “getting back to normal” takes time. Gradually work back into your routine. Let others carry more weight for a while at home and at work.
- Be aware that recovery is not a straight path but a matter of two steps forward and one back. You will make progress.
- Appreciate a sense of humor in yourself and others. It is OK to laugh again.
- Your family will experience the disaster along with you. You need to support each other. This is a time for patience, understanding, and communication.
- Avoid overuse of drugs or alcohol. You do not need to complicate your situation with a substance abuse problem.
- Get plenty of rest and normal exercise. Eat well-balanced, regular meals.

**FLORIDA DIVISION OF EMERGENCY MANAGEMENT  
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

APPENDIX VII

Page \_\_\_\_\_ of \_\_\_\_\_

APPLICANT	FIPS#	PROJECT /PW#	DISASTER NUMBER
LOCATION/SITE	CATEGORY	PERIOD COVERING From: _____ To: _____	

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS OR MILES USED EACH DAY								COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE								TOTAL HOURS / MILES	EQUIPMENT RATE	TOTAL COST
			HOURS									\$	\$
			/MILES										
			HOURS									\$	\$
			/MILES										
			HOURS									\$	\$
			/MILES										
			HOURS									\$	\$
			/MILES										
			HOURS									\$	\$
			/MILES										
			HOURS									\$	\$
			/MILES										
												GRAND TOTAL:	\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

SIGNATURE	TITLE	DATE
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**FLORIDA DIVISION OF EMERGENCY MANAGEMENT  
TOTAL COSTS SUMMARY (WORK COMPLETED TO-DATE)**

APPLICANT	FIPS#	PROJECT/PW#	DISASTER NUMBER
LOCATION/SITE		CATEGORY	PERIOD COVERING From: _____ To: _____

DESCRIPTION OF WORK PERFORMED

TYPE OF EXPENSE	TOTAL CLAIMED COSTS	FEMA/STATE INSPECTOR COMMENTS	ELIGIBLE COST
<b>FA LABOR</b> (Earned Wages plus associated benefits)	\$		\$
<b>FA EQUIPMENT</b> (Equipment Rate Allowances for Use)	\$		\$
<b>MATERIALS</b> (Purchased/Stock expended items)	\$		\$
<b>CONTRACTS</b> (Services for completing work)	\$		\$
<b>RENTALS</b> (Equipment, etc. for FA Work)	\$		\$
<b>TRAVEL</b> (Employee Expense, paid lodging, meals)	\$		\$
<b>TOTAL CLAIM:</b>	\$	<b>TOTAL ELIGIBLE COSTS:</b>	\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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<b>FLORDIA EMERGENCY MANAGEMENT DIVISION</b>			Page	of
<b>TRAVEL SUMMARY RECORD</b>				
APPLICANT		FIPS#	PROJECT/PW#	DISASTER NUMBER
LOCATION/SITE			CATEGORY	PERIOD COVERING From: To:
DESCRIPTION OF WORK PERFORMED				
<b>EMPLOYEE/VENDER</b>	<b>TYPE OF EXPENSE/REIMBURSEMENTS, DIRECT PAID LODGING/MEALS</b>			<b>AMOUNT</b>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>GRAND TOTAL:</b>				<b>\$</b>
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.				
CERTIFIED		TITLE		DATE

**FLORIDA DIVISION OF EMERGENCY MANAGEMENT**

**Request for Advance or Reimbursement for Public Assistance Funds**

SUBGRANTEE NAME: \_\_\_\_\_ DEC NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PA ID NO: \_\_\_\_\_

PAYMENT NO: \_\_\_\_\_ DCA AGREEMENT NO: \_\_\_\_\_

	DSR ELIGIBLE AMOUNT	PREVIOUS PAYMENTS	CURRENT REQUEST	DCA USE ONLY	
				APPROVED FOR PAYMENT	COMMENTS
DSR# _____ CATEGORY _____ % COMPLETE _____					
DSR# _____ CATEGORY _____ % COMPLETE _____					
DSR# _____ CATEGORY _____ % COMPLETE _____					
DSR# _____ CATEGORY _____ % COMPLETE _____					

TOTAL CURRENT REQUEST \$ \_\_\_\_\_

I certify that to the best of my knowledge and belief the above accounts are correct and that all disbursements were made in accordance with all conditions of the DCA agreement and payment is due and has not been previously requested for these amounts.

SUBGRANTEE SIGNATURE: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

TO BE COMPLETED BY DEPARTMENT OF COMMUNITY AFFAIRS (DCA)	
APPROVED FOR PAYMENT \$ _____	_____
ADMINISTRATIVE COST \$ _____	GOVERNOR'S AUTHORIZED REPRESENTATIVE
TOTAL PAYMENT \$ _____	_____ DATE

**REQUEST FOR PROJECT TIME EXTENSION**

PAGE \_\_\_\_\_ of \_\_\_\_\_

(COMPLETE EACH CELL - PREPARE A SEPARATE REQUEST FOR EACH PROJECT)

DECLARATION NO. FEMA _____ -DR- _____	PW NO.	FIPS NO.	DATE:	CATEGORY
APPLICANT:		COUNTY:	DAMAGED FACILITY:	

DATE OF DECLARATION:	DATE OF PROJECT APPROVAL/FUNDING:	DATE PROJECT IS CURRENTLY APPROVED THROUGH:
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NUMBER OF PREVIOUS TIME EXTENSIONS:	PERCENTAGE OF WORK COMPLETE AS OF THE DATE OF THIS REQUEST:
-------------------------------------	---

MILESTONES:	PROJECTED DATE:	ACTUAL DATE:
1. DESIGN FINALIZED AND APPROVED:		
2. BID PACKAGE OR WORK ORDER ISSUED:		
3. CONTRACT ACCEPTED / NOTICE TO PROCEED:		
4. SCOPE OF WORK STARTED:		
5. SCOPE OF WORK FINISHED:		
6. CERTIFICATE OF COMPLETION / PROJECT APPROVAL:		

PROVIDE A DETAILED TIMELINE OF DELAYS IN CONJUNCTION WITH DOCUMENTED JUSTIFICATION DESCRIBING THE EXTENUATING CIRCUMSTANCES OR UNUSUAL PROJECT REQUIREMENTS THAT ARE BEYOND THE CONTROL OF THE APPLICANT. (This must be provided for approval consideration. Add attachments as necessary for a complete request description):

**DATE OF TIME EXTENSION REQUESTED:**

Applicant understands that: 1) approval is based on the information provided with this request; 2) any changed conditions are to be immediately brought to the attention of the Governor's Authorized Representative; and, 3) approved projects remain subject to all previous requirements for accountability, completion, and closure.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE:	DATE:
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PRINT NAME and POSITION:	CONTACT NUMBER:
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**FLORIDA DIVISION OF EMERGENCY MANAGEMENT**  
**SUMMARY OF DOCUMENTATION IN SUPPORT OF AMOUNT CLAIMED FOR ELIGIBLE DISASTER WORK (SOD)**

Date: \_\_\_\_\_

Subgrantee: \_\_\_\_\_  
 Disaster #: \_\_\_\_\_

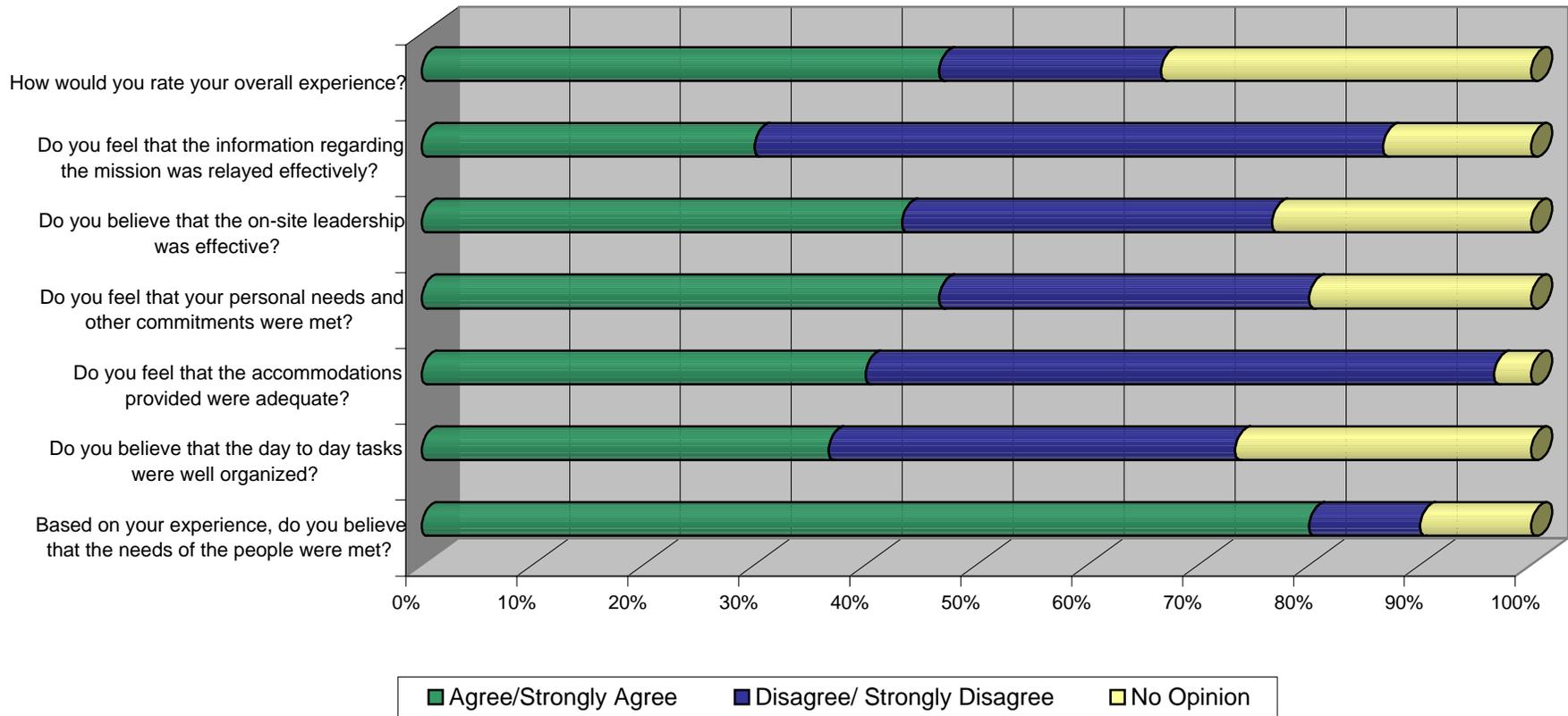
FIPS#: \_\_\_\_\_

Project Worksheet (PW)

#(s): \_\_\_\_\_

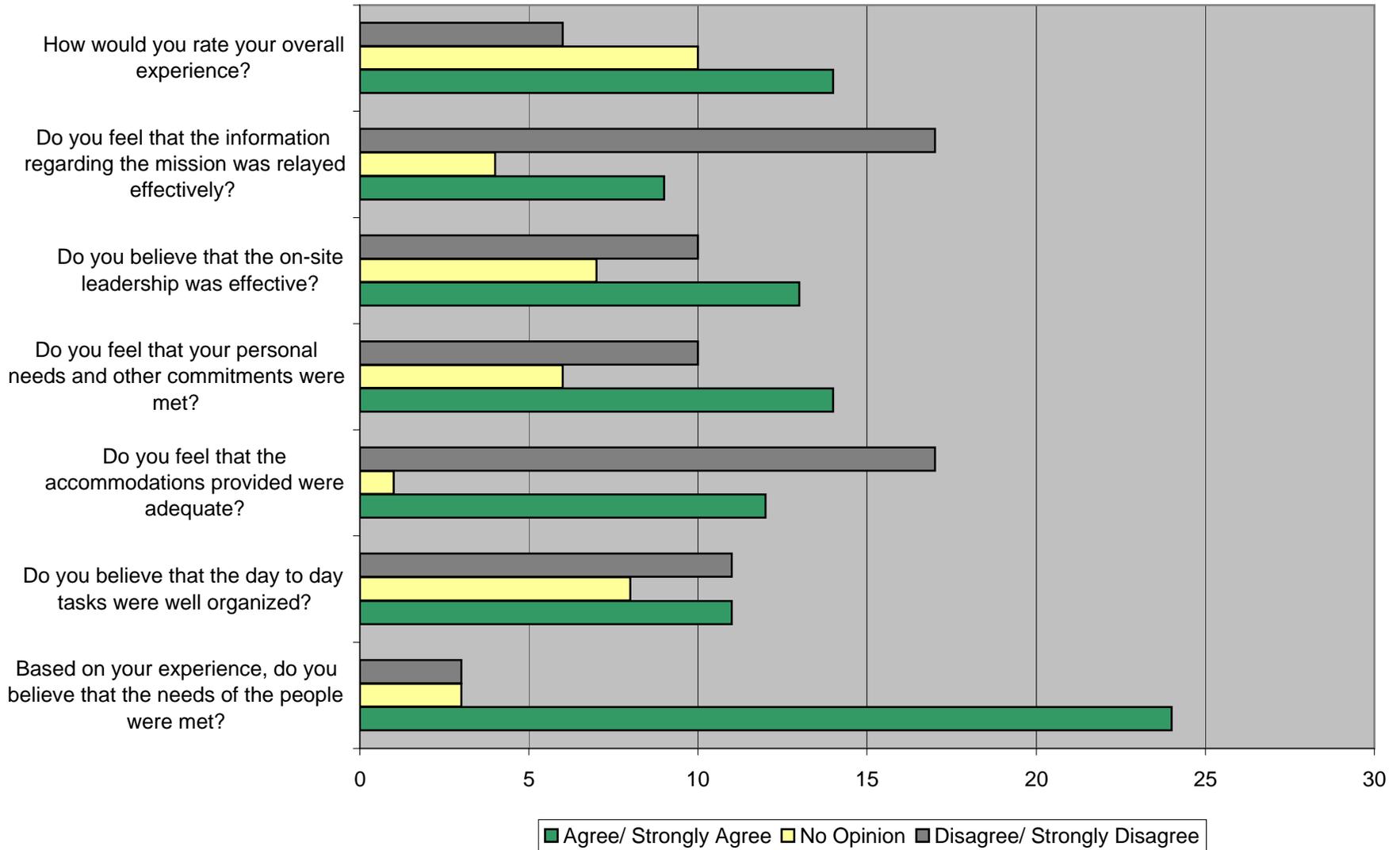
Applicant's Reference # (Warrant, Voucher, Claim or Schedule #)	Delivery Date of articles or performance of services.	<u>DOCUMENTATION</u> List Documentation (Applicant payroll, material out of applicant stock, applicant-owned equipment and name of vendor or contractor) by category and line item in the approved project application and give a brief description of the articles or services.	Applicant Eligible Costs (\$\$\$)
Page Subtotal			
Current Expenditure Request (All Pages)			
Total PW Amounts for all Approved Versions			
Over or Under Run ( <b><i>Final SOD Only</i></b> )			

## Member Results from Disaster Evaluation



\* Survey results based on 30 out of 35 completed surveys

### Member Results from Disaster Survey



\* Survey results based on 30 out of 35 completed surveys.

### Member Raw Data for Disaster Survey Summary

Weight of Response	5	3	2
Response	Strongly Agree/Agree	No Opinion	Strongly Disagree/Disagree
Based on your experience, do you believe that the needs of the people were met?	24	3	3
Do you believe that the day to day tasks were well organized?	11	8	11
Do you feel that the accommodations provided were adequate?	12	1	17
Do you feel that your personal needs and other commitments were met?	14	6	10
Do you believe that the on-site leadership was effective?	13	7	10
Do you feel that the information regarding the mission was relayed effectively?	9	4	17
Response	<b>Excellent</b>	<b>Fair</b>	<b>Poor</b>
How would you rate your overall experience?	14	10	6