

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

April Session of the April Adjourned

Term 20

In the County Commission of said county, on the 29th day of April 21 20

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the request to hire above the flexible hiring maximum for position number 915, Project Manager, and does hereby authorize an appropriation of \$63,107.20 for the salary of said position.

Done this 29th day of April 2021.

ATTEST:

*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Justin Aldred  
District I Commissioner



Janet M. Thompson  
District II Commissioner

# REQUEST TO HIRE ABOVE FLEXIBLE HIRING MAXIMUM BOONE COUNTY

**Description of form:** To request approval to hire between 86% - 120% of the salary range mid-point

**Procedure:**

1. The Administrative Authority or designee completes the form and prepares a schedule that demonstrates that funding is available within the salary and wage appropriation (account #10100) and calculates the amount for a budget revision, if needed. The Administrative Authority submits the form, the schedule, and the budget revision (if needed) to the Auditor for certification of funds availability.
2. The Auditor certifies funds availability and approves budget revision (if applicable) and forwards to Human Resource Director.
3. The Human Resource Director reviews the information, makes recommendation, and schedules the request on the Commission agenda for approval.
4. The County Commission will review all requests for a starting salary above the flexible hiring limit and will either approve or deny the request. After approval/denial, the County Commission will return this form to the Administrative Authority.
5. The Administrative Authority will list the Commission Order number approving this request on the electronic Personnel Action Form.

Name of prospective employee Kari Hoehne Department 1173 - CF IT SOFTWARE DEVELOP

Position Title Project Manager Position No. 915

Proposed Starting Salary (complete one only) Annual: 63,107.20 % of Mid-Point 100  
**OR** Hourly: \_\_\_\_\_ % of Mid-Point \_\_\_\_\_

No. of employees in this job classification within your Department? 1

Justification (Describe the prospective employee's education and/or work experience which supports this proposed compensation level)

Kari has an BSBA - Major in Marketing and Minor in Management along with an MBA. She has over 20 years of experience managing projects and all associated resources. Kari continues to grow her skills in these areas. She has participated in Leadership Missouri, was part of the 2008 Class of Coro Women in Leadership, she held a position in Toastmasters 2012-2018 and is currently studying for her Project Management Professional Certification.

If proposed salary exceeds what other employees in the same job classification are paid, explain how the prospective employee's background exceeds others working in the same job classification:

What effect, if any, will this proposal have on salary relationships with other positions in your office and/or positions in other offices?

I do not believe this will effect other salary relationships with other positions in our office or other offices.

Additional comments:

Administrative Authority's Signature: Aron Gish Digitally signed by Aron Gish  
Date: 2021 04 26 09 26 49 -05'00' Date: 04/26/2021

Auditor's Certification:  Funds are available within the existing departmental salary and wage appropriation (#10100).  
 Funds are not available within the existing departmental salary and wage appropriation (#10100); budget revision required to provide funding is attached.

Auditor's Signature: June E. Pitchford by CG Digitally signed by June E. Pitchford by CG  
Date: 2021 04 26 10 36 16 -05'00' Date: 4/26/21

Human Resource Director's Recommendations:

Approve Does not appear to cause internal or external county issues and is appropriate for prior experience

Human Resource Director's Signature: [Signature] Date: 4/27/2021

County Commission  Approve  Deny

Comment(s):

Presiding Commissioner's Signature: [Signature] Date: 4/29/2021

District I Commissioner's Signature: [Signature] Date: 4/29/2021

District II Commissioner's Signature: [Signature] Date: 4/29/2021

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STATE OF MISSOURI

Term. 20

County of Boone

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In the County Commission of said county, on the

April Session of the April Adjourned  
day of

18 20<sup>21</sup>

the following, among other proceedings, were had, viz:

29th

April

21

Now on this day the County Commission of the County of Boone does hereby approve the request to hire above the authorized transfer salary for position number 652, Office Specialist, Boone County Sherriff's Office, and does hereby authorize an appropriation of \$16.25 per hour, or \$33,800 annually, for the compensation for said position.

Done this 29th day of April 2021.

ATTEST:



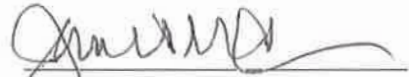
Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Justin Aldred  
District I Commissioner



Janet M. Thompson  
District II Commissioner

**BOONE COUNTY SHERIFF'S OFFICE**

**INTER-OFFICE COMMUNICATION**

**DATE:** 04/15/21  
**TO:** Boone County Commission  
**FROM:** Boone County Sheriff's Office  
**RE:** ATS Request

Position #652, Office Specialist, in department 2906 is currently vacant. The previous employee left for employment at Veterans United, stating he would be making and delivering "goodie bags" to employees of Veterans United being compensated at a higher hourly rate than our position pays. This Office Specialist position processes a high volume of Civil Process paperwork and is a challenging position. The previous three employees have only stayed a few years, two have gone to other agencies stating that the pay was insufficient for the workload of the position.

We have an employee, Lindsey Kerr, who has been with us for almost three years. Lindsey is currently in a rotating shift position and would like to move into a Monday – Friday position. Lindsey has proven herself to be a dedicated, hardworking employee and we would like to keep her employed with us. Lindsey currently has MULES certification and would not have to be sent out to obtain the weeklong training to become certified, as well as longer periods of training to become familiar with our systems. Since we only have one person in this classification, transferring Lindsey would save our Administrative Deputy from filling in while the position is vacant.

Lindsey has expressed interest in gaining more knowledge in the area of civil and legal process and would be an excellent candidate for our open Civil Process Office Specialist position. We would like to transfer Lindsey at a higher rate than the current FHR due to her experience with our department and we do not want to lose another valuable employee to outside agencies.

We are requesting Lindsey be moved into position 652 in department 2906 at the rate of \$16.25, which is an .88 increase to her current rate. In fund 290 we currently have 4 Deputy and 2 Detention Officer positions open and cannot maintain full staff. In addition to the open positions we typically hire new employees with no experience at minimum, even though they are budgeted at FHR. We estimate the savings in fund 290 would cover the increase to Lindsey's pay.



# REQUEST TO TRANSFER ABOVE "ATS" (Authorized Transfer Salary)

## BOONE COUNTY Commission Order 146-2006

**Description of form:** To request approval to transfer above "ATS" (authorized transfer salary).

**Procedure:**

1. The Administrative Authority or designee completes the form and prepares a schedule that demonstrates that funding is available within the salary and wage appropriation (account #10100) and calculates the amount for a budget revision, if needed. The Administrative Authority submits the form, the schedule, and the budget revision (if needed) to the Auditor for certification of funds availability.
2. The Auditor certifies funds availability, approves budget revision (if applicable), returns original form to the Administrative Authority and forwards a copy to Human Resource Director.
3. The Human Resource Director reviews the request and provides recommendation to the Administrative Authority.
4. The Administrative Authority will schedule the request for approval by the Commission and provide the Commission with the HR Director's recommendation.
5. The County Commission will review all requests for a starting salary above the "ATS" and will either approve or deny the request. After approval/denial, the County Commission will return this form to the Administrative Authority.
6. The Administrative Authority will attach a copy of this approved form to the Personnel Action Form.

Name of prospective employee Lindsey Kerr Department Sheriff's

Position Title Office Specialist Position No. 652

Proposed Starting Salary (complete one only) Annual: \_\_\_\_\_ % of Mid-Point \_\_\_\_\_  
**OR** Hourly: \$16.25 % of Mid-Point 94

No. of employees in this job classification within your Department? 4

Justification (Describe the prospective employee's education and/or work experience which supports this proposed compensation level) Lindsey has been with the Sheriff's Office as a Warrants Specialist for 3 years, she has demonstrated her dedication, is prompt and considerate of her leave hours, and is an asset to the Sheriff's Office. Lindsey has knowledge of all the Sheriff's Office branches and Civil Process from working in the information center. Not only is Lindsey an excellent candidate for this position, she will maintain her ability to work in other areas of the services branch making her a desirable candidate. In addition, Lindsey is MULES certified, which would save valuable time in sending someone to become certified.

If proposed salary exceeds what other employees in the same job classification are paid, explain how the prospective employee's background exceeds others working in the same job classification: Lindsey's proposed salary would only exceed two part time PDU unit Office Specialists and the only other Office Specialist we have has a much higher salary due to her years of service.

What effect, if any, will this proposal have on salary relationships with other positions in your office and/or positions in other offices?  
This proposed salary would not affect any other positions within our department as they have different job responsibilities.

Additional comments: Lindsey is interested in gaining knowledge of civil and legal process as well as serving an area of need at the Sheriff's Office. Currently Lindsey is working a rotating shift and would like to move to Monday - Friday, we are requesting to transfer her into this position as she is a valuable asset to our office and we do not want to lose her to an outside agency.

Administrative Authority's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Auditor's Certification:**  Funds are available within the existing departmental salary and wage appropriation (#10100).  
 Funds are not available within the existing departmental salary and wage appropriation (#10100); budget revision required to provide funding is attached.

Auditor's Signature: [Signature] Date: 04/21/2021

**Human Resource Director's Recommendations:** Approve. There are employees @ the same range @ a lower rate of pay but the duties assigned this position is the lack of shared responsibility between others in the classification warrant the difference

Human Resource Director's Signature: [Signature] Date: 4/23/21

County Commission  Approve  Deny

Comment(s): \_\_\_\_\_

Presiding Commissioner's Signature: [Signature] Date: 4/29/2021

District I Commissioner's Signature: [Signature] Date: 4/29/2021

District II Commissioner's Signature: [Signature] Date: 4/29/2021

183-2021

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STATE OF MISSOURI

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April Session of the April Adjourned

April 20

County of Boone

In the County Commission of said county, on the

29th

day of

April

21 20

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the State Homeland Security Program Grant Applications submitted by the Emergency Management Department.

Done this 29th day of April 2021.

ATTEST:



Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Justin Aldred  
District I Commissioner



Janet M. Thompson  
District II Commissioner



**BOONE COUNTY**  
**Office of Emergency Management**

2145 County Drive  
Columbia, MO 65202  
573-554-7908

**Chris Kelley**

**Deputy Director**

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**DATE:** April 23, 2021

**TO:** Dan Atwill, Presiding Commissioner  
Justin Aldred, District I Commissioner  
Janet Thompson, District II Commissioner

**FROM:** Chris Kelley, Emergency Management Deputy Director

**SUBJECT:** Applications for State Homeland Security Program Grant

**Boone County Emergency Management intends to submit four applications for the fiscal year 2021 funding through the Regional Homeland Security Grant Program. Each application is for specific purposes that allow for regionally deployable assets to be held by local administrative authorities. These applications reflect 100 percent of cost being requested and have no matching components.**



**Application**

**124197 - FY 2021 SHSP Protection of Soft Targets/Crowded Places (PSTCP) - Final Application**

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125366 - Bridge4PS Pro Application  
 State Homeland Security Program (SHSP)

Status: Editing Submitted Date: Submitted By:

**Applicant Information**

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**Primary Contact:**

Name:\* Ms. Della Luster  
Title First Name Last Name

Job Title:\* Administrative Coordinator

Email:\* dluster@boonecountymmo.org

Mailing Address:\* 2145 County Drive

Street Address 1:

Street Address 2:

\* Columbia Missouri 65202  
City State/Province Postal Code/Zip

Phone:\* 573-554-7907 Ext.

Fax: 573-442-3828

**Organization Information**

Applicant Agency:\* Boone County, Emergency Management Agency

Organization Type:\* Government

Federal Tax ID#:\* 436000349

DUNS #:\* 073755977

SAM/CCR CAGE Code: Valid Until Date

Organization Website: www.showmeboone.com/OEM

Mailing Address:\* 2145 County Drive

Street Address 1:



**Street Address 2:**

**City\*** Columbia Missouri 65202 0000  
City State/Province Postal Code/Zip + 4

**County:\*** Boone

**Congressional District:\*** 04

**Phone:\*** 573-554-7900 Ext.

**Fax:** 573-442-3828

**Contact Information**

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**Authorized Official**

*The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:*

- *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 the applicant agency is an Regional Planning Commission or Council of Government, 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. Daniel Atwill  
Title (Mr.Ms.etc) First Name Last Name

**Job Title:\*** Presiding Commissioner

**Agency:\*** Boone County Commission

**Mailing Address:\*** 801 E Walnut Suite 333

**Street Address 1:**

**Street Address 2:**

\* Columbia Missouri 65202  
City State Zip Code

**Email:\*** datwill@boonecountymo.org

**Phone:\*** 573-886-4306 Office Ext. Cell

**Fax:** 573-886-4311

**Applicant Project Director**

**Applicant Project Director:\*** Mr. Chris Kelley  
Title (Mr.Ms.etc) First Name Last Name

**Job Title:\*** Deputy Director

**Agency:\*** Boone County Office of Emergency Management

**Mailing Address:\*** 2145 E. County Drive

**Street Address 1:**

**Street Address 2:**

*	Columbia	Missouri	65202
	City	State	Zip Code

**Email:\*** ckelly@boonecountymo.org

<b>Phone:*</b>	573-554-7908		
	Office	Ext.	Cell

**Fax** 573-442-3828

**Fiscal Officer**

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

**Job Title:\*** Boone County Auditor

**Agency:\*** County of Boone

**Mailing Address:\*** 801 E. Walnut Suite 304

**Street Address 1:**

**Street Address 2:**

*	Columbia	Missouri	65201
	City	State	Zip Code

**Email:\*** jpitchford@boonecountymo.org

<b>Phone:*</b>	573-886-4275		
	Office	Ext.	Cell

**Fax** 573-886-4280

**Project Contact Person**

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

**Job Title:** Administrative Coordinator

**Agency:** Boone County Office of Emergency Management

**Mailing Address:** 2145 E. County Drive

**Street Address 1:**

**Street Address 2:**

	Columbia	Missouri	65202
	City	State	Zip Code

**Email:** dluster@boonecountymo.org

<b>Phone:</b>	573-554-7907		
	Office	Ext.	Cell

**Fax:** 573-442-3828

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

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**A. Project Worksheet**

**A.1 Project Title:\*** Bridge4PS Pro

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

**A.3 Region:\*** F

**A.4 County:\*** Boone

**A.5 Project Location Zip Code:\*** 65202

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

**A.7 Was this project previously funded with State Homeland Security Program (SHSP) funds?\*** No

**A.8 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?\*** Build/Enhance

**A.8.a If you answered Build/Enhance to question A.8 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?** Yes  
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.** We did not find that any EMD's have the Pro version of this Bridge4PS

**A.9.a Project Description\*** Bridge4PS Pro is a mobile collaboration app that allows safe and secure messaging, picture, video and file sharing and can be used on smart cell phones, tablets, mobile digital computers and/or desktops. It is interoperable across agencies.

**A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:\*** Annual subscription of Bridge4PS Pro.

**A.9.c Provide estimated duration of the project (how long will it take to complete this project):\*** 10/01/21-09/30/22

**A.9.d What are the objectives this project**

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

Sustain and strengthen the resiliency of operations communications and ensures redundancy for enhanced public safety and to build a truly sustainable and fully interoperable collaboration platform for public safety.

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

This aligns with THIRA in terms of communications and interoperability across functional response and recovery areas that are necessary during an act of terrorism.

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

To have the ability to communicate and have interoperable collaboration before, during, and after a terrorist incident, disaster or planned event in crowded places.

A.10 Please discuss the future sustainment plan for the requested item (s) in the application.\*

This will require annual licenses fees.

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

Please review the State FY 2019 MO THIRA and FY 2020 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 [ 10 ] [ hour(s) ] of an incident, establish interoperable communications across [ 57 ] jurisdictions affected and with [ 208 ] partner organizations involved in incident management. Maintain for [ 90 ] [ day(s) ].

1000 Character Limit

B.3 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)?

This provides a service in the region and state to maintain a unified and coordinated operational structure that can support a response to all hazards including acts of terrorism. This will also allow for information by sharing real time data and files allowing interoperable collaboration.

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.4 Please review the National Priorities in the FY 2021 SHSP Notice of Funding Opportunity or FY 2021 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
- 5. Combating Domestic Violent Extremism

The project must align to the National Priority of Enhancing the Protection of Soft Targets/Crowded Places to be eligible for this funding opportunity. Please select the National Priority below.

National Priority:\* Enhancing the Protection of Soft Targets/Crowded Places

**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.

No

**C.1 Was any portion of the proposed project funded with FY 2020 funds?\***

**C.4 Was any portion of the proposed project funded with FY 2019 funds?\*** No

**C.7 Was any portion of the proposed project funded with FY 2018 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:** Bridge4PS Pro

**D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s)?:** This allows us to add and remove licensed users as needed per incident or event.  
250 Character Limit

**D.4 Special conditions/requirements on sharing the deployable/shareable resource(s):** Agency shall provide a list of government emails for each user to be added to their specific channel used per incident/event. Agency will be responsible for their own record retention requirements set by State law and local retention policies.  
Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

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

**D.5 Is deployable resource NIMS Kind & Typed?:** No

**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:** This will support operational coordination, interoperable communication, intelligence and information sharing, and risk management for incidents/events.  
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\***

**06/29/2020**  
 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 agency's 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?:\***

**No**  
 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**

**Yes**



**NIMS training program?\***

**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, 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** Yes

personnel, traditional and social media, and other stakeholders?\*

**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 considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. If the incorrect Authorized Official is listed in H.2 of the application, the 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 and is generally the applicant's elected or appointed chief executive. For example:*

- 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 the applicant agency is an Regional Planning Commission (RPC) or Council of Government (COG), the Executive Director shall be the Authorized Official*

*If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.*

*\*\*The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you 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:\*** Daniel Atwill, Presiding Commissioner

**H.3 Name and Title of person completing this proposed application:\*** Della Luster, Administrative Coordinator

**H.4 Date:\*** 04/23/2021

**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.)	Bridge4PS Pro Application	1.0	\$14,958.00	\$14,958.00	Emergency Management	Organization	Operational support
				\$14,958.00			

**Narrative Justification - Supplies/Operations**

To have the ability to communicate and have truly interoperable collaboration before, during, and after an incident or planned event.

5000 Character Limit

**Total Budget**

**Total Equipment:** \$0.00  
**Total Supplies/Operation:** \$14,958.00  
**Total Project Cost:** \$14,958.00

**Named Attachments**

Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)*	Latest Single Audit Report	2019_OMB_Circular_A-133.pdf	pdf	213 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quote or other costs basis	Bridge4PS Quote	Bridge4PS Quote.pdf	pdf	138 KB
Training Request Form				
Other Supporting Information	Bridge4PS Pro Specs/Features	Bridge4PS Specifications.pdf	pdf	648 KB
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				



Application

124238 - FY 2021 SHSP Region F - Final Application

125274 - Satellite Internet/Phone Service
State Homeland Security Program (SHSP)

Status: Editing Submitted Date: Submitted By:

Applicant Information

Primary Contact:

Name: Ms. Della Luster
Job Title: Administrative Coordinator
Email: dluster@boonecountymo.org
Mailing Address: 2145 County Drive
Street Address 1:
Street Address 2:
City: Columbia State/Province: Missouri Postal Code/Zip: 65202
Phone: 573-554-7907 Ext.
Fax: 573-442-3828

Organization Information

Applicant Agency: Boone County, Emergency Management Agency
Organization Type: Government
Federal Tax ID#: 436000349
DUNS #: 073755977
SAM/CCR CAGE Code:
Organization Website: www.showmeboone.com/OEM
Mailing Address: 2145 County Drive
Street Address 1:
Street Address 2:

**City\*** Columbia Missouri 65202 0000  
City State/Province Postal Code/Zip + 4  
**County:\*** Boone  
**Congressional District:\*** 04  
**Phone:\*** 573-554-7900 Ext.  
**Fax:** 573-442-3828

**Contact Information**

---

**Authorized Official**

*The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:*

- 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
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- 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 the applicant agency is an Regional Planning Commission or Council of Government, 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. Daniel Atwill  
Title (Mr.Ms.etc) First Name Last Name  
**Job Title:\*** Presiding Commissioner  
**Agency:\*** Boone County Commission  
**Mailing Address:\*** 801 E Walnut Suite 333  
**Street Address 1:**  
**Street Address 2:**  
**\* City:\*** Columbia Missouri 65202  
City State Zip Code  
**Email:\*** datwill@boonecountymo.org  
**Phone:\*** 573-886-4306  
Office Ext. Cell  
**Fax:** 573-886-4311

**Applicant Project Director**

**Applicant Project Director:\*** Mr. Chris Kelley  
Title (Mr.Ms.etc) First Name Last Name  
**Job Title:\*** Deputy Director  
**Agency:\*** Boone County Office of Emergency Management  
**Mailing Address:\*** 2145 E. County Drive  
**Street Address 1:**  
**Street Address 2:**



\*  
 Columbia Missouri 65202  
 City State Zip Code  
**Email:\*** ckelley@boonecountymo.org  
**Phone:\*** 573-554-7908  
 Office Ext. Cell  
**Fax** 573-442-3828

**Fiscal Officer**

**Fiscal Officer:\*** Ms June Pitchford  
 Title (Mr.Ms.etc) First Name Last Name  
**Job Title:\*** Boone County Auditor  
**Agency:\*** County of Boone  
**Mailing Address:\*** 801 E. Walnut Suite 304  
**Street Address 1:**  
**Street Address 2:**

\*  
 Columbia Missouri 65201  
 City State Zip Code  
**Email:\*** jpitchford@boonecountymo.org  
**Phone:\*** 573-886-4275  
 Office Ext. Cell  
**Fax** 573-886-4280

**Project Contact Person**

**Project Contact Person:** Ms Della Luster  
 Title (Mr.Ms.etc) First Name Last Name  
**Job Title:** Administrative Coordinator  
**Agency:** Boone County Office of Emergency Management  
**Mailing Address:** 2145 E. County Drive  
**Street Address 1:**  
**Street Address 2:**

Columbia Missouri 65202  
 City State Zip Code  
**Email:** dluster@boonecountymo.org  
**Phone:** 573-554-7907  
 Office Ext. Cell  
**Fax:** 573-442-3828

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

---

**A. Project Worksheet**

**A.1 Project Title:\*** Satellite Internet/Phone Service

**A.2 Agency Name:\*** Boone County Office of Emergency Management

**A.3 Region:\*** F

**A.4 County:\*** Boone

**A.5 Project Location Zip Code:\*** 65202

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

**A.7 Was this project previously funded with State Homeland Security Program (SHSP) funds?\*** Yes

**A.7.a If you answered yes to Question # A.7, please give a brief description of the year and the project that was previously funded.** FY19 Satellite was purchased for the IST trailer. FY20 Satellite Internet/Phone service awarded.

**A.8 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.8 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 and strengthen the resiliency of operations communications and ensures redundancy for enhanced public safety by providing satellite internet/phone service to the IST trailer.

**A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:\*** Purchase of 12 months satellite internet/phone service for the IST trailer

**A.9.c Provide estimated duration of the project** 10/01/21-09/30/22

(how long will it take to complete this project):\*

**A.9.d What are the objectives this project is designed to accomplish? (the purpose of the project)\***

To have the ability for communication between and among field response units during and after a major disaster.

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

This aligns with the THIRA in terms of communications and interoperability across functional response and recovery areas that are necessary during an act of terrorism.

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

To have the ability to communicate regardless of severity of disaster/act of terrorism and share information to enhance prevention, protection, mitigation, response, and recovery.

**A.10 Please discuss the future sustainment plan for the requested item (s) in the application.\***

Will need to have continuous satellite service to have the ability to communicate regardless of severity of disaster/act of terrorism and share information to enhance prevention, protection, mitigation, response, and recovery.

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

*Please review the State FY 2019 MO THIRA and FY 2020 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?\***

the project allows Boone CO OEM to maintain investments in statewide communication plans and meet the capability target of operations communications-within 10 hour(s) of an incident, establish interoperable communications across 57 jurisdictions affected and with 208 partner organizations involved in incident management. Maintain for 90 day(s).  
< >

1000 Character Limit

**B.3 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 BCOEM use, it provides a service in the region and state to maintain communications that can support a response to all hazards including acts of terrorism.

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.4 Please review the National Priorities in the FY 2021 SHSP Notice of Funding Opportunity or FY 2021 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
- 5. Combating Domestic Violent Extremism

*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 FY 2020 funds?:\*** Yes

**C.2 FY 2020 Investment Justification** Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight

*If funded with FY 2020 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2020 funds?*

**C.3 FY 2020 Prior Accomplishments:** Purchased satellite service for 12 months

250 Character Limit

**C.4 Was any portion of the proposed project funded with FY 2019 funds?:\*** No

**C.7 Was any portion of the proposed project funded with FY 2018 funds?:\*** Yes

**C.8 FY 2018 Investment Justification:** Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight Committees

*If funded with FY 2018 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2018 funds?*

**C.9 FY 2018 Prior Accomplishments:** Purchased satellite equipment and monthly service.

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:** IST Trailer

**D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource (s)?:** This project supports the IST trailer by providing satellite internet/phone service that is necessary for interoperable communications.

250 Character Limit

**D.4 Special conditions/requirements on sharing the** Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

**deployable/shareable resource(s):**

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

**D.5 Is deployable resource NIMS Kind & Typed?:** No

**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\*** 06/29/2020  
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 agency's 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?\*** No  
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** No

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?:" Yes

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



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:**

**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 considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. If the incorrect Authorized Official is listed in H.2 of the application, the 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 and is generally the applicant's elected or appointed chief executive. For example:

- 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 the applicant agency is an Regional Planning Commission (RPC) or Council of Government (COG), the Executive Director shall be the Authorized Official

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

\*\*The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you 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:\*** Daniel Atwill, Presiding Commissioner

**H.3 Name and Title of person completing this proposed application:\*** Della Luster, Administrative Coordinator

**H.4 Date:\*** 04/20/2021

**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**

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
Other (computer, projector, chair, etc.)	IST Trailer Satellite Internet/Phone Services	12.0	\$389.00	\$4,668.00	Emergency Management	Equipment	Interoperable Communications Equipment
				\$4,668.00			

**Narrative Justification - Supplies/Operations**

Satellite Internet/Phone service for the Incident Support Team (IST) Trailer at \$389.00 per month for 12 months. This provides the sustained capability of Boone County Emergency Management to provide communication services to responders when catastrophic events cause interruption to conventional means of communication. The ability to communicate is critical to any emergency management function.

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:** \$0.00  
**Total Equipment:** \$0.00  
**Total Supplies/Operation:** \$4,668.00  
**Total Contractual:** \$0.00

**Total Project Cost:** \$4,668.00

**Named Attachments**

Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)*	Latest Single Audit Report	2019_OMB_Circular_A-133.pdf	pdf	213 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quote or other costs basis	Satellite Service Quote	Ground Control Quote 2022.pdf	pdf	351 KB
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				



**Application**

**124238 - FY 2021 SHSP Region F - Final Application**

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**125143 - Boone County OEM Generator Load Testing  
State Homeland Security Program (SHSP)**

<b>Status:</b>	Editing	<b>Submitted Date:</b>	<b>Submitted By:</b>
----------------	---------	------------------------	----------------------

***Applicant Information***

---

**Primary Contact:**

<b>Name:*</b>	Ms. <small>Title</small>	Della <small>First Name</small>	Luster <small>Last Name</small>
<b>Job Title:*</b>	Administrative Coordinator		
<b>Email:*</b>	dluster@boonecountymo.org		
<b>Mailing Address:*</b>	2145 County Drive		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>*</b>	Columbia <small>City</small>	Missouri <small>State/Province</small>	65202 <small>Postal Code/Zip</small>
<b>Phone:*</b>	573-554-7907		<small>Ext.</small>
<b>Fax:</b>	573-442-3828		

**Organization Information**

<b>Applicant Agency:*</b>	Boone County, Emergency Management Agency
<b>Organization Type:*</b>	Government
<b>Federal Tax ID#:*</b>	436000349
<b>DUNS #:*</b>	073755977
<b>SAM/CCR CAGE Code:</b>	<small>Valid Until Date</small>
<b>Organization Website:</b>	www.showmeboone.com/OEM
<b>Mailing Address:*</b>	2145 County Drive
<b>Street Address 1:</b>	
<b>Street Address 2:</b>	



**City\*** Columbia Missouri 65202 0000  
City State/Province Postal Code/Zip + 4  
**County:\*** Boone  
**Congressional District:\*** 04  
**Phone:\*** 573-554-7900 Ext.  
**Fax:** 573-442-3828

**Contact Information**

---

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- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
- If the applicant agency is an Regional Planning Commission or Council of Government, 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. Daniel Atwill  
Title (Mr.,Ms,etc) First Name Last Name

**Job Title:\*** Presiding Commissioner  
**Agency:\*** Boone County Commission  
**Mailing Address:\*** 801 E. Walnut, Suite 333  
**Street Address 1:**  
**Street Address 2:**

\* Columbia Missouri 65201  
City State Zip Code

**Email:\*** datwill@boonecountymo.org  
**Phone:\*** 573-886-4306 Office Ext. Cell  
**Fax:** 573-886-4311

**Applicant Project Director**

**Applicant Project Director:\*** Mr. Chris Kelley  
Title (Mr.,Ms,etc) First Name Last Name

**Job Title:\*** Deputy Director  
**Agency:\*** Boone County Office of Emergency Management  
**Mailing Address:\*** 2145 E. County Drive  
**Street Address 1:**  
**Street Address 2:**

\* Columbia Missouri 65202  
 City State Zip Code

**Email:\*** ckelley@boonecountymo.org

**Phone:\*** 573-554-7908 573-268-6707  
 Office Ext. Cell

**Fax** 573-442-3828

**Fiscal Officer**

**Fiscal Officer:\*** Ms. June Pitchford  
 Title (Mr.Ms.etc) First Name Last Name

**Job Title:\*** Boone County Auditor

**Agency:\*** County of Boone

**Mailing Address:\*** 801 E. Walnut Room 304

**Street Address 1:**

**Street Address 2:**

\* Columbia Missouri 65201  
 City State Zip Code

**Email:\*** jpitchford@boonecountymo.org

**Phone:\*** 573-886-4275  
 Office Ext. Cell

**Fax** 573-886-4280

**Project Contact Person**

**Project Contact Person:** Ms. Della Luster  
 Title (Mr.Ms.etc) First Name Last Name

**Job Title:** Administrative Coordinator

**Agency:** Boone County Office of Emergency Management

**Mailing Address:** 2145 E. County Drive

**Street Address 1:**

**Street Address 2:**

Columbia Missouri 65202  
 City State Zip Code

**Email:** dluster@boonecountymo.org

**Phone:** 573-554-7907  
 Office Ext. Cell

**Fax:** 573-442-3828

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

---

**A. Project Worksheet**

**A.1 Project Title:\*** Generator Load Testing

**A.2 Agency Name:\*** Boone County Office of Emergency Management

**A.3 Region:\*** F

**A.4 County:\*** Boone

**A.5 Project Location Zip Code:\*** 65202

**A.6 Project Activity Type:\*** Establish/enhance public-private emergency preparedness program

**A.7 Was this project previously funded with State Homeland Security Program (SHSP) funds?\*** Yes

**A.7.a If you answered yes to Question # A.7, please give a brief description of the year and the project that was previously funded.** 2015-2016 Baldor 80KVA Generator Purchase  
2017-Generac 75KVA Generator Purchase  
Homeland Security Funds

**A.8 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?\*** Build/Enhance

**A.8.a If you answered Build/Enhance to question A.8 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?\*** No  
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\*** Annual load testing of large towable power electrical generators is necessary to ensure operations when needed for backup power supply, operational emergency communications.  
We have two generators, an 80 kva and a 75 kva.

**A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:\*** Load testing generators

10/01/2021-09/30/2022

**A.9.c Provide estimated duration of the project (how long will it take to complete this project):\***

**A.9.d What are the objectives this project is designed to accomplish? (the purpose of the project)\***

Enhance preparedness through the assessment of power generation assets. Complete load testing for generators that will be used to provide a backup power supply. Identify any vulnerabilities or maintenance concerns with emergency power assets, to maintain reliable response equipment.

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

Power generation for response and recovery in the event of long term or critical power outages caused by natural technological or man-made disasters including acts of terrorism.

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

In the event of a terrorist caused or natural catastrophic event, it will be necessary for impacted populations to have adequate and reliable electricity that will be provided through readily available and load tested generators. Generators may be required for emergency response to critical assets in the region.

**A.10 Please discuss the future sustainment plan for the requested item (s) in the application.\***

Load testing will have to be done annually to ensure operations when needed for backup power supply and operational emergency communications.

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

*Please review the State FY 2019 MO THIRA and FY 2020 MO SPR to determine the following:*

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

Infrastructure Systems

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

Will allow reliable power source within 8 hours of potential or actual incident to provide continuity of service and operation structure.

1000 Character Limit

**B.3 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)?**

Available within Region F and throughout the state for deployment during incidents where power is needed for response and recovery to natural, technological, or man-made disasters including those caused by acts of terrorism.

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.4 Please review the National Priorities in the FY 2021 SHSP Notice of Funding Opportunity or FY 2021 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
- 5. Combating Domestic Violent Extremism

*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 FY 2020 funds?:\* Yes

C.2 FY 2020 Investment Justification Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight

If funded with FY 2020 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2020 funds?

C.3 FY 2020 Prior Accomplishments: Completing generator load testing

250 Character Limit

C.4 Was any portion of the proposed project funded with FY 2019 funds?:\* Yes

C.5 FY 2019 Investment Justification: Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight

If funded with FY 2019 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2019 funds?

C.6 FY 2019 Prior Accomplishments: Completing generator load testing

250 Character Limit

C.7 Was any portion of the proposed project funded with FY 2018 funds?:\* Yes

C.8 FY 2018 Investment Justification: Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight Committees

If funded with FY 2018 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2018 funds?

C.9 FY 2018 Prior Accomplishments: Completing generator load testing

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: Generators (80 kva and 75 kva)

**D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s)?:** Generators need to be tested annually to ensure equipment meets or exceeds manufacturer specs and to ensure mission readiness for potential deployments.  
250 Character Limit

**D.4 Special conditions/requirements on sharing the deployable/shareable resource(s):** Operated by an experienced operator, maintain fluids and return to BCOEM in same condition as deployed.  
Example: Specific requirements of equipment, operator, etc.  
 250 Character Limit

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

**D.5 Is deployable resource NIMS Kind & Typed?:** No

**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:** Generators are Region F deployable assets.  
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\*** 06/29/2020  
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 agency's 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** No  
New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**fiscal or time accounting system that will be used on this award?\***

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

No  
 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**

Yes

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

Yes



**situational awareness?**

\*

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 considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. If the incorrect Authorized Official is listed in H.2 of the application, the 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 and is generally the applicant's elected or appointed chief executive. For example:*

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
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*If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.*

*\*\*The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you 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:\***      Daniel Atwill, Presiding Commissioner

**H.3 Name and Title of person completing this proposed application:\***      Della Luster, Administrative Coordinator

**H.4 Date:\***      04/19/2021

**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**

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
Other (computer, projector, chair, etc.)	Generator Load Testing	2.0	\$275.00	\$550.00	Emergency Management	Equipment	Power (e.g., generators, batteries, power cells)
				\$550.00			

**Narrative Justification - Supplies/Operations**

Annual generator testing is a sustainable item vital to the operations of generators. Cost is based on previous years.

Baldor 80 kva, and Generac 75 kva, housed at Boone County OEM, 2145 County Drive, Columbia, MO

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:** \$0.00

**Total Equipment:** \$0.00  
**Total Supplies/Operation:** \$550.00  
**Total Contractual:** \$0.00  
**Total Project Cost:** \$550.00

***Named Attachments***

<b>Attachment</b>	<b>Description</b>	<b>File Name</b>	<b>Type</b>	<b>File Size</b>
Audit/Financial Statement (REQUIRED)*	Single Audit Report 2019	2019_OMB_Circular_A-133.pdf	pdf	213 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quote or other costs basis				
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				



**Application**

**124238 - FY 2021 SHSP Region F - Final Application**

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**125349 - 25' Telescoping Mobile Security Tower  
State Homeland Security Program (SHSP)**

<b>Status:</b>	Editing	<b>Submitted Date:</b>		<b>Submitted By:</b>	
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**Applicant Information**

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**Primary Contact:**

<b>Name:*</b>	Ms.	Della	Luster
	<small>Title</small>	<small>First Name</small>	<small>Last Name</small>
<b>Job Title:*</b>	Administrative Coordinator		
<b>Email:*</b>	dluster@boonecountymo.org		
<b>Mailing Address:*</b>	2145 County Drive		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>* </b>	Columbia	Missouri	65202
	<small>City</small>	<small>State/Province</small>	<small>Postal Code/Zip</small>
<b>Phone:*</b>	573-554-7907		Ext.
<b>Fax:</b>	573-442-3828		

**Organization Information**

<b>Applicant Agency:*</b>	Boone County, Emergency Management Agency
<b>Organization Type:*</b>	Government
<b>Federal Tax ID#:*</b>	436000349
<b>DUNS #:*</b>	073755977
<b>SAM/CCR CAGE Code:</b>	
	<small>Valid Until Date</small>
<b>Organization Website:</b>	www.showmeboone.com/OEM
<b>Mailing Address:*</b>	2145 County Drive
<b>Street Address 1:</b>	
<b>Street Address 2:</b>	

**City\*** Columbia Missouri 65202 0000  
City State/Province Postal Code/Zip + 4  
**County:\*** Boone  
**Congressional District:\*** 04  
**Phone:\*** 573-554-7900 Ext.  
**Fax:** 573-442-3828

**Contact Information**

---

**Authorized Official**

*The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:*

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- *If the applicant agency is an Regional Planning Commission or Council of Government, 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. Daniel Atwill  
Title (Mr.Ms.etc) First Name Last Name

**Job Title:\*** Presiding Commissioner  
**Agency:\*** Boone County Commission

**Mailing Address:\*** 801 E Walnut Suite 333

**Street Address 1:**

**Street Address 2:**

\* Columbia Missouri 65202  
City State Zip Code

**Email:\*** datwill@boonecountymo.org

**Phone:\*** 573-886-4306  
Office Ext. Cell

**Fax:** 573-886-4311

**Applicant Project Director**

**Applicant Project Director:\*** Mr. Chris Kelley  
Title (Mr.Ms.etc) First Name Last Name

**Job Title:\*** Deputy Director  
**Agency:\*** Boone County Office of Emergency Management

**Mailing Address:\*** 2145 E. County Drive

**Street Address 1:**

**Street Address 2:**

\*  
 Columbia Missouri 65202  
City State Zip Code  
**Email:\*** ckelly@boonecountymo.org  
**Phone:\*** 573-554-7908  
Office Ext. Cell  
**Fax** 573-442-3828

**Fiscal Officer**

**Fiscal Officer:\*** Ms June Pitchford  
Title (Mr.Ms.etc) First Name Last Name  
**Job Title:\*** Boone County Auditor  
**Agency:\*** County of Boone  
**Mailing Address:\*** 801 E. Walnut Suite 304  
**Street Address 1:**  
**Street Address 2:**

\*  
 Columbia Missouri 65201  
City State Zip Code  
**Email:\*** jpitchford@boonecountymo.org  
**Phone:\*** 573-886-4275  
Office Ext. Cell  
**Fax** 573-886-4280

**Project Contact Person**

**Project Contact Person:** Ms Della Luster  
Title (Mr.Ms.etc) First Name Last Name  
**Job Title:** Administrative Coordinator  
**Agency:** Boone County Office of Emergency Management  
**Mailing Address:** 2145 E. County Drive  
**Street Address 1:**  
**Street Address 2:**

Columbia Missouri 65202  
City State Zip Code  
**Email:** dluster@boonecountymo.org  
**Phone:** 573-554-7907  
Office Ext. Cell  
**Fax:** 573-442-3828

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

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**A. Project Worksheet**

**A.1 Project Title:\*** Mobile Security Tower

**A.2 Agency Name:\*** Boone County Office of Emergency Management

**A.3 Region:\*** F

**A.4 County:\*** Boone

**A.5 Project Location Zip Code:\*** 65202

**A.6 Project Activity Type:\*** Manage, update and/or implement the State Homeland Security Strategy

**A.7 Was this project previously funded with State Homeland Security Program (SHSP) funds?\*** No

**A.8 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?\*** Build/Enhance

**A.8.a If you answered Build/Enhance to question A.8 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?** Yes  
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.** Was not able to locate this within the region

**A.9.a Project Description\*** A telescoping trailer mounted mobile security tower to ensure redundancy for enhanced public safety by providing operational coordination, intelligence, information sharing, and risk management for any incident or planned event.

**A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:\*** Purchase of 30' Mobile Security Tower with cameras, recorder, and router.

**A.9.c Provide estimated duration of the project (how long will it take to complete this project):\*** 10/01/21-09/30/22

**A.9.d What are the objectives this project is designed to** To monitor and provide additional security for large events and for any incident. This is a self contained unit and allows for wireless transmission of data back to the EOC or local/remote base.



accomplish? (the purpose of the project)\*

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

This aligns with the THIRA in terms of communications and interoperability across functional response and recovery areas that are necessary during an act of terrorism.

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

To have the ability to coordinate regardless of severity of disaster/act of terrorism and share information to enhance prevention, protection, mitigation, response, and recovery.

**A.10 Please discuss the future sustainment plan for the requested item (s) in the application.\***

Will need consistent annual WiFi service and up to date equipment to have the ability to coordinate regardless of severity of disaster/act of terrorism and share information to enhance prevention, protection, mitigation, response, and recovery.

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

*Please review the State FY 2019 MO THIRA and FY 2020 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?\***

Within [ 4 ] [ hour(s) ] of a potential or actual incident, establish and maintain a unified and coordinated operational structure and process across [ 130 ] jurisdictions affected and with [ 242 ] partner organizations involved in incident management. Maintain for [ 60 ] [ day(s) ].



1000 Character Limit

**B.3 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 BCOEM use, it provides a service in the region and state to maintain a unified and coordinated operational structure that can support a response to all hazards including acts of terrorism. This allows for information sharing by data transmission or live stream and risk management during any event or incident.



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.4 Please review the National Priorities in the FY 2021 SHSP Notice of Funding Opportunity or FY 2021 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*
5. *Combating Domestic Violent Extremism*

*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 the Protection of Soft Targets/Crowded Places

**Core Capability:\*** Operational coordination

**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 FY 2020 funds?\*** No

**C.4 Was any portion of the proposed project funded with FY 2019 funds?\*** No

**C.7 Was any portion of the proposed project funded with FY 2018 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:** Mobile Security Tower

**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):** We have mutual aid agreements and/or MOUs in place. Agency will be responsible for their own record retention requirements set by State las and local retention policies. Will need to return in same condition as deployment.

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

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

**D.5 Is deployable resource NIMS Kind & Typed?:** No

**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\***

06/29/2020  
 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 agency's 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?\***

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

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No  
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**F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?\***

No

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**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**

Yes

to each individuals incident responsibilities in alignment with the NIMS training program?:"

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Yes

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

Yes

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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?:"

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

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

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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

Yes

dissemination of incident information to the public, incident personnel, traditional and social media, and other stakeholders?\*

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:**

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*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 considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. If the incorrect Authorized Official is listed in H.2 of the application, the application will be deemed ineligible for funding.*

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*\*\*The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you 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:\*** Daniel Atwill, Presiding Commissioner

**H.3 Name and Title of person completing this proposed application:\*** Della Luster, Administrative Coordinator

**H.4 Date:\*** 04/23/2021

**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:
Mobile Self contained CCTV Trailer	14SW-01-VIDA	1.0	\$87,000.00	\$87,000.00	Yes	Emergency Management	Equipment	Information Technology
				\$87,000.00				

**Narrative Justification - Equipment**

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This is a telescoping self contained mobile security tower to ensure redundancy for enhanced public safety by providing operational coordination, intelligence, information sharing, and risk management for any incident or planned event.

5000 Character Limit

**Supplies/Operations**

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Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
Other (computer, projector, chair, etc.)	First Net WIFI Servcie	12.0	\$40.00	\$480.00	Emergency Management	Organization	Operational support
				\$480.00			

**Narrative Justification - Supplies/Operations**

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Annual WiFi service to allow local or remote access to operate the CCTV and to allow wireless transmission of data.

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**

<b>Total Personnel:</b>	\$0.00
<b>Total Benefits:</b>	\$0.00
<b>Total Travel:</b>	\$0.00
<b>Total Equipment:</b>	\$87,000.00
<b>Total Supplies/Operation:</b>	\$480.00
<b>Total Contractual:</b>	\$0.00
<b>Total Project Cost:</b>	\$87,480.00

**Named Attachments**

Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)*	Latest Single Audit Report	2019_OMB_Circular_A-133.pdf	pdf	213 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quote or other costs basis	Self Contained CCTV trailer quote	CCTV trailer quote.pdf	pdf	2.6 MB
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				



Other Supporting Information				
Other Supporting Information				

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

April Session of the April Adjourned

Term. 20 21

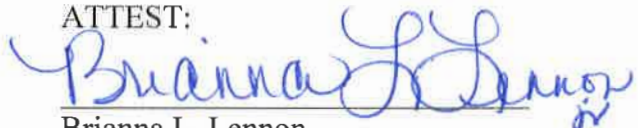
In the County Commission of said county, on the 29th day of April 20 21

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the Organizational Use of the Boone County Courthouse Plaza and Commission Chambers by First Ward City Council Member on May 15, 2021 from 12:00pm until 4:00pm. This approval is contingent upon adherence to the current health order. The Commission's approval of the use of the interior of the Government Center, specifically the Commission Chambers, is conditioned upon that inside use being consistent with the then-applicable building use policies set forth by the Commission in light of the COVID-19 pandemic and local health orders.

Done this 29th day of April 2021.

ATTEST:

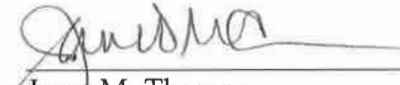
  
Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Justin Aldred  
District I Commissioner



Janet M. Thompson  
District II Commissioner



# Boone County Commission

## APPLICATION FOR ORGANIZATIONAL USE OF BOONE COUNTY COURTHOUSE PLAZA

The undersigned organization hereby applies for a use permit to use the Boone County Courthouse Plaza as follows:

Organization: First Ward City Council Member / First Ward

Address: 606 N 6<sup>th</sup> St

City: Columbia State: MO ZIP Code 65201

Phone: 573.256.6841 Website: patfowler4firstward.com

Individual Requesting Use: Pat Fowler

Position in Organization: First Ward City Council Member

Address: City Hall, 701 Broadway E

City: Columbia State: MO ZIP Code 65201

Phone: 573.874.2489 Email: ward1@comco.gov

Event: First Ward Meeting

Description of Use (ex. Concert, speaker, 5K): discussion groups

Date(s) of Use: May 15, 2021

Start Time of Setup: 12 noon AM/PM

Start Time of Event: 1:00 pm AM/PM (If start times vary for multiple day events, please specify)

End Time of Event: 3:00 pm AM/PM (If end times vary for multiple day events, please specify)

End Time of Cleanup: 4:00 pm AM/PM

Emergency Contact During Event: Pat Fowler Phone: 573.256.6841

Will this event be open to the public?  Yes  No

If yes, please explain the publicity that will be used to promote the event, including names and contact information of any promoters: flyers, door to door, phone calls, emails, facebook

and twitter. I am relying on neighborhood leaders to spread the word on the meeting and its intended outcomes.

How many attendees (including volunteers) do you anticipate being at your event? 100 including volunteers

If you anticipate more than 50 attendees (including volunteers) at your event, please detail your safety plan in the event of an emergency. If you have a separate Fire Safety, Public Safety and Evacuation Plan, please submit with application.

We will work with Stephanie Browning's office regarding COVID safety precautions. Should there be severe weather, we would use of public address system to direct our participants to seek shelter. Same with fire, or other public safety emergency.

If you anticipate more than 1000 attendees (including volunteers), please provide the names and contact information of your crowd managers (1 per every 250 attendees): I do not.

Will the majority of attendees be under the age of 18?  Yes  No

If yes, please note the number of adult supervisors in attendance: \_\_\_# adults per \_\_\_# minors

Will you need access to electricity?  Yes  No

Will you be using amplifiers?  Yes  No public address system for announcements

Will you be serving food and/or non-alcoholic drinks?  Yes  No

If yes, will you be **selling** food and/or non-alcoholic drinks?  Yes  No

If yes, please provide the following with copies of licenses attached to application:

Missouri Department of Revenue Sales Tax Number: \_\_\_\_\_

County Merchant's License Number: \_\_\_\_\_

City Temporary Business License Number: \_\_\_\_\_

Will you be serving alcoholic beverages?  Yes  No

If yes, will you be **selling** alcoholic beverages?  Yes  No

If yes, please provide the following with copies of licenses attached to application:

State Liquor License Number: \_\_\_\_\_

County Liquor License Number: \_\_\_\_\_

City Liquor License Number: \_\_\_\_\_

Will you be selling non-food items?  Yes  No

If yes, please provide the following with copies of licenses attached to application:

Missouri Department of Revenue Sales Tax Number: \_\_\_\_\_

County Merchant's License Number: \_\_\_\_\_

City Temporary Business License Number: \_\_\_\_\_

Will outside vendors be selling food, beverages or non-food items at this event?  Yes  No

If yes, please provide the following information (use separate sheet if necessary):

Vendor	Type of Sales	Contact Information	License Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will you be requesting a road and/or sidewalk closure?  Yes  No

If yes, what road(s) and/or sidewalk(s)? \_\_\_\_\_

Please attach to application a copy of the order showing City of Columbia City Council approval.

Does your event include cooking or use of open flames?  Yes  No

If yes, please provide the Columbia Fire Department Special Events Permit Number: \_\_\_\_\_

Please attach to application a copy of the approved Columbia Fire Department Special Events Permit

Events that may pose increased responsibilities to the local law enforcement may be required to enlist the services of a professional security company. This will be determined by the Boone County Sheriff's Department and Boone County Commission. If necessary, have you hired a security company to handle security arrangements for this event?

Yes  No

If yes, please provide the following:

Security Company: \_\_\_\_\_

Contact Person Name and Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will you be using portable toilets for your event?  Yes  No

\*\*Please note: portable toilets are not permitted on the Boone County Courthouse Plaza grounds. Please contact the City of Columbia for options.

If your event is such that requires insurance per the Boone County Courthouse Plaza Rules and Regulations, please provide a copy of acquired insurance plan.

*please advise*

A deposit is required for use of the Boone County Courthouse Plaza. Please refer to the Boone County Courthouse Plaza Rules and Regulations for the deposit fee schedule. Boone County Facilities Maintenance Staff will inspect the Courthouse Plaza before and after each event. If staff finds the Courthouse Plaza is left the condition in which it was found, the deposit will be refunded to the organization. Please indicate below to whom the refund check should be issued:

Name/Organization: Pat Fowler 4 First Ward  
Address: 606 N 6<sup>th</sup> St  
City: Columbia State: MO ZIP Code: 65201

The undersigned organization agrees to abide by the following terms and conditions in the event this application is approved:

1. To notify the Columbia Police Department and Boone County Sheriff's Department of time and date of use and abide by all applicable laws, ordinances and county policies in using Courthouse Plaza grounds.
2. To abide by all rules and regulations as set forth in the Boone County Courthouse Plaza Rules and Regulations document updated July 11, 2013 and attached to this document.
3. To remove all trash or other debris that may be deposited (by participants) on the courthouse grounds and/or in rooms by the organizational use.
4. To repair, replace, or pay for the repair or replacement of damaged property including shrubs, flowers or other landscape caused by participants in the organizational use of courthouse grounds and/or carpet and furnishings in rooms.
5. To conduct its use of Courthouse Plaza grounds in such a manner as to not unreasonably interfere with normal courthouse and/or Boone County Government building functions.
6. To indemnify and hold the County of Boone, its officers, agents and employees, harmless from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature including costs, litigation expenses, attorney fees, judgments, settlements on account of bodily injury or property damage incurred by anyone participating in or attending the organizational use on the courthouse grounds and/or use of rooms as specified in this application.

Organization Representative/Title: Pat Fowler, First Ward City Council Member  
Address: 606 N 6<sup>th</sup> St  
Phone Number: 573.256.6841 Date of Application: 4/27/2021  
Email Address: ward1@comco.gov  
Signature: Pat Fowler

Applications may be submitted in person or by mail to the Boone County Commission, 801 E. Walnut, Room 333, Columbia, MO 65201 or by email to [commission@boonecountymissouri.org](mailto:commission@boonecountymissouri.org).

#### PERMIT FOR ORGANIZATIONAL USE OF BOONE COUNTY COURTHOUSE PLAZA

The County of Boone hereby grants the above application for permit in accordance with the terms and conditions above written. The above permit is subject to termination for any reason by duly entered order of the Boone County Commission.

ATTEST:

BOONE COUNTY, MISSOURI

Branna L. Lennon  
County Clerk

[Signature]  
County Commissioner

DATE: 4.29.2021



# Boone County Commission

## APPLICATION FOR ORGANIZATIONAL USE OF BOONE COUNTY CONFERENCE ROOMS

The undersigned organization hereby applies for a use permit to use Boone County Government conference rooms as follows:

Organization: First Ward City Council Member / First Ward  
 Address: 606 N 6<sup>th</sup> St  
 City: Columbia State: MO ZIP Code: 65201  
 Phone: 573.256.6841 Website: patfowler4firstward.com  
 Individual Requesting Use: Pat Fowler Position in Organization: First Ward City Council Member  
 Facility requested:  Chambers  Room 301  Room 311  Room 332  Centralia Clinic  bathrooms adjacent  
 Event: First Ward Meeting  
 Description of Use (ex. Speaker, meeting, reception): for cooling space; bathroom facilities  
 Date(s) of Use: May 15, 2021  
 Start Time of Setup: 12 noon AM  PM  Start Time of Event: 1:00 pm  
 End Time of Event: 3:00 AM  PM  End Time of Cleanup: 4:00 pm

The undersigned organization agrees to abide by the following terms and conditions in the event this application is approved:

- To abide by all applicable laws, ordinances and county policies in using Boone County Government conference rooms.
- To remove all trash or other debris that may be deposited (by participants) in rooms by the organizational use.
- To repair, replace, or pay for the repair or replacement of damaged property including carpet and furnishings in rooms.
- To conduct its use in such a manner as to not unreasonably interfere with Boone County Government building functions.
- To indemnify and hold the County of Boone, its officers, agents and employees, harmless from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature including costs, litigation expenses, attorney fees, judgments, settlements on account of bodily injury or property damage incurred by anyone participating in or attending the organizational use of rooms as specified in this application.

Organization Representative/Title: Pat Fowler, First Ward City Council Member  
 Phone Number: 573.256.6841 Date of Application: 4/27/2021  
 Email Address: ward1@comco.gov

Applications may be submitted in person or by mail to the Boone County Commission, 801 E. Walnut, Room 333, Columbia, MO 65201 or by email to [commission@boonecountymo.org](mailto:commission@boonecountymo.org).

### PERMIT FOR ORGANIZATIONAL USE OF BOONE COUNTY GOVERNMENT CONFERENCE ROOMS

The County of Boone hereby grants the above application for permit in accordance with the terms and conditions above written. The above permit is subject to termination for any reason by duly entered order of the Boone County Commission.

ATTEST:

Brianna L Lennon  
County Clerk

BOONE COUNTY, MISSOURI

[Signature]  
County Commissioner

DATE: 4.29.21

PAT FOWLER 4 FIRST WARD  
PO BOX 1631  
COLUMBIA, MO 65205

18-1/1010

1004

DATE 4/27/2021

5 DOLLAR MARK OVERPRINTED  
Priority Mail Plus Envelope



PAY TO Boone County Treasurer \$ 100 <sup>NO</sup>/<sub>100</sub>  
THE ORDER OF - one hundred and <sup>NO</sup>/<sub>100</sub> —  
DOLLARS

NO  
100

Heat  
Reactive  
Ink



**Commerce Bank**

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Columbia, Missouri 65201  
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908

MEMO plaza deposit

Pat Fowler

MP

⑆ 101000019⑆ 709992823⑈ 1004

FOR FURTHER AUTHENTICATING FEATURES, PLEASE VISIT THE SECURITY COLLAGE AND HEAT REACTIVE INK NOTED ON BACK