

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING FORM**

OMB Control Number: 1660-0115  
Expiration: 1/31/2024

**Paperwork Burden Disclosure Notice**

Public reporting burden for this data collection is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, Washington, DC, 20472, Paperwork Reduction Project (1660-0115).

**PRIVACY NOTICE**

The collection of this information is authorized by the National Environmental Policy Act of 1969, as amended, Pub. L. No. 91-190, § 102, 42 U.S.C. §§ 4321-4347; and National Historic Preservation Act of 1966, as amended, Pub. L. No. 89-665, § 102, 16 U.S.C. § 470.

This information is being collected for the primary purpose of determining eligibility and administration of FEMA Preparedness Grant Programs and to ensure compliance with existing laws and regulations regarding the environment and historic preservation.

The disclosure of information on this form is required by law and failure to provide the information requested may delay or prevent the organization from receiving grant funding.

**Directions for completing this form:** This form is designed to initiate and facilitate the environmental and historic preservation (EHP) compliance review for your FEMA preparedness grant-funded project(s). FEMA conducts its EHP compliance reviews in accordance with National Environmental Policy Act (NEPA) and other EHP-related laws and executive orders. In order to initiate EHP review of your project, you must complete all relevant sections of this form and submit it to the Grant Programs Directorate (GPD) along with all other pertinent project information. Failure to provide requisite information could result in delays in the release of grant funds. **Be advised that completion of this form does not complete the EHP review process.** You will be notified by FEMA when your review is complete and/or if FEMA needs additional information.

This form should be completed electronically. The document is available in both Word and Adobe Acrobat (pdf) formats at this website: (<http://www.fema.gov/library/viewRecord.do?fromSearch=fromsearch&id=4802>). The following website has additional guidance and instructions on the EHP review process and the information required for the EHP review: <https://www.fema.gov/environmental-planning-and-historic-preservation-compliance>

Submit completed form through your grant administrator who will forward it to [GPDEHPInfo@fema.dhs.gov](mailto:GPDEHPInfo@fema.dhs.gov). Please use the subject line: **EHP Submission: Project Title, location, Grant Award Number (Example, EHP Submission: Courthouse Camera Installation, Any Town, State, 12345; 2011-SS-0xxxx).**

**SECTION A. PROJECT INFORMATION**

DHS Grant Award Number: \_\_\_\_\_

Grant Program: \_\_\_\_\_

Grantee: \_\_\_\_\_

Grantee POC: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Sub-Grantee: \_\_\_\_\_

Sub-Grantee POC: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Estimated cost of project: \_\_\_\_\_

Project title: \_\_\_\_\_

Project location (physical address or latitude-longitude): \_\_\_\_\_

**Project Description.** Provide a complete project description. The project description should contain a summary of what specific action is proposed, where it is proposed, how it will be implemented. Include a brief description of the objectives the project is designed to accomplish (the purpose), and the reason the project is needed. Use additional pages if necessary. If multiple sites are involved, provide the summary for each site:

## SECTION B. PROJECT TYPE

Based on the proposed project activities, determine which project type applies below and complete the corresponding sections that follow. For multi-component projects or those that may fit into multiple project types, complete the sections that best apply and fully describe all major components in the project description. If the project involves multiple sites, information for each site (such as age of structure, location, ground disturbance, etc.) must be provided. Attach additional pages to this submission, if needed.

1.  **Purchase of equipment.** Projects in this category involve the purchase of equipment that will require installation on or in a building or structure. Complete other portions of Section B as needed. Complete Section C.1.
2.  **Training and exercises.** Projects in this category involve training exercises with any field-based components, such as drills or full-scale exercises. Complete Section C.2.
3.  **Renovations/upgrades/modifications or physical security enhancements to existing structures.** Projects in this category involve renovations, upgrades, retrofits, and installation of equipment or systems in or on a building or structure. Examples include, but are not limited to: interior building renovations; electrical system upgrades; sprinkler systems; vehicle exhaust systems; closed circuit television (CCTV) cameras; security fencing; access control for an area, building, or room; bollards; motion detection systems; alarm systems; security door installation or upgrades; lighting; and audio-visual equipment (projectors, smart boards, whiteboards, monitors, displays, and projector screens). Complete Section C.3.
4.  **Generator installation.** Projects in this category involve installation of new or replacement generators, to include the concrete pads, underground fuel and electric lines, and if necessary, a fuel storage tank. Complete Section C.4.
5.  **New construction/addition.** Projects in this category involve new construction, addition to, or expansion of a facility. These projects involve construction of a new building, or expansion of the footprint or profile of a current structure. Complete Section C.5.
6.  **Communication towers, antennas, and related equipment.** Projects in this category involve construction of new or replacement communications towers, or installation of communications-related equipment on a tower or building or in a communications shelter or building. Complete Section C.6.
7.  **Other.** Projects that do not fit in any of the categories listed above. Complete Section C.7.

**SECTION C. PROJECT TYPE DETAILS**

Check the box that applies to the proposed project and complete the corresponding details.

1.  **Purchase of equipment.** *If the entire project is limited to purchase of mobile/portable equipment and there is no installation needed, this form does not need to be completed and submitted.*

a. Specify the equipment, and the quantity of each: \_\_\_\_\_

b. Provide the Authorized Equipment List (AEL) number(s) (if known): \_\_\_\_\_

c. Complete Section D.

2.  **Training and exercises.** *If the training is classroom and discussion-based only, and is not field-based, this form does not need to be completed and submitted.*

a. Describe the scope of the proposed training or exercise (purpose, materials, and type of a activities required): \_\_\_\_\_

b. Provide the location of the training (physical address or latitude-longitude): \_\_\_\_\_

c. Would the training or exercise take place at an existing facility which has established procedures for that particular proposed training or exercise, and that conforms with existing land use designations?  Yes  No

• If yes, provide the name of the facility and the facility point of contact (name, telephone number, and e-mail address): \_\_\_\_\_

• If no, provide a narrative description of the area where the training or exercise would occur (e.g., exercise area within four points defined by latitude/longitude coordinates): \_\_\_\_\_

• Does the field-based training/exercise differ from previously permitted training or exercises in any way, including, but not limited to frequency, amount of facilities/land used, materials or equipment used, number of participants, or type of activities? \_\_\_\_\_

• If yes, explain any differences between the proposed activity and those that were approved in the past, and the reason(s) for the change in scope: \_\_\_\_\_

• If no, provide reference to previous exercise (e.g., FEMA grant name, number, and date): \_\_\_\_\_

d. Would any equipment or structures need to be installed to facilitate training? \_\_\_\_\_

• If yes, complete Section D

3.  **Renovations/upgrades/modifications, or physical security enhancements to existing structures.** *If so, Complete Section D.*

4.  **Generator installation.**

- a. Provide capacity of the generator (kW): \_\_\_\_\_
- b. Identify the fuel to be used for the generator (diesel/propane/natural gas): \_\_\_\_\_
- c. Identify where the fuel for the generator would be stored (e.g. stand-alone tank, above or below ground, or incorporated in generator): \_\_\_\_\_
- d. Complete Section D.

5.  **New construction/addition.**

- a. Provide detailed project description (site acreage, new facility square footage/number of stories, utilities, parking, stormwater features, etc): \_\_\_\_\_
- b. Provide technical drawings or site plans of the proposed project:  Attached
- c. Complete Section D.

6.  **Communication towers, antennas, and related equipment.**

- a. Provide the current net height (in feet above ground level) of the existing tower or building (with current attached equipment): \_\_\_\_\_
- b. Provide the height (in feet above ground level) of the existing tower or building after adding/replacing equipment: \_\_\_\_\_

**Complete items 6.c through 6.q below ONLY if this project involves construction of a new or replacement communications tower. Otherwise continue to Section D.**

- c. Provide the ground-level elevation (feet above mean sea level) of the site of the proposed communications tower: \_\_\_\_\_
- d. Provide the total height (in feet above ground level) of the proposed communications tower or structure, including any antennas to be mounted: \_\_\_\_\_
- If greater than 199 feet above ground level, state why this is needed to meet the requirements of the project: \_\_\_\_\_
- e. Would the tower be free-standing or require guy wires?  Free standing  Guy wires
- If guy wires are required, state number of bands and the number of wires per band: \_\_\_\_\_
- Explain why a guyed tower is needed to meet the requirements of this project: \_\_\_\_\_
- f. What kind of lighting would be installed, if any (e.g., white strobe, red strobe, or steady burning)? \_\_\_\_\_
- g. Provide a general description of terrain (e.g., mountainous, rolling hills, flat to undulating): \_\_\_\_\_
- h. Describe the frequency and seasonality of fog/low cloud cover: \_\_\_\_\_

i. Provide a list of habitat types and land use at and adjacent to the tower site (within 1/2 mile), by acreage and percentage of total (e.g., woodland conifer forest, grassland, agriculture) water body, marsh: \_\_\_\_\_

j. Is there evidence of bird roosts or rookeries present within 1/2 mile of the proposed site?  Yes  No

• Describe how presence/absence of bird roosts or rookeries was determined: \_\_\_\_\_

k. Identify the distance to nearest wetland area (e.g., forested swamp, marsh, riparian, marine) and coastline if applicable: \_\_\_\_\_

l. Distance to nearest existing telecommunication tower: \_\_\_\_\_

m. Have measures been incorporated for minimizing impacts to migratory birds?  Yes  No

• If yes, Describe: \_\_\_\_\_

n. Has a Federal Communications Commission (FCC) registration been obtained for this tower?  Yes  No

• If yes, provide Registration #: \_\_\_\_\_

• If no, why? \_\_\_\_\_

o. Has the FCCE106 process been completed?  Yes  No

p. Has the FCC Tower Construction Notification System (TCNS) process been completed?  Yes  No

• If yes, Describe: \_\_\_\_\_

q. Would any related equipment or structures need to be installed (e.g., backup generator and fuel source, communications shelter, fencing, or security measures)?  Yes  No

• If yes, explain where and how each installation would be done. Provide details about generator capacity (kW), fuel source, fuel location and tank volume, amount of fencing, and size of communication shelter: \_\_\_\_\_

r. Complete Section D.

7.  **Other:** Complete this section if the proposed project does not fit any of the categories above.

a. Provide a complete project description: \_\_\_\_\_

b. Complete Section D.

**SECTION D. PROJECT DETAILS**

Complete all of the information requested below.

1.  **Project Installation**

a. Explain how and where renovations/upgrades/modifications would take place, or where equipment/systems will be installed:

\_\_\_\_\_

b. Would ground disturbance be required to complete the project or training?  Yes  No

• If Yes, provide total extent (depth, length, and width) of each ground-disturbing activity. Include both digging and trenching. For example, light poles and fencing have unique ground-disturbing activities (e.g., six light poles, 24" dia. x 4' deep; trenching 12" x 500' x 18" deep; 22 fence posts, 12" diameter x 3' deep, and 2 gate posts, 18" diameter x 3' deep):

\_\_\_\_\_

• If yes, describe the current disturbed condition of the area (e.g., parking lot, road right-of-way, commercial development): \_\_\_\_\_

c. Would the equipment use the existing infrastructure for electrical distribution systems?  Yes  No

• If no, describe power source and detail its installation at the site: \_\_\_\_\_

2.  **Age of structure/building at project site**

a. Provide the year existing building(s) or structure(s) on/in/nearest to the location involved in the proposed project was built: \_\_\_\_\_

• If the building or structure involved is over 45 years old and significant renovation, rehabilitation, or modification has occurred, provide the year(s) modified and briefly describe the nature of the modification(s): \_\_\_\_\_

b. Are there any structures or buildings that are 50 years old or older in or adjacent to the project area?  Yes  No

• If yes, provide the location of the structure(s), ground-level color photographs of the structure(s), and identify their location(s) on an aerial map: \_\_\_\_\_

c. Is the project site listed in the National Register of Historic Places (National Register), or in/near a designated local or National Register Historic District? The internet address for the National Register is: <http://nrhp.focus.nps.gov/>  Yes  No

• If yes, identify the name of the historic property, site and/or district and the National Register document number: \_\_\_\_\_

3.  **Site photographs, maps and drawings**

a. Attach site photographs. Site photographs are required for all projects. Use the following as a checklist for photographs of your project. Attach photographs to this document or as accompanying documents in your submission.

- Labeled, color, ground-level photographs of the project site:  Required
  - Labeled, color photograph of each location where equipment would be attached to a building or structure:  Required
  - Labeled, color aerial photographs of the project site:  Required
  - Labeled, color aerial photographs that show the extent of ground disturbance (if applicable):  Attached
  - Labeled, color ground-level color photographs of the structure from each exterior side of the building/structure (applicable only if building/structure is more than 45 years old):  Attached
- b. Are there technical drawings or site plans available?  Yes  No
- If yes, attach:  Attached

**Appendix A has guidance on preparing photographs for EHP review**

4.  **Environmental documentation**

a. Is there any previously completed environmental documentation for this project at this proposed project site (e.g., Environmental Assessment, or wetland delineation, or cultural/archaeological study)?

Yes  No

• If yes, attach documentation with this form:

Attached

b. Is there any previously completed agency coordination for this project (e.g., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

Yes  No

• If yes, attach documentation with this form:

Attached

c. Was a NEPA document prepared for this project?

Yes  No

• If yes, what was the decision? (Check one, and please attach):

Finding of No Significant Impact (FONSI) from an Environmental Assessment (EA) or

Record of Decision (ROD) from an Environmental Impact Statement (EIS).

Name of preparing agency: \_\_\_\_\_

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



## Appendix A. Guidance for Supporting Photographs for EHP Grant Submissions

Photographs are a vital component of the EHP review process and add an additional level of understanding about the nature and scope of the project. They also provide pre-project documentation of site conditions. Please follow the guidance provided below when preparing photographs for your EHP submission. The following pages provide examples of best practices used in earlier EHP submissions.

### Minimum requirements for photographs

1. Photographs should be in color.
2. Label all photographs with the name of facility, location (city/county, state) and physical location (physical address or latitude-longitude).
3. Label the photographs to clearly illustrate relevant features of the project, such as location of installed features (e.g., cameras, fences, sirens, antennas, generators) and ground disturbance. See examples below.
4. Identify ground disturbance. Adding graphics to a digital photograph is a means to illustrate the size, scope and location of ground disturbing activities.

### Best Practices

1. Provide photographs in a separate file.
2. Place no more than 2 pictures per page.
3. Compressing pictures files (such as with Microsoft Picture Manager)<sup>1</sup> or saving the file in PDF format will reduce the size of the file and facilitate e-mail submissions.
4. Identify the photograph file with the project name so that it can be matched to the corresponding FEMA EHP screening form.
5. Maximum file size for enclosures should not exceed 12 MB. If the total size of files for an EHP submission exceeds 12 MB, send the submission in multiple e-mails.
6. If necessary, send additional photographs or data in supplemental e-mails. Please use the same e-mail subject line with the additional label: 1 of x, 2 of x, . . . x of x.

### Options for Creating Photographs

1. Obtain an aerial photo. There are multiple online sources for aerial photographs.
2. For the aerial photo, use the screen capture feature (Ctrl + Print Screen keys) and copy the image to photo editing software, such as Paint, or PhotoShop.<sup>1</sup> Use that software to crop the image so the photo has the content necessary.
3. Open PowerPoint, or other graphics-oriented software, and paste the aerial or ground-level photograph on the canvas.
4. Use drawing tools, such as line drawing and shapes, to indicate the location of project features (for example: fencing, lighting, sirens, antennas, cameras, generators).
5. Insert text to label the features and to label the photograph.
6. Use drawing tools to identify ground-disturbing activities (if applicable).
7. Save the file with the project name or grant number so that it can be appropriately matched to the corresponding FEMA EHP screening form. Include this file with the EHP screening when submitting the project.

Appendix A. Supporting Photographs for EHP Grant Submissions

**Example Photographs**

**Aerial Photographs.** The example in Figure 1 provides the name of the site, physical address and proposed location for installing new equipment. This example of a labeled aerial photograph provides good context of the surrounding area.

Figure 1. Example of labeled, color aerial photograph.

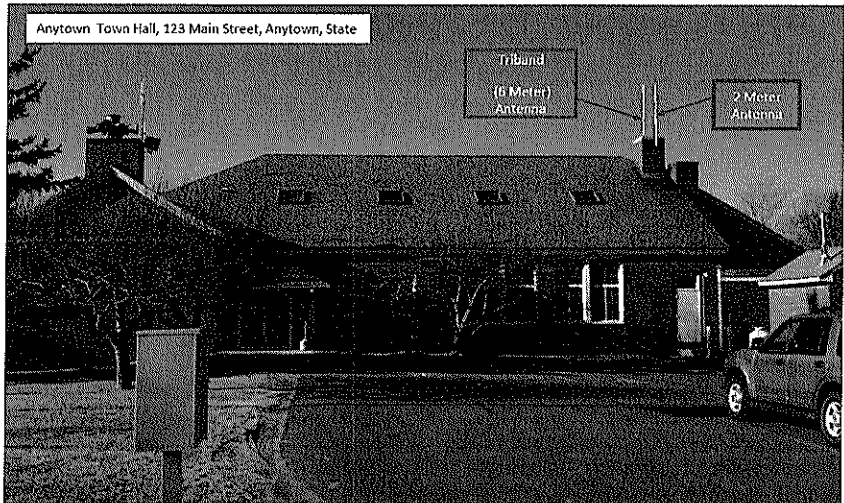


Figure 2. Example of ground-level photograph showing proposed attachment of new equipment.

**Ground-level photographs.** The ground-level photograph in Figure 2 supplements the aerial photograph in Figure 1, above. Combined, they provide a clear understanding of the scope of the project. This photograph has the name and address of the project site, and uses graphics to illustrate where equipment will be installed.

Appendix A. Supporting Photographs for EHP Grant Submissions

**Ground-level photograph with equipment close-up.** Figure 3 includes a pasted image of a CCTV camera that would be placed at the project site. Using desktop computer software, such as PowerPoint, this can be accomplished by inserting a graphic symbol (square, triangle, circle, star, etc.) where the equipment would be installed. This example includes the name and location of the site. The site coordinates are in the degree-minute-second format.

Abc Tower Site, Some County, State: 12° 34' 56.7" N,  
45° 67' 89.12" W

New CCTV  
Camera

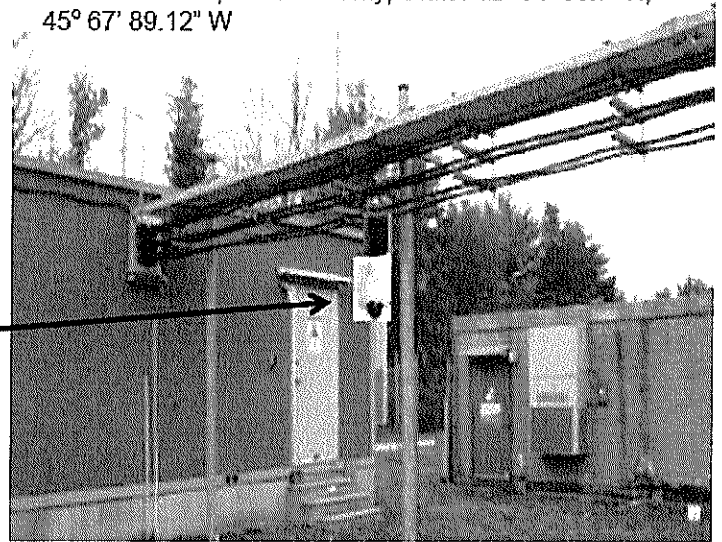


Figure 3. Ground-level photograph with graphic showing proposed equipment installation.

**Ground-level photograph with excavation area close-up.** The example in Figure 4 shows the proposed location for the concrete pad for a generator and the ground disturbance to connect the generator to the building's electrical service. This information can be illustrated with either an aerial or ground-level photograph, or both. This example has the name and physical address of the project site.

Sometown Community Center, 123 Elm Street, Sometown, State

Trenching from  
generator to  
building's  
electrical service:  
22 ft x 18 in x 6  
in.

Generator Pad,  
4 ft x 10 ft x 8 in



Figure 4. Ground-level photograph showing proposed ground disturbance area.

Appendix A. Supporting Photographs for EHP Grant Submissions

**Communications equipment photographs.** The example in Figure 5 supports a project involving installation of equipment on a tower. Key elements are identifying where equipment would be installed on the tower, name of the site and its location. This example provides site coordinates in decimal format.



6ft and 3ft  
Microwave  
Dishes at 50ft

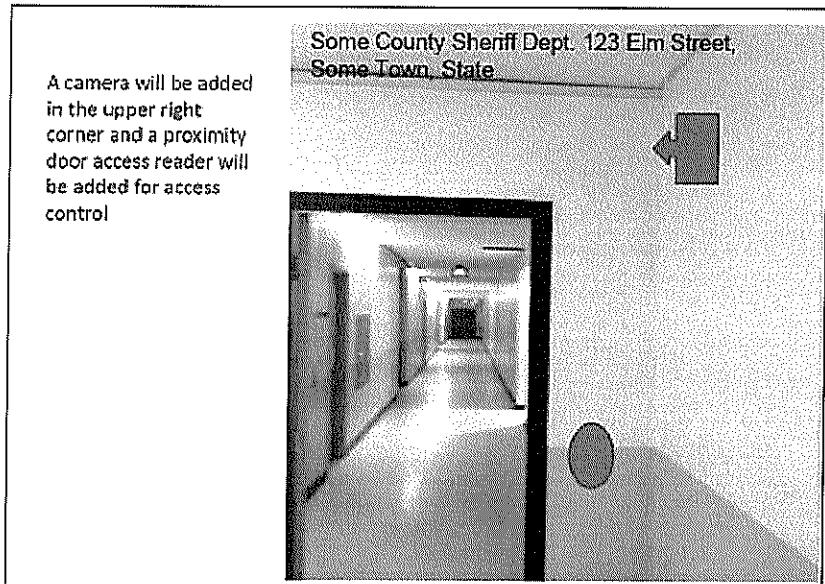
4ft Microwave  
Dish at 20ft

Any County Tower, State: 12.3456° N, 34.5678° W

Figure 5. Ground-level photograph showing proposed locations of new communications equipment on an existing tower.

**Interior equipment photographs.**

The example in Figure 6 shows the use of graphic symbols to represent security features planned for a building. The same symbols are used in the other pictures where the same equipment would be installed at other locations in/on the building. This example includes the name of the facility and its physical address.



A camera will be added  
in the upper right  
corner and a proximity  
door access reader will  
be added for access  
control

Some County Sheriff Dept. 123 Elm Street,  
Some Town, State

Figure 6. Interior photograph showing proposed location of new equipment.

**Ground-level photographs of nearby historic structures and buildings.** Consultation with the State Historic Preservation Office (SHPO) may be required for projects involving structures that are more than 50 years old, or are on the National Register of Historic Places. In that event, it will be necessary to provide a color, ground-level photograph of each side of the building/structure.

1 Use of brand name does not constitute product endorsement, but is intended only to provide an example of the type of product capable of providing an element of the EHP documentation.

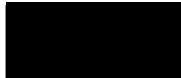
# Application Information

## Instructions:

- Complete the applicable fields on each page.
- Note that some fields may be required, but if they are not relevant to your agency or the program, a response of "NA" is acceptable.
- Also, the "save" button is located in the upper right hand corner of each page.
- After completing each application section the "save" button must be pressed in order to keep the submitted information and move to the next page.
- Please ensure that your organization name matches your STAARS Vendor Registration.
- To update your Grants.Alabama.Gov Organization Name, navigate to your profile, and click "Organization Information".
- This is a reimbursement grant. Funds have to be expended first and then reimbursement is made for the expenditure.
- Only one (1) priority per application. Agencies may apply for multiple priorities but must do so with separate applications.

## Subgrantee Applicant Info

Organization Name: *Baldwin County Commission* STAARS Vendor Number: *VC000137679*

UEI Number: *MMDHCQ2E82J5* EIN: (Federal Tax ID) 

SAM Expiration Date: *11/16/2023* Zip: *36507*

SAM Activity Status: *No Exclusions*

Is this money being passed through to another agency/agencies? Yes No

**NOTE: All applications are required to have at least three individuals assigned to the document. Please ensure that they have been added to your organization prior to selecting them in the dropdowns below. To add additional organization members please go to your profile in the top right corner of the screen and click on organization members.**

Authorizing Official

Select the individual authorized to enter into binding commitments on behalf of the applicant. The official will normally be the Board President or the chief officer of the agency or governmental unit involved; i.e. Mayor, County Commission Chairman, City Council President, State Department Director, President of the Board of Directors.

Name\*

*CHARLES GRUBER*

Title\* *CHAIRMAN*

Phone No.\* *(251) 580-1838*

Address\* *312 COURTHOUSE SQUARE*

E-Mail\* *CGRUBER@BALDWINCOUNTYAL.GOV*

Project Director

Select the individual who combines knowledge and experience in the project area with abilities in administration and supervision of personnel. The project director will also be expected to devote the necessary amount of time to ensure the effective management the project.

Name\*

*Katrina Taylor*

Title\* *Grants Coordinator*

Phone No.\* *(251) 937-0323*

Address\* *312 COURTHOUSE SQUARE*

E-Mail\* *katrina.taylor@baldwincountyal.gov*

Financial Officer

Select the individual who will be responsible for fiscal matters relating to the project, and in ultimate charge of accounting, management of funds, verification of expenditures, and grant financial reports.

**Name\***

*CHRISTIE BEZOARI*

**Title\*** *ACCOUNTING MANAGER*

**Address\*** *312 COURTHOUSE SQUARE*

**Phone No.\*** *(251) 580-1838*

**E-Mail\*** *CDAVIS@BALDWINCOUNTYAL.GOV*

# Project Description

**Project Name\*** Southwest Alabama Regional Deployable Morgue  
**What is your service area for this project?\*** Municipality County Other

**Please Describe:** Southwest region of Alabama

**Core Capability Selection:** Public Health, Healthcare, and Emergency Medical Services

**Does this project require new construction, renovation, retrofitting, or modifications of existing structures?**

Yes  No

**Does your agency spend \$750,000 or more in federal grant funds per fiscal year?**

(See 2 CFR 200.500)

Yes  No

**Describe the needs of the agency and the problem the project will be addressing.**

*This project will equip and enable the Baldwin County Coroner with the ability to transport a deployable morgue to any mass fatality event in the southwest region of Alabama. The Baldwin County Coroner is currently the custodian of a deployable 12-person morgue provided via a grant with Alabama Department of Public Health. This project will fund the purchase of a Ford Super Duty F250 truck and an 8.5 x 20 enclosed trailer that will be used to transport the deployable morgue. The Baldwin County Commission will facilitate the grant and purchase of the new truck and trailer. This project will begin 11/1/2023 and end 9/30/2024 upon delivery of the purchased equipment. The deployable morgue is designed to be a regional asset that can be delivered and set up at virtually any location. Baldwin County is positioned between the City of Mobile, AL and the City of Pensacola, FL. Mobile, AL is a port city and Pensacola, FL has a major military base. Both of the nearby cities have increased potential for terrorist threats. Baldwin County has experienced multiple incidents within the last 24 months where a deployable morgue could have been used. These incidents include 2 different incidents involving a Navy plane crash, a large bus crash, and the effects of Covid. Pensacola has experienced an active shooter on the Navy base within the last 18 months. In addition, this deployable morgue is available to counties in the southwest region of the State of Alabama.*

**List any emergencies or incidents that may have brought this need to your attention.**

*Baldwin County has experienced multiple incidents within the last 24 months where a deployable morgue could have been used. These incidents include 2 different incidents involving a Navy plane crash, a large bus crash, and the effects of Covid. Pensacola has experienced an active shooter on the Navy base within the last 18 months. In addition, this deployable morgue is available to counties in the southwest region of the State of Alabama*

**What solution are you proposing to meet this issue. Describe how this will be implemented and accomplished.**

*The Baldwin County Coroner's Office has updated the mass fatality plan for the agency and is working with local EMA and other agencies to include the plan into the overall response plan locally and regionally. A huge part of the overall response plan includes maintaining the proper equipment to transport the deployable morgue when and where needed without impacting the daily response order or equipment required to respond locally. This grant will allow for the purchase of dedicated equipment to transport the deployable morgue. This will also allow for proper organization of supplies and materials needed to run the deployable morgue as well as the ability to train staff members on the use of the deployable morgue via local and regional exercises.*

*This project will close a capability gap in the following manners:*

*Planning: Utilization of a deployable morgue with a dedicated truck and enclosed trailer will allow for better planning for a variety of mass fatality events as they may occur in the southwest region of Alabama. Knowing the equipment is readily available and well-maintained changes the level of planning as compared to relying on another resource that may not be well maintained or may not be available during a time of need.*

*Organization: This project will allow the deployable morgue to be transported throughout the southwest region without impacting the daily operation of the Baldwin County Coroner's Office. Deployment will not require the use of daily equipment but will be reliant upon use of equipment dedication to the regional mission of the deployable morgue.*

*Equipment: This project will provide the equipment needed to transport the deployable morgue throughout the southwest region of Alabama. In addition, any supplemental equipment and supplies will be able to be placed in a central location ready for deployment.*

*Training: This project will allow for the response plan to be finalized and subsequently all staff will be trained on the response plan allowing for a state of readiness.*

*Exercises: This project will allow for local and regional exercises of the deployable morgue. This will add to the success and resilience of the deployable morgue during times of need.*

**Milestone(s):** Need for overflow/ deployable morgue identified. Grant with Alabama Department of Public Health pursued and awarded. Start April 1, 2021 / End October 2022 Deployable morgue delivered from MOPEC. Start January 1, 2023 / End February 28, 2023 Initial setup of the deployable morgue. Start and End March 15, 2023 Identification of the need for dedicated truck and trailer to transport the deployable morgue and the application to ALEA grant for funding. Start 2/1/2023 / End 8/1/2023. ALEA grant award. Start 10/1/2023 / End 10/31/2023. Equipment purchase. Start 11/1/2023 / End 09/31/2024.

**Anticipated Completion Date:** 9/30/2024

**If purchasing communication equipment, is it P25 compliant?**

Yes  No





# Budget Worksheet

## Items Unallowable for Applications:

- Riot gear
- Weapons and weapon accessories
- Body cameras
- Boats or watercraft
- Unmanned aerial systems/vehicles/drones
- Operational overtime
- Technology to mitigate or counter unmanned aerial system/vehicles/drones

Expense Category	Category	AEL REF #	Item	Unit Price	Quantity	Total	Discipline	Recipient
Equipment	Other Authorized Equipment (OAE)	12TR-00-TEQP	Ford F250 Superduty	\$51,977	1	\$51,977.00	PH-Public Health	Baldwin County Commission
Equipment	Other Authorized Equipment (OAE)	12VE-00-MISS	8.5' x 20' Enclosed Trailer	\$8,200	1	\$8,200.00	PH-Public Health	Baldwin County Commission
<b>Total:</b>								\$60,177.00

## Budget Narrative

Please include a detailed description of each item listed above. Explain how it aligns with your project.

The Ford F259 Super Duty truck will be used to pull the 8.5' x 20' enclosed trailer to transport the deployable morgue throughout the southwest region of Alabama in response to any mass fatality incidents.

# Misc Attachments

**Instructions:**

Click on the name of documents to be taken to the most recent version of each form.  
The forms can then be saved and uploaded by clicking the "select" button.  
Any attachments not specifically listed can be entered under the "Other Attachments" section.

**Disclosure Statement \***

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000. The form must be signed, dated, and notarized prior to submission. Complete all lines as indicated. If an item does not apply, denote N/A (not applicable).

**Certification Regarding Debarment Suspension Ineligibility & Involuntary Exclusion \***

This form is used to ensure that an agency is not suspended or otherwise excluded from receiving federal funding. This form must be completed and signed.

**Certification Regarding Drug Free Workplace Requirements \***

This form certifies that the subrecipient will provide a drug-free workplace. Certification Regarding Drug-Free Workplace Requirements form must be completed and signed.

**Equal Employment Opportunity Certification\***

Compliance is required with federal laws which prohibit discrimination on the basis of race, color, national origin, religion, sex, age or disability. The Equal Employment Opportunity Program Certification must be completed and signed by the Authorizing Official.

**Financial Questionnaire \***

This questionnaire is a tool designed to assist both the subgrantee and the ALEA staff in assessing the subgrantee's management capabilities. Subrecipient organizations are expected to have certain systems, policies, and procedures in place for managing their own funds, equipment, and personnel. The questionnaire must be completed and signed.

**Risk Assessment Questionnaire \***

This questionnaire is a supplemental tool for completing a full risk assessment. A risk assessment must be conducted on each applicant before an award can be made. A higher risk rating may require additional grant requirements or special conditions. All assessments are unique and are handled on a case-by-case basis.

**Certification Regarding Lobbying**

This form certifies compliance with federal restrictions on lobbying. The Certification Regarding Lobbying must be completed and be signed by the Authorizing Official for grant awards in excess of \$100,000.

**Environmental and Historic Preservation Screening Form (EHP)**

*At the time of award, if your agency is required to submit an EHP, please upload here.*

**W-9 \***

*Please upload your agency's W-9.*

**Procurement Policy \***

*Please upload your agency's procurement policy.*

**Other**

*Please upload any other necessary documents here. Add rows for each separate document.*

Description



# State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

( )

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

( )

This form is provided with:

Contract     Proposal     Request for Proposal     Invitation to Bid     Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

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Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

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List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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***By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.***

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Notary's Signature Date Date Notary Expires

*Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.*

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions  
(Sub-Recipient)**

- 1 By signing and submitting this proposal, the prospective lower-tier participant is providing the certification set out below.
- 2 This certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3 The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4 The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage section of rules implementing Executive Order 12549.
- 5 The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6 The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction," without modification, in all lower covered transactions and in all solicitations for lower tier covered transactions.
- 7 A participant in a covered transaction may rely upon a certification of a prospective participant a lower tier covered transaction that is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
- 8 Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9 Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

This certification is required by the regulations implementing Executive Order 12549, Debarment and suspension, 28 CFR Part 67, Section 67.510, Participants' Responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160 - 19211)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in these certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_  
(Type or Print Name and Title of Authorized Representative)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
(Address of Organization)

# Certification Regarding Drug Free Workplace Requirements Grantees Other Than Individuals

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 28 CFR Part 67, subpart F. The regulation, published in the January 31, 1989 Federal Register, require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment (see 28 DFR part 67, Sections 67.615 and 67.620).

**The grantee certifies that it will provide a drug free workplace by:**

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- (b) Establishing a drug free awareness program to inform employees about --
  - 1. The dangers of drug abuse in the workplace.
  - 2. The grantee's policies of maintaining a drug free workplace.
  - 3. Any available drug counseling, rehabilitation, and employee assistance programs.
  - 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
  - 1. Abide by the terms of the statement.
  - 2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
  - 1. Taking appropriate personnel action against such an employee, up to and including termination.
  - 2. Requiring such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

**Place(s) of Performance: The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (Street Address, City, County, State, Zip Code):**

Street Address	City	County	State	Zip Code
Street Address	City	County	State	Zip Code
Street Address	City	County	State	Zip Code
Organization Name		Applicant or Grant Number		
Name and Title of Authorizing Representative				
Signature			Date	





# Alabama Law Enforcement Agency

## Financial Questionnaire

### Section I. General Information

1. Subgrantee: \_\_\_\_\_ Subgrant Number : \_\_\_\_\_  
2. Financial Officer : \_\_\_\_\_ Telephone Number : \_\_\_\_\_  
3. Contact Person : \_\_\_\_\_ Telephone Number : \_\_\_\_\_

The financial responsibility of subgrantees must be such that the subgrantee can properly discharge the public trust that accompanies the authority to expend public funds. Adequate accounting systems should meet the criteria outlined in the appropriate federal/state regulations and meet the following criteria:

- (1) Accounting records should provide information needed to adequately identify the receipt of funds under each subgrant awarded and the expenditure of funds for each subgrant, for each action program and for each subgrant awarded by the State
- (2) Entries in accounting reports should refer to subsidiary records and/or documentation which support the entry and which can be readily located.
- (3) The accounting system should provide accurate and current financial reporting information.
- (4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

### Section II. Accounting System

1.  Manual       Automated       Combination      Which best describes the accounting system?
2.  Yes       No      Does the organization use a double entry system in accounting for program funds?
3.  Yes       No      Does the accounting system identify the receipt and expenditures of program funds separately for each subgrant?
4.  Yes       No      Does the accounting system provide for the recording of expenditures for each subgrant by the component project and budget cost categories shown in the approved budget?
5.  Yes       No      Are time distribution records maintained for an employee when his/her effort can be specifically identified to a particular cost objective?
6.      Does the accounting / financial system include budgetary controls to preclude incurring obligations in excess of:
- Yes       No      a. Total funds available for a subgrant?
- Yes       No      b. Total funds available for a budget cost category (e.g., Personnel, Travel, Operating Expense, etc.)
7.  Yes       No      Is the organization generally familiar with the existing regulations and guidelines containing the cost principles and procedures for the determination of allowance of costs in connection with Federal contracts/grants/subgrants?

**Financial Questionnaire (continued)**

Subgrantee: \_\_\_\_\_  
Subgrant Number : \_\_\_\_\_

**Section III. Fund Control**

- 1.  Yes       No      Is a separate bank account maintained for subgrant funds?
- 2.  Yes       No      If Federal subgrant funds are commingled with organization funds, can the Federal subgrant funds and related costs and expenses be readily identified?
- 3.  Yes       No      Are the officials of the organization bonded?

**Section IV. Additional Information**

Yes       No      Did an independent certified public accountant (CPA) ever examine the financial statements?

- 1. Date of the last audit \_\_\_\_\_
- 2. Dates covered by the last audit    From \_\_\_\_\_ to \_\_\_\_\_
- 3. Date of the next audit \_\_\_\_\_
- 4. Dates covered by the next audit    From \_\_\_\_\_ to \_\_\_\_\_

Use the following space for any additional information. Indicate the section and item numbers if there is a continuation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section V. Applicant Certification**

I certify that the above information is complete and correct to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## Risk Assessment

Please select only one checkbox for each question.

<b>Subrecipient:</b>		
Does the agency receive $\geq$ 25% in non-Federal funding?	Less than 25% in non-Federal Funding	<input type="checkbox"/>
	25% - 50% in non-Federal Funding	<input type="checkbox"/>
	> 50% in non-Federal Funding	<input type="checkbox"/>

Non-Profits Only: Does the agency seek additional funding through regular fundraisers?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If no, please explain.

Is the entity new to operating or managing state and/or federal funds (has not done so within the past 5 years)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If yes, please explain.

Is this program new for the entity (managed for fewer than 3 years)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Has there been high staff turnover or agency reorganization that affects this program?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Are the staff assigned to the program inexperienced with the program (worked with the program for less than 2 funding cycles)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Does the agency have a new Executive Director and/or new Financial Officer (within last 2 years)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Does the agency/entity have or previously had a lawsuit(s) filed against them (within the last five years)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If yes, please explain.

Has any of the agency's staff been jailed, convicted of a felony, or are currently under criminal investigation?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If yes, please explain.

Is the agency/entity currently or previously been suspended or debarred?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If yes, please explain.

Does the agency have a financial management system in place to track and record the program expenditures? (ex: QuickBooks, Peachtree, or Custom Proprietary System)	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Does the accounting system identify the receipts and expenditures of program funds separately for each award?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Does the agency have loans to help meet its cash needs?	\$0	<input type="checkbox"/>
	≤ \$50,000	<input type="checkbox"/>
	> \$50,000	<input type="checkbox"/>

N/A

Is the agency delinquent in paying any obligations?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

Has it been more than one year since the agency received a single audit? (If required)	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
If yes, please explain.		

Were there any audit findings?	Yes, 5+	<input type="checkbox"/>
	Yes, 1 - 4	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes, please explain.		

# Certification Regarding Lobbying

Each applicant shall file this certification and disclosure form if applicable, with each submission that initiates agency consideration of such applicant for an award of an Alabama Law Enforcement Agency (ALEA) contract, grant or cooperative agreement of \$100,000 or more.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any non-Federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall initial here \_\_\_\_\_ and complete and submit Standard Form #LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers and that all sub-recipients shall certify and disclose accordingly.

Signature of Authorized Official

Date

Title