#### **GRANT APPLICATION**

Grant **Emergency Management Performance Grant** 

**Department:** OFFICE OF EMERG. MGMT.

**Grantor:** U.S. DEPARTMENT OF HOMELAND

Pass-Through

**Grantor (If** TENN. EMERG. MGMT.

**Total** \$188,350.00

Metro Cash \$188,350.00

**Department** Drusilla Martin

862-5462

Status **CONTINUATION** 

**Program Description:** 

Funding to subsize Emergency Management Program for Nashville/Davidson County.

#### Plan for continuation of services upon

Contingent upon availability of funds.

APPROVED AS TO

APPROVED AS TO FORM **AVAILABILITY OF FUNDS:** AND LEGALITY:

DocuSigned by:

4/13/2021 kenin (numbo/tlo

Director of Finance

Date DS TE

DocuSigned by: Miki Eke

DocuSigned by:

John Cooper

4/13/2021

Metropolitan Attorney

Date

APPROVED AS TO RISK **AND INSURANCE:** 

DocuSigned by:

Balogun (obb

4/13/2021

Director of Risk

Date

**Management Systems** 

4/13/2021

-Metropolitan Mayor

Date

(The application is contingent upon the approval by the

Metropolitan Council.)

#### **Grants Tracking Form**

|  |                    |                    |                    | Part                  | One                |            |                        |                          |                              |                                   |
|--|--------------------|--------------------|--------------------|-----------------------|--------------------|------------|------------------------|--------------------------|------------------------------|-----------------------------------|
| Pre-Application                        | 0                  | Application (      | •                  | Award Accept          |                    | Con        | tract Amendn           | nent O                   |                              |                                   |
| Departme                               |                    | Dept. No.          |                    | <u> </u>              | Conta              | ct         |                        |                          | Phone                        | Fax                               |
| OFFICE OF EMERG. MGM                   | 1T. ▼              | 049                | Drusilla Martin    |                       |                    |            |                        |                          | 862-5462                     |                                   |
| Grant Name:                            |                    | Emergency Mar      | nagement Perfor    | mance Grant (E        | MPG) 20-22         | )<br>-     |                        |                          |                              |                                   |
| Grantor:                               |                    | U.S. DEPARTMENT OF | HOMELAND SECURIT   | Y                     |                    | •          | Other:                 |                          |                              |                                   |
| Grant Period Fro                       | om:                | 10/01/20           |                    | (applications only) A | nticipated Ap      | plication  | Date:                  | 04/16/21                 |                              |                                   |
| Grant Period To:                       | :                  | 09/30/22           | -                  | (applications only) A | pplication De      | adline:    |                        | 04/16/21                 |                              |                                   |
| Funding Type:                          |                    | FED PASS THRU      | _                  |                       | Multi-Depa         |            | Grant                  |                          | ► If yes, list               | below.                            |
| Pass-Thru:                             |                    | TENN. EMERG. MGMT  | . 🔻                |                       | Outside Co         |            |                        |                          | , , , , , ,                  |                                   |
| Award Type:                            |                    | FORMULA            | _                  |                       | Total Awa          |            |                        | \$188,350.00             |                              |                                   |
| Status:                                |                    | CONTINUATION       | _                  |                       | Metro Cas          |            | h:                     | \$188,350.00             | -                            |                                   |
| Metro Category:                        |                    | Est. Prior.        | _                  |                       | Metro In-K         |            |                        | \$0.00                   |                              |                                   |
| CFDA#                                  |                    | 97.042             | 1                  |                       |                    |            | al required?           | <b>▽</b>                 |                              |                                   |
| Project Descript                       | ion:               | 37.042             |                    |                       | Applic. Subm       |            | <u> </u>               |                          |                              |                                   |
| Funding to subsize                     |                    | v Management E     | Program for Nach   | wille/Davidson (      |                    | iitted Lie | ctromcany:             |                          |                              |                                   |
| Plan for continua<br>Contingent upon a |                    |                    | ation of grant/Bi  | udgetary Impac        | : <b>::</b>        |            |                        |                          |                              |                                   |
| How is Match De                        | otorminod2         |                    |                    |                       |                    |            |                        |                          |                              |                                   |
| Fixed Amount of                        |                    | \$188,350.00       | or                 |                       | % of Gra           | nt         |                        | Other:                   |                              |                                   |
| Explanation for '                      | "Other" me         |                    | ing match:         |                       |                    |            |                        |                          |                              |                                   |
| Salaries and all ot                    | hers will be       | used for match.    | ·                  |                       |                    |            |                        |                          |                              |                                   |
| For this Metro F                       |                    |                    | d local Metro ca   |                       |                    | _          | 10101                  | D 1                      | 4046                         | 1000                              |
| Is already in dep                      |                    | aget?              |                    | \$188,350.00          |                    | Fund       | 10101                  | Business Unit            |                              | 1000                              |
| Is not budgeted?                       |                    |                    |                    |                       |                    | Propos     | ed Source of           | Match:                   | OEM                          | Budget                            |
| (Indicate Match A                      | amount & S         | ource for Rema     | ining Grant Yea    | rs in Budget B        | elow)              |            |                        |                          |                              |                                   |
| Other:                                 | 4                  |                    |                    | 0.63                  |                    |            |                        |                          | 0                            |                                   |
| Number of FTEs                         |                    |                    |                    | 0.00                  |                    |            | positions add          | ied:                     | 0.00                         |                                   |
| Departmental Inc                       |                    |                    |                    |                       |                    |            | rant to Metro:         |                          | \$101,709.00                 |                                   |
| *Indirect Costs a                      |                    | O Yes ● No         | % Allow.           |                       |                    | •          | ed from Grant          | or:                      | \$0.00                       | in budget                         |
| *(If "No", please att                  | tach docume        | entation from the  | grantor that indir | ect costs are not     | allowable.         | See Inst   | ructions)              |                          |                              |                                   |
| Draw down allow                        |                    |                    |                    |                       |                    |            |                        |                          |                              |                                   |
| Metro or Commu                         | unity-based        | Partners:          |                    |                       |                    |            |                        |                          |                              |                                   |
|  |                    |                    |                    | Part Tv               | vo                 |            |                        |                          |                              |                                   |
|  |                    |                    |                    |                       | ant Budget         |            |                        |                          |                              |                                   |
| Budget Fiscal Year                     | Federal<br>Grantor | State Grantor      | Other Grantor      | Local Match<br>Cash   | Match So<br>(Fund, |            | Local Match<br>In-Kind | Total Grant<br>Each Year | Indirect<br>Cost to<br>Metro | Ind. Cost<br>Neg. from<br>Grantor |

|                   |                         |                    |               |               | Part Tw             | 0                          |                        |                          |                              |                                   |
|-------------------|-------------------------|--------------------|---------------|---------------|---------------------|----------------------------|------------------------|--------------------------|------------------------------|-----------------------------------|
|                   |                         |                    |               |               | Gra                 | ant Budget                 |                        |                          |                              |                                   |
| Budget<br>Year    | Metro<br>Fiscal<br>Year | Federal<br>Grantor | State Grantor | Other Grantor | Local Match<br>Cash | Match Source<br>(Fund, BU) | Local Match<br>In-Kind | Total Grant<br>Each Year | Indirect<br>Cost to<br>Metro | Ind. Cost<br>Neg. from<br>Grantor |
| Yr 1              | FY22                    | \$188,350.00       |               |               | \$188,350.00        | 10101, 49101000            | \$0.00                 | \$376,700.00             | \$101,709.00                 | \$0.00                            |
| Yr 2              | FY23                    |                    |               |               |                     |                            |                        |                          |                              |                                   |
| Yr 3              | FY                      |                    |               |               |                     |                            |                        |                          |                              |                                   |
| Yr 4              | FY                      |                    |               |               |                     |                            |                        |                          |                              |                                   |
| Yr 5              | FY                      |                    |               |               |                     |                            |                        |                          |                              |                                   |
| To                | tal                     | \$188,350.00       |               |               | \$188,350.00        |                            | \$0.00                 | \$376,700.00             | \$101,709.00                 | \$0.00                            |
|                   | Da                      | ate Awarded:       |               |               | Tot. Awarded:       |                            | Contract#:             |                          |                              |                                   |
| (or) Date Denied: |                         |                    |               | Reason:       |                     |                            |                        |                          |                              |                                   |
|                   | (0                      | r) Date Withd      | rawn:         |               | Reason:             |                            |                        |                          |                              |                                   |

Contact: <u>trinity.weathersby@nashville.gov</u> <u>vaughn.wilson@nashville.gov</u>

Rev. 5/13/13 **5213** 

> GCP Rec'd 04/12/21

GCP Approved 04/12/21

νw

#### 2021 EMERGENCY MANAGEMENT PERFORMANCE GRANT **AWARD APPLICATION**

Please fill out this application and return it to your regional office.

| APPLICANT:                      | Metropolitan Governme  | ent of Nashville- Davidson County                                 |                             |
|---------------------------------|--|---|-----------------------------|
| (EMPG) P                        | e to participate in the 20<br>rogram. (Please submi<br>ion in this program). | 21 Emergency Management Perf<br>t a letter from your county Mayor | ormance Grant<br>requesting |
| ☐ I would <u>NO</u><br>(EMPG) P | <u>T</u> like to participate in t<br>rogram.                                 | he 2021 Emergency Management                                      | t Performance Grant         |
| lf applying for par             | ticipation, please read a  | and fill out next step:   |                             |
| This is a 50% match             | ning program. Please list t  | the 2021 EMPG eligible budget amou                                | unt.                        |
| 2021 EMPG Eligi                 | ble Budget Amount:   | \$940,200   |                             |
| Remember, in addition           | to the ability of local governme   | ent to provide the 50% match, requirement                         | ts for entry and            |

continuation in the program include:

- An Emergency Management Agency established by local ordinance/laws.
- Having a full-time Emergency Program Manager.
- Compliance with Title VI of the Civil Rights Act of 1964.
- Having an approved human resources merit system.
- Having a State approved Basic Emergency Operations Plan (BEOP).
- Compliance with the Tennessee Code Annotated (TCA- 58) on Emergency Management (EM).
- maintaining and operating the Tennessee Early Warning Advisory System (TEWAS) phone in the 24-hour warning
- Compliance with the National Incident Management System (NIMS).

| h               | 4                | cial (EMA DIRECTOR) |  |
|-----------------|------------------|---------------------|--|
| Name and little | (Type or Print   |                     |  |
| WILLIAM         | SWANN            | DIRECTOR CHIEF      |  |
| Phone Number    | r including (Are | a Code)             |  |
| 615.89          | 30-2955          |                     |  |



**TEMA** 

### 2021 Program Worksheet Davidson County

|      | Task/Program Elements  | Projected Quarter<br>Completion |
|------|--|---------------------------------|
| EMA  | AP STANDARD 3.1 – Program Administration, Plans & Evaluation   | •                               |
| •    | Review Basic Emergency Operations Plan annually and update as required.  | 4 <sup>th</sup> Quarter         |
| •    | Annual Program Worksheet is completed and signed by County Emergency Management Director.  | 1 <sup>st</sup> Quarter         |
| EMA  | AP STANDARD 3.2 – Program Coordinator  |                                 |
| •    | Current letter of appointment is on file with TEMA.  | 1 <sup>st</sup> Quarter         |
| •    | Director or designee will attend regional directors' meetings  | On Occurrence                   |
| EMA  | AP STANDARD 3.3 - Advisory Committee   |                                 |
| •    | EM Advisory Committee meet on a regular basis and includes the "whole community" approach to EM. (if applicable)   | On Occurrence                   |
| EMA  | P STANDARD 4.1 – Administration and Finance  |                                 |
| •    | Submit Staffing Pattern and Salary and Benefits form to the regional office with a letter from County Mayor requesting EMPG funding for the next FFY by 30 June.   | 3 <sup>rd</sup> Quarter         |
| •    | Ensure all files relating to emergency management funding and activities are current and open for review.  | Quarterly                       |
| •    | Submit Quarterly Activity Reports by the 15 <sup>th</sup> day of each new federal fiscal quarter to the Regional Office.   | Quarterly                       |
| •    | Submit quarterly Funding Certification with supporting documentation by the 15 <sup>th</sup> day of each new federal fiscal quarter to the Regional Office.  | Quarterly                       |
| EMA  | P STANDARD 4.2 – Laws and Authorities  |                                 |
| •    | Review the Local Ordinance/Executive Order that established the Local EMA Office and up-date the document as needed to remain in compliance with the TCA, Title 58-Chapter 2, Part 1 (Disasters, Emergencies and Civil Defense.) | 1 <sup>st</sup> Quarter         |
| EMA  | P STANDARD 4.3 – Hazard Identification & Risk Assessment   |                                 |
| 0    | Review the counties Hazard and Vulnerability Assessment and make adjustments as needed.  | 3 <sup>rd</sup> Quarter         |
| EMA  | P STANDARD 4.4 – Hazard Mitigation   |                                 |
| •    | Review and update Hazard Mitigation Plan as needed/required  | 3 <sup>rd</sup> Quarter         |
|      | P STANDARD 4.5 – Prevention and Security   |                                 |
|      | Be an active member of the Homeland Security District; attend meetings and insure the county is meeting district goals and objectives.   | Quarterly                       |
| EMA] | P STANDARD 4.6 – Planning  |                                 |
| •    | Review and update Annex and ESFs to the BEOP as required Attend LEPC meetings and provide a copy of each LEPC meeting  | 4 <sup>th</sup> Quarter         |
|      | minutes to the Regional Office   | On Occurrence                   |



TEMA

### 2021 Program Worksheet Davidson County

| EMA      | P STANDARD 4.7 – Incident Management  |                         |
|----------|---|-------------------------|
| •        | Report incidents and missions to the SEOC/SWP and/or regional   | On Occurrence           |
|          | office in a timely manner.  |                         |
| •        | Note mission and incident and other EM activities in the quarterly  | Quarterly               |
| •        | report. Utilize TEMA's WebEOC as a disaster management/information tool   | On Occurrence           |
| ЕМА      | P STANDARD 4.8 – Resource Management and Logistics  |                         |
| •        | Develop/update Resource management SOG for the County   | 1 <sup>st</sup> Quarter |
| EMA      | P STANDARD 4.9 – Mutual Aid   |                         |
|          | Review Established procedures for requesting and receiving Mutual   | 4 <sup>th</sup> Quarter |
|          | Aid Resources based local agreements and state law.   |                         |
| EMA      | P STANDARD 4.10 – Communications and Warning  | ž.                      |
| •        | Test local communications and warning systems on a regular basis.   | Monthly                 |
| •        | Establish connectivity with Tennessee Early Warning Advisory  |                         |
|          | System (TEWAS) to the 24-hour warning point and check monthly.  | Monthly                 |
|          | Update key elected and appointed officials contact list using state   | <u> </u>                |
| 13.5.4   | provided format on a quarterly basis.   | Quarterly               |
|          | P STANDARD 4.11 – Operations and Procedures   |                         |
| •        | Ensure operational checks are performed on all assigned radiological  | Quarterly               |
|          | detection equipment.  | 2 <sup>nd</sup> Quarter |
| •        | Review and update operational checklist for EOC activation.   | 2 Quarter               |
| •        | Review and update operational checklists for CRP and POD  | 2 <sup>nd</sup> Quarter |
| 'N/I A 1 | operations P STANDARD 4.12 – Facilities   | 2 Quarter               |
|          |   | t at =                  |
| •        | Ensure the program has a primary and alternate facility identified and capable of coordinating and supporting sustained response and recovery operations. | 1 <sup>st</sup> Quarter |
| MA       | P STANDARD 4.13 – Training  |                         |
| •        | Develop a Multi-Year Training Plan (2 year)   | 4 <sup>th</sup> Quarter |
|          | Complete the annual NIMS reporting tool as required   | As Required             |
| •        | Maintain records on NIMS requirements and encourage all agencies to meet the training objectives.   | Quarterly               |
| •        | Demonstrate a good faith effort in coordinating and conducting  |                         |
|          | required NIMS training for EM personnel in accordance with NIMS recommendations   | 3 <sup>rd</sup> Quarter |
| •        | Coordinate and conduct specialty, hazardous materials and general emergency management training for the jurisdiction's response personnel.                | As Required             |
| •        | Director or designee attends the TEMA/EMAT Annual Training Workshop.  | On Occurrence           |



TEMA

# 2021 Program Worksheet Davidson County

| (Print         | t) Regional Director   | Signature  | Date Approved               |
|----------------|--|--|-----------------------------|
| (Prin          | t) District Coordinator  | Signature  | Date                        |
| (Prin          | t) Local Director  | Signature  | Date                        |
| Wi             | Iliam Swann  | 7:5  | 4.2.2021                    |
| •              | provide education and inform                                   | formation programs and presentations that nation through the whole cycle of paredness, response, recovery and                  | As Requested                |
| EMAF<br>and In | formation  | Communications, Public Education   |                             |
| •              | Local EMA to participate wi activities.                        | ith Severe Weather Awareness Week  | 2 <sup>nd</sup> Quarter     |
| •              | EMPG funded positions will and submit required docume          | I participate in a minimum of 3 exercises entation as required by EMPG Guidance NOT be substituted for an exercise.)           | Quarterly                   |
| •              | Complete/update the multi-y                                    | vear exercise plan based on local hazards.   | 4 <sup>th</sup> Quarter     |
| EMAI           | (IS 100, IS 200, IS 700 & IS                                   | 8 800) as required.  ises, Evaluations and Corrective Action   |                             |
| •              | funding must complete the I<br>Development Series courses      | rector and paid staff receiving EMPG independent Study Professional and complete the basic NIMS training                       | Quarterly                   |
| 0              | Complete WebEOC Trainin<br>Complete Damage Assessm<br>offered  | g as offered<br>ent/Initial Impact Assessment Training as  | On Occurrence On Occurrence |
|                | unforeseen circumstances, a should be submitted to the I date. | or designee not be able to attend due to<br>an extraordinary circumstance statement<br>Regional Director before the conference |                             |

|   |   |  |                                   |            |                                   |                  | Page 1            | of 1 Pages |
|---|---|--|-----------------------------------|------------|-----------------------------------|------------------|-------------------|------------|
|   | EDERAL EMERGENCY MAN  | FISCAL YEAR                                      | 2021                              | OMB        | IO. 3067-0090                     |                  |                   |            |
| NAME OF ORGANIZATION                                  | EMERGENCY MANAGEMENT ASSISTANCE STAFFING PATTERN  ME OF ORGANIZATION Davidson County Office of Emergency Management |  |                                   |            |                                   |                  |                   | 2/23/2021  |
| POSITION TITLE  (1)                                   |   | GROSS<br>ANNUAL<br>SALARY<br>(Fed, Share)<br>(2) | FEMA<br>FUNDING<br>PROGRAM<br>(3) | WORK YEARS | DATE HIRED OR VACANCY (Mo/Yr) (5) | (Name            | MARKS - Optional) |            |
| DEM Communications Officer                            |   | 36,080.00  | EMPG                              | 11         | 10/12/09                          |                  |                   |            |
| DEM Communications Officer DEM Communications Officer |   | 35,557.00  | EMPG                              | 8          | 06/04/12                          |                  |                   |            |
| DEM Communications Officer                            |   | 33,107.00<br>33,125.00                           | EMPG                              | 6          | 07/07/14                          |                  |                   |            |
| DEM Communications Officer                            |   | 32,032.00  | EMPG<br>EMPG                      | 3          | 09/11/17                          | Worked less than | n 1 year          |            |
|   | TOTAL   | 169,901.00                                       |                                   |            |                                   |                  |                   | 0.00       |

TEMA FORM , August 2019 REPLACES PREVIOUS EDITIONS (FEMA FORM 85-17)

#### **PAID BY**

| Davidson | COLINITY |
|----------|----------|
| Daviuson | COUNTY   |

GROSS ANNUAL SALARY

\$ 33,107

BENEFITS PAID BY COUNTY:

FICA-EMPLOYER'S PART

\$2534.06 / 7.65%

<u>\$4087.63 / 12.34%</u>

\$ 13,100

EMPLOYEE: Scott Kimbrough POSITION: OEM Communications Officer

NOTE: COMPLETE THIS FORM FOR EACH EMPLOYEE.

RETIREMENT – EMPLOYER'S PART

HEALTH INSURANCE - EMPLOYER'S PART

#### **PAID BY**

**Davidson COUNTY** 

GROSS ANNUAL SALARY

\$ 36,080

BENEFITS PAID BY COUNTY:

FICA-EMPLOYER'S PART

\$2760.12 / 7.65%

EMPLOYEE: \_\_\_\_\_ Jeff Stark \_\_\_\_\_ POSITION: \_OEM Communications Officer

RETIREMENT – EMPLOYER'S PART

<u>\$3952.75 / 12.34%</u>

HEALTH INSURANCE – EMPLOYER'S PART

\$ 13,100

#### **PAID BY**

**Davidson COUNTY** 

EMPLOYEE: Cotie Rocchietti POSITION: OEM Communications Officer

**GROSS ANNUAL SALARY** 

\$ 33,107

**BENEFITS PAID BY COUNTY:** 

FICA-EMPLOYER'S PART

<u>\$2532.69 / 7.65%</u>

**RETIREMENT – EMPLOYER'S PART** 

<u>\$4085.40 / 12.34%</u>

HEALTH INSURANCE – EMPLOYER'S PART

\$ 13,100

#### **PAID BY**

**Davidson COUNTY** 

EMPLOYEE: Christal Horne POSITION: OEM Communications Officer

**GROSS ANNUAL SALARY** 

\$ 32,037

**BENEFITS PAID BY COUNTY:** 

FICA-EMPLOYER'S PART

<u>\$2450.83 / 7.65%</u>

RETIREMENT – EMPLOYER'S PART

\$3953.37 / 12.34%

HEALTH INSURANCE - EMPLOYER'S PART

\$ 13,100

#### **PAID BY**

### **Davidson COUNTY**

EMPLOYEE: Brian Jackson POSITION: OEM Communications Officer

GROSS ANNUAL SALARY \$ 35,557

BENEFITS PAID BY COUNTY:

FICA-EMPLOYER'S PART \$2720.11 / 7.65%

RETIREMENT – EMPLOYER'S PART \$4387.73 / 12.34%

HEALTH INSURANCE – EMPLOYER'S PART \$ 13,100

| RADIO COMMUNICATIONS PLAN |          |   | Incident Name EOC |              |                              | Date/Time Prepared 2/23/2021 0:00 |      |             | Operational Period Date/Time |   |  |  |
|---------------------------|----------|---|-------------------|--------------|------------------------------|-----------------------------------|------|-------------|------------------------------|---|--|--|
| Ch#                       | Function | Channel<br>Name/Trunked Radio<br>System Talkgroup | Assignment        | RX Freq      | RX Tone/NAC                  | TX Freq N                         | or W | Tx Tone/NAC | Mode A, D or M               | Remarks   |  |  |
| 1                         | Command  | Landline  |                   | 615-862-8530 |                              |                                   | -    |             |                              | OEM Operations Center/Dispatch                          |  |  |
|                           | Command  | Cell phone  |                   | 615-947-3909 |                              |                                   |      |             |                              | Director  |  |  |
| 2                         | Command  | Cell phone  |                   | 615-293-5652 |                              |                                   |      |             |                              | District Chief  |  |  |
| 3                         | Command  | Cell phone  |                   | 615-294-4151 |                              |                                   |      |             |                              | Field Operations Coordinator                            |  |  |
| 9                         | Command  | Cell phone  |                   | 615-944-7375 |                              |                                   |      |             |                              | Special Operations                                      |  |  |
| 10                        | Support  | LEEP  |                   |              |                              |                                   |      |             |                              | Internet based system                                   |  |  |
| 11                        | Support  | Email   |                   |              |                              |                                   |      |             |                              | OEM@nashville.gov                                       |  |  |
| 12                        |          | MEANS/IPAWS                                       |                   |              |                              |                                   |      |             |                              | Internet based system for communicating with the Public |  |  |
| 13                        |          | Siren System                                      |                   |              |                              |                                   |      |             |                              | Public notification warning system                      |  |  |
| 14                        |          |   |                   |              |                              |                                   |      |             |                              | T done notification warning system                      |  |  |
| 15                        |          |   |                   |              |                              |                                   | _    |             |                              |   |  |  |
| 16                        |          |   |                   |              |                              |                                   |      |             |                              |   |  |  |
| 17                        |          |   |                   |              |                              |                                   |      |             |                              |   |  |  |
| 18                        |          |   |                   |              |                              |                                   | _    |             | -                            |   |  |  |
| 19                        |          |   |                   |              |                              |                                   | _    |             |                              |   |  |  |
| 20                        |          |   |                   |              |                              |                                   | -    |             |                              |   |  |  |
| агед Ву                   |          |   |                   |              | ocation:<br>County- State-Tr | 1                                 |      |             |                              |   |  |  |

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

ICS 205 Excel

3/2007

#### Three Year Exercise Plan

County Name: Davidson

(\*please note, due to COVID, a lot of exercises are currently in 'to be determined' status)

| _ |                                     |                                 |                         |               |                  |                                       |                                   |   |
|---|-------------------------------------|---------------------------------|-------------------------|---------------|------------------|---------------------------------------|-----------------------------------|---|
|   |                                     |                                 |                         | EDERAL FISCAL | YEAR - 2021      |                                       | NEW YORK                          | E TO BE STORY                                     |
|   | Organization Conducting<br>Exercise | Expected Number of Participants | Proposed<br>Event Dates | Jurisdiction  | Exercise<br>Type | Exercise<br>Threat                    | Training<br>Prerequisites         | Scenario<br>Summary                               |
|   |                                     |                                 |                         |               |                  |                                       |                                   | aircraft collides with contractor vehicles on     |
| 1 | Metro Nash Airport                  | 75                              | 3/26/2021               | Davidson      | Full Scale       | transportation accident               | none                              | runway, causing an MC                             |
| 2 | Nashville OEM                       | ~60                             | August                  | Davidson      | virtual drill    | tbd                                   | LEEP                              | virtual EOC for all ESC's                         |
| 3 | Nashville OEM                       | ~15                             | November                | Davidson      | virtual drill    | tbd                                   | LEEP and virtual software systems | virtual emergency work f<br>OEM <b>pe</b> rsonnel |
|   |                                     |                                 |                         | FEDERAL FISCA | L YEAR - 2022    | · · · · · · · · · · · · · · · · · · · |                                   |   |
|   | Organization Conducting<br>Exercise | Expected Number of Participants | Proposed<br>Event Dates | Jurisdiction  | Exercise<br>Type | Exercise<br>Threat                    | Training<br>Prerequisites         | Scenario<br>Summary                               |
| 1 | Metro Nash Airport                  | tbd                             | tbd                     | Davidson      | Tabletop         | transportation incident               | tbd                               | tbd   |
| 2 | Nashville OEM - VOAD                | tbd                             | tbd                     | Davidson      | Workshop         | tbd - based on CEMP<br>revisions      | tbd                               | VOAD driven                                       |
| 3 | Highland Rim Healthcare Coal.       | tbd                             | tbd                     | Davidson      | tbd              | tbd                                   | tbd                               | tbd   |
|   |                                     |                                 |                         |               |                  |                                       |                                   |   |
|   |                                     |                                 |                         | FEDERAL FISCA | L YEAR - 2023    |                                       |                                   |   |
|   | Organization Conducting<br>Exercise | Expected Number of Participants | Proposed<br>Event Dates | Jurisdiction  | Exercise<br>Type | Exercise<br>Threat                    | Training<br>Prerequisites         | Scenario<br>Summary                               |
| 1 | Metro Nash Airport                  | tbd                             | tbd                     | Davidson      | Tabletop         | transportation incident               | tbd                               | tbd   |
| 2 | Nashville OEM                       | tbd                             | tbd                     | Davidson      | Tabletop         | tbd - based on CEMP                   | tbd                               | CEMP revision driven                              |
| 3 | Highland Rim Healthcare Coal.       | tbd                             | tbd                     | Davidson      | tbd              | tbd                                   | tbd                               | tbd   |

# APPLICATION FOR EMERGENCY MANAGEMENT PERFORMANCE GRANT FFY21

# METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Director/Office of Emergency Management