Submit by February 28, 2003, to:

Wisconsin Emergency Management
2400 Wright Street, P.O. Box 7865
Madison, WI 53707-7865
PHONE: (608) 242-3232
FAX: (608) 242-3247

Grant Application for Citizen Corps Councils

Organization/Agency Name* _____

Organization Address _____

City _____ **State** _____ **ZIP** _____

*** Organization/agency must be eligible to receive federal grant monies.**

Who is the contact person for this grant?

Name _____ **Title**_____

Mailing Address _____

City _____ **State** _____ **ZIP** _____

Phone ( ) _____ **E-Mail** _____

Who is the county/local emergency management director?

Name _____ **Title**_____

Mailing Address _____

City _____ **State** _____ **ZIP** _____

Phone (___) _____ **E-Mail** _____

Is he/she aware of this application? Y / N (Please circle one)

EMERGENCY OPERATIONS PLANS	
Does your community have an approved Emergency Operations Plan? **(Please circle the correct response)**	**Y / N**
If yes, when was the plan last reviewed and approved? Who approved the plan?	

CITIZEN CORPS COUNCIL
DESCRIBE YOUR PLANS FOR FORMING A CITIZEN CORPS COUNCIL TO OVERSEE THE DEVELOPMENT OF CITIZEN CORPS PROGRAMS IN YOUR COMMUNITY. (Include a time line for forming your council and indicate, by position, who will be invited to join). Indicate how often the Citizen Corps Council will meet. If you have an already-established council that will assume oversight of the Citizen Corps programs, indicate how the council/committee will do this.

CITIZEN CORPS PROGRAMS

Please indicate which of the five Citizen Corps programs you are planning to implement, already have in place or for which your community has a similar program. NOTE: Funding from this grant program will be for establishing Citizen Corps Councils and CERT programs only. Grant opportunities for the Neighborhood Watch, Volunteers in Police Service, Terrorism Information & Prevention System and Medical Reserve Corps programs may be made available through their sponsoring organizations.

PROGRAMS	PLANNING TO IMPLEMENT PROGRAM	ALREADY HAVE THIS PROGRAM	HAVE A SIMILAR PROGRAM	NOT PLANNING TO IMPLEMENT PROGRAM
Neighborhood Watch				
Community Emergency Response Teams (CERT)	**APPLY DIRECTLY THROUGH WEM TRAINING PROGRAM**			
Medical Reserve Corps				
Volunteers in Police Service (VIPS)				
Terrorism Info & Prevention System (Operation TIPS)				

PARTNERSHIPS WITH THE VOLUNTEER COMMUNITY: Describe what roles volunteers and voluntary agencies currently play in your emergency preparedness and response program. Do you have a Volunteer Coordinator in your jurisdiction? Also indicate your plans for increasing opportunities for volunteers and voluntary agencies through the Citizen Corps.

VULNERABLE POPULATIONS/AREAS PRONE TO DISASTER OR EMERGENCY: From your jurisdiction's hazard analysis, please identify any vulnerable populations (Senior citizens, low income, disabled, single parent, those for which English is a second language, etc.), and areas within the jurisdiction that are especially vulnerable to disasters/emergencies (floodplains, near nuclear power plants, major transportation routes, airports, etc.). Estimate how many vulnerable people or people in disaster/emergency prone areas may benefit from Citizen Corps programs proposed.

BUDGET

(For documentation purposes, please list all costs*)

Expense Category	**Cost**
Citizen Corps Council	
Citizen Corps Council meeting costs	_____
Risk and resource assessments	_____
Measures to increase collaboration between responders, emergency managers, voluntary agencies, health officials and other stakeholders	_____
Establishing or improving a tracking system for volunteers	_____
Outreach and public education to promote Citizen Corps, community preparedness and family safety (printing, marketing, advertising)	_____
Citizen Corps travel expenses	_____
Personnel/contract support (for costs that directly support the Citizen Corps)	_____
Other Citizen Corps Council costs (to accomplish Citizen Corps Council Objectives listed earlier)	_____
Citizen Corps Sub-Total	_____

***Grant may not cover all costs.**