

CONTRACT/GRANT/AMENDMENT APPROVAL CHECKLIST

CONTRACTOR NAME KITSAP COUNTY		CONTRACT/AGREEMENT NO. E04-069	AMENDMENT NO. NA
FUND SOURCE (I.E. CSEPP, TERRORISM, ETC. & CFDA #) GF-S	PROGRAM MGR JEFF PARSONS	START DATE SEPTEMBER 27, 2003	END DATE OCTOBER 12, 2003
PROG. INDEX 751EM	OBJECT/SUBJECT (2 letters) NZ	AMOUNT NOT TO EXCEED \$10,000	
DOCUMENT TYPE: <input type="radio"/> Contract <input type="radio"/> Grant <input checked="" type="radio"/> Interagency Agree. <input type="radio"/> Memo of Agree <input type="radio"/> Other _____		CONTRACTOR TYPE: <input type="radio"/> Private Organization/Individual <input type="radio"/> For-Profit <input checked="" type="radio"/> Public Organization/Jurisdiction <input checked="" type="radio"/> Non-Profit	

DESCRIPTION:
EMD through the Emergency Management Assistance Compact (EMAC) and RCW 38.10.010 coordinates interstate mutual aid according to the model presented in the National Strategy for Homeland Security. Currently, EMAC was implemented on a major scale in response to the Hurricane Isabel damages all along the Eastern Seaboard. The state of Virginia has requested Public Information Officer support. In cooperation with Kitsap County, the Military Department Emergency Management Division (EMD) has identified an experienced and qualified person who is immediately available to deploy and perform PIO duties in the areas suffering from the aftermath of Hurricane Isabel. This person will travel to Virginia and work in support of the Virginia Emergency Management.

CONTRACT REVIEW – IN THE FOLLOWING ORDER

REVIEWER	NAME AND DATE	COMMENTS
Emergency Management Division		
1. Originator		
2. Support Staff Review		
3. Section Supervisor Review		
4. Unit Manager Review		
Finance Division		
5. Contracts Specialist <ul style="list-style-type: none"> ▪ Review for format, & content ▪ Assign number 		
6. Attorney General's Office(if required)		
Emergency Management Division		
7. Unit or Program Support Staff <i>send 2 originals to Contractor for signature</i>	Sent By: _____ On ____/____/____ Received By: _____ On ____/____/____	
8. Director's Office <ul style="list-style-type: none"> ▪ Chief of Staff – Review for completeness ▪ Director – Signature where marked ▪ Return to Originator (Line #1) 	By: _____ On ____/____/____ By: _____ On ____/____/____ By: _____ On ____/____/____	
9. Unit or Program Support Staff <ul style="list-style-type: none"> ▪ One final signed original to Contract Specialist(FD) ▪ One final signed original to Contractor ▪ One final copy to program mgr for filing 	By: _____ On ____/____/____ By: _____ On ____/____/____ By: _____ On ____/____/____	

COORDINATION (IF REQUIRED)

TO: _____ UNIT/SECTION (Sign and Date) ____/____/____ CONCUR NON-CONCUR

TO: _____ UNIT/SECTION (Sign and Date) ____/____/____ CONCUR NON-CONCUR

TO: _____ UNIT/SECTION (Sign and Date) ____/____/____ CONCUR NON-CONCUR