**Disaster Preparedness Grant Application**

**Michigan Community Service Commission**

**Application Information**

* Deadline: September 5, 2023
* Grant Amount:  $5,000
* Questions - Send to: LEO-VolunteerMichigan@michigan.gov

**Grant Purpose and Intent**

* The Michigan Community Service Commission (MCSC) is providing support for communities to develop a volunteer and donations management plan to be used in times of disaster.
* Applicants will be expected to provide training to local partners to understand how to prepare and respond to a disaster in collaboration.

**Eligible Applicants**

* Eligible applicants could include, 501c3 nonprofit, Faith-based organization, local, county and regional government, school districts, colleges and universities, and other collaborative organizations.
* Applicants should be able to serve as a backbone organization and develop collaboration among community organizations in the planning process.

**Use of Funds**

* Eligible use of funds includes consultant services, communication templates for emergencies and disasters, stakeholder planning meetings, recruitment and training of volunteers that will serve in a disaster, technology necessary to implement volunteer and donations management.

**Expected Outcomes and Deliverables**

* Short and long-term recovery plan with procedures and execution steps
* Volunteer and donations management plans
* Communication plan with sample messages
* Plan to activate Volunteer Organizations Active in Disaster (VOADS) and other partners.
* Identified roles and responsibilities of community organizations.

**Grant Implementation Requirements**

* Work in collaboration with the MCSC to reach specified goals and utilize free resources and technology assistance in development of the plan.
* Participate in MCSC grantee meetings.
* Meet with the MCSC staff to evaluate progress on goals outlined in the grant application.
* Recognize the role of the MCSC and AmeriCorps the Agency in providing financial and technical support for the project in external communication.

**Reporting Requirements**

* It will be expected that grantees provide quarterly data reports.

**Goals and Objectives**

* Develop and implement a plan to address mitigation, preparedness, response and recovery phases focusing on volunteer and donations management.
* Follow disaster planning, management, and recovery best practices.
* Outline activities including roles and responsibilities and communications.
* Identify disaster risks using tools available from MCSC, local EMS or MSP.
* Convene stakeholders and solidify relationships with key organizational partners to address management of volunteers and donations.
* Include stakeholders from multiple sectors including emergency management, local government, corporations, nonprofit, faith, education and others as needed.
* Develop a ready to mobilize team of trained volunteers and organizations.
* Recruit, screen, and train volunteers to serve tasks outlined in the plan.
* Identify Volunteer Team Leaders that will provide updated communication.
* Outline an annual plan to practice response activities.

**Applicant Information**

#### **1. Organization Information**

* Organization Name
* Street Address
* Address 2
* City
* ZIP Code
* County

#### **2. Organization Contact information:**

* Primary contact name
* Primary contact title
* Primary contact e-mail
* Primary contact phone
* CEO name
* CEO e-mail
* CEO phone
* Business manager/Finance contact name
* Business manager/finance contact email
* Business manager/finance contact phone

#### **3. Organization's Federal and State Numbers**

* SAM - Unique Entity Identifier (UEI) Number
* Employee Identification Number (EIN)
* SIGMA vendor number\* and SIGMA address ID

#### **4. Type of Organization**

* 501(c) 3 nonprofit
* Faith-based organization
* Local, county or regional government
* School district
* College or university
* Other (please specify)

#### **5. What is the mission of your organization?**

#### **6. What services does your organization provide and how many people do you serve?**

#### **7. Legislative Representatives Serving Your Organization**

* State Senator District(s)      [www.senate.mi.gov](http://www.senate.michigan.gov/)
* State House Member district(s)[www.house.mi.gov](http://www.house.mi.gov/)
* Federal Congressional Representative district(s) [www.congress.gov](http://www.congress.gov)

**Project Description**

Top of Form

8. Describe how you will develop and implement a regional plan to address mitigation, preparedness, response, and recovery phases focusing on volunteer and donations management.

9. Identify how you will achieve the goals outlined in the description and the timeline

10. Where will the planning team meet and how often

11. Project Leadership Team.Identify four individuals that will provide leadership in supporting the project.

1. Name, title organization, email, phone
2. Name, title organization, email, phone
3. Name, title organization, email, phone
4. Name, title organization, email, phone

12. Organizational Partners: What organizations will you invite to participate in the planning team. List organization name and their role in the process.

13. Project BudgetBottom of Form – Itemize what you will use the funds to accomplish. This may include – consultant to oversee process, meeting costs, supplies, trainings.

#### **14.** By electronically signing your name, Organization and Title, you are certifying the information submitted is accurate and represents your organizations request for funding.