

ZAHP Fusion Center Contingency Planning Microgrants

**Information**

The ZAHP Fusion Center (Zoo and Aquarium All Hazards Preparedness Response and Recovery Fusion Center) was created in 2014 as a Cooperative Agreement between United States Department of Agriculture and the Association of Zoos and Aquariums to encourage the development of all-hazard contingency planning in the exotic animal industry.

To promote the institutional development of contingency plans, The ZAHP Fusion Center will offer a series of micro-grants to exotic animal industry facilities to assist with their contingency planning. Sound contingency planning requires scheduled meetings, including local planning partners, first responders and facility staff. The Fusion Center is offering to assist with individual planning by providing support (via reimbursement) for facility planning meetings and subsequent plan development.

The Fusion Center will award up to 8 - $500.00 micro-grants to assist in the planning process in the exotic animal industry. These funds can be used for meeting expenses such as lunches (excluding alcohol), printed materials, mileage for travel, or to assist with time spent by employees in the planning process.

**How to Apply**

To apply please complete the application and questionnaire beginning on page 3. **Applications will be accepted and reviewed on a rolling basis until all funds have been awarded or June 1, 2017, whichever comes first**. Selection criteria will be based on the following:

* Existing plans
  + Priority will be given to facilities that have the furthest to go to develop a contingency plan.
* Collection
  + Facilities with dangerous animals will be given priority.
* Non-profit entities will be given priority
* Match to the grant
  + Facilities are asked to describe the ‘match’ to the $500.00 grant. This could be in the form of meals provided to participants (excluding alcohol), or staff time committed to the meeting and subsequent plan development.
* Cooperation and Collaboration
  + Any proposal that would bring together two or more facilities would be given priority. That networking with local stakeholders and similar facilities encourages local & regional collaboration with other like facilities or groups.

**If Your Facility is Selected**

The ZAHP Fusion Center will arrange a conference call with each facility that is awarded a grant. This will be an opportunity to clear up any questions about the award process or expectations for awardees.

**The facility must hold the supported meeting by July 31, 2017** to allow ample time to complete the mandatory follow up questionnaire and phone consult, and to allow for processing of reimbursement.

**Reporting Requirements and Reimbursement:**

Requirements for receiving reimbursement will include completion of a post-meeting questionnaire, plus a phone interview with the Fusion Center. This will allow the Fusion Center to capture any additional lessons learned, gaps, or ways forward for individual planning. Reimbursements are payable upon completion of these requirements.

Application & Pre-meeting Questionnaire

The following questionnaire will assist the ZAHP Fusion Center in determining grant awards, and help us understand the value of providing these microgrants for the purposes of contingency planning. Many of these questions will be asked again after your planning meeting to assess new stakeholders that were brought to the process, or new elements that you have included in your plans

NOTE: we are not asking that you share your plans with us, but we are interested in improvements or changes you made as a result of your supported meeting.

Completed applications can be submitted to the ZAHP Fusion Center Program Coordinator, Ashley Zielinski, via email at [azielinski@aza.org](mailto:azielinski@aza.org).

**Basic Information:**

Facility name

(Your data will never be identified with your institutional name):

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Facility Point of Contact (POC):

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Email for POC:

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Telephone number for POC:

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State where facility is located:

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**Does your facility:**

1. Employ a full time veterinarian

□ Yes

□ No

□ I’m not sure

1. Employ a part time veterinarian

□ Yes

□ No

□ I’m not sure

1. Use services of private practitioner when needed

□ Yes

□ No

□ I’m not sure

1. Did your facility do a risk assessment prior to development of your contingency plan?

□ Yes

□ No

□ I’m not sure

1. Please list what stakeholders were involved in the risk assessment (e.g.: police, fire, EMS, city or county officials, etc. Names are not important). *Skip this question if you answered no to question 4.*

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1. Was it difficult to get these stakeholders to assist you with the risk assessment? *Skip this question if you answered no to question 4.*

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1. Please list the top 5 hazards that you believe are most likely to impact your facility, based on collection, geographic location or other factors
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3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Based on these hazards, what are your planning concerns? (Example: what hazard worries you most, and are your current plans (if any) able to address it?

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**Budget Justification**

***Example***

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| **Budget Item** | **Method of Calculation (e.g. 1 leader x 8 hours of meeting & planning time; ave 250.00/day** | **Total Amount estimated** |
| *salary* | *1 team leader* | *$250.00* |
| *lunches* | *Lunches for 15; ave. $10.00 per person* | *$150.00* |
| *Printing final plan* | *For distribution to local partners* | *$100.00* |
| **Total Estimated Budget** |  | **$500.00** |

Please complete your budget justification in the blank table included below. You may also attach your justification as a separate document when submitting.

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Method of Calculation (e.g. 1 leader x 8 hours of meeting & planning time; ave 250.00/day** | **Total Amount estimated** |
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| **Total Estimated Budget** |  | **$500.00** |

**Meeting Planning Basics and Regional Engagement:**

1. When do you envision holding your first planning meeting(s)?

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1. List the individuals within your facility and any planning partners and first responders who will assist in the planning process.

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1. Are you planning on including other exotic animal industry facilities in your planning process? Will they be invited to your meeting(s) supported by this micro-grant?

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1. Do you plan on inviting your Animal Care inspector to your planning meeting(s)?

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**Current Plan Elements**

NOTE: All these topics may not be currently included in your plan. The meeting and plan improvement may lead to including these topics in the future.

We will ask similar questions in our post-meeting questionnaire.

**Administration**

1. Does your facility use the Incident Command System to organize a response to an incident?

□ Yes

□ No

□ I’m not sure

1. Do facility security personnel, local jurisdictions and first responders know who is authorized to be on grounds after hours?

□ Yes

□ No

□ I’m not sure

1. Have you formed and Emergency Response Team (or Ride out Team, Storm team, etc) that stays on- grounds during predicted storm events or other incidents?

□ Yes

□ No

□ I’m not sure

1. Has your facility developed/signed any Memorandum of Understanding or Mutual Aid Agreements relating to disaster/emergency incidents?

□ Yes

□ No

□ I’m not sure

1. Does your plan designate a way to account for all employees following a facility evacuation?

□ Yes

□ No

1. Does the facility have a short-term ‘shelter-in-place’ plan (for staff and guests) for instances when evacuating the facility would cause greater risk than remaining on the premises.

□ Yes

□ No

□ I’m not sure

**Data management**

1. In your plan, is there more than 1 person who knows where vital hard copy records or documents are kept, and can access them?

□ Yes

□ No

□ I’m not sure

1. Are electronic data backed up frequently and stored off site or in the cloud?

□ Yes

□ No

□ I’m not sure

1. Does the facility back up and store critical employee information off site?

□ Yes

□ No

□ I’m not sure

1. Does the facility back up and store critical animal information off site?

□ Yes

□ No

□ I’m not sure

**Communications**

1. Does your plan designate who will be responsible for external communication during an incident or disaster? (E.g. the media, law enforcement, vendors, service providers, etc?)

□ Yes

□ No

□ I’m not sure

1. Does your plan designate who will be responsible for internal communication with staff? (E.g. how will communication be maintained with any emergency response team/storm rider team? How will staff not on grounds be kept aware of what is happening at the facility?)

□ Yes

□ No

□ I’m not sure

**Criminal incidents**

Fortunately, our industry has a low incidence of criminal activity. Do you have plans in place to which address any of the following?

1. Criminal animal activism

□ Yes

□ No

□ I’m not sure

1. Acts of armed violence

□ Yes

□ No

□ I’m not sure

1. Acts of terrorism

□ Yes

□ No

□ I’m not sure

**Animal incidents**

1. Has your facility ever trained in a tabletop exercise or drill with first responders (police) for an animal escape?

□ Yes

□ No

□ I’m not sure

1. If yes, what species?

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**Animal transportation/evacuation**

1. Have you developed a facility evacuation plan for any species in your collection?

□ Yes

□ No

□ I’m not sure

1. If yes, what species?

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**Emergency animal care**

1. Does your facility have a baseline inventory for on-hand pharmaceuticals and other necessary veterinary supplies?

□ Yes

□ No

□ I’m not sure

1. Do your plans include a shelter-in-place plan for your animals for a minimum of 72 hours?

□ Yes

□ No

□ I’m not sure

1. Does your plan include how you will get water if your standard supply (via municipality, well, etc.) is contaminated or otherwise unavailable?

□ Yes

□ No

□ I’m not sure

**Facility operations**

1. Do your plans include emergency shut down procedures for utilities?

□ Yes

□ No

□ I’m not sure

1. Do your first responders have maps with locations of utilities, hazardous chemicals or ammunition is stored?

□ Yes

□ No

□ I’m not sure

1. Does your facility have generators?

□ Yes

□ No

□ I’m not sure

1. Approximately how frequently are they tested under HEAVY load? *Answer only if you answered yes to question 3.*

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**Please indicate any other broad topics are currently covered in your plan.**

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