

**The Community Partnership for the Prevention of Homelessness
Homeless Service Provider Emergency Preparedness Report**

The homeless services system in the District of Columbia should be prepared to protect the health and safety of those that it serves and to continue business operations in the event of an emergency or disaster. As part of this effort, each program funded by the Community Partnership is required to have an emergency preparedness plan in place. This plan should minimally address the following components: chain of command, internal communications, shelter in place procedures, and business continuity.

1.	Name of Agency:
1a.	List all programs and contract numbers associated with this plan.

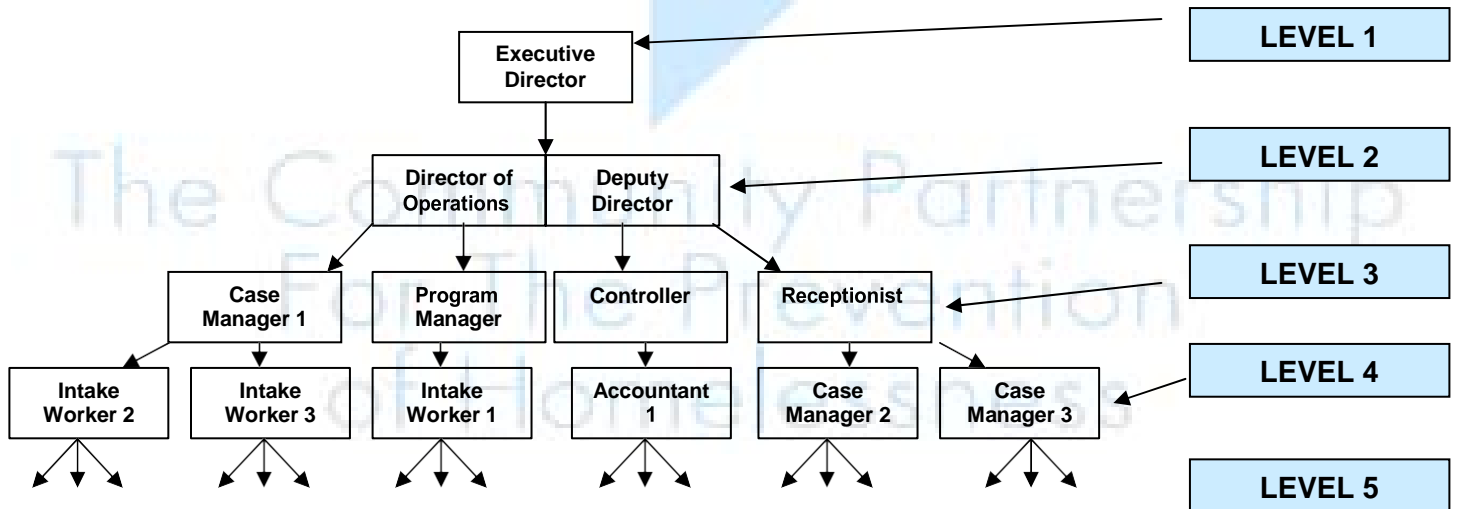
2.	Contact Information: In the event of an emergency or disaster, each program is required to provide the name, title and contact information for one person who will act as the point of contact for the program. If that person is unavailable, a backup contact is also required.
	EMERGENCY CONTACT (PRIMARY) Name and Title:
	Office Phone:
	Cell Phone:
	Email address:
	EMERGENCY CONTACT (BACKUP) Name and Title:
	Office Phone:
	Cell Phone:
	Email address:

3.	Internal Communications: Each site is required to have an internal communications structure in place in the event of an emergency in order to disseminate important information to staff and clients. Please provide detailed information below or attach a separate sheet that details an internal communication plan and chain of command.
Chain of Command and Key Staff	
Lead Staff in Case of Emergency Name and Title:	
Second in Command In Case of Emergency Name and Title:	
Other Key Staff (provide name, title and area of responsibility):	
Other Key Staff (provide name, title and area of responsibility):	

**The Community Partnership for the Prevention of Homelessness
Homeless Service Provider Emergency Preparedness Report**

Other Key Staff (provide name, title and area of responsibility):	
Other Key Staff (provide name, title and area of responsibility):	
Internal Communications Structure for Emergency Information to Staff Complete Phone Tree Chart or Attach Your Program's Phone Tree	
Level 1 Communication (name and titles):	
Level 2 Communication (names and titles):	
Level 3 Communication (names and titles):	
Level 4 Communication (names and titles):	
Level 5 Communication (names and titles):	
Level 6 Communication (names and titles):	
Attach additional sheets as needed.	

Example of Phone Tree Structure:



**The Community Partnership for the Prevention of Homelessness
Homeless Service Provider Emergency Preparedness Report**

4.	Shelter in Place Preparedness: Each program is required to prepare a plan and have supplies on-site to provide “shelter in place” to clients and staff in the case of an emergency. A “shelter in place” emergency may require staff and clients to remain within the facility for up to 5 days. Below is a checklist of supplies that each program should have on site in order to be prepared to provide shelter in place. Please check the items that your program has in place at this time.
√	(Check all that are in place)
	Necessary Items
	Water Supply: 1 gallon of water per person per day for a minimum of 3 days
	Food: 3-5 day supply of non-perishable food per person
	Matches (waterproof)
	Can opener/Utensils
	First Aid Kits (appropriate number for total number of persons)
	Battery powered radio
	Battery powered flashlights
	Extra batteries and/or battery charger
	Emergency communications equipment (satellite phone, cell phones or two-way radios)
	Toilet paper
	Towlettes
	Tape/Plastic Sheeting
	Blankets and/or other bedding
	Garbage bags and ties
	Tools: wrench or pliers
	Optional Items
	Extra clothing
	Face masks
	Personal hygiene items: soap, toothpaste, feminine supplies (if applicable)
	Potable Water tabs
	Sterno
	Other:
	Other:
	Other:
	Other:

5.	Business Continuity Planning: Each program and/or agency should be prepared to continue business operations in the event of an emergency or disaster. This includes identification and backup of critical program documents and electronic files such as payroll and financial data. The chart below provides guidance for identifying critical hard-copy and electronic files, and outlines minimal and optimal backup procedures that would assist in business continuity efforts. Please check items that are identified as “critical” and the procedures you have in place at the time of report.	
√	Identify Critical Hard Copy Documents Below	√ Identify Critical Electronic Files Below
	Contracts	Financial Management System
	Insurance paperwork	Payroll Records
	Critical Vendor Contact Information	Staff User Files/Folders
	Operating Manuals	Email Server
	Legal Documents (Leases, CofO)	Staff Contact Information
	Client Records not in HMIS	Other:
	Governing Documents (501c3, Articles of Incorporation, Business License)	Other:

**The Community Partnership for the Prevention of Homelessness
Homeless Service Provider Emergency Preparedness Report**

	HUD Technical Submissions and Draw Information (if applicable)		Other:
	Other:		Other:
	Other:		Other:
Procedures in Place			
(Office location as referenced below refers to administrative space, not program space for client activities)			
√	Minimal Procedures	√	Optimal Procedures
	Tape or other electronic backup (CD or DVD) of electronic files, including servers and PCs.		Internet accessible, off-site backup of critical data systems.
	Hard copy files stored in fire-proof cabinets, OR		Critical hard copy files scanned and backed up off-site electronically.
	Critical hard copy files copied and stored off site.		
	Account username/password list kept in a secure location.		Password protected account username/password list backed up electronically.
	Alternative office/administrative operations location identified.		Alternative office/administrative operations location identified with equipment in place.
	Other:		Other:
	Other:		Other:

6. Back Up Location: Please provide information below on site, location or plan in which you would use in the event of an emergency preventing service from being rendered at your program location.
Site/Location Address:
If no site is identified, state the plan you will follow to relocate clients served.
Back up transportation plan to location

6. Financial Impact: Please provide information below on the cost (please indicate actual or estimated) of emergency preparedness for the program covered in this document.
Communications Equipment (only if the program must purchase equipment for this purpose):
Shelter in Place Provisions:
Business Continuity Procedures (backup service or site, off-site storage, equipment):
TOTAL COST:

Number of Persons Used for Planning Purposes:
Cost Per Person:
Total Cost for Shelter in Place:

**The Community Partnership for the Prevention of Homelessness
Homeless Service Provider Emergency Preparedness Report**

7.	Staff Training: Please describe in detail the plan in which your agency will train all staff persons on this emergency preparedness policy. Provide copies of any documents that may be referenced in the detailed description below.

Authorized Official Signature: The information provided in this document is accurate as of the time of submission to the Community Partnership. Changes to emergency preparedness procedures will be reported as appropriate to TCP.	
Name of Authorized Official (Printed)	
Signature	Date

The Community Partnership
For The Prevention
of Homelessness