

**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):

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Other Key Staff (provide name, title and area of responsibility):	
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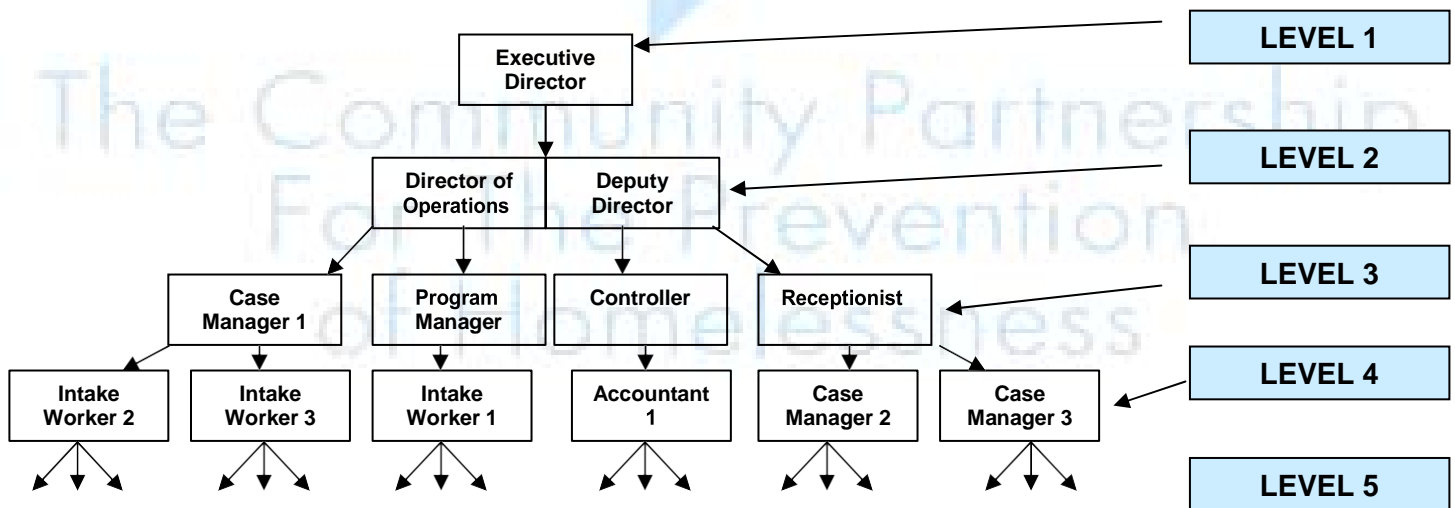
Other Key Staff (provide name, title and area of responsibility):	
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Other Key Staff (provide name, title and area of responsibility):	
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**Internal Communications Structure for Emergency Information 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:



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4.	<p>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.</p>	
√	(Check all that are in place)	Number of Items
	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	
	Towelettes	
	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 (in total):	
	Soap bars or bottles of liquid antibacterial soap	
	Toothbrushes	
	Toothpaste	
	Feminine Hygiene Products	
	Antibacterial Hand Gel Bottles	
	Potable Water tabs	
	Sternos	
	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.**

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√	Identify Critical Hard Copy Documents Below	Date of Last Update	√	Identify Critical Electronic Files Below	Date of last Update
	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:	

	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

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7. 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:

8. 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 for the Prevention of Homelessness. Changes to emergency preparedness procedures will be reported as appropriate to TCP.	
Name of Authorized Official (Printed)	
Signature	Date