**Massachusetts Emergency Management Agency**

**21EMPG-Competitive Emergency Shelter Generator Subgrant**

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| **Community Name** |  | | |
| **Project POC Name** |  | **Title** |  |
| **Email** |  | **Phone** |  |
| **Emergency Shelter Facility Address** |  | | |

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| **EMERGENCY SHELTER PLAN/FACILITY INFORMATION** | **YES / NO / UNSURE** |
| **Do you have an emergency shelter plan in place?** |  |
| **Do you conduct emergency shelter exercises?** |  |
| **If YES, when was your last exercise?** *(month/year)* |  |
| **Do you recently open and operate your emergency shelter?** |  |
| **If YES, when did this happen?** *(month/year)* |  |
| **Does your emergency shelter accommodate individuals with disabilities and other access and functional needs?** |  |
| **Is your emergency shelter listed as a critical facility within your CEMP?** |  |
| **If your emergency shelter facility is not community owned, do you have a signed memorandum of understanding (MOU) / memorandum of agreement (MOA) with the facility owner?** |  |
| **Is your emergency shelter facility located in a hazard area such as flood or hurricane indication zone?** |  |
| **Does your emergency shelter also operate as a warming/cooling center during extreme temperatures?** |  |
| **Does your emergency shelter accommodate household pets on-site?** |  |
| **If yes, how many household pets can be accommodated on-site?** |  |
| **If no, describe what arrangements have been made to care for household pets, off site, for clients seeking emergency shelter assistance?** | |
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| **What is the primary function of the facility when not used as emergency shelter?** |  |
| **How many clients can your emergency shelter accommodate?** |  |
| **How many household pets can your emergency shelter accommodate on site?** |  |

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| **What is the longest duration your emergency shelter has been operational? When was it (month/year) and describe the event, and services provided during shelter operations** | |
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| **Do you have a Local or regional emergency shelter?** |  |
| **If regional, list all communities you have a signed memorandum of understanding (MOU) /memorandum of agreement (MOA) with below:** | |
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| **Does your emergency shelter offer the following services/amenities?** | | **YES / NO / UNSURE** |
| **\*** | **Overnight dormitory** |  |
| **\*** | **Accessible showers** |  |
| **\*** | **Accessible toilet stalls/bathrooms** |  |
| **\*** | **Heat** |  |
| **\*** | **Air condition** |  |
| **\*** | **Hot water** |  |
| **\*** | **Cold water** |  |
| **\*** | **Changing stations for clients (electronic devices, medical equipment, etc.)** |  |
| **\*** | **Internet access for clients** |  |

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| **What outside resources do you depend on for your emergency shelter operations? List all that apply (i.e., CERT members for staffing, Local 4-H members for animal care, Ma-Pa Store for bottled water, Uber eats for food delivery, etc.)** |
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| **Please describe why your emergency shelter needs backup power and what is needed to accomplish this:** |
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| **Project Budget** | **Estimated Costs** |
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| **Project TOTAL** |  |