

## Community Response

### CHECKLIST FOR CLOSING OUT A COUNTY

COUNTY EMERGENCY MANAGEMENT DIRECTOR: \_\_\_\_\_

Community Response Representative: \_\_\_\_\_

County Closing: \_\_\_\_\_

Inform local officials and County Emergency Management Director (EMD) that Community Response will be leaving the county, effective \_\_\_\_\_ (date).

County Emergency Manager and Community Response Field Worker should answer the following statements together: CR has made sure that:

- Yes\_\_\_ No\_\_ 1. Special population groups have been contacted and provided with disaster assistance information.
- Yes\_\_\_ No\_\_ 2. Damaged businesses in the county have received initial contacts, SBA information, referrals, and the SBA workshop schedules and locations.
- Yes\_\_\_ No\_\_ 3. All known unmet needs have been addressed and passed along to the appropriate agencies.
- Yes\_\_\_ No\_\_ 4. The County EMD understands the CR closeout process, has the necessary contact information for the State CR and Unmet Needs Coordinator, and has the appropriate disaster assistance information.
- Yes\_\_\_ No\_\_ 5. The County EMD is aware of the appropriate contacts for the State Public Assistance Program.
- Yes\_\_\_ No\_\_ 6. The County EMD is aware of the appropriate contacts for the State Mitigation Program.
- Yes\_\_\_ No\_\_ 7. The County EMD is aware of the appropriate contacts for the State Individual Assistance Program.

**Summary—Emergency Management Director should complete the following question:**

Do you have other recommendations or suggestions to improve Community Response?

**As the Emergency Management Director, I understand the above information and I approve Community Response to close the county.**

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Printed Name

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Emergency Management Director's Signature