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.

Revised November 2011
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.

_______________________________        _____________________________________
Printed Name                            Emergency Management Director’s Signature

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