



# FUNDED AGENCY DISASTER COMMUNICATION FORM AND CONTACT INFORMATION FY2023

(PLEASE PRINT OR TYPE)

**Purpose: To identify the point of contact to determine operational status of the CBHC funded services.  
TO BE COMPLETED BY AGENCY HEAD OR THEIR DESIGNEE!!**

Agency Name:	DATE:
Name of Person Completing Form:	Title of Person Completing Form:
Primary Agency Disaster Contact Name:	Cell Phone Number (Include area code.) Text message capable? YES NO (circle one)
First Agency Disaster Contact Email Address:	First Agency Disaster Contact Landline:
Secondary Agency Disaster Contact Name:	Cell Phone Number (Include area code.) Text message capable? YES NO (circle one)
Back up Agency Disaster Contact Email Address:	Back up Agency Disaster Contact Landline:
Agency Disaster Plan in effect and up to date at start of fiscal year? (Check appropriate.)  Yes _____ No _____	If no, what is the status of Disaster Plan development?  Not started _____ Draft Plan _____
Agency & Program Address Location(s) in Hillsborough County: (Include administrative offices & other <u>CBHC funded program operating sites</u> .)	Program Name & Site Address:
Program Name & Site Address:	Program Name & Site Address:
Program Name & Site Address:	Program Name & Site Address:

\*Refer to attached excerpts from Children's Board General Terms & Conditions regarding section 26. Participation in 2-1-1 Human Services Data Base and section 29. Continuity of Operations and Emergency Management Services.

In the event that the agency/program being funded by the Children's Board is negatively impacted by a disaster please notify the following:

- Maria Negron, Children's Board Program Director at (813) 204-1795 or [negronma@childrensboard.org](mailto:negronma@childrensboard.org)
- Call 2-1-1 or log onto [www.211atyourfingertips.org](http://www.211atyourfingertips.org)

**THANKS FOR YOUR COOPERATION AND ASSISTANCE**

**Excerpts from Children's Board General Terms & Conditions concerning disaster related activities.**

26. Participation in 2-1-1 Human Services Data Base: If not already a participant, the PROVIDER agrees to participate in the 2-1-1 human services data base by listing its agency and program information and profile with [www.211atyourfingertips.org](http://www.211atyourfingertips.org). During this Agreement's term, the PROVIDER agrees to keep such information current in the online data base.

29. Continuity of Operations and Emergency Management Services: PROVIDER will submit an Emergency Management Services plan with the executed contract regarding continuity of operations to ensure that PROVIDER's property and services are able to respond and recover from any natural and/or man-made disaster. The plan should include mission essential functions, delegations of authority and orders of succession, emergency communications among board, staff and volunteers (e.g., telephone calling tree, intranet, or other method/means), vital records and databases, personnel issues and coordination, funding continuity of programs, facility preparation, alternate facilities, training and testing, plan maintenance, role of agency in time of disaster, inventory of neighborhood resources, meeting the needs of people served.

In the event of a local, state, or federal government declaration of a state of emergency pursuant to Chapter 252, Florida Statutes, or similar authorization, for all or part of Hillsborough County, the PROVIDER and the CHILDREN'S BOARD may agree in an Emergency Services Work Plan that all or part of the unperformed Services under this Agreement shall be suspended and/or that all or part of the unperformed Services shall be revised, modified, reorganized, or changed into services to carry out Emergency Management as defined in Chapter 252, Florida Statutes, or similar law, (called "Emergency Management Services" in this Agreement). Such Emergency Management Services shall be performed at the Disaster Recovery Center or other locations designated by the CHILDREN'S BOARD or other coordinating agency described below. The Emergency Services Work Plan may provide that all or part of the unpaid payments by the CHILDREN'S BOARD under this Agreement shall be used to pay PROVIDER for such Emergency Management Services. A Typical Payment Plan for an Emergency Services Work Plan shall be for the CHILDREN'S BOARD to pay the unpaid portion of this Agreement in equal monthly installments during the remaining Term of this Agreement. The Emergency Management Services may be performed separately or in coordination with or under the direction of other government agencies and or community organizations such as United Way of Tampa Bay, Inc. The PROVIDER must have an Emergency Services Work Plan and shall assist in Emergency Management Services to the best of its ability. The PROVIDER will submit to the CHILDREN'S BOARD a PROVIDER Disaster Verification Form within thirty (30) days of receiving an executed contract which attests that an Emergency Services Work Plan is in place and up to date.

The CHILDREN'S BOARD may continue to pay the PROVIDER for up to six (6) months after a declaration of emergency in order to assist the PROVIDER in recovering its financial and institutional capacity that may have been diminished in performing Emergency Management Services.

The Emergency Services Work Plan and any amendment may be in writing or by oral agreement recorded in any form of audio recording.

PROVIDER shall incorporate this Continuity of Operations and Emergency Management Services clause in all sub-contracts so that PROVIDER's sub-contractors have the same obligations toward PROVIDER as PROVIDER assumes toward the CHILDREN'S BOARD.