

UNITED STATES DEPARTMENT OF HOMELAND SECURITY

Office of Grants and Training

&

Office of Infrastructure Protection

Risk Management Division



Chemical Sector Buffer Zone Protection Program

VULNERABILITY REDUCTION PURCHASING PLAN

Please refer to the FY 2007 Chem-BZPP Guidance and Application Kit for additional information on all allowable costs and any associated requirements

| | | | |
|---|--------|--|--------------------------------------|
| CHEMICAL SECTOR REGION | | DATE | |
| Chem-BZPP STATE | | | |
| CHEMICAL SECTOR SITE(S) IN REGION | | | |
| RESPONSIBLE JURISDICTIONS IDENTIFIED IN THIS VRPP TO RECEIVE CHEM-BZPP FUNDS | RJO 1: | | |
| | RJO 2: | | |
| | RJO 3: | | |
| | RJO 4: | | |
| | RJO 5: | | |
| | RJO 6: | | |
| | RJO 7: | | |
| PLANNING ACTIVITIES - See Compilation of Individual RJO VRPPs | | | |
| EQUIPMENT AND RELATED ITEMS - See Compilation of Individual RJO VRPPs | | | |
| | | | GRAND TOTAL FOR ALL RJO VRPPs |
| SAA SUBMISSION | | AGENCY/ORGANIZATION NAME | |
| | | NAME/TITLE | |
| | | PHONE NUMBER & E-MAIL ADDRESS | |
| | | DATE | |
| STATE HSA CONCURRENCE | | AGENCY/ORGANIZATION NAME | |
| | | NAME/TITLE | |
| | | PHONE NUMBER & E-MAIL ADDRESS | |
| | | DATE | |
| IP/RMD VERIFICATION | | NAME/TITLE | |
| | | PHONE NUMBER & E-MAIL ADDRESS | |
| | | DATE | |
| G&T APPROVAL | | NAME/TITLE | |
| | | PHONE NUMBER & E-MAIL ADDRESS | |
| | | DATE | |



TOTAL COST

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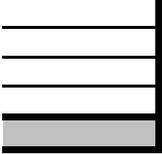
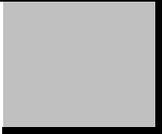
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Chemical Sector Buffer Zone Protection Program



VULNERABILITY REDUCTION PURCHASING PLAN

INTEGRATION WITH STATE HOMELAND SECURITY STRATEGY GOALS AND OBJECTIVES

And The

COMMUNITY PROTECTIVE MEASURES ANALYSIS

(to be completed by the SAA in consultation with the responsible jurisdiction)

1. Provide a summary description of the purpose of the requested purchases and how the VRPP request for the identified region supports the achievement of goals and objectives from your State/Urban Area homeland security strategy(ies). (Not to exceed 400 words)

2. Explain how the VRPP requests support the National Priorities, specifically the Implementation of the NIPP and the implementation of a Statewide CIP program. (Not to exceed 400 words)

3. Discuss funding resources beyond the FY 2006 Chem-BZPP that have been identified (i.e. HSGP and/or State funds) and will be leveraged to further support the implementation and sustainment of this VRPP (Not to exceed 300 words)

4. List up to three National Priority(ies) the VRPP requests also support.

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5. List up to six target capability(ies) from the Target Capabilities List that the VRPP requests primarily supports. (Corresponding AEL Numbers and TCL Categories can be found at <http://www.rkb.mipt.org/hspd8.cfm?expand=1>)

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6. Was the development of the VRPP coordinated with the following groups, as applicable. Please provide the POC for each applicable group below:

| Urban Area Working Group POC | |
|-------------------------------------|--|
| AGENCY/ORGANIZATION NAME | |
| NAME/TITLE | |
| PHONE NUMBER & E-MAIL | |
| DATE | |

| Regional Transit Security Working Group POC | |
|--|--|
| AGENCY/ORGANIZATION NAME | |
| NAME/TITLE | |
| PHONE NUMBER & E-MAIL | |
| DATE | |

| Area Maritime Security Committee POC | |
|---|--|
| AGENCY/ORGANIZATION NAME | |
| NAME/TITLE | |
| PHONE NUMBER & E-MAIL | |
| DATE | |

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Risk Management Division



Chemical Sector Buffer Zone Protection Program

VULNERABILITY REDUCTION PURCHASING PLAN

VRPP NO.

DATE

Notes:

| | | | |
|---|--|---------|--|
| RESPONSIBLE JURISDICTION ORGANIZATION (RJO) | | ADDRESS | |
|---|--|---------|--|

| | | | |
|--------------|--|-------|--|
| RJO POC NAME | | PHONE | |
| E-MAIL | | CELL | |

PLANNING ACTIVITIES

| ITEM NO. | TCL CATEGORY* | CPMA GAPS AND OPTIONS FOR CONSIDERATION No.** Select from below which gap and/or option for consideration this request supports: | | DESCRIPTION | UNIT COST |
|----------|---------------|---|---------------|-------------|-----------|
| | | 1) Equipment and Personnel | Gap No. | | |
| | | 2) Training and Qualifications | Gap No. | | |
| | | 3) Process and Procedures | Gap No. | | |
| | | 4) Other | CPMA Page No. | | |
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EQUIPMENT AND RELATED ITEMS

| ITEM NO. | AEL NO. | TCL Category* | CPMA GAPS AND OPTIONS FOR CONSIDERATION No.** Select from below which gap and/or option for consideration this request supports: | | DESCRIPTION | UNIT COST |
|----------|---------|---------------|---|---------|-------------|-----------|
| | | | 1) Equipment and Personnel | Gap No. | | |
| | | | | | | |

