

**Application for Assessment**

The Program will remit this Application to the EMAP Staff Liaison no later than 6 months prior to beginning the scheduled On-Site Assessment. The Program will remit all corresponding Application Fees based on the type of Assessment provided by the EMAP Commission within 30 business days of EMAP receipt of Application.

**EMERGENCY MANAGEMENT PROGRAM**

Name of Program: Click here to enter text.

Name of Department: Click here to enter text.

Mailing address: Click here to enter text.

Physical address: Click here to enter text.

Website: Click here to enter text.

**PROGRAM CHIEF EXECUTIVE**

*(Governor, Mayor, County Manager, President, Commander, CEO, etc.)*

Name: Click here to enter text.

Title: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

**EMERGENCY MANAGEMENT PROGRAM DIRECTOR**

Name: Click here to enter text.

Title: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

**EMERGENCY MANAGEMENT PROGRAM ACCREDITATION MANAGER**

Name: Click here to enter text.

Title: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

**PROGRAM INFORMATION**

Number of full-time employees or equivalent: Click here to enter text.

Date Program was established: Click here to enter text.

Statutory/ordinance reference (citation to law creating or recognizing program): Click here to enter text.

How many offices/locations does your Program have? (please explain): Click here to enter text.

Program Population (recent Census preferred): Click here to enter text.

Are any of the following located in your jurisdiction?

[ ]  Military installation

[ ]  Nuclear facility

[ ]  Hazardous waste storage or disposal facility

[ ]  Dam(s)

[ ]  Chemical plant(s)

[ ]  International hub or airport

[ ]  Biohazard lab and/or facility

[ ]  Other special facilities: Click here to enter text.

Date of last completion of a comprehensive program assessment: Click here to enter text.

**PROGRAM CODE OF CONDUCT**

Please initial each statement below indicating the Program agrees and plans to abide by the Program Code of Conduct.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_ | Programs are required to have an EMAP trained Accreditation Manager. EMAP Personnel, Assessment Team Leaders and Assessors will work prior to, during and post assessment with the Programs Accreditation Manager. A contractor may not serve as the Program’s Accreditation Manager. EMAP will only coordinate assessment activities with an Accreditation Manager who is on staff and has been EMAP trained.  |
| \_\_\_\_\_\_\_ | Programs will adhere to the mutually agreed upon Fee Schedule and Assessment and Accreditation timelines stipulated in the *Applicant Guide to Accreditation*. Failure to do so may result in the Program having to re-start their Accreditation effort. If a Program is not adhering to the requirements and/or timelines through the Accreditation process, EMAP has the purview and authority to extend the Self-Assessment, delay the On-Site Assessment and/or delay the Remote Conditional period, and/or the Conditional On-Site Assessment. All costs associated with timeline extensions and delays will be paid by the Program. |
| \_\_\_\_\_\_\_ | Programs will remit payments for the Subscription Fees, Training Fees, Application Fees, On-Site Assessment Fees, Accreditation Application Fees, Conditional Fees (as needed), Accreditation Ceremony Fees (as needed) and/or other optional service fees (as needed) based on the Assessment and Accreditation timelines. EMAP provides payment plans catered to the Program needs and also provides estimates to assist in budget planning. Failure to remit payments will halt the Accreditation Process. All costs associated with timeline extensions and delays will be paid by the Program. |
| \_\_\_\_\_\_\_ | At all times during the Accreditation process the Program and its representatives agree to work cooperatively and professionally with EMAP staff, the Assessment Team Leader and members of the Assessment Team. Both parties agree that courtesy and cooperation are essential components of an efficient and effective Accreditation process. Therefore, the Program agrees that in the event of an issue or concern occurring during the process, the Program and the Assessment Team Leader/Team or EMAP staff will communicate promptly and professionally to address the same. The Program acknowledges it’s understanding that if at any time during the Accreditation process the EMAP Staff Liaison and/or the Assessment Team Leader determine that the Program has not maintained the necessary level of professionalism and cooperation required to ensure a safe and mutually productive and beneficial working environment, the EMAP Staff Liaison will coordinate with the EMAP Executive Director, who will then convene the EMAP Executive Committee to determine if the Accreditation process should be halted as necessary to address the outstanding issues/concerns. All documented costs associated with such an action, including timeline extensions and delays, will be paid by the Program.  |
| \_\_\_\_\_\_\_ | The Program agrees that upon the completion of the on-site portion of the Accreditation Process, neither the Program nor its representatives will communicate directly with members of the Assessment Team about the assessment or any findings without prior written notice to and the approval of the EMAP Staff Liaison, which approval will be at the sole discretion of the EMAP Staff Liaison. The Program further acknowledges that it may socialize with the Assessment Team members and EMAP Personnel only in a manner and to a degree that does not compromise or give the appearance of compromising the integrity and credibility of the Assessment and Accreditation process.  |
| \_\_\_\_\_\_\_ | Programs will socialize with the Assessment Team and EMAP Personnel only in a manner and to a degree that does not compromise the integrity and credibility of the Assessment and Accreditation process.  |
| \_\_\_\_\_\_\_ | Prior to the conclusion of each day during the On-Site Assessment, the Assessment Team Leader, the Accreditation Manager and, if so desired, the Program Director and/or Chief Executive, will meet to review the On-Site Assessment progress. During the meeting, the Assessment Team Leader will provide information regarding preliminary findings and the progress of the Assessment. The Program acknowledges it’s understanding that any communications from the Assessment Team Leader or Assessment Team are preliminary only, as findings of the Assessment Team are not complete until the Assessment Team’s report is 1) finalized, 2) reviewed by the Program Review Committee, and 3) accepted by the EMAP Commission. Only the EMAP Commission has the authority to render a final decision regarding Accreditation. |
| \_\_\_\_\_\_\_ | If the Program is potentially not in compliance with a Standard, this information will be communicated by the Assessment Team Leader to the Accreditation Manager, allowing the Program to provide additional existing proof of compliance documentation while the team is on-site. All documentation must be provided prior to the deadline established by the Assessment Team Leader. To avoid the appearance of impropriety, proof of compliance documentation that is developed during the On-Site Assessment by the Program stakeholders will not be reviewed and/or considered during the On-Site Assessment. Newly developed proof of compliance documentation that has been promulgated and/or approved, distributed & implemented can be provided in the Supplemental or Conditional periods. In addition, if it is determined that a proof of compliance document has been substantially changed during an On-Site Assessment, the Program must show how that document has been promulgated and/or approved, in accordance with the Programs established formal planning process.  |
| \_\_\_\_\_\_\_ | The Program may not provide gifts, food or tokens of appreciation for their service unless the Program can show justification to EMAP prior to the On-Site Assessment that the same is provided to other visitors to the Program.  |
| \_\_\_\_\_\_\_ | The Program agrees to maintain the integrity of the Accreditation process and avoid behavior that could create the perception of other motives, including recruitment of Assessors to assist the Program in a contractual or voluntary mechanism to assist the Program in rectifying non-compliant areas.  |
| \_\_\_\_\_\_\_ | The Program acknowledges its receipt of the *Applicant’s Guide to Accreditation* and the process set forth in the Guide to be followed in the event of an appeal by the Program of a final decision on Accreditation.  |
| \_\_\_\_\_\_\_ | The Program acknowledges EMAP’s arbitration clause to be as follows: Any dispute arising out of the EMAP Commission’s final ruling on Program Accreditation and upon exhaustion by the Program of the EMAP appeal process set forth in the *Applicant Guide to Accreditation,* and which cannot first be resolved through good faith efforts of the parties, will be submitted to binding arbitration. The arbitration proceedings shall take place in Northern Virginia, and be conducted by the American Arbitration Association, or its successor, in compliance with American Arbitration Association’s Rules of Commercial Arbitration as modified by the terms of this provision. The arbitration will be conducted by a single arbitrator. The decision of the arbitrator will be final and binding on the parties and may be entered and enforced in any court of competent jurisdiction by either party. The prevailing party in the arbitration proceedings will be awarded reasonable attorneys’ fees, if any, and all other costs and expenses of the proceedings, unless the arbitrator for good cause determines otherwise.  |

**SIGNATURE**

Signature of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENTS**

1. Attach a copy of an **organizational chart** or another explanation of program structure that describes or illustrates the program’s organization, ***including the emergency management agency or department as well as other offices, agencies, departments and organizations that play a role in the emergency operations plan for the jurisdiction***.
2. Attach a one-page, narrative description of the program. This narrative should include the jurisdiction’s top hazards, how the program is organized, and any features unique to the program.

Please return the completed form to the EMAP Staff Liaison.