# Hendricks County Medical Reserve Corp (HCMRC) 3-Year Strategic Plan 2019-2021



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# Executive Summary

## **Objective of Strategic Plan**

The objective of this 2019-2021 Strategic Plan is to look closely at the Hendricks County Medical Reserve Corp (HCMRC) strengths and weaknesses in order to map out our key issues, goals, strategies and actions for the future; to have a clear message of our vision and mission for our volunteers and Hendricks County citizens and governance; and to understand the resources needed to accomplish our short and long term goals.

## **Mission**

During 2019 – 2021, HCMRC mission is to recruit, train, and retain roster volunteers of medical and non-medical professionals who are willing to contribute their skills and expertise in response to public health initiatives, community educational needs, and threats that may affect the citizens of Hendricks County.

## **Greatest Strengths**

Having been in existence since 2007, the HCMRC is a volunteer organization which demonstrates a strong sense of community, a willingness to be ready in an emergency, and a commitment to lead and participate in ongoing health-related initiatives. HCMRC volunteers have a broad experience base; many with medical, military, emergency management and/or homeland security backgrounds. Volunteers in 2018-2019 have participated in emergency training exercises, supported the County Health Department’s immunization activities, served as first aid providers at community events, and taught and support the “Stop the Bleed” program in local community settings throughout the county. Volunteers are our greatest strength.

## **Focus for the Future**

With government grants and awards now unavailable, a primary focus for the near future must be to develop an organizational structure that allows growth, engagement, and sustainability. Sustainability must include a continued source of revenue. The HCMRC is presently pursuing a fiscal partnership with the Hendricks County Community Foundation (HCCF) to create an unincorporated association which will be called ‘Friends of the Hendricks County MRC’. This association would enable the HCMRC to fundraise, accept deductible donations, and secure grants to fund HCMRC programs and needs.

Growing our volunteer base is an important consideration for program growth. With 51 roster and only 10-20 active volunteers, it is anticipated that an additional 25 rostered volunteers will need to be recruited each year. To increase volunteer numbers the HCMRC will need to enhance our community visibility and community needs-based educational programs. Furthermore, to maintain and increase overall engagement, the HCMRC will need to grow and add new programs, and continue providing training opportunities that are of interest to the volunteers.

The HCMRC will continue to support and enhance local emergency response efforts through the identification, organization, and training of volunteers before an emergency occurs to provide as needed surge capacity at the county-level.

# Organizational Background

1. Organizational Description and History
2. What is the Medical Reserve Corp (MRC)?

The National Medical Reserve Corps (MRC) Program was launched in July 2002 by the Office of the U.S. Surgeon General in response to President George W. Bush’s call for Americans to offer volunteer services in their community. The objective of the MRC program was to create a national network of local, community-based groups of medical and non-medical professionals who are organized and willing to respond to all threats that have the potential to affect the public health of their region. In addition to responding to public health threats, the MRC was also designed to provide community-based, public health awareness promotion as needed.

At the national level, the Division of the Civilian Volunteer Medical Reserve Corps (DCV-MRC) facilitates efforts to establish and implement local MRC units across the country. As of 2015, the MRC network comprises approximately 185,000 volunteers in roughly 860 community-based units located throughout the United States and its territories.

1. Hendricks County MRC Overview and History

Hendricks County understands that volunteers are a driving factor in the preparedness of our community for major events and other public health-related disasters. It is with this understanding that led to the establishment of the Hendricks County Medical Reserve Corp (HCMRC) in 2007. The HCMRC works to recruit a dedicated team of volunteers to assist with medical countermeasure dispensing in times of public health emergencies; to assist the Hendricks County Health Department in promoting public health awareness through activities such as flu clinics, and health fairs, etc.; and promoting health initiatives such as the national program Stop The Bleed, assisting at Hendricks County festivals and fairs, etc.

In 2019 Crisis Management Team (CRT) volunteers were added to the HCMRC roster. This rostered volunteer group is trained to assist victims, survivors, organizations, schools or the community following a traumatic event.

1. Organizational Structure

Since 2007, the HCMRC has operated under the jurisdiction of the Hendricks County Health Department. The MRC Coordinator, works under the Hendricks County Health Officer, and is responsible for:

* The day-to-day, emergency and non-emergency operations of the HCMRC.
* Identifying, recruiting, and training all MRC volunteers.
* Ensuring that all volunteer licenses and certificates are accurate and up-to-date.
* Rostering all volunteers within a secure database maintained within the Hendricks County Health Department computer network.
* Ensuring the Hendricks County Emergency Management Agency (EMA) has a current copy of the volunteer roster.
* As possible participating in state-wide MRC activities as mandated by the Indiana State Department of Health (ISDH).

The HCMRC has adopted the NIMS guidelines, and any volunteer activation and responses are to be managed under the organizational structure set forth in the Incident Command System (ICS) protocols. The ICS provides structured management and communications allowing smooth expansion and contraction of incident response. HCMRC volunteers deployed for emergency events will be integrated into an existing ICS structure of the requesting agencies/organizations and should operate in accordance with ICS principles.

1. Potential Organizational Changes

With the lack of available government grants, in 2018 the MRC Coordinator began exploring pathways to be able to accept individual and community tax deductible donations. A relationship with an established 501(c)(3) was explored to create a Fiscal Sponsorship. In 2018 in anticipation of participation in a Fiscal Sponsorship, an Executive Committee was formed and Bylaws drafted. The Executive Committee which became functional in early 2019 includes a president, vice president, secretary/treasurer, and an ‘at large’ member. The Executive Committee was to set strategy, supports the mission, vision and activities of HCMRC, and advises the MRC Coordinator. However in early 2019 the fiscal sponsorship which was being explored was felt to create a confusing relationship within the Hendricks County governance structure, and would not provide for liability coverage for volunteers.

The HCMRC is presently pursuing a fiscal partnership with the Hendricks County Community Foundation (HCCF) to create an unincorporated association which will be called ‘Friends of the Hendricks County MRC’. This association would enable the HCMRC to fundraise, accept deductible donations, and secure grants to fund HCMRC programs and needs. Fundraised or grants monies from the “Friends of the HCMRC” would be held by the HCCF. This allows rollover of monies into the next fiscal year. Monies would then be requested and appropriated for use from Hendricks County. A Liaison position will be created between the HCCF and the HCMRC. The liaison will be responsible to the Board Treasurer and lead a Fundraising Committee that would do fundraising and seek out grants for use by the MRC.

1. Funding

From the inception of the HCMRC in 2007 through 2014, grants were received through State and Federal funding sources. Yearly grants monies consisted of approximately $6500 from the State of Indiana and $3500 from the National Association of County and City Health Officers (NACCHO). In 2015 these grants ended.

Throughout 2014-2017, the organization subsisted on the remaining monies from the previous grants. In December 2017 the HCMRC received a Challenge Award Grant of $2500. In 2018 the Challenge Award was no longer available.

Monies remaining from these of these grants, but are not appropriated within Hendricks County at this time; furthermore these monies would need to be requested and approved for use.

1. Description of Core Competencies and accomplishment

The HCMRC greatest strengths are its volunteers. HCMRC volunteers have demonstrated a strong sense of community, a willingness to be ready in an emergency, and to lead and participate in ongoing health-related initiatives. The HCMRC volunteers have a broad experience base; many with medical, military, emergency management and/or homeland security backgrounds. Presently the HCMRC has 51 rostered volunteers. There is a core group of approximately 10-15 members that are highly engaged in multiple initiatives.

Roster volunteers are both FEMA trained (100, 700) and have completed background checks. In addition to FEMA training, volunteers are offered yearly first aid and CRP/AED training, and other trainings of interest. Volunteers have the opportunity to participated in emergency training exercises within the County and with the local hospital, support the County Health Department’s immunization and flu immunization activities, serve as first aid providers at community events, and are teaching or support “Stop the Bleed” in local community settings throughout the county.

1. Stakeholders and Partnerships

Our stakeholders include the Hendricks County citizens, the Council, the Commissioners, the Health Department, and all county-wide health responders (police, fire, EMS, Emergency Management).

There is a national Letter of Agreement (LOA) in place with the American Red Cross.

1. Ongoing Initiatives

In 2018-19 the HCMRC ongoing initiatives have included:

* Recruitment of volunteers, assuring training, licensing and background checks of volunteers.
* Volunteer participation in
	+ Hendricks County preparedness exercises.
	+ Staffing of emergency heating and cooling shelter stations.
	+ Support for the Hendricks County Health Department’s flu and immunization efforts, and other initiatives.
	+ Educating schools and community organizations with the “Stop the Bleed” program.
	+ Providing first aid stations at local fairs and festivals.

In 2019 the above initiatives will continue as well as the incorporation of the Crisis Response Team into the HCMRC. Other initiatives will be considered based on volunteer interest and funding.

1. Vision, Mission and Values
2. Vision

The vision of the HCMRC is to support the Hendricks County public health initiatives, lead community health-related programs, and enhance the medical and emergency response capability of Hendricks County.

1. Mission Statement

The mission of the HCMRC is to recruit, train, and retain a volunteer roster of medical and non-medical professionals who are willing to contribute their skills and expertise in response to public health initiatives, community educational needs, and threats that may affect the citizens of Hendricks County.

1. Values

The HCMRC values include:

1. Community:We honor the community-based nature of the MRC and recognize and encourage the spirit of volunteerism within the Hendricks County community and the HCMRC.
2. Action:We seek opportunities to develop meaningful initiatives that support community medical and public health volunteerism and service.
3. Resourcefulness:We maximize our potential to learn, and create relationships that maximize our assets to the fullest extent.
4. Teamwork:We embrace and create collaboration and partnerships that work collectively to achieve our mission.

These values are core to our ability to meet our mission, goals and vision.

## Strategic Plan

1. Planning Process for the 2019-2021 Strategic Plan

Following the formation of the HCMRC Executive Board in 2019 it was deemed important to develop a multiple year strategic plan to systematically map out our organizations short and long range directions and priorities for the present and future. Having a strategic plan will allow the MRC Coordinator, Executive Board, and Volunteers to better communicate the vision and the resources needed to accomplish our goals and objectives.

The planning process included defining the vision, mission and our values; gathering information from stakeholders; assessing internal and external strengths and weaknesses; environmental assessment; and defining our strategic goals and next steps. Once the Strategic Plan is drafted input will be obtained from Hendricks County Leadership, and the HCMRC volunteers before finalization.

1. Identified Key Issues

As a result of the planning process the HCMRC needs to focus in the coming years on the following key issues:

|  |  |  |
| --- | --- | --- |
| ***Key issues*** | ***Timing of Impact*** | ***Planned resolved*** |
| Development of an organizational structure that allows growth, engagement, and sustainability. | In 2019 | 2019 |
| Increase the recruitment of volunteers in order to have ~100 rostered volunteers per year e.g., 25 new rostered volunteers per year, to ensures adequate support for emergency needs and community health-related and outreach programs.  | Ongoing | Ongoing |
| Need to broaden and/or create programs/projects that meet and enhance the needs of the Hendricks County community (Stop the Bleed, first aid kits to coaches etc.). | Begin in 2020 | Ongoing |
| Establish a sustained source(s) of revenue that allows for financial stability and program growth. | 2020 | 2021 |
| Increase the number of volunteer engagement in programs and projects. | Ongoing | Ongoing |
| Enhance recognition of the value of the HCMRC at all levels of government and with local-town 1st responders.  | 2020 | Ongoing |

1. Goals, Strategies and Strategic Initiatives
2. Goals

Goal #1: Develop an organizational structure that allows growth and sustainably by 2019/20.

Goal # 2: Establish a sustained source of revenue that enables the HCMRC to grow and add new programs that enhance the health of the community and engages rostered volunteers to stay long-term.

Goal #3: Enhancing community visibility through the promotion of public health and emergency preparedness education and community needs-based educational programs**.**

Goal #4: Continue to support and enhance local emergency response efforts through the identification, organization, and training of volunteers before an emergency occurs to provide as needed surge capacity at the county-level.

Goals, Objectives, Strategic Initiatives, and Indicators

|  |
| --- |
| **Goal #1: Develop an organizational structure that allows growth and sustainably by 2019/20.**  |
|  | ***Objective*** | ***Strategic Initiatives or Key Tactics*** | ***Target Date - Responsible Person(s)*** | ***Indicator of success*** |
| 1.1. | Create a **workable and sustainable structure** that supports the MRC coordination to meet the mission and vision | * + 1. Explore “Friend of HCMRC” relationship with HCCF.

1.1.2 In needed, for “Friends Of HCMRC” create an organizational infrastructure including potentially revised Bylaws, implement a committee structure, a process between HCCF and HC to manage donations, organizational chart, and restructure HCMRC as needed.  | 2019 – Board2019 – Board  | * Establish a relationship with HCCF that allow for deducible donations for those who contribute in 2019
* Volunteers and HC understand the revised organizational structure in 2019
* New organizational structure is functioning by end of 2019
 |
| 1.2. | Strengthen the existing plan for **recruitment** of volunteers, i.e. ~100 rostered. Ensure 25 new rostered volunteers per year.  | 1.2.1 Utilize the local media and social media to make the HCMRC more visible to the public. Provide contact information. 1.2.2 Create a process to ensure interested persons are contacted quickly. 1.2.3 Streamline the time for those interested to becoming a rostered volunteer. 1.2.4 Update brochures and recruitment materials with the website. 1.2.5 Active social media accounts including mission vision, etc. with contact information. 1.2.6 Participate in community events and advertise for volunteers.  | 2019 – Jeff, Dawn2019 – Michael2019 – Michael2019 – Dawn, Gail2019 – Dawn2019 - Jeff | * 25 new roster volunteers per year.
* Media to highlight the HCMRC 2-3 x year
* Process created that is easy for volunteers to become rostered
* Brochures and materials include website information.
* Social media accounts are active. xx number of hits per year.
* Attend xx fairs/local events and public safety days
 |
| 1.3. | Increase the number of volunteer **engagement** in programs and projects. | 1.3.1 Poll volunteers to gage interest in existing and planned programs and projects, and planned committees. 1.3.2 Continue to provide good quality trainings at least quarterly that volunteers are interested in. Ask volunteers which trainings they would like. 1.3.3 Engage volunteers in strategic planning. 1.3.4 Provide food/give-a-ways, if possible at meetings.  | 2019 – Tom2019 – Board2019 – Board2020 – Board | * Two fold increase yearly, e.g. 20 active volunteers in 2019, 40 in 2020, etc.
* Volunteers have an interest in programs, projects and trainings.
 |
| 1.4 | **Integrate** the new member of the Crisis Response Team (CRT) within the MRC and vice versa.  | 1.4.1 Hold a welcome event at an HCMRC meeting to welcome the CRT into the broader HCMRC. 1.4.2 Provide good quality training of interest to CRT members.  | 2019 – Board2020 – Michael | * CRT members feel a part of the HCMRC.
 |

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| **Goal # 2: Establish sustained sources of revenue that enables the HCMRC to grow and add new programs that enhance the health of the community and engages rostered volunteers to stay long-term.**  |
|  | ***Objective*** | ***Strategic Initiatives or Key Tactics*** | ***Target Date = Responsible Person(s)*** | ***Indicator of success*** |
| 2.1. | Establish a **sustained sources of revenue** that allows for financial stability and program growth | 2.1.1 Develop grant expertise within the volunteer base2.1.2 Apply for 1 grants per year.2.1.3 Host fundraising opportunity 1-2 x year  | 2020 – Susan/Friends2020 – Board or Friend 2020 – Friend  | * Obtain at least $2500 in grants per year
* Obtain $1000 in tax deductible donations per year.
 |
| 2.2 | Grow existing program, i.e. **Stop the Bleed** to include all community organizations with interest (schools, churches, community organizations, etc.)  | 2.2.1 Create a community-wide plan for Stop the Bleed in partnerships with the HC Health Department to support/lead efforts to reach all interested schools, churches, community organizations to train. 2.2.2 Find funding to be able to provide Stop the Bleed kits to all classrooms and organizations following training.  | Ongoing – Mary2020 – HCMRC or “Friend of HCMRC” | * xx Stop the Bleed programs in 2019-2021.
* Community plan in place to reach all interested organizations in HC.
* Stop the Bleed kits in all classrooms and organization that are interested
 |
| 2.3 | Create an outreach to all volunteer coaches in HC to provide **first aid kits** in 2020.  | 2.3.1 Find funding to purchase additional fanny packs and first aid supplies for distribution to coaches. 2.3.2 Create a volunteer committee that will plan for project, raise monies, stuff fanny packs (boy or girl scout project?), and distribute.  | 2020-2021 – HCMRC/Friends 2020 – TBD/Friends | * All coaches who want first aid kits have them by 2021.

*(Once coaches have kits consider daycares, after school programs, etc for first aid kits.)* |
| 2.4 | Develop with partners an annual **county-wide Health Fair**  | 2.4.1 Seek interested partners to establish Health Fair, i.e. HRC, etc.2.4.2 Create a volunteer committee that will plan for Health Fair.  | 2020 – Jeff2020 - TBD | * In 2020 hold or be a part of a community Health Fair
 |
| 2.5 | Consider additional **programs and projects**  | * + 1. Poll volunteers interest and rank in priority in 2019. Is there anything else they would like to engage in/with?
 | 2019 - Tom | * Volunteers will be polled and prioritize programs/projects for the coming years.

Potential Program/Projects * Opioid training with CRT (Partner with Lilly Center)
* Smoking cessations
* Use of Jules and Smokeless Cigarettes (Partner with Health Department)
* Personal Preparedness (MRC training available)
* Autism and Communication with the Non-Verbal (Partner with Ball State)
* B&O Trail First Aid Stations
* Emergency contact magnets (emergency and non-emergency numbers, poison control etc.)
 |

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| Goal #3: **Enhancing community visibility though the promotion of public health and emergency preparedness education and community needs-based educational programs.** |
|  | ***Objective*** | ***Strategic Initiatives or Key Tactics*** | ***Target Date – Responsible Person(s)*** | ***Indicator of success*** |
| 3.1. | **Maintain strategic community partnerships** that enhance the HCMRC mission and better meet community needs | 3.1.1 Pursue a HCCF partnership to create “The Friend of HCMRC” in 2019. 3.3.2 Maintain regular contact and continue to seek partnerships that align with the HCMRC mission with the HC Health Department, Red Cross, Animal Rescue, and Amateur Ham Radio Operators.  | 2019 – BoardContinue - Jeff | * Partnership remains healthy with common projects and sharing of plans.
 |
| 3.2. | **Create new strategic community partnerships** that enhance the HCMRC mission and better meet community needs | 3.2.1 Create new partnerships that align with the HCMRC mission with the local Parks Department (CRT programs for staff, Stop the Bleed for staff, or community), local response organizations (shared programs, understand how we can help them), HRH, and the Drone Community. | 2020 – TBD Volunteers | * Create 1- 2 new partnerships per year
 |
| 3.3. | **Create awareness in civic groups**  | 3.3.1 Contact civic organizations to understand how we can help them meet there mission as well as ours.  | 2020 – TBD Volunteers | * Meet or present to 1-2 civic organizations per year.
 |

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| Goal #4: Continue to support and enhance local emergency response efforts through the identification, organization, and training of volunteers before an emergency occurs to provide as needed surge capacity at the county-level. |
|  | ***Objective*** | ***Strategic Initiatives or Key Tactics*** | ***Target Date – Responsible Person(s)*** | ***Indicator of success*** |
| 4.1. | **Training** to be interesting and prepare volunteers to support mission | 4.1.1. Provide training for CPR/AED and First Aid once a year. Look for free provider. 4.1.2. Develop funding stream to ensure yearly training of interest – HCMRC and Friend of HCMRC4.1.3 Share community training that may be of interest to HCMRC volunteers. 4.1.4 Pole volunteers as to what training would be of interest to them. Other ideas include: Psych First Aid, Autism, etc. | 2020 – JeffTBD2019 – Jeff2019 - Tom | * 60% of rostered volunteers trained
* Funds available to train
 |
| 4.2 | Increase volunteers **participation in County Preparedness Exercises**, ie PODS | * + 1. Engage media to highlight volunteerism
		2. Provide food or freebies (vests, shirts, hats, etc.)

  | 2019 – Jeff2020 - Board | * 40% of rostered volunteers participate in PODS
 |
| 4.3 | **Differentiate rostered volunteers from spontaneous volunteers** at an event | 4.3.1 Develop automate swipe IDs and tracking of volunteers at emergency events | * 2020 - Jeff
 | * Process to identify volunteers from others.
 |

Appendix 1 – Strategic Analysis Data

1. **Description of who was involved in Strategic Analyses**

Planning included the Executive Board members and the MRC Coordinator. Input was provided by the Hendricks County Leadership and the HCMRC volunteers.

1. **SWOT**

|  |  |
| --- | --- |
| **Strengths*** Recognized resource for preparedness within HC Emergency Management
* Supporting our mission on a minimal budget.
* Diverse volunteer backgrounds & experience.
* Core group of volunteers engaged across multiple initiatives or time.
 | **Weakness*** No sustained revenue stream to support programs, materials, etc.
* Lengthy process to gain access to monies in HC account.
* Donations within the HC and not tax deductible.
* Limited grant writing / fundraising experience within group.
* Limited number of volunteers with few engaged in meeting, projects and pod exercises.
 |
| **Opportunities*** LOA with Red Cross
* “Friends” organization to allow donations.
* Grants are available.
* Charitable donations are possible.
* Multiple health-related community programs needed that volunteers could lead/participate in.
* Wide variety of training is available to retain volunteer’s interest.
 | **Threats*** Grants may be difficult to obtain by a quasi-government organization.
* Not utilized or understood by town managers and local 1st responders.
 |

1. Assessment of current resources
2. Volunteers

Presently there are approximately 51 rostered volunteers. Approximately only 10-15 are engaged regularly in programs/projects. Approximately 10-20 volunteers attend quarterly meetings and trainings. Recruitment events generate some interest in joining but few become rostered volunteers. On average it takes 45 interested persons to roster 10 individuals.

Approximately 100 and engaged rostered volunteers are needed yearly to meet the HCMRC mission. It is felt that 25 rosters volunteers need to be accrued yearly.

1. Available promotional and training materials
	* + Brochures and bookmarks will need to be re-ordered every year. The inventory as of mid-2019 is as follows:
			- Brochures 51
			- Bookmarks 265
		+ There are some lanyards, holders, still available through 2020.
		+ There are 100 fanny packs available.
		+ Clothing, vests and hats as of mid-2019 are available as follows, but in the future clothing will not be provided and instead a logoed vest will be provided.
			- Vests 50
			- Hats 71
			- T-shirt, small 74
			- T-shirt, med 30
			- T-shirt, large 10
			- T-shirt, XL 13
			- T-shirt, XXL 8
			- Sweatshirt, small 27
			- Sweatshirt, med 50
			- Sweatshirt, large 29
			- Sweatshirt, XL 20
			- Sweatshirt, XXL 1
			- Polo, small 8
			- Polo, med 34
			- Polo, large 7
			- Polo, XL 4
		+ Training materials will need to be reordered yearly. Inventory as of mid-2019 is as follows:
			- Incident Command Flip Books 117
			- Volunteer Deployment Flip Books 82
			- Local Activation MRC Books 128
2. Monies in County Account

As of mid-2019, there is approximately $8600 remaining in the County account from previous Awards and Grants. This money is not appropriated for use and must be approved by the county before it can be made available.

## Appendix 2 – Budget

1. Operating Budget

Estimated donations and grants revenue are unknown at the time of this strategic plan. It is clear a revenue stream will need to be developed as soon as possible.

1. Revenue

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2019** | **2020** | **2021** |
| **Donations**  | 0 | TBD | TBD |
| **Grants** | 0 | TBD | TBD |
| **TOTAL REVENUE** |  | **?** | **?** |

1. Estimated Expenses

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2019** | **2020** | **2021** |
| **Administrative & Marketing Costs** |
| Brochure ($349 for xx unit) | $350 | $350 | $350 |
| Credential Supplies – software ($320) |  | $320 |  |
| Bookmarks ($120 for xx units) | $120 | $120 | $120 |
| Lanyards and Holders ($65 in 2018) | $65 | $65 | $65 |
|  |  |  |  |
| **Professional Services and Fees** |
| CRP/First Aid training ($450 each) |  | $450 | $450 |
| Other Training – TBD  |  | TBD |  |
|  |  |  |  |
| **Facilities, Rental and AV fees** |
|  |  |  |  |
|  |  |  |  |
| **Uniforms, Equipment & Resources** |
| Shirts, sweatshirts, etc ($525 in 2018) | $0 | $0 | $0 |
| First Aid Kits – Lg ($110 each) |  |  |  |
| First Aid Kits – Sm for Coaches ($??) | TBD | TBD | TBD |
| Banners ($75 each) |  |  |  |
| Vests ($??) |  | TBD | TBD |
|  |  |  |  |
| **Awards, Recruitment and Outreach** |
| Newspaper ads |  |  |  |
| Radio ads |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Other Expenses** |  |  |  |
| HCCF donation processing costs (4%/yr; 2% rollover) |  | TBD | TBD |
| **TOTAL Expenses** |  | **?** | **?** |