

Pilot Project UNESCO IOC Intergovernmental Coordination Group for Tsunamis and Other Coastal Hazards for the Caribbean and Adjacent Regions	<h1>LOGO</h1>	ApplicationForm
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Community Contact Information					
County/Parish/City/Town	Carriacou	Country	Grenada	Population Total/Evacuation Zone	10,674/4,000
Primary Point of Contact			Secondary Point of Contact		
Name	Ms. Ethlin Alexander		Name	Ms. Kisha McFarlane	
Office	District Disaster Coordinator		Office	District Disaster Coordinator	
Title	Chairperson		Title	Deputy Chairperson	
Mailing Address	L'auriston, Carriacou		Mailing Address	Lauriston	
City	Hillsborough		City	Hillsborough	
State, ZIP	00000		State, ZIP		
Phone	(473) 456-1527 (473) 443-8351		Phone	(473)416-6522	
email	ettiealexander@gmail.com		email	Kisham_23@hotmail.com	
Mitigation Guidelines (MIT)					
MIT 1	<input checked="" type="checkbox"/> Designate and map tsunami hazard zones.				<input checked="" type="checkbox"/> Verified
MIT 2	<input checked="" type="checkbox"/> Public display of tsunami information and response that identifies: tsunami danger areaand/or hazard zone, evacuation routes, and assembly area; and provides tsunami response education (go to high ground).				<input checked="" type="checkbox"/> Verified
<input checked="" type="checkbox"/> Tsunami hazard zone signs		N/A Entering/leaving tsunami hazard zone signs		<input checked="" type="checkbox"/> Evacuation routes signs	
<input checked="" type="checkbox"/> Assembly areas signs		<input checked="" type="checkbox"/> Tsunami response education signs - billboards pending			
Verification Team/Renewal Notes					

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Please do not write in shaded areas.

## Preparation Guidelines (PREP)

PREP 1	Produce easily understood tsunami evacuation maps as determined to be appropriate by local authorities. <i>Maps approved 1500 copies</i>		✓ Verified
	<input checked="" type="checkbox"/> Print	<input checked="" type="checkbox"/> Digital media	<input type="checkbox"/> Other
PREP 2	Develop and distribute outreach and public education materials. Distribution should use <b>three or more wide-reaching diverse methods.</b>		✓ Verified
<input checked="" type="checkbox"/> Brochures/flyers distributed at public venues		<input checked="" type="checkbox"/> Websites/Social media	
<input checked="" type="checkbox"/> Local faith-based and civic organization bulletins/mailings		<input checked="" type="checkbox"/> Billboard, roadside, highway, or educational signs <i>Planned</i>	
<input checked="" type="checkbox"/> Local radio <del>and television</del>		<input type="checkbox"/> Public utility/service industry bill safety notices	
<input checked="" type="checkbox"/> Bulk email		<input type="checkbox"/> Historical markers and interpretive signs	
<input checked="" type="checkbox"/> Newspaper Inserts		<input type="checkbox"/> Other _____	
PREP 3	<b>Annually</b> hold at least three tsunami outreach or education activities.		✓ Verified
<input checked="" type="checkbox"/> Leverage of national, state, or regional campaigns through use of social media			
<input checked="" type="checkbox"/> Multi-hazard events or presentations			
<input checked="" type="checkbox"/> Booth at community events and/or county fairs			
<input checked="" type="checkbox"/> Community tsunami safety workshops, town hall, or similar public/private meetings			
<input type="checkbox"/> Media workshops			
<input checked="" type="checkbox"/> Door to door safety campaigns targeted to people leaving or working in the tsunami hazard zone			
<input type="checkbox"/> Other _____			
PREP 4	Conduct an annual tsunami community exercise. <i>CARIBE WAVE 19</i>		✓ Verified
<input type="checkbox"/> Tabletop exercise <input checked="" type="checkbox"/> Functional exercise <input type="checkbox"/> Full-scale exercise			

Verification Team/Renewal Notes

Response Guidelines

RESP 1

Address tsunami hazards in the community's emergency operations plan (EOP).

*Caribbean FM integrated in one plan, needs to be separated.*

☒ Verified

☒ Identify tsunami as a hazard and provides risk assessment

☒ Present tsunami-hazard profile, including source locations, extend of inundation, run-up, previous or future tsunamis

☒ Describe community vulnerability *- exists, needs to be integrated; in place neighbor helping neighbor*

☒ Details 24-hour warning point procedures *- alternate location identified - Cosnel Barthele*

☒ Specify emergency operations center (EOC) activation criteria

☒ Specify tsunami criteria and procedures for the activation of the public warning system

☒ Provide contact information for all jurisdictional agencies and response partners

☒ Include evacuation plans for tsunamis, roles of community entities/agencies, maps and protocols

☒ Include procedures for updating information and determine when evacuated zones are safe

☒ Include procedures for providing security for the evacuated zone(s)

☒ Include procedures for reporting tsunami impacts in the community

☒ Include schools and critical facilities in the emergency operations plan

RESP 2

Commit to supporting the emergency operations center (EOC) during tsunami incidents if an EOC is opened and activated.

☒ Verified

☒ Has 24-hour operations or plan to activate an EOC for tsunami incidents

☒ Has warning reception and dissemination capability

☒ Has ability and authority to activate the public warning system in its area of responsibility

☒ Maintains the ability to communicate within and across jurisdictions



Verification Team/Renewal Notes

RESP 3

Have redundant and reliable means for a 24-hour warning point (and EOC if activated) to receive official tsunami threats: **at least three**.

Verified

☐ Public Alert Radio Systems (RDS, NWR, etc)

☐ Local radio: Emergency Alert System, LP1/LP2

☒ National/Territorial warning call out tree system

☐ Active Internet monitoring capability

☒ Instant messaging programs available via Internet

☒ Direct email from CARIBE EWS Tsunami Service Provider NTWC or TWFP

☐ EMWIN receiver

☐ Direct fax from CARIBE EWS Tsunami Service Provider o NTWC or TWFP

☐ CISN display program

☐ Text message or direct pager from CARIBE EWS Tsunami Service Provider o NTWC or TWFP

☒ Amateur radio transceiver

☐ Coast Guard (CG) broadcasts

☐ Third-party alert provider

☐ Other \_\_\_\_\_

RESP 4

Have redundant and reliable means for 24-hour warning point and/or EOC to disseminate official tsunami alerts to the public: **at least three**.

Verified

☐ EAS message initiation and broadcast

☒ Amateur radio operator network (ham radio)

☐ Cable TV audio/video overrides

☐ Telephone mass notification system

☐ Local flood warning system

☒ Call out tree

☐ Plan for siren/megaphones on emergency vehicles

☐ Coordinated jurisdiction-wide radio network

☐ Outdoor warning siren(s) *-under discussion*

☐ Countywide communications network

☐ Local alert broadcast system

☒ Social media (Twitter, Facebook)

☒ Local pager/texting system

☐ Lifeguards on beaches and on patrol

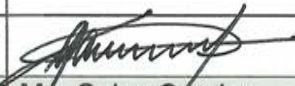
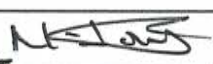
☐ Other *Conch shells, Church bells, Fishermen - VHF & Sat phone*



Verification Team/Renewal  
Notes

**Signature of Applying Official**

Office Name	National Disaster Management Agency		
Application Submitted by (name of applicant)	Ms. Ethelin Alexander  Ms. Kisha McFarlane 	Title	District Disaster Coordinator Carriacou  Deputy Disaster Coordinator Carriacou
Signature		Date	24/09/19
Authority Receiving Application (print name)	Winston Garraway	Date Received	24/09/19

**Site Verification Team Signatures**

Print Name	Senator the Hon. Dr. Winston Garraway		
Office	Ministry of Climate Resilience, Forestry, Fisheries, Information and Disaster Management	Title	Minister of State with responsibility for Disaster Management and Information
Signature		Date	24/09/19
Print Name	Ms. Oslin Crosby		
Office	NaDMA PRO	Title	
Signature		Date	24/09/19
Print Name	Ms. Nicole Jones		
Office	Meteorological Office	Title	Manager, Meteorological Office
Signature		Date	24/09/19
Print Name	Ms. Alison Brome		

Office	Caribbean Tsunami Information Centre	Title	Interim Director (AI), Consultant
Signature	For  Christina von Liliebricht, NOAA-CTWP	Date	24-SEP-2019
Print Name	Ms. Theria Mills Theria Lendore		
Office	Harvey Government School	Title	Principal
Signature			
<b>Signature in Renewal Year</b>			
Office			
Application Submitted by (name of applicant)		Title	
Signature		Date	
Authority Receiving Application (print name)		Date Received	