# KANSAS DIVISION OF EMERGENCY MANAGEMENT

# Emergency Management Performance Grant (EMPG)

Sub-Grantee Guidance

Fiscal Year 2012

**CFDA 97.042**

State of Kansas – Adjutant General's Department

# Table of Contents

**INTRODUCTION** ..... **4**

**PURPOSE OF THE GRANT** ..... **4**

**PERFORMANCE PERIOD** ..... **5**

**GRANT MATCH REQUIREMENTS** ..... **5**

**ELIGIBLE SUB-GRANTEES** ..... **6**

**FUNDING AMOUNT/FORMULA** ..... **6**

**EMPG WORK PLAN REQUIREMENTS** ..... **7**

ALLOWABLE COSTS ..... 7

UNALLOWABLE COSTS ..... 9

NON-SUPPLANTING ..... 9

**EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) 2012 SUB-GRANTEE AGREEMENT/APPLICATION** ..... **9**

SUBGRANT AWARD PROCEDURE ..... 9

SIGNATURES REQUIRED ON EMPG PROGRAM DOCUMENTS ..... 10

**STATEMENT OF WORK & QUARTERLY PERFORMANCE REPORT (EMPG02)** ..... **10**

**QUARTERLY EMERGENCY MANAGEMENT PERFORMANCE GRANT REPORT (EMPG03)** ..... **13**

QUARTERLY PERFORMANCE REPORTS ..... 13

**ANNUAL BUDGET FOR PERSONNEL & ADMINISTRATIVE EXPENSES (EMPG04)** ..... **14**

**2012 EMPG SUBGRANTEE REIMBURSEMENT REQUEST FORM (EMPG05)** ..... **14**

REIMBURSEMENT PROCEDURE ..... 14

**MONITORING** ..... **14**

MONITORING VISITS ..... 15

**APPEALS** ..... **15**

**SUBMISSION** ..... **15**

**FORM SAMPLES AND INSTRUCTIONS** ..... **17**

EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) 2012 SUB-GRANTEE AGREEMENT/APPLICATION (EMPG01) ..... 17

STATEMENT OF WORK & QUARTERLY PERFORMANCE REPORT (EMPG02) ..... 20

QUARTERLY EMERGENCY MANAGEMENT PERFORMANCE GRANT REPORT (EMPG03) ..... 21

**ANNUAL BUDGET FOR PERSONNEL & ADMINISTRATIVE EXPENSES (EMPG04)** ..... 23

2012 EMPG SUBGRANTEE REIMBURSEMENT REQUEST FORM (EMPG05) ..... 25

Exercise Participation Form ..... 27

Training Documentation Form ..... 29

# INTRODUCTION

The Emergency Management Performance Grant (EMPG) Program provides federal funding to assist states and local governments in developing and carrying out emergency management programs. States submit annual applications that include a statement of work and proposed budget to the Federal Emergency Management Agency (FEMA) for funding to match state and local appropriations for emergency management programs. States receive EMPG funding from FEMA and, in turn, pass EMPG Program funding to local governments to reimburse them for emergency management personnel expenses.

The FFY 2012 EMPG program plays an important role in the implementation of Presidential Policy Directive 8 (PPD-8) by supporting the development and sustainment of core capabilities in the Prevention, Protection, Mitigation, Response, and Recovery mission areas based on allowable costs.

State of Kansas leaders recognize both state and local governments must work to protect their citizens by developing comprehensive, risk–based, all–hazard emergency management programs. Emergency management must be able to coordinate in the context of natural and man–made hazards, as well as technological events, that threaten the security of the homeland and the safety and well–being of citizens. An all–hazard approach to preparedness including the development of a comprehensive program of planning, training, and exercises, sets the stage for an effective and consistent response to and recovery from any threatened or actual disaster or emergency, regardless of the cause.

# PURPOSE OF THE GRANT

The EMPG Program is to assist your county government in enhancing and sustaining an all-hazard emergency management program.

Funds provided through EMPG sub grants shall be used for emergency management programs to accomplish the following initiatives:

1. Implementation of PPD-8. Continued development and sustainment of core capabilities. Capabilities are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The most essential of these capabilities are the core capabilities identified in the National Preparedness Goal.
2. Advancing "Whole Community" Security and Emergency Management. Engaging the whole community in emergency management is critical to the implementation of PPD-8 and to achieving the National Preparedness Goal.

3. Emergency Management Program Administration. Programs must continue to fund all necessary aspects of the emergency management program that support day-to-day preparedness, response, recovery and mitigation activities.
4. Homeland Security Assessment and Strategy Integration. Ensure that EMPG strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in and reflective of the State Homeland Security Strategy.
5. National Response Plan and National Incident Management System (NIMS). Emergency management programs must update and/or modify their operational plans, and training and exercise activities, as necessary, to achieve conformance with The National Response Plan (NRP) and the National Incident Management System (NIMS) implementation guidelines, coordinating structures, processes, and protocols.

## PERFORMANCE PERIOD

The period of performance for this grant is January 1, 2012, through December 31, 2012.

## GRANT MATCH REQUIREMENTS

The EMPG Program requires a cost share at 50 percent federal and 50 percent non-federal share. The match can be cash or in-kind.

1. Cash Match (hard) includes non-federal cash spent for project-related costs, according to the program guidance. Allowable cash match must only include those costs which are in compliance with 2 CFR Part 225, *Cost Principles for State, Local, and Indian Tribal Governments* (OMB CIRCULAR A-87) and 44 CFR Part 13, *Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments.*
2. In-kind Match (soft) includes, but is not limited to, the valuation of in-kind services. "In-kind" is the value of something received or provided that does not have a cost associated with it. More information can be found in CFR Title 44, Part 13, Section 13.24.
    a. In-kind matches may consist of sub-grantee contributions such as property, or third party contributions including services, equipment or property.
        i. To qualify as in-kind the following conditions apply.
            1. Must be necessary and reasonable to accomplish the project objective.
            2. Cannot be from a federal source.
            3. Cannot be program income.
            4. Cannot be used to match another federal grant.
            5. Must apply to the cost-sharing requirement of the grant.

ii. In kind contributions must be documented and verifiable in the sub-grantee records. Records must be maintained to support how the value of the in-kind contribution was determined.

## ELIGIBLE SUB-GRANTEES

Eligible county governments are those that:

1. Submit an 2012 EMPG application;
2. Employ an Emergency Management Director/Coordinator as defined in KAR 56-2-2;
3. Successfully completed prior EMPG requirements and reports;
4. Are in compliance with the Office of Management and Budget (OMB) Circular A-102, *Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*; the OMB Circular A-87, *Cost Principles for State, Local and Indian Tribal Governments;* and the OMB Circular A-133, *Audits of States, Local Governments, and Non-profit Organizations*;
5. Are in compliance with 44 CFR 13.20, Subpart C- *Post-Award Requirements* setting standards for financial management systems;
6. Are in compliance with the Non-Construction Program Assurances and the Drug-Free Workplace Requirements;
7. Is in compliance with KSA 48-929 et al and KAR 56-2-2;
8. Maintain a system of personnel administration in conformance with standards prescribed by the Office of Personnel Management. Reference 5 CFR, Part 900, Subpart F, "*OPM Standards for a Merit System of Personnel Administration";*
9. Agree to submit to KDEM quarterly reports, both the programmatic report of activities and reimbursement package, After Action Reviews, and other supporting documentation in the form and format provided in this package or as requested.

## FUNDING AMOUNT/FORMULA

Anticipated FY 2012 EMPG funding levels will be based on available grant funds and feasibility of the jurisdiction to expend the funding. KDEM will attempt to provide similar funding levels allocated in FY 2011. Award amounts may be reduced due to unsuccessful completion of prior EMPG requirements and reports.

The criteria for determining awards will be the same as in previous fiscal years. The breakdown in distributions is made in the following manner:

- Population
- Vulnerable Needs Population
- Income and Jobs/Property and Assessed Values
- Livestock & Crops
- Transportation and Hazardous Materials

The allocation criteria based on a full-time vs. part-time County Director/Coordinator position is not applicable.

Host counties sharing a County Director/Coordinator will receive an additional base award of $5,000 per county.

## EMPG WORK PLAN REQUIREMENTS

Sub-grantee work plans for FY2012 are expected to ensure that emergency management capabilities are developed and maintained in local jurisdictions sufficient to provide the basis for dealing effectively with catastrophic disasters and homeland security emergencies. FY 2012 EMPG Sub-grantee work plan will be in the form of projects which will include reporting on:

1. Administration of the program
2. Advancing "Whole Community" Security and Emergency Management and Building and Sustaining Core Capabilities through:
    a. Planning and Mitigation
    b. Training and Exercising
    c. Public Outreach activities/Education/Program enhancement activities
    d. Emergency Operations Center (EOC) Readiness, Response and Recovery

### ALLOWABLE COSTS

1. Administration of the Program
    a. As provided in law, EMPG funds may be used for all-hazards emergency management operations, staffing, and other day-to-day activities in support of emergency management. Proposed staffing activities should be linked to achieving goals outlined in the EMPG work plan.
    b. In support of the Sub-grantee Work Plan expectations, the allowable costs are:
        i. Personnel Expense: Personnel costs, including gross salary, overtime, compensatory time off, and associated fringe benefits including matching expenditures. These costs must comply with OMB Circular A-87, *Cost*

*Principles for State, Local, and Indian Tribal Governments*. Personnel costs should be linked to achieving objectives outlined in the EMPG work plan.

2. Operating Expense: This includes costs to operate the county emergency management agency to include, at a minimum:
    a. Rent for meetings and classrooms;
    b. Information technology capabilities (servers, switches, workstation license keys in support of Comprehensive Resource Management & Credentialing System (CRMCS) Project.
    c. Office supplies that directly support the local emergency management program;
    d. Computers including laptop and desktops, printers and plotters elated to administrative purposes that directly support the local emergency management program;
    e. Emergency Operations Center workstations;
    f. Radios and pagers for administrative purposes; emergency alert notification systems that directly support the local emergency management program;
        i. Radio purchases must be pre-approved by KDEM.
    g. Professional dues (i.e. Kansas Emergency Management Assn (KEMA), International Emergency Managers Assn (IEAM). Must be specific to emergency management related duties.
3. Planning, Exercising, Training
    a. EMPG funds may be used for a wide range of emergency management planning activities -- including but not limited to Emergency Operations Plans (EOPs), Continuity of Operations (COOP) Plans, Recovery Plans, Debris Management Plans, Standard Operating Guidelines (SOGs), completion of Threat and Hazard Identification and Risk Assessment (THIRA), etc.
    b. EMPG funds may be used to design, develop, conduct, and evaluate emergency management related exercises. Exercises must be consistent with the principles outlined in the Homeland Security Exercise and Evaluation Program (HSEEP). Exercises using EMPG funding must be NIMS compliant and an After Action Review (AAR) must be completed.
    c. EMPG funds may be used for a range of emergency management-related training activities to enhance the capabilities of local emergency management personnel through establishment, support, conduct, and attendance of training. Funds used to develop, deliver, and evaluate training includes costs related to administering the training; planning, scheduling, facilities, materials and supplies, reproduction of materials, and equipment.
4. Public Education and Awareness
    a. EMPG funds may be used for a wide range of public education and awareness activities, including but not limited to: campaigns, brochures, fairs, public service announcements, etc.

b. Enhancing Citizen Preparedness programs and teams and advance in a whole community approach.

## UNALLOWABLE COSTS

It is the responsibility of the Sub-grantee to determine eligibility of purchases before expending funds. The following list is designed to provide general guidance.

1. Food (other than per diem), automobile fuel, and automobile repair and maintenance expenses are not allowable reimbursement costs.
2. Vehicle purchases are not eligible.
3. Construction is not eligible.
4. EMPG funds may not be used to support the hiring of sworn public safety officers for the purposes of fulfilling traditional public safety duties or to supplant traditional public safety positions and responsibilities.
5. Weapon systems and ammunition costs are not eligible.
6. Equipment purchases are NOT allowable.
    a. The federal government defines equipment, in both Office of Management and Budget (OMB) Circulars A-21 and A-110, as an item of *non-expendable, tangible personal property, having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the recipient organization for financial statement purposes, or $5,000.*

## NON-SUPPLANTING

EMPG funds are to be used to supplement existing funds, and will not replace (supplant) funds that have been appropriated for the same purpose.

# EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) 2012 SUB-GRANTEE AGREEMENT/APPLICATION

## SUBGRANT AWARD PROCEDURE

KDEM will evaluate applications and award Sub-grantee funds. Sub-grantees will be notified by KDEM in an award letter accompanied by the signed EMPG Sub-grantee agreement.

FY 2012 funding awards will be made contingent upon satisfactory completion of deliverables funded in the current and prior years, to include timely submission of quarterly reports. The

KDEM Deputy Director may reduce the baseline FY 2012 funding award to a Sub-grantee that has not completed deliverables funded in the previous fiscal year(s) or suspend the Sub-grantee from the program until FY 2013. Additionally, KDEM will continue to monitor the performance of applicants who fail to submit a quarterly report by the due date and funding may be withheld for reoccurring poor performance. Monitoring of this grant by KDEM staff may include technical assistance, site visits, and desk audits. See **MONITORING** Section for more information.

An Annual Budget (EMPG04) will be submitted with the County's application, projecting all EMPG expenses to occur in 2012. The Quarterly Report (EMPG03) is to be submitted at the beginning of each quarter, to include projected amounts. At the end of each quarter, Reimbursement Request Forms (EMPG05) and Statement of Work & Quarterly Performance Report (EMPG02) are to be submitted.

### SIGNATURES REQUIRED ON EMPG PROGRAM DOCUMENTS

Certain individuals, as identified on the on the Sub-grantee Agreement (Form EMPG 01), must sign specified EMPG obligating documents (award, amendments, etc.). These officials are:

1. Project Manager: The project manager, usually, the emergency manager/coordinator is directly responsible for carrying out tasks outlined in the Annual Work Plan and is supported by grant funds.
    a. The project manager is the primary point of contact for KDEM.
2. Signatory Official: An individual who has been authorized by the governing body of the applicant jurisdiction or organization to apply for, accept, or decline grants on behalf of the organization. For county governments, this is typically the County Commissioner or County Administrator.
3. Chief Financial Officer: This should be the chief financial officer or treasurer of the applicant jurisdiction or organization. This is the person who will be contacted by the KDEM staff if questions arise regarding financial aspects of the grant.

## STATEMENT OF WORK & QUARTERLY PERFORMANCE REPORT (EMPG02)

Each submission will include a completed set of Project Activities (Form EMPG02). This form will be used for the Statement of Work and for Quarterly Performance reporting.

Indicate any other activities that you plan to be carried out in support of your goals and objectives. The Project Manager will provide progress quarterly in the Comment block.

In order for Sub-grantees to be eligible to receive 2012 EMPG funds, they must comply with the following:

1. Program Administration
    a. Complete and submit Statement of Work and accompanying documents, to be included with Application and at the end of each quarter
    b. Complete and submit quarterly EMPG performance reports to KDEM within 15 days of the end of each quarter (EMPG 03)
        i. Reports are due on the following:
            1. April 15 for 1st quarter (January-February-March)
            2. July 15 for 2nd quarter (April-May-June)
            3. October 15 for 3rd quarter (July-August-September)
            4. January 15 for 4th quarter (October-November-December)
    c. Submit Annual Budget (EMPG04), to be included with Application
    d. Submit Reimbursement form (EMPG05), to be sent at the end of each quarter
2. Planning & Mitigation Required Activity
    a. Attend one KDEM sponsored planning workshop (April-December 2012)
        i. KDEM will begin hosting workshops throughout the state with the purpose of explaining the Kansas Planning Standards (KPS) and planning strategy for integration of plans into the Integrated SuperSystem.
    b. Counties shall have a County Emergency Operations Plan (CEOP) that has been approved by KDEM within the past 5 years (after January 1, 2007).
3. Training
    a. Comply with training grant requirements as set forth in FY 2012. This requirement is for new EMPG funded Sub-grantees or new county emergency management staff.
        i. Complete and submit certificates:
            1. An Introduction to Exercises IS-120
            2. Exercise Design – IS 139
            3. Fundamentals of Emergency Management – IS 230.b
            4. Emergency Planning – IS 235.b
            5. Leadership & Influence – IS 240.a
            6. Decision Making IS 241.a
            7. Effective Communications – IS 242.a
            8. Developing Volunteers – IS 244.a
    b. Training requirements apply to the following:
        i. County Emergency Manager/Coordinator
        ii. Assistant or Alternate County Emergency Manager/Coordinator
        iii. Staff who work directly for the County Emergency Manager and are "Paid". (Regardless of county or EMPG funding)
        iv. Elected officials are exempt
4. Exercises

a. Develop a local jurisdiction Multi-Year Training & Exercise Plan
    i. Participate in 2 exercises and submit documents to KDEM with 90 days.
        1. Exercise(s) must be seminar, workshop, table-top, game, drill, functional, or full scale
        2. Prior notification required for the below listed exercises
            a. TEPW – 90 Days
            b. TTX – 90 Days
            c. FE – 180 Days
            d. FSE – 240 Days
            e. Any exercise that requires assistance/support from the state requires a minimum of 90 days prior notification
            f. Any exercise directly utilizing grant funding; HSGP, EMPG, HMEP, etc requires 180 day prior notification and approval from the State Exercise Officer and the SAA
        3. Emergency management staff must participate in full-scale or EOC, full activation, exercise every 3 years
        4. Complete After Action Report (AAR), Improvement Planning Matrix (IPM) and sign-in sheets then submit to KDEM
        5. Attend HSEEP training, applies to newly hired County Coordinators that have not previously attended and must be completed during the first 12 months of hire
        6. Have, in writing, an exercise program manager, applies to newly hired County Coordinators that have not previously submitted and must be completed 30 days of hire
        7. Submit quarterly exercise reports not later than the 15th day of the month following the end of the previous quarter
b. Exercise participation requirement applies to the following:
    i. County Emergency Manager/Coordinator
    ii. Assistant or Alternate County Emergency Manager/Coordinator
    iii. Staff who work directly for the County Emergency Manager and are "Paid". (Regardless of county or EMPG funding)
    iv. Elected officials are exempt

5. Public Education/Awareness
    a. Report on Statement of Work and Quarterly Performance (EMPG02)
6. National Incident Management System (NIMS)
    a. Comply with training grant requirements as set forth in FY 2012. This requirement is for new EMPG funded Sub-grantees or new county emergency management staff.
        i. Complete and submit certificates:
            1. Introduction to Incident Command System (ICS) – IS100
            2. ICS for Single Resources and Initial Action Incidents – IS 200

3. National Incident Management System (NIMS), An introduction – IS 700
4. National Response Framework – An Introduction – IS 800

b. Training requirements apply to the following:
   i. County Emergency Manager/Coordinator
   ii. Assistant or Alternate County Emergency Manager/Coordinator
   iii. Staff who work directly for the County Emergency Manager and are "Paid". (Regardless of county or EMPG funding)

c. Complete National Incident Management System Compliance Assistance Support Tool (NIMSCAST)

7. EOC Readiness/Response & Recovery
   a. Report on Statement of Work and Quarterly Performance Grant (EMPG02)

Reports are due on the following:

1. April 15th for 1st quarter (January-February-March)
2. July 15th for 2nd quarter (April-May-June)
3. October 15th for 3rd quarter (July-August-September)
4. January 15th for 4th quarter (October-November-December)

# QUARTERLY EMERGENCY MANAGEMENT PERFORMANCE GRANT REPORT (EMPG03)

## QUARTERLY PERFORMANCE REPORTS

Each Sub-grantee is required to submit a Quarterly Performance Report (EMPG03) PRIOR to each quarter. The purpose of the report is to request emergency management dollars supported by the Emergency Management Performance Grant (EMPG). The Sub-grantee must provide as much activity information as possible in order to document the totality of the activities carried out in support of the grant funds received.

Reports are due on the following:

1. January 15th for 1st quarter (January-February-March)
2. April 15th for 2nd quarter (April-May-June)
3. July 15th for 3rd quarter (July-August-September)
4. October 15th for 4th quarter (October-November-December)

# ANNUAL BUDGET FOR PERSONNEL & ADMINISTRATIVE EXPENSES (EMPG04)

Each Sub-grantee is required to submit an Annual Budget for Personnel and Administrative Expenses. The purpose of the report is to document your County's projected annual EMPG and county expenditures.

# 2012 EMPG SUBGRANTEE REIMBURSEMENT REQUEST FORM (EMPG05)

## REIMBURSEMENT PROCEDURE

1. To receive reimbursement of eligible EMPG costs Sub-grantees must mail the **signed** EMPG Sub-grantee Reimbursement Request Form(s) (EMPG04) along with necessary source documentation to KDEM.
2. Reimbursement of Sub-grantee expenditures requires determination of allowable cost and acceptable source documentation. The purpose of source documentation is to document what the expenditure was for and that expenditure did occur. Source documentation includes submission of copies of the original invoice to determine allowable cost and either a copy of payment record or indication of payment document number.
3. Costs associated with law enforcement, fire, 911 or search and rescue cannot be included in the application budget. Although certain aspects of these activities intersect with emergency management for coordination, they are first-responder responsibilities with different funding sources. EMPG funding is for emergency management.

Reports are due on the following:

1. April 15th for 1st quarter (January-February-March)
2. July 15th for 2nd quarter (April-May-June)
3. October 15th for 3rd quarter (July-August-September)
4. January 15th for 4th quarter (October-November-December)

# MONITORING

The Kansas Division of Emergency Management (KDEM) will perform EMPG grant monitoring. EMPG grant monitoring is designed to provide assistance to the Sub-grantees both from a technical and programmatic standpoint, as well as to assist KDEM in identifying areas of need

for Sub-grantee support. Monitoring also is used to ensure the Sub-grantee is complying with state and federal guidelines.

## MONITORING VISITS

Monitoring visits may consist of programmatic, equipment, and financial review or any combination thereof. The monitoring may take place by phone, review of documents submitted to KDEM and/or on-site visits. Approximately 20% of the monitoring visits will take place by on-site visits annually. Sub-grantees will receive at least 15 days notice of on-site visits by KDEM.

KDEM reserves the right to conduct multiple monitoring visits if irregularities exist in management of projects.

KDEM reserves the right to factor in monitoring visit discrepancies in determining whether or not to accept current FY Sub-grantee reimbursement requests and/or to fund future FY Sub-grantee projects.

## APPEALS

Should a Sub-grantee appeal an unfavorable action taken by KDEM, the following procedure will be used:

1. Within 30 working days of the receipt of the notice of the action, the Sub-grantee will submit to the KDEM Deputy Director a written notice of appeal. The notice of appeal should clearly identify the exact action that is being appealed and contain the relevant facts and explanations upon which the appeal is based.
2. The KDEM Deputy Director, will provide the Sub-grantee with a written response within 30 working days of receipt of the notice of appeal. The determination by the Deputy Director is final.

## SUBMISSION

All SIGNED forms may be mailed, faxed, or scanned/emailed:

Mail:
Kansas Division of Emergency Management
Attn: Marlo Lunsford
2800 SW Topeka Blvd
Topeka, KS 66611

Fax:
(785) 274-1426
Attn: Marlo Lunsford

Scan/Email:
marlo.g.newell@us.army.mil

Unsigned reports are considered incomplete.

# FORM SAMPLES AND INSTRUCTIONS

## EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) 2012 SUB-GRANTEE AGREEMENT/APPLICATION (EMPG01)

**INSTRUCTIONS FOR COMPLETION OF FORM EMPG01**

FIELD 1: Enter County
FIELD 2: Enter Current EMPG Status of County
FIELD 3: Briefly explain why the EMPG funds are needed to support the Emergency Manager/Coordinator's position or expenses
FIELD 4: Check which description best describes the status of the Emergency Manager/Coordinator
FIELD 5: List the names and position title of EACH staff member whose position is funded through EMPG funds, used as a match, or SUPPORTS the Emergency Management Program
FIELD 6: Briefly describe the method used to track staffs time spent on emergency management activities paid with EMPG funds
FIELD 7: Enter County's Emergency Management's Point of Contact Information
FIELD 8: Type or print Emergency Manager/Coordinator's name
FIELD 9: Signature of Emergency Manager/Coordinator
FIELD 10: Type or print Authorized Official's name
FIELD 11: Signature of Authorized Official
FIELD 12: Enter date of submission

# APPLICATION FOR EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) FUNDS 2012

**Kansas Division of Emergency Management**

Please contact Marko Tomsford tim.chog.mrzell@us.army.mil or (785) 274-1405 if you have any questions regarding this application

| | |
|---|---|
| 1. County: | Field #1 |
| 2. EMPG Status: | ☐ Field #2 Current EMPG Program Participant ☐ New EMPG Program Participant |

3. Briefly explain why these funds are needed to support the emergency manager/coordinator position:

Field #3

4. Select which description best describes the status of the emergency manager/coordinator: Field #4
   - ☐ Full-time, permanent staff whose primary responsibility is as the emergency manager/coordinator
   - ☐ Emergency manager/coordinator duties are assigned to full-time staff with other significant duties
   - ☐ Emergency manager/coordinator is a part-time, or seasonal position, or contracted
   - ☐ Emergency manager/coordinator duties are assumed as needed by other staff or elected officials

5. List the name and position title of each staff member whose position is funded through the EMPG Program, used as an EMPG Match, or supports the Emergency Management Program:

| List EMPG Program Funded Staff/Support Staff: | Indicate Full-time or Part-time: | If Part-time, indicate number of hours worked per week: |
|---|---|---|
| Name:<br>Position: Field #5 | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |
| Name:<br>Position: | Select one | |

1

6. Briefly describe the method used to code or track funded staff time spent on emergency management activities charged to the grant and/or used to meet local match requirements:

Field #6

7. Complete the EMPG Annual Work Plan and attach to application.
8. County's Point of Contact
   - Name:
   - Address:

Field #7

   - Telephone Number:
   - Cell phone Number:
   - Fax Number:
   - Email Address:
9. Authorization to Submit Application:

By signature below, We agree to comply with the organization audit requirements of OMB Circular A-93, Audit of State, Local Governments, and Non-Profit Organizations. A copy of these audits must be sent to KDEM thirty (30) days upon receipt. We further agree to comply with the standards put forth in OMB Circular A-87, Cost Priniciples for State, Local, and Indian Tribal Governments. We agree to comply with the requirements set forth by State Administrative Regulation 56-2-2 and comply with financial and performance reporting for this grant period.

We certify that we will accomplish the projected programs to the best of our ability, will provide the necessary support to accomplish completion and understand and agree that completion of, or progress toward, said projected programs is a condition for participation in the Emergency Management Performance Grant Program and/or other federally assisted programs.

| | |
|---|---|
| Typed or Printed Name of Emergency Manager/Coordinator<br>Field #8 | Typed or Printed Name of Authorized Official<br>Field #10 |
| Signature of Emergency Manager/Coordinator<br>Field #9 | Signature of Authorized Official<br>Field #11 |
| KDEM Deputy Director | Date Submitted (MM/DD/YY)<br>Field #12 |
| Signature of KDEM Deputy Director | |

NOTE: Please complete and attach the Annual Work Plan & Budget and obtain the signatures of the Emergency Management Director & Authorized official for the above certification. The Authorized Official is an individual who has been authorized by the governing body of the jurisdiction to apply for, accept, or decline grants on behalf of the jurisdiction or organization.

## STATEMENT OF WORK & QUARTERLY PERFORMANCE REPORT (EMPG02)

**INSTRUCTIONS FOR COMPLETION OF FORM EMPG02**

FIELD 1: Enter the EMPG County
FIELD 2: Enter the quarter for which you are reporting
FIELD 3: Type or print Emergency Manager/Coordinator's name
FIELD 4: Signature of Emergency Manager/Coordinator
FIELD 5: Performance Report Comments for Completion and Submission
FIELD 6: Performance Report Comments for Submittal of Reimbursement form
FIELD 7: Select the appropriate "area" pertaining to the assigned activity
FIELD 8: List the Core Capability associated with the assigned activity
FIELD 9: Include any progress and performance comments pertaining to the activity

| EMPG 2012 EMERGENCY MANAGEMENT PERFORMANCE GRANT | |
|---|---|
| STATEMENT OF WORK AND QUARTERLY PERFORMANCE REPORT | |
| COUNTY | QUARTER # |
| Field #1 | Field #2 |
| COUNTY COORDINATOR'S NAME | PROJECT MANAGER SIGNATURE |
| Field #3 | Field #4 |
| ACTIVITY: PROGRAM ADMINISTRATION | PERFORMANCE REPORT COMMENTS |
| Complete and submit quarterly EMPG performance report | Field #5 |
| Submit Reimbursement form to KDEM | Field #6 |

| ACTIVITY: | AREA | CORE CAPABILITY | PROGRESS PERFORMANCE COMMENTS |
|---|---|---|---|
| Attend one KDEM sponsored planning workshop | Field #7 | Field #8 | Field #9 |
| Conduct workshops on County Emergency Operations (CEOP) | | | |
| Develop/enhance Continuity of Operations (COOP)/Continuity of Government (COG) plans | | | |

EMPG02 1

## QUARTERLY EMERGENCY MANAGEMENT PERFORMANCE GRANT REPORT (EMPG03)

**INSTRUCTIONS FOR COMPLETION OF FORM EMPG03**

FIELD 1: Enter the quarter for which you are requesting funds.
FIELD 2: Enter the EMPG County.
FIELD 3: Enter the name of the County Emergency Management Coordinator.
FIELD 4: Enter the amount your County is receiving from KDEM (this amount will be estimated per previous years until your County receives the actual amount)

The fields listed below are Grant Dollars Spent (EMPG Expenditures)

FIELD 5: POSITION TITLE: Enter the County Position Title
FIELD 6: EMPLOYEE NAME: Enter the County Employee whom supports Emergency Management.
FIELD 7: BASE SALARY**:** Enter the amount of salary projected on employee.
FIELD 8: FRINGE BENEFITS**:** Enter the amount projected towards employee's fringe benefits.
FIELD 9: QUARTERLY COMPENSATION: Travel cost projected for employee's Base Salary and Fringe Benefits.
FIELD 10: TRAVEL: Travel expected to occur in quarter.
FIELD 11: OTHER COSTS: Projected allowable costs, as explained in EMPG Work Plan: ALLOWABLE COSTS

The fields listed below are County Dollars Spent (Non-EMPG Expenditures)

FIELD 12: POSITION TITLE: Enter the County Position Title
FIELD 13: EMPLOYEE NAME: Enter the County Employee whom supports Emergency Management.
FIELD 14: BASE SALARY**:** Enter the amount of salary projected on employee.
FIELD 15: FRINGE BENEFITS**:** Enter the amount projected towards employee's fringe benefits.
FIELD 16: QUARTERLY COMPENSATION: Travel cost projected for employee's Base Salary and Fringe Benefits.
FIELD 17: TRAVEL: Travel expected to occur in quarter.
FIELD 18: OTHER COSTS: Projected allowable costs.

FIELD 19: SIGNED: Enter the signature of the person authorized to submit the reimbursement form.
FIELD 20: TITLE: Enter the title of the person signing the form.
FIELD 21: DATE: Enter the date the form was signed.

# QUARTERLY EMERGENCY MANAGEMENT PERFORMANCE GRANT REPORT

Field #1

Year: 2012 Quarter: ☐ 1st (ending Mar. 31) ☐ 2nd (ending June 30) ☐ 3rd (ending Sept. 30) ☐ 4th (ending Dec. 31)

Please list below your county's emergency management expenditures and return by the 15th day after close of quarter.
KDEM is required by FEMA to show matching funds for EMPG grant dollars every quarter.
The information you provide below will help facilitate this requirement. Thank you for your assistance.

COUNTY: Field #2 COORDINATOR: Field #3

| GRANT AMOUNT COUNTY RECEIVED FROM KDEM IN 2012 | | | | Field #4 |
|---|---|---|---|---|
| GRANT DOLLARS SPENT (EMPG EXPENDITURES) | | | | |
| PAYROLL | | | | |
| POSITION TITLE | EMPLOYEE NAME | BASE SALARY | FRINGE BENEFITS | QUARTERLY COMPENSATION |
| Field #5 | Field #6 | Field #7 | Field #8 | Field #9 |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | EMPG PAYROLL TOTAL | | |
| NON-PAYROLL | | | | |
| TRAVEL (must provide documentation and include with reimbursement form; i.e. hotel receipt) | | | | Field #10 |
| OTHER COSTS (must provide documentation and include with reimbursement form; i.e. receipts) | | | | Field #11 |
| | | EMPG TOTAL | | #VALUE! |
| | | REMAINING GRANT FUNDS | | #VALUE! |
| COUNTY DOLLARS SPENT (NON-EMPG EXPENDITURES) | | | | |
| PAYROLL | | | | |
| POSITION TITLE | EMPLOYEE NAME | BASE SALARY | FRINGE BENEFITS | QUARTERLY COMPENSATION |
| Field #12 | Field #13 | Field #14 | Field #15 | Field #16 |
| | | | | |
| | | | | |
| | | NON EMPG PAYROLL TOTAL | | |
| NON-PAYROLL | | | | |
| | | | TRAVEL | Field #17 |
| | | | OTHER COSTS | Field #18 |
| | | NON-EMPG TOTAL | | #VALUE! |
| | | QUARTERLY EMERGENCY MANAGEMENT TOTAL | | #VALUE! |

I certify that the information contained herein is true and accurate, and that supporting documentation is on file for review. I further certify that non-EMPG expenditures in excess of county received EMPG Grant dollars are available for use as self match to Kansas Division of Emergency Management

Field #19 Field #20 Field #21

Emergency Manager Signature or Authorized Designee Title Date

## ANNUAL BUDGET FOR PERSONNEL & ADMINISTRATIVE EXPENSES (EMPG04)

**INSTRUCTIONS FOR COMPLETION OF FORM EMPG04**

FIELD 1: Enter the grant year.
FIELD 2: Enter the EMPG County.
FIELD 3: Enter the name of the County Emergency Management Coordinator.

The fields listed below are Grant Dollars Spent (EMPG Expenditures)

FIELD 4: POSITION TITLE: Enter the work title of the employee.
FIELD 5: EMPLOYEE NAME: Enter the name of the employee.
FIELD 6: BASE SALARY**:** Enter the amount being requested for the employee.
FIELD 7: FRINGE BENEFITS**:** Enter the amount of the expense used towards benefits.
FIELD 8: ANNUAL COMPENSATION: Total up Base Salary and Fringe Benefits.
FIELD 9: EMPG PAYROLL TOTAL: An EMPG total of Annual Compensation
FIELD 10: TRAVEL: Enter the projected travel expenses.
FIELD 11: OTHER COSTS:
FIELD 12: EMPG TOTAL: Total EMPG Payroll Total (Field #9), Travel (Field #10), and Other Costs (Field #11).

The fields listed below are County Dollars Spent (Non-EMPG Expenditures)

FIELD 13: POSITION TITLE: Enter the work title of the employee.
FIELD 14: EMPLOYEE NAME: Enter the name of the employee.
FIELD 15: BASE SALARY**:** Enter the amount being requested for the employee.
FIELD 16: FRINGE BENEFITS**:** Enter the amount of the expense used towards benefits.
FIELD 17: ANNUAL COMPENSATION: Total up Base Salary and Fringe Benefits.
FIELD 18: NON-EMPG PAYROLL TOTAL: A NON-EMPG total of Annual Compensation
FIELD 19: TRAVEL: Enter the projected travel expenses.
FIELD 20: OTHER COSTS:
FIELD 21: NON-EMPG TOTAL: Total NON-EMPG Payroll Total (Field #18), Travel (Field #19), and Other Costs (Field #21).
FIELD 22: EMERGENCY MANAGEMENT TOATL ANNUAL BUDGET: This is to include the EMPG Total (Field #12) and NON-EMPG Total (Field #21).

FIELD 23: SIGNED: Enter the signature of the person authorized to submit the reimbursement form.
FIELD 24: TITLE: Enter the title of the person signing the form.
FIELD 25: DATE: Enter the date the form was signed.

Upon completing full reimbursement of your allocation, or at the end of the program period, KDEM will send out a close-out notification advising of the closure of the Sub-grant and the final disposition of any unspent funds.

State of Kansas
Adjutant General's Department
Kansas Division of Emergency Management

## Annual Budget for Personnel & Administrative Expenses

Year: FIELD #1

Please list below your county's annual emergency management budget and submit to KDEM

COUNTY: FIELD #2 COORDINATOR: FIELD #3

| GRANT DOLLARS (PROJECTED EMPG EXPENDITURES) | | | | |
|---|---|---|---|---|
| PAYROLL | | | | |
| POSITION TITLE | EMPLOYEE NAME | BASE SALARY | FRINGE BENEFITS | ANNUAL COMPENSATION |
| | | | | |
| FIELD #4 | FIELD #5 | FIELD #6 | FIELD #7 | FIELD #8 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | EMPG PAYROLL TOTAL | FIELD #9 |
| NON-PAYROLL | | | | |
| | | | TRAVEL | FIELD #10 |
| | | | OTHER COSTS | FIELD #11 |
| | | | EMPG TOTAL | FIELD #12 |

| COUNTY DOLLARS (PROJECTED NON-EMPG EXPENDITURES) | | | | |
|---|---|---|---|---|
| PAYROLL | | | | |
| POSITION TITLE | EMPLOYEE NAME | BASE SALARY | FRINGE BENEFITS | ANNUAL COMPENSATION |
| | | | | |
| FIELD #13 | FIELD #14 | FIELD #15 | FIELD #16 | FIELD #17 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | NON-EMPG PAYROLL TOTAL | FIELD #18 |
| NON-PAYROLL | | | | |
| | | | TRAVEL | FIELD #19 |
| | | | OTHER COSTS | FIELD #20 |
| | | | NON-EMPG TOTAL | FIELD #21 |
| | | | EMERGENCY MANAGEMENT TOTAL ANNUAL BUDGET | FIELD #22 |

I certify that the information contained herein is true and accurate, and that supporting documentation is on file for review.

| FIELD #23 | FIELD #24 | FIELD #25 |
|---|---|---|
| Emergency Manager Signature or Authorized Designee | Title | Date |

EMPG04

## 2012 EMPG SUBGRANTEE REIMBURSEMENT REQUEST FORM (EMPG05)

**INSTRUCTIONS FOR COMPLETION OF FORM EMPG05**

FIELD 1: Enter the quarter for which you are requesting reimbursement from.
FIELD 2: Enter the EMPG County.
FIELD 3: Enter the name of the County Emergency Management Coordinator.

The fields listed below are Grant Dollars Spent (EMPG Expenditures)

FIELD 4: DATE PURCHASED: Enter the date the EMPG item was purchased.
FIELD 5: ITEM DESCRIPTION: Enter a few words that describe the expense.
FIELD 6: PERSONNEL/SALARY**:** Enter the amount of the expense that is defined as personnel cost, as explained in EMPG Work Plan: ALLOWABLE COSTS.
FIELD 7: OPERATIONS: This includes costs to operate the county emergency management agency, as explained in EMPG Work Plan: ALLOWABLE COSTS.
FIELD 8: TRAVEL: Travel costs are allowable as expenses by employees who are on travel status for official business related to prior approved training.
FIELD 9: TOTAL: An EMPG line total of Personnel/Salary, Operations, & Travel
FIELD 10: SIGNED: Enter the signature of the person authorized to submit the reimbursement form.
FIELD 11: TITLE: Enter the title of the person signing the form.
FIELD 12: DATE: Enter the date the form was signed.

Notification will be made by email to the County Emergency Coordinator/Manager when the expense is approved. Award payments will only be disbursed once the state receives the entire 2012 EMPG grant award from FEMA.

Upon completing full reimbursement of your allocation, or at the end of the program period, KDEM will send out a close-out notification advising of the closure of the Sub-grant and the final disposition of any unspent funds.

# Subgrantee Reimbursement Request Form

Field #1

2012 ☐ 1st (ending Mar. 31) ☐ 2nd (ending June 30) ☐ 3rd (ending Sept. 30) ☐ 4th (ending Dec. 31)

Please list below your county's emergency management expenditures, sign, and return by the 15th day after close of the quarter to Kansas Division of Emergency Management.

Kansas Division of Emergency Management is required by FEMA to show matching funds for EMPG grant dollars every quarter. The information you provide helps facilitate this requirement. Thank you for your assistance!

COUNTY: Field #2 COORDINATOR: Field #3

| GRANT DOLLARS SPENT (EMPG EXPENDITURES) | | | | | |
|---|---|---|---|---|---|
| Date Purchased | Item Description | Personnel / Salary | Operations | Travel | TOTAL |
| Field #4 | Field #5 | Field #6 | Field #7 | Field #8 | Field #9 |
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| QUARTERLY EMERGENCY MANAGEMENT REIMBURSEMENT TOTAL | | | | | |

I certify that the information contained herein is true and accurate and supporting documentation is included (e.g. receipts, pay stubs). I further certify that non EMPG expenditures in excess of county received EMPG Grant dollars are available for use as soft match by Kansas Division of Emergency Management.

Field #10 Field #11 Field #12

Emergency Manager Signature or Authorized Designee Title Date

EMP.005

## Exercise Participation Form

EXERCISE PARTICIPATION FORM

County/Agency _____ Date Submitted_____

Name _____

| Type of Exercise | SEMINAR | | | |
|---|---|---|---|---|
| • Exercise Name | | | | |
| • Exercise Date | | | | |
| • Location of Exercise | | | | |
| • Role | | | | |
| • Lessons Learned/Corrective Actions Identified | | | | |
| **Type of Exercise** | **WORKSHOP** | | | |
| • Exercise Name | | | | |
| • Exercise Date | | | | |
| • Location of Exercise | | | | |
| • Role | | | | |
| • Product(s) Completed/ Corrective Actions Identified | | | | |
| **Type of Exercise** | **TABLETOP** | | | |
| • Exercise Name | | | | |
| • Exercise Date | | | | |
| • Location of Exercise | | | | |
| • Role | | | | |
| • AAR/IP completed *(submission date)* | | | | |
| • Corrective Actions Identified | | | | |
| **Type of Exercise** | **GAME** | | | |
| • Exercise Name | | | | |
| • Exercise Date | | | | |
| • Location of Exercise | | | | |
| • Role | | | | |
| • Corrective Actions Identified | | | | |
| **Type of Exercise** | **DRILL** | | | |
| • Exercise Name | | | | |
| • Exercise Date | | | | |
| • Location of Exercise | | | | |
| • Roll | | | | |
| • AAR/IP completed *(submission date)* | | | | |

SAMPLE

EXERCISE PARTICIPATION FORM

County/Agency _____ Date Submitted_____

Name _____

| | | | | |
|---|---|---|---|---|
| • Corrective Actions Identified | | | | |
| **Type of Exercise** | **F U N C T I O N A L** | | | |
| • Exercise Name | | | | |
| • Exercise Date | | | | |
| • Location of Exercise | | | | |
| • Role | | | | |
| • AAR/IP completed *(submission date)* | | | | |
| • Corrective Actions Identified | | | | |
| **Type of Exercise** | **F U L L - S C A L E** | | | |
| • Exercise Name | | | | |
| • Exercise Date | | | | |
| • Location of Exercise | | | | |
| • Role | | | | |
| • AAR/IP completed *(submission date)* | | | | |
| • Corrective Actions Identified | | | | |

***Don't forget to include sign-in sheets from each exercise.***

SAMPLE

| Role Definitions | |
|---|---|
| Design | Served as a member of the Exercise Design Team |
| Facilitator / Moderator | Lead group discussion during the exercise process |
| Simulator / Controller | Provided injects/messages during the exercise process |
| Evaluator | Observe and collect exercise data |
| Recorder | Recorded /organized exercise documentation |
| Player | Participated in exercise play |

## Training Documentation Form

# EMPG County Training Requirements Report Form | 2012

| | |
|---|---|
| County: | |
| Date of Submission: | |
| Submitted by: | |

Indicate below the training completion date for all personnel assigned to the county emergency management office. Attach the supporting documentation for each course completion of each staff member using the attached documentation form. If additional space is needed for personnel, please duplicate this page.

| First & Last Name, Position | | | | |
|---|---|---|---|---|
| Course | Completion Date | Completion Date | Completion Date | Completion Date |
| ICS100 Introduction to ICS | | | | |
| ICS200 Basic ICS | | | | |
| IS700 Introduction to NIMS | | | | |
| IS800 National Response Framework | | | | |
| IS139 Exercise Design | | | | |
| IS230 Emergency Management Fundamentals | | | | |
| IS235 Emergency Management Planning | | | | |
| IS240 Leadership & Influence | | | | |
| IS241 Decision Making & Problem Solving | | | | |
| IS242 Effective Communications | | | | |
| IS244 Developing & Managing Volunteers | | | | |

SAMPLE

FOR KDEM USE ONLY

| | |
|---|---|
| Received by: Date: | |
| Reviewed by: Date: | |
| Approved or Corrective Action: | |

# EMPG County Training Requirements Report Form 2012

**EACH Emergency Management Employee needs to sign and complete the trainings.**

**By my signature, I attest that the documents accurately reflect training completed by me. Attached is the supporting documentation for the completed training courses.**

| | |
|---|---|
| **Date:** | |
| **Name (print):** | |
| **Signature:** | |

SAMPLE

Remember to attach your certificates or FEMA transcript.

**Submit documentation by:**
**Mail: Kansas Division of Emergency Management**
**Marlo Lunsford, EMPG Program Manager**
**2800 SW Topeka BLVD**
**Topeka, KS 66611**
**Fax: (785) 274-1426**
**Email: marlo.g.newell@us.army.mil**

**FOR KDEM USE ONLY**

| | |
|---|---|
| Received by: Date: | |
| Reviewed by: Date: | |
| Approved or Corrective Action: | |