KANSAS DIVISION OF EMERGENCY MANAGEMENT

Emergency Management Performance Grant (EMPG)

Subrecipient Guidance

Fiscal Year 2016

CFDA 97.042

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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 eligible expenses.

The FFY 2016 EMPG program plays an important role in the implementation of the National Preparedness System (NPS) by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal of a secure and resilient nation.

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 for the protection of life and property in your communities.

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

1. Update of Threat and Hazard Identification and Risk Assessments (THIRA);
2. Planning activities, included but not limited to County Emergency Operations Plans (CEOPs), Continuity of Operations (COOP), strategic planning, mitigation planning, debris removal plans, etc.;
3. Sustain critical core capabilities;
4. Develop and maintain multi-year training and exercise plan;
5. Target training and verify capability of personnel.

PERFORMANCE PERIOD

The period of performance for this grant is January 1, 2016, through December 31, 2016.

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 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.*
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 2 CFR Part 200, Subpart D, Section 200.306.
    a. In-kind matches may consist of Subrecipient 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 Subrecipient records. Records must be maintained to support how the value of the in-kind contribution was determined.

ELIGIBLE SUBRECIPIENTS

Eligible county governments are those that:

1. Submit a 2016 EMPG application;
2. Employ an emergency management director/coordinator as defined in KAR 56-2-2 (see below);
3. Successfully completed prior EMPG requirements and reports;
4. Are in compliance with the 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*;
5. Are in compliance with the Non-Construction Program Assurances and the Drug-Free Workplace Requirements;
6. Are in compliance with KSA 48-929 et al (which may be found at http://www.ksrevisor.org/statutes/ksa_ch48.html under Article 9), and KAR 56-2-2 (which may be found at http://www.sos.ks.gov/pubs/kar/2009/4%20056_56-Office%20of%20the%20Adjutant%20General,%202009%20KAR%20Vol%204.pdf);
7. 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";*
8. Agree to submit to KDEM quarterly reports, both the programmatic report of activities and reimbursement package, After Action /Improvement Plans, and other supporting documentation in the format provided in this package or as requested.

FUNDING AMOUNT/FORMULA

Anticipated FY 2016 EMPG funding levels will be based on available grant funds and feasibility of the jurisdiction to expend the funding. 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 and 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

Subrecipient work plans for FY 2016 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 2016 EMPG Subrecipient 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 Subrecipient 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 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.* 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 Assn. of Emergency Managers (IAEM)]. Dues 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)/Improvement Plan (IP) must be completed and submitted to KDEM through the online KETS system.
    c. EMPG funds may be used for travel costs associated with emergency management-related training activities (e.g., airfare, mileage, per diem, and hotel) for personnel who are on travel status for official business related to EMPG-approved training. EMPG funds may also be used to rent facilities, purchase materials and supplies, and rent equipment for training purposes.

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: training campaigns, brochures, fairs, public service announcements, etc.
    b. Enhancing citizen preparedness programs and teams and the advancement of a whole community approach.

INELIGIBLE COSTS

It is the responsibility of the Subrecipient 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, covered in 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements*, 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.

PROCUREMENT

Subrecipients must adhere to 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements*, Subpart D: Procurement when you use EMPG funds to procure a “service contract”. A “service contract” means a contract that directly engages the time and effort of a contractor whose primary purpose is to perform an identifiable task rather than to furnish an end item of supply.

EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) 2016 SUBRECIPIENT AGREEMENT/APPLICATION

SUBGRANT AWARD PROCEDURE

KDEM will evaluate applications and award Subrecipient funds. Subrecipients will be notified by KDEM in an award letter accompanied by the signed EMPG Subrecipient agreement.

FY 2016 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 2016 funding award to a Subrecipient that has not completed deliverables funded in the previous fiscal year(s) or suspend the Subrecipient from the program until a future program year. 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 the Monitoring section for more information.

An Annual Budget (EMPG04) form will be submitted with the county's application, projecting all EMPG expenses to occur in 2016. At the end of each quarter, the Quarterly Financial Report (EMPG03), Reimbursement Request Form (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 EMPG Application, 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, treasurer, or clerk 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 Statement of Work (Form EMPG02). This form will be used to report the quarterly work activities.

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 Subrecipients to be eligible to receive 2016 EMPG funds, they must comply with the following:

Program Administration

1. Complete and submit Statement of Work and accompanying documents, to be included with Application and at the end of each quarter
2. Complete and submit quarterly EMPG performance reports to KDEM within 15 days of the end of each quarter. EMPG 02 (Statement of Work), EMPG 03 (Financial Report), and EMPG05 (Reimbursement Request) Reports are due on the following:
    a. April 15 for 1st quarter (January-February-March)
    b. July 15 for 2nd quarter (April-May-June)
    c. October 15 for 3rd quarter (July-August-September)
    d. January 15 for 4th quarter (October-November-December)
3. Submit Annual Budget (EMPG04), to be included with Application
4. Submit annually a current Position Description for each individual who is funded with EMPG dollars in your emergency management program, to be included with Application

Planning Required Activity

1. EMPG 2016 funds can be used to develop and/or update your County Emergency Operations Plans (CEOPs) and secure a contractor. The following policy must be followed:
    a. County shall meet KDEM Policy Directive # 2002- "County Emergency Operations Plans (CEOPs) and Emergency Management Performance Grant (EMPG) Eligibility". County shall provide a digital copy of CEOP to KDEM.
    b. Counties shall demonstrate an inclusive planning process. Examples of acceptable documentation could include: meeting minutes, sign-in sheets, etc.
    c. Counties shall write to the 2014 Kansas Planning Standards (KPS) or other applicable standards (depending on plan).
    d. Counties shall have one deliverable be "an approved plan", not just submission to the state.
    e. KDEM planning branch shall approve the scope of work for the plan revision.

Training Required Activity

1. Comply with training grant requirements as set forth in FEMA's FY 2016 EMPG Notice of Funding Opportunity (NOFO). ***This requirement is for new EMPG-funded Subrecipients or new county emergency management staff.***
    a. Complete and submit certificates:
        i. An Introduction to Exercises -- IS 120.a
        ii. Fundamentals of Emergency Management – IS 230.d
        iii. Emergency Planning – IS 235.b
        iv. Leadership & Influence – IS 240.a
        v. Decision Making -- IS 241.b
        vi. Effective Communications – IS 242.b
        vii. Developing Volunteers – IS 244.b

2. Training requirements apply to the following:
    a. County Emergency Manager/Coordinator
    b. Assistant or Alternate County Emergency Manager/Coordinator
    c. Staff who work directly for the County Emergency Manager and are "Paid". (Regardless of county or EMPG funding)
    d. Elected officials are exempt, but county emergency management staff is encouraged to make available the G402 course, which is an introduction to the National Incident Management System for elected officials, to their Board of County Commissioners and other elected officials within the jurisdiction.
        i. Contact the KDEM training officer for more detail.

Exercise Required Activities

Exercise Participation:

1) Exercise participation requirement applies to the following:
    a) County emergency manager/coordinator;
    b) Assistant or alternate county emergency manager/coordinator; and
    c) Staff who work directly for the county emergency manager that are paid any amount from EMPG funding.
    d) Elected officials are exempt, but encouraged to be engaged to ensure the exercise program has the support necessary for success.
2) Each **individual** funded with EMPG must:
    a) Participate in no fewer than three exercises in a 12-month period. Participation includes Player, Facilitator, Controller/Simulator, or Evaluator.
3) Each **agency** that receives EMPG funding must conduct in a 12-month period:
    a) An annual Training & Exercise Planning Workshop (TEPW) in which whole community stakeholders create a progressive multi-year Training and Exercise Plan (TEP).
        i) Involving elected and appointed officials in establishing training and exercise priorities is encouraged.
    b) PLUS, two exercises that test the county's specific plans. The two exercises must be tabletop, functional, or full-scale exercises.
        i) A seminar or workshop can be considered as one of the two exercise requirements when a new plan has been written or revised and all key stakeholders are invited to participate to review roles and authorities.
        ii) Activating the county's emergency operations center (EOC) during exercises will validate the core capability to establish and maintain a unified and coordinated operational structure (Operational Coordination Core Capability). The demonstration of this capability will be a major determining factor in participating in an Integrated Emergency Operations Course (IEMC).

Exercise Reporting:

1) All exercises supported/funded in whole or part must be entered into the online data management system, Kansas Exercise Tracking System (KETS) located at www.kdemexercises.com. Directions, user manuals, and other guides for how to use the system are located under the Help tab in KETS.
2) Following the Training and Exercise Planning Workshop (TEPW), submit the following in KETS:
   a) A current multi-year Training and Exercise Plan (TEP) outlining training and exercise priorities;
   b) A list of the jurisdiction's priority core capabilities as defined in the National Preparedness Goal (2015) http://www.fema.gov/core-capabilities; and
   c) Sign-in sheets listing workshop participants.
3) Within 90 days after an exercise, submit the following in KETS:
   a) After Action Report (AAR) that includes your county's participation in the exercise;
   b) Improvement Plan (IP) with at least three (3) corrective action assignments that affect your agency/jurisdictional plans; and
   c) Sign-in sheets listing exercise participants.

Other Requirements:

1) Each county must designate, in writing, an Exercise Program Manager.
   a) The Exercise Program Manager also will be identified as the County Exercise Coordinator (or User) in KETS for submitting your county's exercise data and reports.
   b) The Exercise Program Manager must attend HSEEP training. Exercise Program Managers are encouraged to attend other exercise development courses sponsored by KDEM.
2) All exercises funded with EMPG, HSGP, and/or HMEP funding must follow the principles outlined in the Homeland Security Exercise and Evaluation Program (HSEEP) guidance at https://www.llis.dhs.gov/hseep
3) Real incidents and pre-planned community events may be considered for substitute exercise credit if specific criteria are met. In order to use a real incident or planned event for exercise credit, an application to request approval must be submitted to the State Exercise Officer with an After Action Report/Improvement Plan (AAR/IP) and other appropriate supporting documentation. There are specific application request forms to substitute a real incident or planned event for exercise credit; the Planned Event AAR and Application form and the Real Incident AAR and Application form. These application forms outline the criteria used to determine the eligibility requirement, including input from local responding partners, and the forms are available from the State Exercise Officer.
   a) Read the application in its entirety before submitting the request for approval.
   b) Do not submit a real incident or pre-planned community event to KETS without prior approval from the KDEM Exercise Officer and/or Preparedness Branch Director.
   c) Real incidents cannot be used as exercise credit in two consecutive grant years, unless the second real incident is included in a Presidential Disaster Declaration.
   b) The expectations of using a real incident should not be placed on an approved multi-year Training and Exercise Plan (TEP).

Public Education/Awareness

Report activities on Statement of Work and Quarterly Performance (EMPG02)

National Incident Management System (NIMS)

Comply with training grant requirements as set forth in FEMA's FY 2016 NOFO. ***This requirement is for new EMPG funded Subrecipients or new county emergency management staff.*** Complete online courses and submit copies of 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

Training requirements apply to the following:

- County Emergency Managers/Coordinators (the above + ICS 300, ICS 400)
- Assistant or Alternate County Emergency Managers/Coordinators (the above + ICS 300, ICS 400)
- Staff who work directly for the County Emergency Manager and are "Paid". (Regardless of county or EMPG funding)
- Other county emergency agencies [as prescribed in the Governor's Executive Order] (must have the above)

5. Identify staff member responsible for county NIMS reporting. Complete NIMS reporting to KDEM by 10/01/2016.

EOC Readiness/Response & Recovery

Report on Statement of Work and Quarterly Performance Grant (EMPG02)

All EMPG02 Reports are due on the following:

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

QUARTERLY EMERGENCY MANAGEMENT PERFORMANCE GRANT REPORT (EMPG03)

QUARTERLY PERFORMANCE REPORTS

Each Subrecipient is required to submit a Quarterly Performance Report (EMPG03) for each quarter. The purpose of this form is to report emergency management dollars supported by the Emergency Management Performance Grant (EMPG). The Subrecipient 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:

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

ANNUAL BUDGET FOR PERSONNEL & ADMINISTRATIVE EXPENSES (EMPG04)

Each Subrecipient 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.

2016 EMPG SUBRECIPIENT REIMBURSEMENT REQUEST FORM (EMPG05)

Reimbursement procedure

To receive reimbursement of eligible EMPG costs, Subrecipients must mail the **signed** EMPG Subrecipient Reimbursement Request Form(s) (EMPG04) along with necessary source documentation to KDEM. Reimbursement of Subrecipient 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 pay stub.

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:

- April 15th for 1st quarter (January-February-March)
- July 15th for 2nd quarter (April-May-June)
- October 15th for 3rd quarter (July-August-September)
- 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 Subrecipients both from a technical and programmatic standpoint, as well as to assist KDEM in identifying areas of need for Subrecipient support. Monitoring also is used to ensure the Subrecipient 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. Subrecipients 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 Subrecipient reimbursement requests and/or to fund future FY Subrecipient projects.

APPEALS

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

- Within 30 working days of the receipt of the notice of the action, the Subrecipient 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.
- The KDEM Deputy Director will provide the Subrecipient with a written response within 30 working days of receipt of the notice of appeal. The determination by the Deputy Director is final.

SUBMISSION OF APPLICATION AND REPORTS

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

Mail:
Kansas Division of Emergency Management
Attn: Bret Rowe
2800 SW Topeka Blvd
Topeka, KS 66611

Fax:
(785) 274-1426
Attn: Bret Rowe

Scan/Email:
bret.a.rowe.nfg@mail.mil

Unsigned reports are considered incomplete. Sending duplicate reports (mailing/faxing/e-mailing the same report by more than one method) and sending reports via Registered Mail are not necessary and will result in a delay in processing your reports.

FORM SAMPLES AND INSTRUCTIONS

EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) 2016 SUBRECIPIENT AGREEMENT/APPLICATION

INSTRUCTIONS FOR COMPLETION OF EMPG Application Form

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 all Emergency Management-related Personnel whose Salary and Benefits expense will be charged to the grant project. DO NOT list all of your other EM-related personnel unless you will charge other general Emergency Management expenses (supplies, travel, other) to your EMPG grant project. Be sure to attach a current Position Description for each staff member funded with EMPG funds.
FIELD 6:	Briefly describe the method used to track staff time spent on emergency management activities paid with EMPG funds
FIELD 7:	Enter County's Emergency Management's Point of Contact Information. Also, Enter DUNS number associated with County's Emergency Management office. Information on DUNS numbers can be found at: https://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf
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 Mark Turnbull (mark.o.g.mcwell@us.army.mil) at (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: Position: Field #5	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	
Name: Position:	Select one	

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APPLICATION FOR EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) FUNDS 2012

Kansas Division of Emergency Management

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:
   - Cel 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, Audits of States, 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 Principles 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 Field #8	Typed or Printed Name of Authorized Official Field #10
Signature of Emergency Manager/Coordinator Field #9	Signature of Authorized Official Field #11
KDEM Deputy Director	Date Submitted (MM/DD/YY) 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 (COOP)			
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 for the quarter (Expenditures being claimed on your EMPG grant allocation)

FIELD 5: POSITION TITLE: Enter the County Position Title
FIELD 6: EMPLOYEE NAME: Enter the County Employee who supports Emergency Management.
FIELD 7: BASE SALARY**:** Enter the amount of salary expense being claimed for the employee.
FIELD 8: FRINGE BENEFITS**:** Enter the amount of fringe benefits expense being claimed for the employee.
FIELD 9: QUARTERLY COMPENSATION: Total costs being claimed for employee's Base Salary and Fringe Benefits expense.
FIELD 10: TRAVEL: EMPG-eligible travel expenses being claimed for the quarter.
FIELD 11: OTHER COSTS: Pre-approved EMPG-eligible project costs being claimed for the quarter, as explained in EMPG Work Plan.

The fields listed below are County Dollars Spent for the quarter (Non-EMPG expenditures) [these are County Emergency Management dollars spent over and above what you are claiming on your EMPG grant allocation]

FIELD 12: POSITION TITLE: Enter the County Position Title
FIELD 13: EMPLOYEE NAME: Enter the County Employee who supports Emergency Management.
FIELD 14: BASE SALARY**:** Enter the amount of salary expense in excess of any being claimed on your EMPG grant allocation.
FIELD 15: FRINGE BENEFITS**:** Enter the amount of fringe benefits expense in excess of any being claimed on your EMPG grant allocation.
FIELD 16: QUARTERLY COMPENSATION: Total non-EMPG county expenses for listed employee's Base Salary and Fringe Benefits.
FIELD 17: TRAVEL: County Emergency Management travel expenses in excess of any being claimed on your EMPG grant allocation.
FIELD 18: OTHER COSTS: County Emergency Management expenses (other than salary/fringe benefits/travel) in excess of any being claimed on your EMPG grant allocation.
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
		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 soft match by 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 Proposed Grant Dollars to be Spent (Expenditures to being claimed on your EMPG grant allocation)

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 total of the EMPG Annual Compensation
FIELD 10: TRAVEL: Enter the projected travel expenses.
FIELD 11: OTHER COSTS: Other proposed EMPG-eligible costs (other than salary/benefits/travel expenses) to be pre-approved (attach details)
FIELD 12: EMPG TOTAL: Total of EMPG Payroll Total (Field #9), Travel (Field #10), and Other Costs (Field #11).

The fields listed below are Estimated County Dollars to be Spent (Non-EMPG Expenditures)[these are County Emergency Management dollars spent over and above what is to be claimed on your EMPG grant allocation]

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: Other estimated Emergency Management costs (other than salary/benefits/travel expenses) (attach details)
FIELD 21: NON-EMPG TOTAL: Total of NON-EMPG Payroll Total (Field #18), Travel (Field #19), and Other Costs (Field #21).
FIELD 22: EMERGENCY MANAGEMENT TOTAL ANNUAL BUDGET: This is to include the EMPG Total (Field #12) and NON-EMPG Total (Field #21). This amount should meet or exceed the total of your county Emergency Management budget for the calendar year.
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.

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

2016 EMPG SUBRECIPIENT 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 (Expenditures being claimed on your EMPG grant allocation)

FIELD 4: DATE PURCHASED: Enter the date the EMPG item was purchased/expense occurred.
FIELD 5: ITEM DESCRIPTION: Enter a few words that describe the expense.
FIELD 6: PERSONNEL/SALARY**:** Enter the amount of the salary/benefit expense that is defined as personnel cost, as explained in the EMPG Work Plan section of this handbook.
FIELD 7: OPERATIONS: This includes pre-approved EMPG-eligible costs to operate the county emergency management agency, as explained in the EMPG Work Plan section of this handbook.
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.

Please note that Subrecipient payments can only be disbursed once the state receives the entire 2016 EMPG grant award from FEMA and subsequent accounting with the Kansas Department of Administration is completed.

Subgrantee Reimbursement Request Form

Field #1

2017 ☐ 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
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

EMPG25

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 2012

Report Form

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:	