

EMPG FY19

Emergency Management Performance Grant



WHAT IS IT?

A 50% reimbursable federal grant within the Department of Homeland Security, FEMA administered by ADEM.

Supports Emergency Management related activities

PAPERWORK, PAPERWORK.....

Program Paper (yearly)

- Must be signed before any reimbursements will be made

Budget

Quarterly Performance reports

- Must be received before any reimbursements will be made
- Must be received for each quarter to be eligible for future year funding
- Due 20 days after the end of quarter

Quarterly Expenditure Claims

- Emergency Management related
- Due 45 days after the end of quarter

NO EXCEPTIONS TO DUE DATES

PROGRAM PAPER

This is the agreement between the Chief Executive Officer, Emergency Manager of the jurisdiction, ADEM Area Coordinator, and the Director of ADEM

A copy of the current Program Paper is available on the ADEM website

REQUIREMENTS

Active SAM.gov account

Budgets

Exercises

Training (important to sign up for 300/400 soon)

Quarterly Performance Reports

NIMS Survey Letter

Plan Analysis Tool

*See Program Paper for complete list of requirements

FY19 EMPG Reporting Deadlines

Months	Performance Reports	Expense Reports
OCT – DEC 2019	JANUARY 20, 2020	FEBRUARY 15, 2020
JAN – MARCH 2020	APRIL 20, 2020	MAY 15, 2020
APRIL - JUNE 2020	JULY 20, 2020	AUGUST 15, 2020
JULY – SEP 2020	OCTOBER 20, 2020	NOVEMBER 15, 2020

OTHER DUE DATES AND CONTACT INFO

NIMS Survey : DUE 7/31/2019

Chris Foreman, Training and Exercise Branch Manager

Exercise AAR's: DUE 90 days after exercise

Jason Phillips and Rebekah Magnus, Training Officers

Exercise@adem.Arkansas.gov

Plan Analysis Tool: DUE July 1, 2020 and September 30, 2020

Planners are determined on area.

Danna Weaver, Planning Branch Manager

planning.adem@exercise.gov

BUDGETS

Expenses and reimbursements will be compared to each category of approved budget.

WHAT IS ELIGIBLE?

Salary and fringe

Emergency Management related expenses

General, day-to-day operating costs (utility bills, supplies, etc.)

Public outreach/education

See FEMA complete Authorized Equipment List online

- All expenses are subject to ADEM and FEMA Approval



WHAT IS NOT ELIGIBLE?

Food, this means coffee too

Search and Rescue

Hazmat

Fire gear

Clothing

Weapons



** This is not a complete list

MATCHING

Enter the fund name that is used for matching on the upper, right hand corner of all 3 forms

EMPG funds must be matched with county general or other local funds that are not matched to another federal grant

QUARTERLY PERFORMANCE REPORT

Due 20 days after end of quarter

Must be completed by ALL EMPG funded personnel

Can be faxed, mailed, scanned or emailed (email is preferred)

The data is compiled and submitted to FEMA by the ADEM EMPG coordinator by the end of the month. (that's only 10 days to compile!)

Failure to complete report WILL result in a loss of funds for current year until brought current as well as the next years funding.

EMPG QUARTERLY PERFORMANCE REPORT

Submit by E-mail
Print Form

EMPG Quarterly Performance Report

***To be completed by each EMPG funded personnel

Jurisdiction:

Name:

Position:

Time Period: Year:

Date of Current EOP:

Has the CPG 101 Matrix been submitted by the jurisdictions to ADEM? Yes No Date of CPG 101 Submitted

Courses:

Have you taken the following required courses?

IS-100 <input type="checkbox"/> Yes <input type="checkbox"/> No	IS-120 <input type="checkbox"/> Yes <input type="checkbox"/> No	IS-241 <input type="checkbox"/> Yes <input type="checkbox"/> No
IS-200 <input type="checkbox"/> Yes <input type="checkbox"/> No	IS-230 <input type="checkbox"/> Yes <input type="checkbox"/> No	IS-242 <input type="checkbox"/> Yes <input type="checkbox"/> No
IS-700 <input type="checkbox"/> Yes <input type="checkbox"/> No	IS-235 <input type="checkbox"/> Yes <input type="checkbox"/> No	IS-244 <input type="checkbox"/> Yes <input type="checkbox"/> No
IS-800 <input type="checkbox"/> Yes <input type="checkbox"/> No	IS-240 <input type="checkbox"/> Yes <input type="checkbox"/> No	IS-300 <input type="checkbox"/> Yes <input type="checkbox"/> No
		IS-400 <input type="checkbox"/> Yes <input type="checkbox"/> No

Exercises: Requirement is 3 per 12 month period
 ***Credit will be based on AAR and sign in sheet received by ADEM

Name of Exercise	Location	Date	Role	Type	AAK Submitted?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Narrative: Brief notes about your activities this quarter.

EXPENSES FOR REIMBURSEMENT

Quarterly Expenditure Claims are due 45 days after the end of quarter.

- The county/city clerk must sign and date all pages.

**Copies of a signature will not be accepted

- Must be mailed with ORIGINAL signatures.
- There are 3 sections.
 - Quarterly Salary Claim
 - Quarterly Fringe Benefits Claim
 - Quarterly Expenditure Claim

QUARTERLY SALARY CLAIM

REMINDER: the percentage that was entered on the budget is the ONLY amount that is eligible

Example: if the OEM only performs 80% of emergency management functions, only 80% of salary is to be turned in

Please use the forms on the website

List the 50% matching fund (i.e. General fund)

Enter the required minimum hours set by County/City officials

EMPG QUARTERLY SALARY CLAIM

EMPG Quarterly Salary Claim
(One Sheet per Person)

For Months of: OCT-NOV-DEC JAN-FEB-MAR APR-MAY-JUN JUL-AUG-SEP YEAR: ____

Employee Name ____

List 50% Matching Fund(s): ____

Jurisdiction ____

This is a fund name NOT a dollar amount.

Emergency Management Personnel Salary			
List the total GROSS SALARY for the Emergency Management Personnel only. GROSS SALARY IS THE AMOUNT BEFORE ANY DEDUCTIONS. Do not include payments received for other duties such as 911, Judge's Assistant, Veteran's Affairs, etc.			
Check #	Month	Minimum Required Hours	Gross Salary on Check
Total:			\$0.00

Original Signature Required

I CERTIFY THAT ALL EXPENSES LISTED ON THIS FORM HAVE BEEN PAID AND WERE INCURRED BY PERSONNEL OF THE JURISDICTION EMERGENCY MANAGEMENT OFFICE AND THAT THESE EXPENSES WERE DIRECTLY RELATED TO OFFICIAL EMERGENCY PREPAREDNESS ACTIVITIES.

Original signature

Signature of Jurisdiction Clerk

Date

QUARTERLY FRINGE BENEFITS CLAIM

REMINDER: the percentage that was entered on the budget is the **ONLY** amount that is eligible

Example: if the OEM only performs 80% of emergency management functions, only 80% of salary is to be turned in

List the 50% matching fund (i.e. General fund)

All benefit expenditures claimed are for the amount the county/city pays; not what was withheld from your paycheck

Check number: this is the check number the city/county paid the contribution not your paycheck number.

EMPG QUARTERLY FRINGE CLAIM

EMPG Quarterly Fringe Benefits Claim
(One Sheet per Person)

For Months of: OCT-NOV-DEC JAN-FEB-MAR APR-MAY-JUN JUL-AUG-SEP YEAR: _____

Employee Name _____

List 50% Matching Fund(s): _____

Jurisdiction _____

This is a fund name NOT a dollar amount.

Fringe Benefits- Employer's Share (Social Security, Unemployment, Insurance, Retirement)					
Check#	Date	State Retirement	Insurance/ Unemployment	Social Security	Total Benefits
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Totals:		\$0.00	\$0.00	\$0.00	\$0.00

Original Signature Required.

I CERTIFY THAT ALL EXPENSES LISTED ON THIS FORM HAVE BEEN PAID AND WERE INCURRED BY PERSONNEL OF THE JURISDICTION EMERGENCY MANAGEMENT OFFICE AND THAT THESE EXPENSES WERE DIRECTLY RELATED TO OFFICIAL EMERGENCY PREPAREDNESS ACTIVITIES.

Original

Signature of Jurisdiction Clerk

Date

EXPENDITURES

Item: What is it? e.g. cell phone service, copier contract, etc.

Vendor: Where was the item purchased? Who is the service provider? e.g., Verizon Wireless, Wal-Mart, Entergy, etc.

** VISA is NOT a vendor

Amount: How much was the Emergency Management portion? If less than billed amount, explain.

Paid date/check number or credit card type: This is when the check was issued and the check number. If paid by credit card; enter the date it was paid by credit card.

Description or explanation: AEL number (Authorized Equipment List), clarify the purchase, if needed.

COMMON EXPENSES AND THEIR AEL #'S

Common Expenses and their AEL#'s		
Common Items	RKB#'s	RKB Description
Cell Phone bills	06CC-01-CELL	Phone, Cellular
Vehicle Repairs	21GN-00-MAIN	Maintenance
Office Supplies	21GN-00-OCEQ	Equipment and Supplies, Information/Operations Center
Shipping	21GN-00-SHIP	Shipping
GPS	04AP-02-DGPS	device, global positioning system
Repeaters	06CP-01-REPT	Repeaters
Fuel for OEM Vehicle	21GN-00-MAIN	Maintenance
Phone - Land Line	06CC-05-PRTY	Priority services, communication
Internet	21GN-00-OCEQ	Equipment and Supplies, Information/Operations Center
Utilities	21GN-00-OCEQ	Equipment and Supplies, Information/Operations Center
Batteries	10BC-00-BATT	Batteries, all types, sizes
2-Way Radios	06CP-01-MOBL	Radio, Mobile
2-Way Radios	06CP-01-PORT	Radio, Portable
Training for exercises/classes	21GN-00-TRNG	Training
Leased copier	21GN-00-OCEQ	Equipment and Supplies, Information/Operations Center
Satellite phone	06CC-03-SATP	Sat phone
Creditionaling	04AP-05-CRED	System, Creditionaling
Code Red/public notification	04AP-09-ALRT	Public notification system

EXPENDITURES, CONT.

- Each expense **MUST** be supported with copies of invoices.
- Invoices must include:
 - Company address
 - Bill To address (to the OEM office)
 - Itemized* invoice; cannot pay off statement or balance forward
- if costs are split between departments, please provide an explanation
 - Example: OEM office is shared with Sheriff's office, the utility bills are split 50%
 - Example: OEM has an office in the courthouse, which uses .095 of the utilities, based on square footage

EXPENDITURES, CONT.

Phone bills should include

- Bill to page
- Page(s) that include phone numbers for OEM
- Tax page
- Detailed, break down sheet that shows how the amount was derived

** An outside auditor should be able to pick up the pages given and be able to configure the amount of the phone bill that you are asking for reimbursement

EXPENDITURES, CONT

Travel Reimbursement forms:

- must have approval signature of supervisor
- must have receipts
- must have itinerary
- must be an overnight stay for food and hotel reimbursement (the GSA rate will be used)

EXPENDITURES, CONT.

If costs are split between departments, please provide an explanation and break down.

- Example: OEM office is shared with Sheriff's office, the utility bills are split 50%
- Example: OEM has an office in the courthouse, which uses .095 of the utilities, based on square footage

WHAT'S ON THE ADEM WEBSITE?

www.adem.arkansas.gov

Current EMPG forms

Program Paper

Condensed AEL #'s

Exercise forms

Training and exercise schedules

Plan Analysis Tool

QUESTIONS?



Contact ADEM at 501-683-6700

Erin Sullivan, Program Coordinator

501-683-6722

erin.sullivan@adem.arkansas.gov

Bobbie Ann Merkel, Administration Division Director

bobbieann.merkel@adem.arkansas.gov

