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
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
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

<table>
<thead>
<tr>
<th>Months</th>
<th>Performance Reports</th>
<th>Expense Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCT – DEC 2019</td>
<td>JANUARY 20, 2020</td>
<td>FEBRUARY 15, 2020</td>
</tr>
<tr>
<td>JAN – MARCH 2020</td>
<td>APRIL 20, 2020</td>
<td>MAY 15, 2020</td>
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<tr>
<td>APRIL - JUNE 2020</td>
<td>JULY 20, 2020</td>
<td>AUGUST 15, 2020</td>
</tr>
<tr>
<td>JULY – SEP 2020</td>
<td>OCTOBER 20, 2020</td>
<td>NOVEMBER 15, 2020</td>
</tr>
</tbody>
</table>
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
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

EMPG Quarterly Performance Report
***To be completed by each EMPG funded personnel

Jurisdiction: 
Name: 
Position: 

Time Period: 
Date of Current EOP: 

Has the CPG 101 Manual been submitted by the jurisdiction to ADEM? Yes No Data of CPG 101 Submitted: 

Courses:
Have you taken the following required courses?

<table>
<thead>
<tr>
<th>Course</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>25-100</td>
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<tr>
<td>25-200</td>
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<td>25-300</td>
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<td>25-285</td>
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<td>25-282</td>
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<td>25-281</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Exercise</th>
<th>Location</th>
<th>Date</th>
<th>Role</th>
<th>Type</th>
<th>AAR Submitted</th>
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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
(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 ____

<table>
<thead>
<tr>
<th>Check #</th>
<th>Month</th>
<th>Minimum Required Hours</th>
<th>Gross Salary on Check</th>
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<tbody>
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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.

___________________________
Signature of Jurisdiction Clerk

___________________________
Date

This is a fund name NOT a dollar amount.
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.
EMPLOYEE QuARTERLY FRINGE CLAIM

EMPQ 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: ___

Jurisdiction: ___

List 50% Matching Fund(s): ___

<table>
<thead>
<tr>
<th>Check#</th>
<th>Date</th>
<th>State Retirement</th>
<th>Insurance/Unemployment</th>
<th>Social Security</th>
<th>Total Benefits</th>
</tr>
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<tbody>
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</tbody>
</table>

Totals: $0.00 $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.

__________________________
Signature of Jurisdiction Clerk

__________________________
Date

This is a fund name NOT a dollar amount.
ITEMS OF EXPENDITURE

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.
EMPG Quarterly Expenditure Claim

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

Jurisdiction: ____

List 50% Matching Fund(s): ____

NOTE: Only Emergency Management expenses with itemized receipts or invoices will be considered for reimbursement. Attach additional EMPG Expenditure Sheets, if needed. Form must be filled out entirely.

<table>
<thead>
<tr>
<th>Item</th>
<th>Vendor</th>
<th>Paid Date</th>
<th>Check # or Credit Card Type</th>
<th>Amount</th>
<th>Description or Explanation (Clarify the purchase/service AEL# &amp; its purpose)</th>
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</thead>
<tbody>
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</tbody>
</table>

Total Amount for this page: $0.00

Original Signature Required.

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

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erin.sullivan@adem.arkansas.gov

Bobbie Ann Merkel, Administration Division Director
bobbieann.merkel@adem.arkansas.gov