



E.MERGENCY M.ANAGEMENT P.PERFORMANCE G.RANT

FFY 2023 COMPETITIVE POOL FUNDING

**Municipalities Must Have Submitted an LEOP by April 1st
and Receive a Certification Letter by May 1st to Apply**

**Application Deadline to your DEMHS Regional Office is
May 15th, 2024**



State of Connecticut

**Department of Emergency Services and Public Protection
Division of Emergency Management and Homeland Security**



DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION

DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY

1111 COUNTRY CLUB ROAD, MIDDLETOWN, CT 06457 • (860) 685-8531

TO: Municipal Emergency Management Directors

FROM: William H. Turner, State Emergency Management Director, DEMHS

SUBJECT: EMPG Pool Funding Grant Program:

The Connecticut Division of Emergency Management and Homeland Security (DEMHS) is offering municipalities the opportunity to apply for additional funding to upgrade their local Emergency Operations Centers (EOC's) or emergency shelters. Each year a portion of Emergency Management Performance Grant (EMPG) funding goes unclaimed. DEMHS has pooled unclaimed funding from the past 4 years to implement a new grant offering. This new pool funding grant is modeled on an existing pool fund grant process established in the Nuclear Safety Emergency Program (NSEP).

Towns and cities have reported a need to renovate or re-equip local EOC's or upgrade their emergency shelters. A municipality can use this application package to apply for up to \$25,000.00 to renovate or re-equip their EOC or up to \$15,000.00 to upgrade an emergency shelter. This is a competitive grant which requires that a municipality have an updated Local Emergency Operations Plan (LEOP) to apply. In addition, towns can only submit one application for either an EOC or a shelter. Unlike the regular EMPG funding towns receive, this pool funding is 100% EMPG and does not require a match.

Awarded municipalities may also apply \$5,000.00 of their \$25,000.00 grant to professional development (attending conferences or training) for their EMD and Deputy EMD. For an EMD or Deputy EMD to travel to a conference or training, they must first complete IS courses 100, 200, 700, 800 and the FEMA Professional Development Series.

Municipalities who are considering applying for this grant should ensure that their projects can be completed in less than 15 months. Awards to approved applications will be issued on July 1, 2024, with a project completion deadline of September 30, 2025.

DEMHS recognizes the critical role that Emergency Management Directors play in the event of a disaster or other emergency. This grant opportunity continues our goal to provide funding to improve local EOC and shelter capabilities and further professionalize local emergency management programs. Should you need any further assistance in completing this application, please contact your DEMHS Regional Office.

TABLE OF CONTENTS

A. Eligibility Criteria.....	3
B. Application Instructions	4
C. EMPG Pool Funding Application Information and Data Sheet.....	5
D. Authorizing Resolution.....	6
E. EMPG Pool Financial Tool-Budget.....	7
F. Grant Justification Narrative.....	8
G. Scope of Work.....	9
H. Project Photographs.....	10
I. Project Maps.....	10
J. Work Schedule.....	11
K. LEOP Certification.....	12
L. Training History.....	13

NOTE: When uploading documents or pictures to this application, please check file sizes and please do not exceed 40 Mb. Additional documents may also be emailed along with the application.

DEMHS REGIONAL CONTACT INFO

For assistance filling out this application please contact your DEMHS Regional Coordinator.

Region 1	Robert Kenny Regional Coordinator	149 Prospect Street, Bridgeport, CT 06604 Phone: 860.250.2478 Email: Robert.Kenny@ct.gov	Fax: 203.334.1560
Region 2	Nicole Velardi Regional Coordinator	OB-1 #103 12 Wintergreen Avenue New Haven 06515 Phone: 860.250.3453 Email: Nicole.Velardi@ct.gov	Fax: TBD
Region 3	Josh Cingranelli Regional Coordinator	DEMHS - 360 Broad Street Hartford CT 06105 Phone: 860.250-2548 Email: Josh.Cingranelli@ct.gov Mailing address: P.O. Box 1236 Glastonbury, CT 06033	Fax: 860.257.4621
Region 4	Michael Caplet Regional Coordinator	15-B Old Hartford Road Colchester, CT 06415 Phone: 860.250.3449 Email: Mike.Caplet@ct.gov	Fax: 860.465.5464
Region 5	John Field Regional Coordinator	55 West Main Street, Suite 300 Box 4 Waterbury, CT 06702 Phone: 860.250.2535 Email: John.Field@ct.gov	Fax: 203.591.3529

SECTION A . ELIGIBILITY CRITERIA

All Federal and State EMPG requirements will remain in full force and effect for pool funding subgrants as they are normally in effect for the SLA program per the EMPG Manual.

Note: This is a 15-month subgrant. In addition, the following conditions will apply to the use of pool funding.

1. Pool funding may be used for any EMPG eligible activity that will enhance or upgrade a local emergency management program through any of the following eligible activities:
 - a. **Upgrades to an Emergency Operations Center (EOC) in a municipalities or designated shelter in a municipality or region.** Examples of projects include:
 - i. Replacement of a stand-by generator for an EOC or Shelter.
 - ii. Upgrading communications equipment in an EOC. Interoperable Communications approval is required from DEMHS.
 - iii. EOC or shelter renovation projects. If ground is broken, Environmental and Historic Preservation (EHP) approval by FEMA is required.
 - iv. Purchasing furniture or specialized supplies for an EOC or Shelter.
 - b. **Professional development for local Appointed Emergency Management Directors (EMD's) and Deputy EMD's via the REPT**
Regional Training Committee for any of the following:
 - i. Attendance at professional emergency management conferences or events (e.g. NEMA meetings, EMI classes, NHC courses etc.)
 - ii. Support for local emergency management training/exercise planning and operational costs (e.g. CERT, Local Exercises etc.)
 - iii. Towns may also apply up to \$5,000 of their pool funding for Professional Development.
 - c. Other activities as determined by the DEMHS EMPG Pool Funding Working Group.
2. The maximum subgrant amount will be **\$25,000.00** for an EOC or **\$15,000.00** for a Shelter. Additional funding may be added by the municipality as its discretion. **Municipalities can only submit one application for either an EOC or a shelter, not both.**
3. Towns may not receive more than \$25,000.00 in pool funding in any 5-year period. Shelters may not receive more than \$15,000.00 in pool funding in any 5-year period. This limitation does not apply to REPT's.
4. Pool funding cannot be used for sustainment activities such as planning, salaries, re-occurring services or routine supplies for an EOC.
5. Unlike EMPG regular funding, pool funding is matched by the state.
No local match is required.
6. **The receipt of pool funding requires that the municipality have an updated Local Emergency Operations Plan meeting the current DEMHS standard.**
7. In order to attend professional development training and conferences, the Emergency Management Director and their Deputies must complete all required NIMS Courses (IS 100, 200, 700, 800) and the FEMA Professional Development Series.
8. Allocation and reimbursement of pool funding will be conducted using a separate subgrant and reimbursement form that will maintain a distinction of the funding from the Regular EMPG State and Local Assistance Program.
9. Administrative reimbursement (e.g. staff time putting together the application, management of the project etc.) is not eligible under the pool funding grant. Towns can claim management of pool projects under their regular EMPG reimburse if they wish.

SECTION B. APPLICATION INSTRUCTIONS

Below are brief instructions for filling out each application form. Please fill out these forms completely and accurately. **Electronic signatures are accepted on all documents.** Please sign or initial where you see the following tabs:



1. **Manual:** Please print and review the EMPG Program Manual (<https://portal.ct.gov/DEMHS/Grants/Emergency-Management-Performance-Grant/Guidance-and-Forms>). The Subgrantee is responsible for the information contained in this document. More complete instructions are available in this document.
2. **Section B: Applicant Information and Datasheet:** Please fill out boxes 1-16 with the necessary information.
3. **Section C: Municipal Resolution:** Please provide a municipal resolution to grant the Chief Executive Officer (CEO) the authority to sign the EMPG application package on behalf of the municipality. If a municipal resolution was submitted for the regular FY 2023 EMPG grant, that resolution fills this requirement as long as the CEO has not changed. For more information on resolution specifics please reference the EMPG Program Manual.
4. **Section D: EMPG FINANCIAL TOOL-Budget Preparation:** Fill in your budget request for the performance period of 7/1/24-9/30/25 in the Pool Funding EMPG Financial Tool. Please submit this budget electronically to your DEMHS Regional Office for review upon submittal of the application.
5. **Request for Transcripts from EMI** – Use this link <https://training.fema.gov/student/sssp.aspx> to request a transcript of the courses you have completed through FEMA and/or the Emergency Management Institute (EMI).
6. **Cover Letter** Please provide a cover letter signed by the CEO that provides a brief description of the project being proposed and the total project cost.

Once all of the necessary forms are filled out and signed, complete the application by signing and dating the Applicant Information and Data Sheet. Attach the financial tool and submit the Application Package to your DEMHS Regional Office.

SECTION C. EMPG POOL FUNDING APPLICATION INFORMATION AND DATA SHEET**Email Completed Applications To:**

DEMHS Regional Coordinator (See Page 2 of this application for contact information)

SPCP Unit Use Only**1. Name of Municipality or Agency Applying for Subgrant:****2. Period of Award for this Subgrant: 7/1/24 – 9/30/25****3. Emergency Management Director Name & Address**

Name: _____ Title: _____
 Organization: _____
 Address Line 1: _____
 Address Line 2: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

4. Official Authorized to Sign for the Applicant:

Name: _____ Title: _____
 Organization: _____
 Address Line 1: _____
 Address Line 2: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

5. Municipal/Agency Financial Officer

Name: _____ Title: _____
 Organization: _____
 Address Line 1: _____
 Address Line 2: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

6. Fiscal Point of Contact: (If Different than Financial Officer)

Name: _____ Title: _____
 Organization: _____
 Address Line 1: _____
 Address Line 2: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

7. Applicant DUNS:**8. Applicant UEI #:****9. Applicant Fiscal Year End:****10. Date of Last Audit:****11. Dates Covered by Last Audit: _____ to _____****12. Date of Next Audit:****13. Dates to be Covered by Next Audit: _____ to _____**

Please note that the information required for boxes 9 through 13 refers to the sub-grantee's audit cycle.

FEDERAL AUDIT AND DEBARMENT REQUIREMENT CERTIFICATION**14. ACKNOWLEDGEMENT OF FEDERAL SINGLE AUDIT SELF REPORTING REQUIREMENTS**

- Sub-grantees that are required to undergo a Federal Single Audit as mandated by OMB Circular A-133 must alert CT DEMHS, in writing, to any specific findings and/or deficiencies with regard to the use of federal grant funds within 45 days of receipt of their audit report. This notification must identify the finding(s) / deficiencies and a corrective action plan for each.
- All sub-grantees must submit to CT DEMHS a copy of the audit report section pertaining to use of federal grant funds regardless of any findings or deficiencies, within 45 days of the receipt of that report.

Initial to indicate that this requirement has been read and understood: _____**INITIAL****15. ACKNOWLEDGEMENT OF DEBARMENT REQUIREMENTS:**

- The sub-grantee will confirm the eligibility status (via Sam.gov) of all vendors/contractors that the sub-grantee pays with EMPG SLA funds. The subgrantee will confirm that the vendors/contractors do not appear on the SAM's Exclusion List of federally debarred or suspended vendors.

Initial to indicate that this requirement has been read and understood: _____**INITIAL**

- 16. I, the undersigned, for and on behalf of the named municipality, state agency, or regional planning organization, do herewith apply for this subgrant, attest that, to the best of my knowledge, the statements made herein are true, and agree to any general or special grant conditions attached to this grant application form.**

SIGN & DATE

Authorized Signatory: X _____ Date: _____

SECTION D. AUTHORIZING RESOLUTION

If your community already submitted an Authorizing Resolution for the FY 2023 EMPG - Please include a Copy and Skip This Step

This Blanket Resolution Can Also Be Used to Satisfy the Requirements of the Homeland Security Grant Program **AUTHORIZING
RESOLUTION OF THE**

(Insert name of governing body--for example, town council)

CERTIFICATION:

I, _____, the _____ of _____,
(keeper of the records—for ex. town clerk or secretary of council)

do hereby certify that the following is a true and correct copy of a resolution adopted by
_____ at its duly called and held meeting on _____, 20____,
(name of governing body) (Month, Day)

at which a quorum was present and acting throughout, and that the resolution has not been modified,
rescinded, or revoked and is at present in full force and effect:

RESOLVED, that the _____ may enter into with and deliver
(name of governing body)

to the State of Connecticut Department of Emergency Services and Public Protection, Division of
Emergency Management and Homeland Security, any and all documents which it deems to be
necessary or appropriate; and

FURTHER RESOLVED, that _____, as _____ of
(name and title of officer)

_____,
(Name of governing body)

is authorized and directed to execute and deliver any and all documents on behalf of the

(name of governing body)
and to do and perform all acts and things which he/she deems to be necessary or appropriate to carry
out the terms of such documents.

The undersigned further certifies that _____
(name of officer)

now holds the office of _____ and that he/she has held that office since
_____.

IN WITNESS WHEREOF: The undersigned has executed this certificate this _____ day of

_____ 20____

(Name and title of record keeper)

**INSERT
TACTILE
TOWN
SEAL HERE**

The Chief Executive Officer has not changed since the
previous resolution was authorized on _____
(Date)

SECTION E. EMPG POOL FUNDING FINANCIAL TOOL-BUDGET

Please Note: Applications will not be reviewed without the submittal of the EMPG Financial Tool “Application Budget”.

Fill out the Application Budget portion of the tool by filling out the green boxes for the following (shown below is a sample EOC/Shelter Budget:

Award Amounts:

Total Award: This amount is set to either \$25,000.00 or to the approved amount whichever is the lesser.

Federal Share: This is the total of the federal share, which is matched by the state.

Enter Categories:

- **Interior Upgrade** - Enter the total estimated cost for your planned interior upgrade.
- **Equipment** - Enter the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems etc.
- **Generator** - Enter the total estimated cost for the purchase and installation of a backup generator. Note: Any ground disturbance will require an EHP approval from FEMA.
- **Training** - Enter the amount for professional development training.
- **Shelter Supplies** - Enter the amount for shelter supplies.
- **All other-** Enter the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.
- **Unallocated** – This is the remaining balance of funding that you have not yet allocated to a particular category.

EMPG Pool Budget (Fill In Green Cells Only)	
AWARD	
Total:	\$25,000.00
Federal Share:	\$25,000.00
Match (Provided by the State):	\$25,000.00
SUBGRANT ALLOCATION	
Total:	\$25,000.00
Federal Share:	\$25,000.00
Match (Provided by the State):	\$25,000.00
Interior Upgrade	\$5,000.00
Enter the total estimated cost for upgrading the interior of your EOC (e.g. Furniture, Carpeting etc.) Please note that all services must be concluded and paid before seeking reimbursement.	
Equipment:	\$2,500.00
Enter the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems.	
Generator	\$2,500.00
Enter the total estimated cost for the purchase and installation of a generator.	
Training	\$10,000.00
Enter the total amount for professional development training.	
Shelter Supplies	\$5,000.00
Enter the total amount for supplies such as cots, blankets, MRE's, COVID testing supplies, water etc.	
All Other Costs	\$0.00
Enter the total amount of all other costs (need to provide specific details).	
Unallocated:	\$0.00

SECTION F. GRANT JUSTIFICATION NARRATIVE

Provide below or attach a clear description of the existing gaps in your EOC or shelter that the project is intended to correct. You may include a sketch if you feel it will help describe the problem. Do not describe the proposed solution (yet).

SECTION G. SCOPE OF WORK

Provide below or attach a clear description of the proposed project and the work to be accomplished.

SECTION H. PROJECT PHOTOGRAPHS

Attach photographs of the project site. Also include photos of any structure or unique features likely to be impacted by the project. Note the position, direction, and date that the photo was taken on a drawing or sketch of the project site. The Sub-grantee should also provide aerial photography of the project area (e.g. google maps).

SECTION I. PROJECT MAPS

Provide a site location map(s) that clearly identifies the proposed project. A United States Geological Survey (USGS) topographic quadrangle map or a detailed local road map is ideal for use as a location map. Google maps are also acceptable.

NOTE: When uploading documents or pictures to this application, please check file sizes and please do not exceed 40 Mb. Additional documents may also be emailed along with the application.

SECTION J. WORK SCHEDULE

Please provide a detailed work schedule and time frame for the proposed project.

Make sure work schedule allows for grant administration [sub-grant contract execution, close-out, etc], final design and permitting, bidding and advertising, and unanticipated delays. Be conservative and schedule more time than you think you need for each task. You will not be penalized for completing the project sooner than the requested performance period.

Task	Months from Award	
	Start	Complete

Total estimated time for project completion Months

SECTION K. LEOP CERTIFICATION

Approved LEOP Certification – Please attach certification letter:

No Plan: A DEMHS-approved LEOP - consistent with CGS Title 28 – is a pre-requisite for all EMPG Pool funding project applications.

SECTION L. TRAINING HISTORY

All courses on this form must be completed prior to travel or training for staff who are requesting to attend training, conferences or other events funded under the EMPG pool funding professional development category.

Instructions: Type your name and position and the dates you completed the required courses. Please provide a copy of the course certificates.

Name	Position	Required Training Courses (Completed Courses Shown with date of completion)										
		IS-100.c	IS- 120.c	IS 200.c	IS-230.d	IS-235.c	IS-240.b	IS-241.b	IS-242.b	IS-244.b	IS-700.b	IS-800.c

You can search for the required training at <https://training.fema.gov/is/searchis.aspx?search=PDS> (Professional Development Series) or <https://training.fema.gov/is/searchis.aspx?search=ICS> for IS 100, 200, 700, 800. Note: The course letters (IS-100.c) change with each revision. Even if the course letter for the course you completed is different, the course still counts. Please complete the required courses and submit your training certificates to your Division of Emergency Management and Homeland Security (DEMHS) Regional Office. If you need to request training certificates from FEMA, please request your transcript using the Transcript Request Form – EMI. You can find this form on our website at <https://training.fema.gov/emiweb/downloads/tranrqst1.pdf>