



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

FFY 2021 APPLICATION



State of Connecticut

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

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COMPLETION CHECKLIST FOR SUB-GRANTEE

The following forms are necessary for the timely completion of this document. Please use this aid to ensure all documents are included in your submission. More detailed information is available in the EMPG Manual.


- ☐ Section B: Application Information and Data Sheet
- ☐ Section C: Municipal Resolution
- ☐ Section D: EMPG Financial Tool Budget Tab
- ☐ Section E: Master Staffing Pattern and Training History
- ☐ Section F: NEMA Survey attached (Optional)
- ☐ Job Descriptions have been attached if applicable (Available on website)

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: 203.696.2640 Email: Robert.Kenny@ct.gov	Fax: 203.334.1560
Region 2	Jacob Manke Regional Coordinator	1111 Country Club Road, Middletown, CT 06457 Phone: 860.685.8105 Email: Jacob.Manke@ct.gov	Fax: 860.685.8366
Region 3	William Turley Regional Coordinator	DEMHS - 360 Broad Street Hartford CT 06105 Phone: 860.529.6893 Email: William.Turley@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: 860.465.5460 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: 203.591.3509 Email: John.Field@ct.gov	Fax: 203.591.3529

SECTION A. APPLICATION INSTRUCTIONS

Below are brief instructions for filling out each application form. Please fill out these forms completely and accurately. **Please be reminded that all signatures are required to be original on this document. Copies will not be accepted.** 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 the authority to sign the EMPG application package on behalf of the municipality. 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 10/1/21-9/30/22 in the 2021 EMPG SLA Financial Tool. Please submit this budget electronically to your DEMHS Regional Office for review upon submittal of the application. Please consult the 2021 EMPG Manual for any additional forms.
5. **Section E: Master Staffing Pattern:** The Master Staffing Form comes pre-populated with the training records of local personnel who have reported completion of the IS and/or PDS course requirements. Towns may use this form to report on any additional courses completed since their last EMPG application.
6. **Additional Forms:** Please review the remaining list of forms available on our website at <https://portal.ct.gov/DEMHS/Grants/Emergency-Management-Performance-Grant/Guidance-and-Forms> to determine if any of these forms will be needed for your application:
 - Emergency Management Director Job Description** – Use this form if you have hired a new Emergency Management Director.
 - Emergency Management Deputy Director Job Description** – Use this form if you have hired a new Emergency Management Deputy Director.
 - Emergency Management Support Staff Job Description** – Use this form if you have hired new Emergency Management Support Staff (e.g. Clerical).
 - Request for Transcripts from EMI** – Use this form to request a transcript of the courses you have completed through FEMA and/or the Emergency Management Institute (EMI).

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 Budget and all other forms and submit the Application Package to your DEMHS Regional Office.

SECTION B. EMPG APPLICATION INFORMATION AND DATA SHEET

All Forms Must Be Original - Copies Will Not Be Accepted

Mail 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: 10/1/21 – 9/30/22****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 FEIN:**8. Applicant DUNS #:****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 C. AUTHORIZING RESOLUTION

All Forms Must Be Original - Copies Will Not Be Accepted

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 D. EMPG SLA FINANCIAL TOOL-BUDGET

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

A new category for PPE has been added this year. Fill out the Application Budget portion of the tool by filling out the teal boxes for the following:

1. Award Amounts:

Per Capita Award: This amount is based on your town’s population as listed in the State Register and Manual.

Sub grant Allocation: This totals as you fill in the categories below.

2. Enter Categories:

- **Personnel**- Enter the total estimated cost for salaries or stipends for full or part-time EMDs, Deputy EMDs and support staff.
- **Organization**- Enter the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement.
- **Equipment**- Enter the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.
- **In kind**- Enter the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match.
- **Personal Protective Equipment (PPE)**
Enter the PPE allocation from the front page into this cell. **Note: The PPE allocation can only be spent on PPE. PPE allocations are matched by state funding.**
- **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 Subgrant Budget (Fill In Green Cells Only)	
PER CAPITA AWARD	
Total:	\$22,840.65
Federal Per Capita Share:	\$11,420.33
Match:	\$11,420.33
SUBGRANT ALLOCATION	
Total:	\$22,840.65
Federal Per Capita Share:	\$11,420.33
Match (Includes In-Kind):	\$12,920.33
Personnel:	\$16,840.67
Allocate (Enter) the total estimated cost for salaries or stipends for full or part-time EMD's, Deputy EMD's and support staff. If claiming fringe, please provide a fringe benefits letter from the Municipal Finance Director.	
Organization:	\$500.00
Allocate (Enter) the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement.	
Equipment:	\$2,412.34
Allocate (Enter) the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.	
In-Kind - Requires Double Match:	\$1,500.00
Allocate (Enter) the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match. For a volunteer time form please visit the DEMHS website at http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692	
Personal Protection Equipment:	\$1,087.64
Allocate (Enter) the total amount of PPE shown for your town here. PPE funding may be used for face masks, sanitizer, gloves, no touch devices, shields etc. No match is required for PPE.	
All Other Costs	\$500.00
Allocate (Enter) the total amount of all other costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses etc..	
Unallocated:	\$0.00
Certification: I hereby certify that the information contained herein is based	

Section E. EMPG Master Staffing Pattern and Training History

The purpose of this form is to collect information regarding employees who will be funded under the Emergency Management Performance Grant (EMPG). Shown on the form are the current training records (completed courses are marked with their dates of completion) by your EMPG funded staff according to our records. These courses are required for all staff funded partially or fully under the EMPG.

Instructions: If you have completed additional courses please fill in the dates of completion for any courses. Please provide a copy of the course certificate(s). The deadline for new staff to complete all of the required courses is September 30, 2020.

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

If an employee funded by EMPG has yet to complete the Required FEMA IS courses at <https://training.fema.gov/is/searchis.aspx?search=PDS> (Professional Development Series) please complete the missing courses and submit your training certificate 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>

SECTION F. NEMA QUESTIONNAIRE

Each year the Division of Emergency Management and Homeland Security (DEMHS) fills out a survey from the National Emergency Management Association (NEMA). The purpose of the survey is to justify the funding we receive under the Emergency Management Performance Grant (EMPG).

To help us in filling out the survey for FY 2021, DEMHS is asking our EMPG participating towns to answer a few brief questions. Your answers will assist NEMA in justifying continued funding of the EMPG program to Congress.

1. What is your total emergency management budget: \$_____.
Please provide your total budget even if these costs exceed your EMPG allocation.

2. Is your Emergency Management Director?:
(Check One)

☐ Full-Time
☐ Part-Time
☐ Volunteer

3. Which official (if any) has the authority to issue a mandatory evacuation order?:
(Check One)

☐ Mayor
☐ First Selectman
☐ Town Manager
☐ Other