



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

FFY 2014 APPLICATION



State of Connecticut

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

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COMPLETION AID FOR 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. A detailed checklist is available in the 2014 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
- 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 06601 Phone: 203.696.2640 Email: Robert.Kenny@ct.gov	Fax: 203.334.1560
Region 2	John Field Regional Coordinator	1111 Country Club Road, Middletown, CT 06457 Phone: 860.685.8105 Email: John.Field@ct.gov	Fax: 860.685.8366
Region 3	Thomas Gavaghan Regional Coordinator	360 Broad Street, Hartford CT, 06105 Phone: 860.529.6893 Email: Thomas.Gavaghan@ct.gov	Fax: 860.257.4621
Region 4	Michael Caplet Regional Coordinator	15-B Old Hartford Road, Colchester, CT 06451 Phone: 860.465.5432 Email: Mike.Caplet@ct.gov	Fax: 860.465.5464
Region 5	Thomas Vannini Regional Coordinator	55 West Main Street, Suite 300 Box 4 Waterbury, CT 06702 Phone: 203.591.3500 Email: Thomas.Vannini@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, sign or initial where you see the following tabs:



1. **Manual:** Print and review the 2014 EMPG Manual (<http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692>)
subgrantee is responsible for the information and instructions contained in the manual.
2. **Section B: Applicant Information and Datasheet:** 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 2014 EMPG Manual. _____
4. **Section D: EMPG FINANCIAL TOOL-Budget Preparation:** Fill in your budget request for the performance period of 10/1/14-9/30/15 in the 2014 EMPG SLA Financial Tool. Please submit this budget electronically to your regional office for review upon submittal of the application. Please consult the EMPG manual for any additional forms.
5. **Section E: Master Staffing Pattern:** Complete the Master Staffing Pattern and provide training certificates or transcripts if available. If you are unsure of your training completion level please contact your DEMHS Regional Coordinator.
6. **Additional Forms:** Please review the remaining list of forms available on our website at <http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692> 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, you can complete the application by signing and dating the Applicant Information and Data Sheet, attaching the budget and all other forms and submitting your Application Package to your Regional Office.

SECTION B. EMPG APPLICATION INFORMATION AND DATA SHEET

Additional copies of this kit are available on our website at <http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692>.

Mail Completed Applications To: Your DEMHS Regional Coordinator (See Section A of this application for contact information)	ch#h Unit Us Only
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GRANT MANAGEMENT/ADMINISTRATIVE INFORMATION

1. Name of Municipality or Agency Applying for Subgrant:	2. Period of Award for this Subgrant:
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 regards 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.

Please initial to indicate that you have read and understood this requirement: _____ INITIAL

15. ACKNOWLEDGEMENT OF DEBARMENT REQUIREMENTS:

- The sub-grantee has confirmed that vendors being paid by means of EMPG SLA funds have been vetted through an internal process to ensure that no funds are being distributed to federally debarred or suspended vendors in compliance with Presidential Executive Orders 12549 and 12689.

Please initial to indicate that you have read and understood this requirement: _____ 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.

Authorized Signatory: X _____ Date: _____ SIGN & DATE

SECTION C. AUTHORIZING MUNICIPAL RESOLUTION

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 _____, 2014,
(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

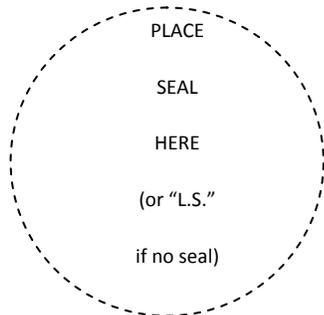
_____ and to do and perform all acts and things which he/she deems to be necessary or appropriate to carry out the terms of such documents.

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 _____ 2014.

(Name and title of record keeper)



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

(Date)

SECTION D. EMPG SLA FINANCIAL TOOL-BUDGET

Please be reminded that your application will not be reviewed without the submittal of the EMPG Financial Tool “Application Budget” tabs.

Please fill out the Application Budget portion of the tool by filling out the teal boxes for the following:

1. Enter Award Amounts:

Per Capita Award: Enter the amount the town was allocated for the current year, this can be found in the [2014 EMPG Manual](#) and is based on your town’s population.

Sub grant Allocation: This section totals automatically 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 EMD’s, Deputy EMD’s and support staff. If claiming fringe, please provide a fringe benefits letter from the Municipal Finance Director.
- **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.
- **All other**- Enter the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.

Subgrant Budget	
PER CAPITA AWARD	
Total:	\$10,000.00
Federal Share ¹ :	\$5,000.00
Local Match ² :	\$5,000.00
SUBGRANT ALLOCATION	
Total:	\$11,000.00
Federal Share ¹ :	\$5,000.00
Local Match ² :	\$6,000.00
Personnel:	\$5,000.00
Organization:	\$750.00
Equipment:	\$1,750.00
In-Kind:	\$2,000.00
All Other:	\$500.00
Unallocated:	\$0.00

Signature: _____

Emergency Management Director

Instructions Program Budget First

Section E. EMPG Master Staffing Pattern

The purpose of this form is to collect information regarding employees who will be funded under the Emergency Management Performance Grant.

Instructions: Please fill out the following EMPG Master Staffing Pattern for all employees to be funded by this EMPG grant.

Name	Position	% time EM Duties	Payment Method (Salary/Stipend)	Required Training Courses			
				IS 100	IS 200	IS 700	IS 800

If an employee funded by EMPG has yet to complete the **Required FEMA IS courses** please complete the missing courses and submit your training certificate to your Division of Emergency Management and Homeland Security (DEMHS) Regional Office. Transcripts Request Forms are available on our website.