RESOLUTION APPROVING AND AUTHORIZING APPLICATION FOR THE 2016 EMERGENCY MANAGEMENT PERFORMANCE GRANT

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6) (Reissue 2012), the County has the power to do all acts in relation to the concerns of the County necessary to the exercise of its corporate powers;

WHEREAS, pursuant to Neb. Rev. Stat. §23-103 (Reissue 2012), the powers of the County as a body are exercised by the County Board;

WHEREAS, an Emergency Management Performance Grant ("EMPG") is available through the Nebraska Emergency Management Agency ("NEMA") to the Sarpy County Emergency Management Agency;

WHEREAS, the EMPG Application must be submitted to NEMA; and

WHEREAS, Sarpy County is committed to and supports the application for the 2016 EMPG.

NOW, THEREFORE, BE IT RESOLVED, that the Sarpy County Board of Commissioners hereby approves of the 2016 EMPG application (a copy of which is attached hereto) and authorizes the Sarpy County Emergency Management Agency to apply for the 2016 EMPG.

The above Resolution was approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with applicable law on the 24th day of May, 2016.

Sarpy County Board Chairman

Attest:

County Clerk
MEMO

To: Sarpy County Board

From: Lynn Marshall, Director

RE: 2016 Emergency Management Performance Grant (EMPG)

On May 24, 2016, the County Board will be asked to approve a Resolution authorizing Sarpy County Emergency Management to apply for the 2016 Emergency Management Performance Grant (EMPG). The EMP grant is awarded to applicants based on current or upcoming budget(s) up to 50% of the approved FY2016 Emergency Management budget. The EMP grant funds are federal funds provided through Federal Emergency Management Agency (FEMA) to the State Administrative Agent which is the Nebraska Emergency Management Agency (NEMA) received through a federal application process. Once the EMP grant funding is awarded to NEMA, it is then offered through an application process to all eligible counties that have Emergency Management programs that meet the required criteria based on state and federal performance measures. The EMP grant funds will be utilized to maintain/sustain the Sarpy County Emergency Management Program for compliance and to meet performance standards set forth by FEMA and NEMA.

The application process for the 2016 EMPG funds is now open and the 2016 application must be completed and returned to NEMA no later than May 24, 2016.

I am available to answer any questions you may have prior to the May 24th County Board meeting so please don’t hesitate to contact me at (402-593-5785) with any questions.

Respectfully submitted,

Lynn Marshall, Director

May 20, 2016

Cc: Mark Wayne, Scott Bovick, Deb Houghtaling, Brian Hanson, John Reisz
<table>
<thead>
<tr>
<th>1</th>
<th>Jurisdiction Name</th>
<th>Sarpy County</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td>Applicant Address</td>
<td>1210 Golden Gate Dr, Papillion, NE 68046-2848</td>
</tr>
<tr>
<td>3</td>
<td>Date submitted to NEMA</td>
<td>5/24/2016</td>
</tr>
<tr>
<td>4</td>
<td>2015 EMP Grant request (not more than 50% of 8D)</td>
<td>113,762.50</td>
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<tr>
<td>5</td>
<td>Applicant Status: Check the one that best describes your Emergency Management organization</td>
<td>X Full time permanent staff whose primary responsibility is as the Emergency Manager, or Emergency Manager duties are assigned to full time staff with other duties</td>
</tr>
<tr>
<td>6</td>
<td>Are you or your Deputy a Certified Emergency Management Worker?</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>List all staff who will be supported the EMPG Funds:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Local EMPG Funded Staff - Name and position (Do not list staff receiving a stipend not wage or salary)</td>
<td>Full or Part Time</td>
</tr>
<tr>
<td></td>
<td>Lynn Marshall</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td>Jesse Eret</td>
<td>Full</td>
</tr>
<tr>
<td>8</td>
<td>BUDGET: Base this on the best estimate you have for the 2015/2016 budget</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Personnel Costs including combined wages and benefits of all personnel listed above</td>
<td>178,275.00</td>
</tr>
<tr>
<td>B</td>
<td>Operating Costs (including rent, phones, utilities, office supplies)</td>
<td>10,050.00</td>
</tr>
<tr>
<td>C</td>
<td>Equipment (will be awarded if dollars are available after funding A &amp; B for all applicants)</td>
<td>39,200.00</td>
</tr>
<tr>
<td>D</td>
<td>Total Estimated Budget (should automatically add A, B, and C)</td>
<td>227,525.00</td>
</tr>
<tr>
<td>9</td>
<td>Goals and Objectives for the 2016 EMPG: There is no requirement for a specific number of goals or objectives, if you need more space attach a separate page.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goal</td>
<td>Objective</td>
</tr>
<tr>
<td>A</td>
<td>Planning, Exercise &amp; Training Support</td>
<td>Review EOPs - LEOP, COOP/COG, Debris Management, and other key planning documents for additional updates and revisions. Provide planning, exercise and training support to our community partners based on LEOP updates, revisions and assessments. Assist in the planning and coordination with local and regional and state PET committees to help meet planning, exercise and training needs crucial to the response and recovery goals and objectives.</td>
</tr>
</tbody>
</table>
### Response

- **B**
  - **Name**: Don Kelly
  - **Mailing Address**: 1210 Golden Gate Dr, Papillion, NE 68046
  - **Daytime Phone Number**: 402-593-4155
  - **Fax Number**: 402-593-4304
  - **Email Address**: dkelly@sarpy.com

### Recovery

- **C**
  - **Name**: Brian Hanson
  - **Mailing Address**: 1210 Golden Gate Dr, Papillion, NE 68046
  - **Daytime Phone Number**: 402-593-2349
  - **Fax Number**: 402-593-4304
  - **Email Address**: bhanson@sarpy.com

### Mitigation

- **D**
  - **Name**: Lynn Marshall
  - **Mailing Address**: 1210 Golden Gate Dr, Papillion, NE 68046
  - **Daytime Phone Number**: 402-593-2349
  - **Fax Number**: 402-593-4304
  - **Email Address**: lmarshall@sarpy.com

### Public Outreach

- **E**
  - **Name**: Don Kelly
  - **Mailing Address**: 1210 Golden Gate Dr, Papillion, NE 68046
  - **Daytime Phone Number**: 402-593-4155
  - **Fax Number**: 402-593-4471
  - **Email Address**: dkelly@sarpy.com

### Table

<table>
<thead>
<tr>
<th>Category</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response</strong></td>
<td>Authorized Official</td>
</tr>
<tr>
<td><strong>Recovery</strong></td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td><strong>Mitigation</strong></td>
<td>Emergency Manager Director</td>
</tr>
<tr>
<td><strong>Public Outreach</strong></td>
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<tr>
<td></td>
<td>Application Prepared and Submitted By:</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------</td>
</tr>
</tbody>
</table>


Federal Fiscal Year 2016
CFDA #97.042
Emergency Management Performance Grant
(EMPG)

SUBRECIPIENT
PROGRAM AND APPLICATION GUIDANCE

May 2016
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I. PROGRAM GUIDANCE

A. OVERVIEW

It is the policy of the Nebraska Emergency Management Agency (NEMA) to:

1. Assist local county/regional Emergency Management agencies in the enhancement of their programs by providing Emergency Management Performance Grant (EMPG) funds, as are available after NEMA obligations have been funded;

2. Ensure that local emergency management organizations are established and maintained in a number of local jurisdictions sufficient to “…achieve and sustain risk-based target levels of capability to prevent, protect against, respond to, and recover from major events in order to minimize the impact on lives, property, and the economy” - Vision of the National Preparedness Goal;

3. Increase the operational capability of emergency management at the local level of government by assisting jurisdictions to maintain and improve emergency organizations with key positions filled by trained, experienced, professionals.

B. ELIGIBLE APPLICANTS

NEMA as the State Administrative Agency (SAA) is the only Nebraska agency eligible to apply directly to the Federal Emergency Management Agency for Federal Fiscal Year 2016 EMPG funds and is responsible for providing subgrants to eligible local county governments. Eligible local county governments are those that:

1. Submit an EMPG application.

2. Employ a full time Emergency Management Director/Coordinator or Deputy. This person will be the focal point for local emergency planning and response and will be the local Project Manager for the EMPG grant.

3. If previously a recipient of EMPG funding, have successfully completed all prior requirements and reports including:

   a. Local Emergency Operations Plan (LEOP) current with the NEMA Planning section’s calendar.

   b. Current and demonstrated compliance with quarterly reimbursements

   c. Current with demonstrated compliance with quarterly program reports.

4. Be Credentialed as an Emergency Management worker as defined in State Statute 81-829.39(5) and 81-829.67, or if you are a new Emergency Manager, be Credentialed within the first 12 months of employment. To
receive information on the credentialing program contact Dave Reisen at 402-471-7177.

5. Are in compliance with the 2CFR Part 200, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments;

6. Are in compliance with 2CFR 200.320, Requirements setting standards for financial management systems;

7. Are in compliance with the Non-Construction Program Assurances and the Drug-Free Workplace Requirements;

8. Are in compliance with the Nebraska Emergency Management Act (Revised Statutes of Nebraska Section 81-829.31; Sections 81-829.36 to 81-829.75);


10. Maintain an electronic (computer) system sufficient to exchange data with NEMA;

11. Agree to submit quarterly reports, both the programmatic report of activities and financial reimbursement package, to NEMA by the deadlines set, in the form and format provided in this package;

12. Report the EMPG in the Bi-Annual Strategy Implement Report (BSIR)

13. Have county Local Emergency Operations Plans (LEOP) that are up to date and current with the schedule of the NEMA Planning Section.

14. Agree to participate in workshops, meetings, and training sessions on a regular basis with NEMA Staff members.

15. If these reports from # 11 and #12 above, are not received prior to their due dates and/or LEOPs are not current, no further payments will be made to the jurisdiction until these requirements are met.

16. Complete and return to NEMA the FFATA form by the date indicated when they are sent for the 2016 grant.

C. FUNDING
Per Congressional direction, FY16 EMPG funds have been allocated consistent with previous fiscal years. Subject to DHS Federal Emergency Management Agency (FEMA) approval of the State EMPG submittal, EMPG sub recipient
awards have a 50% Federal and 50% non-Federal cost-share cash requirement. Federal funds cannot be matched with other Federal funds. EMPG funds available after matching NEMA's EMPG budget will be allocated to subrecipients.

1. Based on the availability of funds the state will award based using the following priorities: #1 50% of Salary and Benefits, #2 Operational expenses and #3 Equipment if funds allow.

   If funding should fall short based on the priorities above, the state will utilize the following funding formula as the minimum basis for subrecipient funding:

   a. $12,000 per individual county.

   b. $12,000 per region for first county, $6,000 per county in Region for next two counties, and a pro rata amount for additional counties in the Region.

   c. Counties participating in the EMPG process prior to FY 2001 will receive their allotments based upon FY 2001 until such time adjustments need to be made because of funding levels increases or decreases and/or the addition of new counties or regions to the EMPG program.

2. Funds provided through EMPG sub grants shall be used for emergency management programs to accomplish the following initiatives:

   a. Emergency Management Organization Program. Programs must continue to fund all necessary aspects of the emergency management program that support day-to-day preparedness, response, and recovery activities, including mitigation efforts.

   b. Homeland Security Assessment and Strategy Integration. Ensure that EMPG strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in and reflective of the State Homeland Security Strategy.

   c. NRF and NIMS Emergency management programs must update and/or modify their operational plans, and training and exercise activities, as necessary, to achieve conformance with the National Response Framework (NRF) and the National Incident Management System (NIMS) implementation guidelines, coordinating structures, processes, and protocols, as required.

D. EMPG WORK PLAN REQUIREMENTS

   Sub recipient work plans for FY2016 are expected to ensure that emergency management capabilities are developed and maintained in local jurisdictions sufficient to provide the basis for dealing effectively with catastrophic disasters
and homeland security emergencies. FY 2016 EMPG Sub recipient Work Plan will be in the form of projects which will include reporting on:

1. **Administration of the Program:**
   a. Quarterly Activities/Program Reports
   b. Quarterly Expenditure Reports
   c. DHS/NEMA/FEMA grant activity monitoring and reporting

2. **Planning:**
   a. LEOP Maintenance
   b. Meeting the NEMA Planning Schedule

3. **Training and Exercising**
   a. NIMS: submission of the NIMS Compliance Questionnaire to the NEMA Training and Exercise Section by the date specified.
   b. Ensuring all staff funded with EMPG funds will:
      1) Complete the following Independent Study Courses (if taken the B. versions that is acceptable also, as they were added later to EMI): IS 100, IS 200, IS 700, IS 800, IS 120, IS 230, IS 235, IS 240, IS 241, IS 242, and IS 244. Previous versions of the IS courses meet the NIMS training requirement.
      2) Participate in some manner in no less than three exercises during the 12 month period.
   c. Continuing education activities
   d. Exercise activities
   e. Exercise Training Planning Workshop/PET activities

4. **Disaster Response and Recovery and Hazard Mitigation**
   a. Activate your EOC when appropriate.
   b. Submit a Local Declaration of Emergency when appropriate
   c. Submit quarterly Public Assistance and/or Hazard Mitigation Reports when appropriate
d. Complete and submit Incident Status Reports (ISR) for incidents within the jurisdiction that may be considered newsworthy even if there will be no Emergency/Disaster declaration or request for State Assistance.

e. Provide damage assessment information via the ISR or when requested by NEMA

f. Provide needs assessment information when requested by NEMA

g. Status of Hazard Mitigation planning and project development with the Jurisdiction.

5. Technological Hazards:

   a. REP planning activities (Only for counties participating in nuclear power station off site planning/training)

   b. REP training and exercising activities (Only for Counties participating in nuclear power station off site planning/training.)

   c. Education/public outreach to first responders with State Radiological Materials Transportation Accident Emergency Action Plan and radiological training for first responders

6. Public Outreach activities/Education/Program Enhancement activities

   NEMA has not entered any activities for this project. You can either:

   a. Enter known re-occurring or scheduled activities on this project page or

   b. Report activities for each quarter as they happen in the appropriate quarterly report.

E. PERIOD OF PERFORMANCE

   The period of performance for the FY 2016 Local Jurisdiction EMPG is 12 months, from 1 July 2016 through 30 June 2017. This period of performance allows sub recipients maximum flexibility to plan and coordinate the use of EMPG funds.

F. ALLOWABLE COSTS

   1. Organizational Costs Guidance

      a. As provided in law, EMPG funds may be used for all-hazards emergency management operations, staffing, and other day-to-day activities in support of emergency management. Proposed staffing activities should
be linked to achieving goals outlined in the EMPG application and work plan.

b. In support of the Sub recipient Work Plan expectations, allowable costs are:

1) **Personnel Expense:** Personnel costs, including gross salary, overtime, and associated fringe benefits including matching expenditures. These costs must comply with OMB Circular A-87, *Cost Principles for State, Local, and Indian Tribal Governments*. Personnel costs should be linked to achieving objectives outlined in the EMPG work plan.

2) **Operating Expense:** This includes costs to operate the local agency to include but not limited to:
   a) Rent
   b) Insurance
   c) Phones
   d) IT capabilities
   e) Utilities
   f) Office Equipment
   g) Computer and related items for administrative purposes
   h) EOC equipment
   i) Radios and pagers for administrative purposes
   j) Emergency Management specific professional dues and subscriptions
   k) Registration fees for meetings and Conferences with direct connectivity to Emergency Management. This does not include the cost of food; lodging or travel other than mileage.
   l) Automobile mileage (in lieu of actual costs incurred) In order to claim automobile mileage a completed and signed travel log must be submitted with reimbursement requests (Attachment 4). The Travel Log is designed to provide a monthly record of travel data. In order to claim mileage
reimbursement, information must be recorded in the respective columns of the form.

1) Each official stopping and starting point included in the travel is to be recorded as an individual line entry. Map mileage may be indicated as miles traveled should the odometer be or become non-operative.

3) The driver’s initials in the right hand column certifies the accuracy of those entries reflecting their official travel.

4) Official Travel Logs must be closed out on the last working day of the month.

5) The travel logs must be reviewed, approved and signed by the designated Agency Representative (Agency Director).

2. Whole Community Engagement/Planning
   
a. Public Education and awareness on emergency management and preparedness.

b. Planning to foster public-private sector partnerships

c. Development or enhancement of mutual aid agreements/compacts.

3. Equipment Costs Guidance

a. Allowable equipment categories for FY2016 EMPG are listed on the web-based version of the Authorized Equipment List (AEL) on the Responder Knowledge Base (RKB), which is sponsored by FEMA at http://www.rkb.us. For more detailed information contact can be made with nikki.weber@nebraska.gov. The select allowable equipment includes only equipment from the following AEL categories:

1) Information Technology (Category 4)
2) Cyber-Security Enhancement Equipment (Category 5)
3) Interoperable Communications Equipment (Category 6)
4) Detection Equipment (Category 7)
5) Power Equipment (Category 10)
6) CBRNE Reference Materials (Category 11)
7) CBRNE Incident Response Vehicles (Category 12)
8) Physical Security Enhancement Equipment (Category 14)
9) CBRNE Logistical Support Equipment (Category 19)
10) Other Authorized Equipment (Category 21)
b. Any equipment purchased over $1,500 shall be **pre-approved** by NEMA **PRIOR TO** ordering the equipment (state of Nebraska fixed asset Capitalization threshold. 2CFR 200.33 Equipment, which Nebraska is set at $1,500 which is less than the Federal government)

c. Environmental/Historical Protection (EHP) paperwork must be completed, submitted and approved **PRIOR TO** ordering any equipment requiring an EHP, to be eligible for reimbursement.

4. Planning/Exercising/Training (PET) Costs Guidance

a. **Planning** - FY 2016 EMPG funds may be used to develop or enhance emergency management planning activities that span across all five National Preparedness Goals mission areas.

b. **Exercising** –

1) FY2016 EMPG funds may be used to design, develop, conduct, and evaluate emergency management related exercises. Exercises must be consistent with the principles outlined in the Homeland Security Exercise and Evaluation Program (HSEEP). Exercises using EMPG funding must be NIMS compliant, align to a current multi-year plan and have an AAR submitted as per current guidance. Sub recipients are encourages to develop exercises that test their LEOPs.

2) Required Exercises

a) All staff funded by EMPG shall participate in no less than 3 exercises in a 12 month period. Participation is generally defined to include attending a planning meeting, being a player, simulator, or evaluator, and attending any after action activities. The participation by any or all staff will be reported each quarter in the chart provided in the Training & Exercise Project report.

b) Exercises participated in by each staff member will be reported in the chart provided in the Training & Exercise Project report. Maintain a copy of the sign in sheet in your records. Do not submit to NEMA.

c. **Training** -

1) FY2016 EMPG funds may be used for a range of emergency management-related training activities to enhance the capabilities of local emergency management personnel through establishment, support, conduct, and attendance of training. Funds used to develop, deliver, and evaluate training includes costs related to
administering the training; planning, scheduling, facilities, materials and supplies, reproduction of materials, and equipment.

2) All staff funded by EMPG funds shall complete the following Independent Study Courses; IS 100, IS 200, IS 700, IS 800, IS 120, IS 230, IS 235, IS240, IS 241, IS 242, and IS 244. Previous versions of the IS courses meet the NIMS training requirement

a) Courses completed by each staff member will be reported in the chart provided in the Training & Exercise Project report.

b) If a staff member has completed an earlier version of the course, they are NOT required to complete the new version.

G. UNALLOWABLE COSTS

1. Food,

2. Lodging (unless NEMA provided training),

3. Clothing, uniforms or uniform peripherals like badges or emblems

4. Automobile fuel, automobile repair and maintenance expenses are not allowable reimbursement costs.

5. EMPG funds may not be used to support the hiring of sworn public safety officers for the purposes of fulfilling traditional public safety duties or to supplant traditional public safety positions and responsibilities.

6. Activities and projects unrelated to the completion and implementation of an Emergency Management Program.

H. APPLICATION SUBMITTAL

1. The FY2016 EMPG Sub grant Application Form (attachment 1), is to be completed and submitted electronically to nikki.weber@nebraska.gov no later than 23 May 2016. The form is Attachment 1 to this document. If there are extenuating circumstances requiring a later submission, a request in writing is required be sent to NEMA no later than May 18th.

2. The Project Outlines document:

   a. Must be electronically submitted to nikki.weber@nebraska.gov no later than 23 May 2016 with the Application Form.
b. Project Outlines must be submitted even if there are no additions to the minimum requirements.

c. Each Project Outline contains a column to the left of the Activity # column to identify the Goal and/or Objective from your application (attachment 1) on the line for the activity (ies) that support it. This will be used to measure progress toward meeting your identified goals. **I will not be able to accept a Project Outline submission that does not identify activities in support of each Goal and Objective from your Application Form**

II. FY2016 EMPG APPLICATION INSTRUCTIONS

A. 2016 EMPG Application Form Instructions

1. Open the Application table and save it as a unique document. Example: FY 2016 “Super County” EMPG Application

   **Line 1:** Enter jurisdiction name of applicant that will undertake the sub-grant activity.

   **Line 2:** Enter the legal address of the applicant’s office.

   **Line 3:** Enter the amount of federal dollars you are requesting based upon 50% of your projected eligible expenditures for 12 months. This amount shall not be more that 50% of the Total Budget figure from line 7D.

   **Line 4:** Enter the date the application form is submitted electronically to Nikki.weber@nebraska.gov.

   **Line 5:** Indicate the employment status of the Emergency Manager of the applicant jurisdiction.

   **Line 6:** Check the box to indicate you have completed the Certification as an Emergency Management Worker per statute 81-829.39(5) and 81-829.67. If you are new to Emergency Management you will need to complete this certification within the first 12 months of employment.

   **Line 7:** List the name and position title of each staff member whose salary is or will be funded by the jurisdiction through the EMPG program. Then indicate the percentage of overall work time the person named spends on emergency management duties. If a position is vacant during the period when this form is prepared, indicate “Temporarily Vacant” for the name.
Line 8: Enter budget amounts based upon your understanding of the budget when you submit this application. Line 7D will be the sum total amount of lines 7A, &B, and 7C.

Line 9: Enter your goals and objectives for the 2016 program.

Line 10 Enter the Name, Mailing Address, Daytime phone #, fax # and email address of the applicant agency Emergency Management Director/Coordinator.

Line 11: Enter the Name, Mailing Address, Daytime phone #, fax # and email address of the person responsible for conducting financial activities for the applicant agency.

Line 12: Enter the Name, Mailing Address, Daytime phone #, fax # and email address of the elected official authorized to sign documents on behalf of the applicant agency.

Line 13: By typing your name in this cell you are acknowledging this information as accurate to the best of your knowledge.
<table>
<thead>
<tr>
<th>1</th>
<th>Jurisdiction Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Applicant Address</td>
</tr>
<tr>
<td>3</td>
<td>Date submitted to NFMA</td>
</tr>
<tr>
<td>4</td>
<td>2016 EMP Grant request (not more than 50% of ED)</td>
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<td>5</td>
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</tr>
<tr>
<td></td>
<td>Goal</td>
</tr>
</tbody>
</table>
B. Each submission will include a completed set of Project Outlines included in this package as Attachment 2.

1. Quarterly program reports will report on the activities identified for each project. Required minimum activities are already populated for each Project Outline.

2. On each Project Outline, please indicate any other activities that you plan to accomplish in support of your goals and objectives.

3. In the column to the left of the Activities # column, identify the Goal and/or Objective from attachment 1 on the line for the activity (ies) that support it. This will be used to measure progress toward meeting your identified goals. **I will not be able to accept a Project Outline submission that does not identify activities in support of each Goal and Objective from your Application Form**
III. SUBGRANT AWARD GUIDANCE PROCEDURE

A. NEMA will evaluate applications and once NEMA is awarded 2016 EMPG funds, award sub-grant funds upon receipt and NEMA’s approval of the application. Upon approval of the application, a sub-grant award notice email will be sent electronically to the respective applicant from the NEMA grant manager.

B. This email will tell you to go into GMS and build the expenditure list for the 2016 EMPG then submit that to the SAA. When building expenditures, and for each AEL item entered that is generic (i.e. office supplies or other expenditures necessary for planning), type a more detailed list of what will be included in that expenditure line when requesting reimbursement in the expenditure notes (i.e. for other expenditures put phone bills, rent, mowing).

C. Towards the end of the 4th quarter of the grant, the SAA will send notification out to the sub-recipients regarding unspent funds. This notification will illustrate that 50% of requested Salary and Benefits are funded first then with any extra

**Utilize the following AELs in GMS when building your expenditures:**

- **Salary and Benefits:** 130.HF.01.FPCC
  (Hiring of Full or Part-Time Staff or Contractors for Emergency Management Activities)

- **Operating Expenses:** 140.MP.01.OFSP
  (Office Supplies expenses required to directly support planning activities)

C. After submission to the NEMA Grant Manager (SAA) will review the expenditures and either approve it or send it back to the applicant for additions or revision. Requests for revision will include a note of what needs to be changed or added.

D. When the Grant Manager approves the Expenditure List the applicant will receive an email that includes a Grant Award Notice (GAN). The applicant must sign or have the appropriate person sign **BOTH the GAN and the last page of the Special Conditions.** It is very important for the applicant to read and understand the Special Conditions. Their signature is their agreement to conduct Grant Management according to these conditions.

IV. PERFORMANCE REPORTING GUIDANCE

A. PERFORMANCE REPORTS

Each sub recipient is required to **electronically submit** a Project Report quarterly by the deadlines set by NEMA. The purpose of the reporting is to document emergency management activities in support of the Emergency Management Program Grant. The Sub recipient must provide as much activity information as possible in order to document the totality of the activities carried
out in support of the grant funds received. Electronic notices will be provided as to when the Reports are due. **Access to funds will not be allowed if reporting requirements have not been met.**

1. Performance Reports for the 2016 Grant are due on:

   **First Quarter**  October 17, 2016;
   
   **Second Quarter**  January 16, 2017;
   
   **Third Quarter**  April 17, 2017
   
   **Fourth Quarter**  July 24, 2017

2. The form for the quarterly report (generic copy of a project outline, not the quarterly report form) below will be individualized for each jurisdiction following the submission, review and award of your grant.

   a. The forms that accompany this package include activities that are minimum requirements that must be reported on each quarter. It is understood there will not be activity on every item every quarter. In that case simply put “no activity” in that quarter’s report.

   b. There is space allowed for each jurisdiction to add any activities you wish to undertake during the months of this grant. These activities are to be added under the most applicable Project Outline (planning, training, administration, etc.) and not all on Project #1 Administration.

   c. The activities you add, and specific requirements for the REP program and due dates for LEOIP re-writes due during this grant period will be included in the proper Project Outlines for your quarterly program reporting form.

   d. Left of the Activity # column is a column to identify the Goal and/or Objective from attachment 1 on the line for the activity (ies) that support it. This will be used to measure progress toward meeting your identified goals. **I will not be able to accept a Project Outline submission that does not identify activities in support of each Goal and Objective from your Application Form.**
# Project #1: Emergency Management Administration - EMPG 2016

**Performance Measure and Basis of Evaluation:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Complete and submit quarterly EMPG program report by deadlines set by NEMA.</td>
</tr>
<tr>
<td>1.2</td>
<td>Submit reimbursement requests through the NE Grants Management System (GMS) and either email or mail back-up to NEMA by deadlines set by NEMA.</td>
</tr>
<tr>
<td>1.3</td>
<td>Complete BSIR semi-annual report including EMPG in the system.</td>
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**Quarterly Activity**

**1st Quarter**

*July 2016 – September 2016*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity Description</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>1.2</td>
<td>Submit reimbursement requests through the NE Grants Management System (GMS) and either email or mail back-up to NEMA by deadlines set by NEMA.</td>
</tr>
<tr>
<td>1.3</td>
<td>Complete BSIR report for EMPG.</td>
</tr>
</tbody>
</table>

**2nd Quarter**

*October 2016 – December 2016*

<table>
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<tr>
<th>Activity</th>
<th>Activity Description</th>
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<tbody>
<tr>
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<td>Complete and submit quarterly EMPG program report by deadlines set by NEMA.</td>
</tr>
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<td>1.2</td>
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</tr>
</tbody>
</table>
V. EXPENDITURE REIMBURSEMENT GUIDANCE

A. REIMBURSEMENT PROCEDURE

1. To receive reimbursement of eligible EMPG costs, sub recipients must mail, scan and email, scan and attach in GMS, or fax the completed EMPG Sub recipient Reimbursement Request Form(s) (Included as Attachment 3) along with necessary source documentation and signed GMS documents. Mail to: Nikki Weber, NEMA 2433 NW 24th Street, Lincoln, NE 68524; or email to nikki.weber@nebraska.gov. If you scan and attach the documents in GMS you do not have to email or mail additional copies.

2. Reimbursement of sub recipient expenditures requires determination of allowable cost and acceptable source documentation. The purpose of source documentation is to document what the expenditure was for, and that payment did occur. Source documentation includes submission of copies of the original invoice to determine allowable cost and either a copy of payment record or indication of payment document number. If the invoice does not clearly identify what was purchased write on the invoice what it refers to.

B. INSTRUCTIONS FOR COMPLETION OF ATTACHMENT 3: Sample Sub recipient Summary Form

- **Cell 1**: Name of the Jurisdiction requesting reimbursement.
- **Cell 2**: Date submitted in GMS
- **Cell 3**: Quarter for which this reimbursement is requested
- **Cell 4**: Line item from the GMS Cover Sheet on the extreme left of the item listings.
- **Cell 5**: Total for the GMS Cover Sheet
- **Cell 6**: Date of the backup document(s) (use a new line for each document) for the GMS line item
- **Cell 7**: Brief description of that backup document, a statement that the documentation is attached in GMS or emailed is not sufficient; there must be a line item for each backup document for that GMS item number.
- **Cell 8**: Enter the amount requested for that backup document

*Repeat Cells 4 through 8 for each GMS line item on the Cover Sheet.*

- **Cell 9**: The Excel spreadsheet will sum all of the backup items on this page.
The Excel spreadsheet will sum all of the GMS line items on this page. The totals for Cell 8 and for Cell 9 should be the same. If they are not, please reconcile the mistake prior to sending it to NEMA.

<table>
<thead>
<tr>
<th>Jurisdiction:</th>
<th>1</th>
<th>Date Submitted in GMS:</th>
<th>2</th>
<th>Quarter #</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMS Item Number</td>
<td>B/U Doc Date</td>
<td>Back up document Description</td>
<td>BU Item Amount</td>
<td>GMS line Total</td>
<td>5</td>
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<td>4</td>
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Page Totals | 9 | 10
C. **INSTRUCTIONS FOR COMPLETION OF ATTACHMENT 4:** Sample mileage reimbursement travel log

- **CELL 1 and CELL 2** – The month and year for this log
- **CELL 3** – Name of the Agency submitting the form.
- **CELL 4. - DATE:** Enter the date mileage was accumulated
- **CELL 5 and 6 ODOMETER READING:** Enter beginning and ending odometer reading for mileage accumulated
- **CELL 7 – MILES TRAVELED:** Enter the miles accumulated for the dated travel.
- **CELL 8 and CELL 9 - TIME:** Enter the time travel began and time travel ended.
- **CELL 10 and CELL 11– DESTINATION:** Enter the location from which travel began and location to which travel ended. (Example: From: Office - To: Sr. High School) (From: Sr. High School – To: Office)
- **CELL 12 – PURPOSE OF TRIP:** Enter a brief description as to why the mileage was accumulated. (Example: Severe weather spotter training) (Return to office).
- **CELL 13:** Initials of the authorized driver
- **CELL 14 – TOTAL MILES:** Enter the total miles accumulated for the identified travel.
- **CELL 15 – PAGE:** Enter the number of the page to be submitted. Numerous pages may be utilized to record total travel for which reimbursement will be requested
- **CELL 16 – SIGNATURE:** Signature of the approving or authorized agent.
## EMPG Mileage Log

**Grant:** 2016 EMPG  
**Agency Name:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Start</th>
<th>Finish</th>
<th>Miles Traveled</th>
<th>Time</th>
<th>Destination</th>
<th>From</th>
<th>To</th>
<th>Purpose of Trip</th>
<th>Driver's Initials</th>
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