Oregon EMPG Subrecipient Application

Note: In order to save this document so you can go back to work on it, you must put a character/date in all the required fields then hit the final "Submit" button at the end. It will send you a link to the email you entered so you can go back and make changes until you are ready to do your final submittal.

Platform for all Oregon EMPG recipients to submit their application. In addition, you will need to submit:
-Work Plan (https://arcg.is/1Su8qO1)
To be submitted in Basecamp:
-Budget Worksheet (Excel)
-Indirect Cost Agreement/County Cost Allocation Plan or DeMinimus Request (if applicable)
-Environmental and Historic Preservation (EHP) Screening Form (if applicable)
-Risk Monitoring Assessment

*All need to be submitted by **July 24, 2023**. Please contact oem.empg@oem.oregon.gov or your Regional Coordinator if you have any questions.*

Agency*

-Please select- ▼

Department

Agency Street Address*

Federal Funds Requested (50%)*

12³

Matching Funds (50%)*

12³

Total Project Funds (100%)

12³

Agency Federal Tax Identification Number*

Source of matching funds - must be non-federal.*

Example: County General Fund

Official name of agency seeking funds (City, Tribe, County, etc.) This name needs to match the one associated with your UE-ID number.*

System for Award Management (SAM) Unique Entity Identifier: UE-ID.*

[   ]

Date of required registration/annual update in Systems Award Management (SAM):*

Your EU-ID number is a required field to start your SAM registration.

📅 MM/DD/YYYY   ⌄

An Environmental and Historic Preservation (EHP) Screening Memo is included for any equipment items included in our budget, or if needed for any training and exercises planned.*

◯ Yes   ◯ N/A

My jurisdiction has a property/equipment tracking and monitoring system in place that complies with the requirements set forth in 2CFR Part 200.*

Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R Part 200 establishes uniform administrative requirements, cost principles, and audit requirements for Federal awards to non-Federal entities.

https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1

☐ Yes   ☐ No

Assigned Program Contact: Name*

[   ]

Assigned Program Contact: Title*

[   ]

Assigned Program Contact: Email Address*

[✉   ]

Assigned Program Contact: Phone Number*

[   ]

Assigned Financial Contact: Name*

[   ]

Assigned Financial Contact: Title*

[   ]

Assigned Financial Contact: Email Address*

[✉   ]

Assigned Financial Contact: Phone Number*

[   ]

Assigned Emergency Manager: Name*

(Usually Program Contact above, but can be someone different)

[   ]

Is your Emergency Manager full time?*

Agencies with a full-time emergency manager receive a base allocation of $62,500. Less than 40 hours a week FTE receive $38,000 as a base allocation.

○ Yes   ○ No

I understand that I can only request reimbursement for EMPG/Emergency Management duties/hours.*

○ Agree

Are you National Incident Management System (NIMS) compliant?*

[Yes   ▼]

As part of NIMS compliance, I attest and adhere to the phased approach work being done by the State National Qualification System (NQS) work group and their multi-year implementation scheduled to roll out over the course of the next 24 months.*

Execution of the Implementation Plan was added to the EMPG Notice of Funding Opportunity (NOFO) this year as a requirement. Because the Work Group is in the process of developing the guidance and rollout plan, the exact steps needed for EMPG funded subrecipients to be compliant are not defined yet. This allows you to be compliant knowing that as the Work Group rolls out the statewide qualification system, you will be able to adopt the system and implement in your jurisdiction following the statewide guidance.

Yes ▼

Date of Current Emergency Operations Plan*

Per ORS, you must have an Emergency Operations Plan (EOP) that is consistent with ODEM's statewide planning guidance, updated every two years, and promulgated by agency officials every four years. Emergency Operations Plan (EOP) must be consistent with Comprehensive Preparedness Guide (CPG) 101.

📅 MM/DD/YYYY ⌄

If Emergency Operations Plan (EOP) has not been updated in last 2 years, when do you anticipate completion?

Additional Work Plan requirements will be added to ensure completion. Those not meeting additional requirements may have funding withheld.

📅 MM/DD/YYYY ⌄

Date Emergency Operations Plan (EOP) Promulgated*

Typically promulgated when updated, but only required every 4 years.

📅 MM/DD/YYYY ⌄

Date you completed your Hazard Mitigation Plan (HMP)*

Per OAR, have a FEMA approved Natural Hazards Mitigation Plan that is updated every five years. If your NHMP is not up to date, additional Work Plan requirements will be added to ensure completion. Those not meeting additional requirements may have funding withheld.

📅 MM/DD/YYYY ⌄

Date your Hazard Mitigation Plan (HMP) was FEMA approved.

We understand you may have completed your plan but are waiting for approval. If completed and waiting for approval, leave blank.

📅 MM/DD/YYYY ⌄

Please describe and provide location of your Emergency Operations Center.*

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What is your incident command structure?*

Single Incident Command (IC) ▼

If I am a county or city required to coordinate (OAR 104 Division 10), I agree to forward my Work Plan and quarterly reports to my corresponding county or city once submitted.*

This requirement is in the process of being changed legislatively. Once changed, you will no longer be required to complete this item. Only applicable to the following jurisdictions: Cities of Bend, Beaverton, Eugene, Gresham, Hillsboro, Medford, Portland, Salem and Counties of Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah, Polk, Washington.

○ Agree

○ Not Applicable

Email address of person you want completed application to be sent to.*

This application will be saved and emailed to the email address in this line when you hit submit button at the very bottom of the page. It will send you a link to go back and edit this submittal. When you are ready to submit the application to OEM, you will need to choose the "Yes, Submit Now" button. When it is checked and you hit the Submit button at the very bottom of the page, both you and OEM will receive a copy. Please save the email as a PDF and file as a record of your submittal if your emails will not be retained long term.

✉

Submit Application to OEM (due July 24, 2023)

By submitting this report, I am certifying that my agency has approved of this submittal.

☐ Yes, Submit Now

☐ No, I'm saving a copy for myself

Date Application Submitted

Work Plan - Submitted with Application

**Agency*

-Please select- ▾

I understand that as part of my work plan, our agency will complete Emergency Manager duties for all-hazards emergency operations, staffing and other day-to-day activities.*

○ Agree

** Date you plan to convene your first Hazards Committee Meeting*

📅 MM/DD/YYYY ⌄

** Date you plan to convene your second Hazards Committee Meeting*

📅 MM/DD/YYYY ⌄

**Please choose at least one of the following activities for the year.*

If your Emergency Operations Plan (EOP) and/or Hazard Mitigation Plan (HMP) are not complete, both must be checked. You may check more activities, but are only required to check 1. Please remember that if you check a planning activity that you are receiving other federal funds to complete, you cannot include it in this Work Plan.

- [ ] Modify existing Emergency Operations Plan. (If your existing plan is not up to date, you must choose this option. Must be consistent with Comprehensive Preparedness Guide (CPG) 101.)

- [ ] Modify existing Hazard Mitigation Plan. (If your existing plan is not up to date, you must choose this option.)

- [ ] Logistics Planning – Distribution Management Plan as an annex to existing Emergency Operations Plan (EOP).

- [ ] Evacuation Planning – Evacuation plan or annex as part of the EOP, may include plans to exercise and validate the evacuation plan and capabilities.

- [ ] Disaster Housing Planning – Assess housing impacts, identify appropriate post-disaster housing options, and establish processes for expediting post-disaster housing delivery.

- [ ] Disaster Recovery – Develop pre-disaster recovery plans that that follow a process to engage member so the whole community, develop recovery capabilities, and create an organizational framework for recovery efforts.

- [ ] Disaster Financial Management Policies and Procedures – Develop or update policies and procedures that work to recover expenses pertaining to damage, emergency protective measures, and debris management during and after a disaster.

☐ Communication - Development of Communication Interoperability Plans, Tactical Interoperable Communications Plans, and Standard Operating Procedures that address continuity and recovery of emergency communication systems.

☐ Reviewing and Updating Planning Products – Based on current THIRA/SPR, capability levels, and resources, list any other plans you will be updating.

☐ Equity – Update EOP and other deliberate plans as necessary to ensure the needs of underserved, at-risk communities are adequately addressed in those plans.

** For each planning activity chosen above, develop a basic work plan with due dates, responsible person, and deliverables.*

An example is provided below. You can have basics like provided, or can provide as much detail as you would like to help you keep on track.

Example for updating HMP:
Project Kickoff and Workplan Preparation, by Fred and Barney, started 7/1/23, due 9/30/23
Plan Review, by Fred and Barney, started 7/1/23, due 9/30/23
Update Risk Assessment, started by Wilma 10/1/23, review due to Fred 1/30/24
Update Mitigation Plan Goals and Action Plan, started by Betty 12/1/23, reviewed by Barney 2/28/24
Community Outreach, started by Barney 7/1/23, updates quarterly, due to Fred 4/30/24
Cities and Special Districts Updates and Additions, started by Betty 12/1/23, reviewed by Barney 2/28/24
Review and Update Plan Maintenance Implementation, by Fred, started 4/1/24, due 4/30/24
Produce Final Draft, All staff, due 5/30/24
State and FEMA Review, Adoption, and FEMA Approval, by Fred, due 6/30/24.

** Describe your plan for Public Education and Outreach. Include any information about ways you are impacting the priorities of Equity, Climate Resilance and Readiness in emergency management. Typical activities include presentations, radio, social/print media, readiness fairs, etc.*

See page 7-12 from FY2023 EMPG Notice of Funding Opportunity (NOFO) for more information

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** Date submitting Initial Application Work Plan*

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🗓 MM/DD/YYYY                              ⌄
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2023 Emergency Management Performance Grant (EMPG) - Detailed Budget
12 Month Budget (July 1, 2023 - June 30, 2024)

Jurisdiction: | **Gray columns are not required**
Date Completed:

Personnel (include both position and name for each individual to be reimbursed with EMPG funds) | | | | | | | | | Optional | Optional | Optional

Position Title	Employee Name	Annual Salary	Annual Benefits	Total Cost	(Optional) EMPG Grant FTE (percent)	(Optional) EMPG Match FTE (percent)	EMPG Grant FTE	EMPG Match FTE	Total EMPG Cost (Grant + Match)	Additional Match	Additional Federal or Other	Total EM Budget
				0			0.00	0.00	0			0
				0			0.00	0.00	0			0
				0			0.00	0.00	0			0
				0			0.00	0.00	0			0
				0			0.00	0.00	0			0
				0			0.00	0.00	0			0
Total Personnel		0.00	0.00	0	0	0	0.00	0.00	0	0	0	0

Services & Supplies							EMPG Grant	EMPG Match	Total Cost	Additional Match	Additional Federal or Other	Total
General Office Supplies									0			0
Other Supplies (specify)-pub ed,rental,flyers,educational materials									0			0
Rent									0			0
Phone									0			0
Other Utilities (specify)									0			0
Contractual /Professional Services (Specify)-Annual insurance									0			0
Maintenance Costs (must be with the grant period or pro-rated)-sirens,radios									0			0
Travel/Vehicle Expenses/Mileage									0			0
Training/Workshops/Conferences									0			0
***County Cost Allocations (Administrative Services Allocation) / Indirect Cost Allocation Plan									0			0
*** *Copies of County Cost Allocation Plan and/or Indirect Cost Plan must be included*									0			0
Other (specify)-unknown misc.									0			0
Total Services & Supplies							0	0	0	0	0	0

Equipment	EHP Screening Memo Attached	AEL #	Quantity	Unit Cost	Total Cost	EMPG Grant Funds	EMPG Match Funds	Total Cost	Additional Match	Additional Federal or Other	Total
Limited to approved EMPG AEL - List each item separately					0			0			0
					0			0			0
					0			0			0
					0			0			0
Total Equipment					0	0	0	0	0		0

| **Total Budget** | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |

Each position/person listed above receiving EMPG funding MUST complete the minimum 20 hours of training, NIMS and PDS courses AND participate in 3 exercises per grant guidance

Name of Emergency Management Director, if not EMPG funded and listed above: