FISCAL YEAR 2013 APPLICATION FOR FEDERAL ASSISTANCE

(Instructions on Reverse)

NAME OF PROGRAM/ ASSISTANCE: EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)			1.	1. CFDA NUMBER: 97.042			2. APPLICANT STATUS: New Applicant Renewal			
3	3. FEDERAL FISCAL YEAR: FY 2013			4. START DATE: OCTOBER 1, 2012			5. END DATE: SEPTEMBER 30, 2013			
6. APP	PLICANT INFORMAT	ION								
a.					b. Name & Telephone Number of Emergency Management Coordinator:					
	Williamson County				Jarred R. Thomas 512-943-3747					
C.	Mailing Address:			d. Ph	ysical Add	ress (if differe	ent from Ma	ailing Address):		
3	Office of Emergency 803 Martin Luther Kir Georgetown, TX 786	ng 26								
Employer Identification Number/Tax ID# 746000978										
7. EM	IPG PERSONNEL SU	JMMARY (include	only those s	taff that will be pa	id with EM	PG funds):				
a.	Number of EMPG S	Staff & Percentage	of Time Wo	rked in Emergenc	y Manager	ment Duties:				
		# Staff	Percent	# Staff	Percei	nt # 5	Staff	Percent		
	1) Full Time:	5	100							
	2) Part Time	0	0	0	(0	0	0		
b.	Total Number of EM	/IPG-Funded Pers	onnel:	_						
8. ES	TIMATED EXPENSES		·	<u>-</u>						
a.	Salary & Benefits (f	-	TDEM-66)					444,113.91		
b.	Travel Expenses (fr	om line 19 form T	DEM-66)					24,000.00		
c. Other Expenses (from section 11 on reverse)								165,745		
d. Total Expenses (A + B + C)							633,858.91			
e.	Federal Share (D x	(.50)						316,929.46		
Note: If you cannot meet the cash match requirement, check the box below and attach a match proposal as specified in Section 2 of the Local Emergency Management Performance Grant Guide. TDEM must review and approve any exceptions made to the cash match requirement at the time of application. Cash Match Exception Requested										
9. CERTIFICATION : I certify that to the best of my knowledge and belief this application and its attachments are true and correct.								are true and		
a.	a. Typed Name of Authorized Official: Da				Dan A. Gattis					
b. Title of Authorized Official:				County Judge, Williamson County, TX						
c. Original Signature of Authorized Official:										
	Original Signature of	of Authorized Offic	cial:							

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INSTRUCTIONS

- 1. Except as indicated below, entries are self-explanatory.
- 2. Item 7A: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the EMPG Program Application (TDEM-17).
- 3. Item 8A: Indicate the number of full-time employees who work specific percentages of time in emergency management duties. Example: 1/2 staff @ 100/2 percent, 2 staff @ 50/2 percent. Also indicate the number of part-time employees. Include only staff members whose salary and benefits will be supported by EMPG funding. The data in this section should agree with the information included on the EMPG Staffing Pattern (TDEM-66).
- 4. Item 10 A, B, & C. This form must be signed by an Authorized Official, who is a person authorized by the governing body of the jurisdiction to apply for grants and accept grants and execute agreement and contracts on behalf of the jurisdiction. Authorized Officials are County Judges, Mayors, and many City Managers not Emergency Management Coordinators.

11. OTHER ALLOWABLE EXPENSES:

Describe the other allowable expenses of your emergency management program that you are requesting be supported by EMPG funding and provide an estimate of the amount of those expenses. These costs must comply with 2 CFR, Part 225, Cost Principles for State. Local, and Indian Tribe Governments (OMB Circular A-87). Salaries and expenses for elected officials are not allowed. Continue on a separate sheet if necessary. Transfer the Total calculated below to line 9c on the front of this form. To determine if an expense is allowable under the EMPG program, refer to the DHS Authorized Equipment List (AEL) available on the Responder Knowledge Base at https://www.rkb.us/contentdetail.cfm?content_id=210237&GetAELSELCats=1. You must be a registered user to access this listing.

Please reference the appropriate Authorized Equipment List (AEL) for expenses listed below.

Specific Description of Expense (Descriptions must be specific – do not use broad or general categories, such as operating or administrative expenses)	Estimated Amount
Bridge, Audio Teleconferencing [06CP-05-BRAC]	500
Certification fee, State, HazMat Training Facility [OMB A-87, App B, #s 28 & 42]	85
Compressors & Systems, Breathing Air [19GN-00-COMP]	40,000
Computing Device, Handheld (3 tablets @ 1,200) [04HW-01-HHCD]	3,600
Conferences, Training, and Seminars (exclude lodging & per diem) [OMB A-87, App B, #s 42 & 43]	20,500
Device, Data Service Access (wireless internet cards) [06CC-02-DSAD]	1,500
Display, Video [04MD-03-DISP]	12,000
Dues (IAEM: 3 @ \$180.00) [OMB A-87, App B, # 28]	540
Emergency Water Rations [21CR-00-WATR]	500
Employee Morale, Health, & Welfare [OMB A-87, App B, # 13]	200
Equipment and Supplies, Information/Emergency Operations (ESOC video) [21GN-00-OCEQ]	3,500
Equipment, Satellite Data [06CC-004-EQSD]	12,000
Insurance, HazMat & OEM vehicles [OMB A-87, App B, # 22.a]	9,000
Maintenance, Equipment (Office equipment & Radio fees) [21GN-00-OCEQ] [21GN-00-MAIN]	14,000
Maintenance, Vehicle [21GN-00-MAIN]	17,300
Materials & Supplies (office consumables) [OMB A-87, App B, # 26]	3,200
Phone, Satellite Base [06CC-03-SATB]	1,000
Postage [OMB A-87, App B, # 7]	200
Reference Materials, Non-CBRNE [11RE-00-RFCB]	1,000
References, CBRNE [11RE-00-RFCB]	1,000
Services, Satellite Data (mobile command vehicle) [06CC-04-SADS]	10,000
Services/Systems, Paging (7 @ 5/month) [06CC-02-PAGE]	420
Shredder / Disintegrator [06CP-06-SHRD]	700
Software, CBRNE/Commercial Chemical/Hazard (PEAC / WMD) [04AP-06-CBRNE]	1,050
System, Credentialing (supplies) [04AP-05-CRED]	1,000
Systems & Tools, ICS (CAPCOG WebEOC subscription fee) [04AP-05-CDSS]	3,700
Systems, Public Notification & Warning System (CAPCOG regional ENS) [04AP-09-ALRT]	2,200
Teleconferencing, Video [06CP-05-VCON]	3,000

Training (supplies & consumables) [21GN-00-TRNG]	1,500
Total	\$165,745