

TEXAS DIVISION OF EMERGENCY MANAGEMENT
TEXAS DEPARTMENT OF PUBLIC SAFETY
WWW.TXDPS.STATE.TX.US/DEM

June 18, 2010

The Honorable Dan A. Gattis
Williamson County Judge
710 Main Street, Ste 101
Georgetown, TX 78626

Dear Judge Gattis:

This letter is to advise you that your application to participate in the Emergency Management Performance Grant (EMPG) program during Fiscal Year 2010 (FY 10) has been accepted.

1. Grant Award

The Notice of Sub-recipient Grant Award (Attachment 1) specifies the federal EMPG program funding that will be provided during FY 10.

An individual authorized by your County Commission to accept grants on behalf of the jurisdiction, typically the County Judge, must sign the award and return it to the Division *within 45 days* to activate your grant. Retain a copy for your records and provide a copy of the entire grant award package to your local financial manager. Failure to accept the award and return documentation to the Division within 45 days may result in the distribution of the award to another jurisdiction.

2. Required EMPG Tasks

- A. Your FY 10 EMPG Program Application has been approved. As changes to this document may have been made in order to meet FY 10 program requirements since originally submitted, you should carefully review the attached copy.
- B. The process for documenting exercise participation has not changed. All EMPG participants must prepare and submit an After Action Report (AAR) and Improvement Plan (IP), in the format prescribed by the DHS Homeland Security Exercise Evaluation Program (HSEEP). The HSEEP document can be accessed at <https://hseep.dhs.gov>. A sample AAR and IP is located on our website at <http://www.txdps.state.tx.us/dem>.
- C. The Department of Homeland Security has identified steps that States, territories, tribal, and local entities should take during FY 10 to remain compliant with the NIMS. All jurisdictions awarded FY 10 EMPG funds must achieve and maintain 100% compliance with NIMSCAST objectives and metrics.
- D. Participate in the Texas Regional Response Network (TRRN) by registering as a user and identifying resources that jurisdiction(s) participating in the local emergency management program are prepared to make available to other jurisdictions through mutual aid.

- E. As indicated in the FY 2010 EMPG Guidance, grant recipients must apply no less than 25 percent of their grant award toward planning activities. The *Staffing Commitment Certification* should be submitted semi-annually with each Progress Report.

3. Task Progress & Reporting

Continued participation in the EMPG program is in part conditioned on making proportional progress on your Work Plan tasks and the timely submission of progress and financial reports.

- A. Proportional Progress in Program Tasks. You are expected to complete and document a portion of those tasks each quarter rather than deferring most planning tasks, training, exercises, and other activities until the last several months of the fiscal year. Those who try to complete a year's work in several months frequently fail when emergencies occur late in the year.
- B. Financial Reports. EMPG Financial reports are due 30 days after the close of each quarter of the federal Fiscal Year. Quarterly Financial Reports are due January 15, April 15, July 15, and October 15. These reports should be sent directly to the TDEM EMPG Auditor at the P.O. Box address at the top of the first page of this letter.
- C. Progress Reports. Your first semi-annual progress report was due to the TDEM Preparedness Section on April 15, 2010. The final progress report is due October 15, 2010. As noted previously, these reports should reflect and document progress in completing the tasks contained in your Statement of Work.
- D. Failure to complete the tasks outlined in your approved Statement of Work or to submit quarterly financial reports and semi-annual progress reports by the required due dates is cause for elimination from the EMPG program.

If you do not expend grant funds allocated on allowable expenses within the performance period, future grants will likely be reduced.

If you determine that you do not wish to participate in the FY 10 EMPG program, please advise me as soon as possible.

If you have questions regarding EMPG tasks, please contact the EMPG Program Administrator, Rex Ogle, at 512-424-7051.

Respectfully,



Russell P. Lecklider
Deputy Assistant Director



RL:lg

Attachments: 1- Notice of Sub-Recipient Grant Award
2- Terms and Conditions
3- Approved Statement of Work

**TEXAS DEPARTMENT OF PUBLIC SAFETY
TEXAS DIVISION OF EMERGENCY MANAGEMENT (TDEM)**

NOTICE OF SUBRECIPIENT GRANT AWARD	
Program Title: FY 2010 Emergency Management Performance Grant (EMPG)	
DHS Instrument Number: 2010-EP-E10-0005	
TDEM Grant Number: 10TX-EMPG-1418	
Administered By:	Texas Department of Public Safety Texas Division of Emergency Management P.O. Box 4087 Austin, Texas 78773-0220
SubRecipient:	Williamson County 710 Main Street, Ste 101 Georgetown, TX 78626
Amount of Grant: \$60,137.00	
Period of Grant: October 1, 2009, to September 30, 2010	

Signing Acceptance of this document means that you accept and will comply with all the requirements listed in the attached FY 2010 EMPG Terms and Conditions.

AGENCY APPROVAL	GRANT ACCEPTANCE
	 Authorized Signature Required
Russell P. Lecklider Deputy Assistant Director	Printed Name/Title: DAN A GATTI County Judge
Date: 6-18-10	Date: 07-10-2010

Return Signed Copy of This Page within 45 days to:
Texas Department of Public Safety
Texas Division of Emergency Management
Attention: Rex Ogle, Preparedness Section
PO Box 4087
Austin, TX 78773-0220

FISCAL YEAR 2010 EMPG STATEMENT OF WORK & CUMULATIVE PROGRESS REPORT

APPLICANT NAME (Jurisdiction): Williamson County				
Document	Submitted By	Date	TDEM Review By	Date
Statement of Work	Jarred Thomas	12-21-15	<i>[Signature]</i>	8/10/10
Progress Report #1				
Progress Report #2				
TASK 1—WORK PLAN & SEMIANNUAL PROGRESS REPORT				
<input checked="" type="checkbox"/> Work Plan	Our jurisdiction will submit an EMPG Application, two Progress Reports, two Staffing Commitment Certifications, and four Quarterly Financial Reports Our jurisdiction has appointed a NIMSCAST point of contact, established a NIMSCAST account, and is 100% compliant with FY 2009 NIMSCAST objectives and metrics			
<input type="checkbox"/> Progress Report #1	<input type="checkbox"/> This Progress Report # 1 is being submitted to the TDEM Preparedness Section <input type="checkbox"/> First & Second Quarter Financial Reports have been submitted to TDEM Support Services			
<input type="checkbox"/> Progress Report #2	<input type="checkbox"/> This Progress Report # 2 is being submitted to the TDEM Preparedness Section <input type="checkbox"/> Third & Fourth Quarter Financial Reports have been submitted to TDEM Support Services			
TASK 2—LEGAL AUTHORITIES FOR EMERGENCY MANAGEMENT PROGRAM				
<input checked="" type="checkbox"/> Work Plan	Our jurisdiction will maintain current legal documents establishing our emergency management program <input checked="" type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input checked="" type="checkbox"/> Our TRRN registration completed and resources entered <input checked="" type="checkbox"/> Our legal documents are current & on file with TDEM; no additional action is required <input type="checkbox"/> Our jurisdiction will prepare or update & submit to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:			
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input type="checkbox"/> Our TRRN registration completed and resources entered <input type="checkbox"/> Our legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Our jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:			
<input type="checkbox"/> Progress Report #2 April 1– September 30	<input type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input type="checkbox"/> Our TRRN registration completed and resources entered <input type="checkbox"/> Our legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Our jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:			

TASK 3—PUBLIC EDUCATION/INFORMATION	
<input checked="" type="checkbox"/> Work Plan	<input type="checkbox"/> Option 1: Our jurisdiction will conduct 30 hours of hazard awareness activities for local citizens <p style="text-align: center;">OR</p> <input checked="" type="checkbox"/> Option 2: Our jurisdiction will prepare & distribute public education/information materials to a substantial portion of the community. In the space below, describe the materials to be distributed: Will distribute emergency information via utility bill inserts throughout County and participating jurisdictions or county sponsored events.
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness or public education/information activities:
<input type="checkbox"/> Progress Report #2 April 1 – September 30	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness or public education/information activities:
TASK 4—EMERGENCY MANAGEMENT PLANNING DOCUMENTS	
<input checked="" type="checkbox"/> Work Plan	<input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input checked="" type="checkbox"/> We will develop, update, or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input checked="" type="checkbox"/> J <input type="checkbox"/> K <input checked="" type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input checked="" type="checkbox"/> O <input type="checkbox"/> P <input checked="" type="checkbox"/> Q <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: NOTE: Plans & annexes dated prior to September 30, 2005, must be revised or updated this year. All Plans and Annexes must be NIMS compliant.
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We updated by revision or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents:
<input type="checkbox"/> Progress Report #2 April 1 – September 30	<input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We updated by revision or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents:

TASK 5—EXERCISE PARTICIPATION & SCHEDULE

☐ Work Plan

Our required three-year exercise schedule is listed below
Our jurisdiction will conduct & report participation in a tabletop exercise and a functional or full-scale exercise this fiscal year or obtain exercise credit for actual events for these exercises

☐ Our required exercise schedule includes make up exercises from FY _____

NOTE: A Full-Scale exercise must be conducted every three (3) years.

REQUIRED EXERCISE SCHEDULE

Period	Exercise Type	Exercise Scenario*	Quarter of Year
Fiscal Year 2010 (October 1, 2009 - September 30, 2010)	<input checked="" type="checkbox"/> Tabletop	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	<input type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Fiscal Year 2011 (October 1, 2010 - September 30, 2011)	<input checked="" type="checkbox"/> Tabletop	<input type="checkbox"/> NH <input checked="" type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	<input checked="" type="checkbox"/> Functional	<input type="checkbox"/> NH <input checked="" type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	<input type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Fiscal Year 2012 (October 1, 2011 - September 30, 2012)	<input checked="" type="checkbox"/> Tabletop	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input checked="" type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	<input checked="" type="checkbox"/> Functional	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input checked="" type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	<input type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Our last Full-Scale exercise was conducted on (date): April 30, 2009 Scenario*: HM

*Scenarios: NH=Natural Hazard, TH=Technological Hazard, NS=National Security, TR=Terrorism, HM=Public Health or Medical

<input type="checkbox"/> Progress Report #1 October 1 – March 31	We conducted the following exercises and provided documentation to TDEM:			
	Exercise	Date	# of Participants	# of Jurisdictions
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
	<input type="checkbox"/> Full-Scale			
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
<input type="checkbox"/> Progress Report #2 April 1 – September 30	We conducted the following exercises and provided documentation to TDEM:			
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
	<input type="checkbox"/> Full-Scale			
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
	<input type="checkbox"/> Full-Scale			

☐ Our jurisdiction completed NO exercise and did not request credit for an actual event
☐ Our jurisdiction requested functional or full-scale exercise credit for an actual event on _____ and our request ☐ is pending ☐ was approved and documentation of approval is attached

☐ Our jurisdiction completed NO exercise and did not request credit for an actual event
☐ Our jurisdiction requested functional or full-scale exercise credit for an actual event on _____ and our request ☐ is pending ☐ was approved and documentation of approval is attached

TASK 6—TRAINING FOR EMERGENCY MANAGEMENT PERSONNEL

	EMPG-funded emergency management personnel will participate in the following training during FY 2010:		
	Position/Name	Course Name or Number	
<input checked="" type="checkbox"/> Work Plan	Jarred Thomas	MGT 344 Advanced Incident MGT	
		CAPTAP	
	Dee Harrison	ICS 300	
		ICS 400	
	Patrick Cobb	MGT 344 Advanced incident MGT	
		IS 701	
	Marty Herrin	G720 Mitigation Grants	
	Emergency management personnel completed the following training and documentation is attached:		
<input type="checkbox"/> Progress Report #1 October 1 – March 31	Position/Name	Course Name or Number	Date Completed
	Emergency management personnel completed the following training and documentation is attached:		
<input type="checkbox"/> Progress Report #2 April 1 – September 30	Position/Name	Course Name or Number	Date Completed

TASK 7—EMERGENCY MANAGEMENT TRAINING FOR OTHER PERSONNEL					
<input checked="" type="checkbox"/> Work Plan		Our jurisdiction will conduct or arrange emergency management related training for elected officials, other local officials, & support agencies.			
<input type="checkbox"/> Progress Report #1 October 1 – March 31		The following formal training courses were taught or contracted:			
		Date	Course Title	Class Description	# Trained
<input type="checkbox"/> Progress Report #2 April 1 – September 30		The following formal training courses were taught or contracted:			
		Date	Course Title	Class Description	# Trained
TASK 8—EMERGENCY MANAGEMENT ORGANIZATIONAL DEVELOPMENT					
<input checked="" type="checkbox"/> Work Plan		Our jurisdiction will participate in the following emergency management organizational development activities: All Hazards Incident Management Training and Education Conference, Texas Homeland Security Conference, Hurricane ROC Drill, Williamson LEPC, Williamson County Emergency Planning Group, CAPCOG Homeland Security Taskforce			
<input type="checkbox"/> Progress Report #1 October 1 – March 31		Our jurisdiction completed the following staff development activities:			
<input type="checkbox"/> Progress Report #2 April 1 – September 30		Our jurisdiction completed the following staff development activities:			

APPLICANT NAME:

REMARKS
(Use an Additional Sheet if Necessary)