

FISCAL YEAR 2013 EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION

1. APPLICANT NAME (Jurisdiction): Williamson County			
2. COUNTY: Williamson		3. DISASTER DISTRICT: 6B	
4. EMPG STATUS: <input checked="" type="checkbox"/> Current EMPG Program participant <input type="checkbox"/> New EMPG Program applicant			
5. PROGRAM PARTICIPANTS: <i>(List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have joined or withdrawn from your program in the last year.)</i> Participating Jurisdictions: Williamson County & the Cities of Cedar Park, Florence, Granger, Hutto, Jarrell, Leander, Liberty Hill, Thrall, & Weir			
6. CHECKLIST OF APPLICATION ATTACHMENTS: <i>(See the FY 2013 Emergency Management Performance Grant (EMPG) Guide for information on completing these forms.)</i> <input checked="" type="checkbox"/> Designation of Grant Officials (TDEM-17B) <input checked="" type="checkbox"/> Statement of Work & Cumulative Progress Report (TDEM-17A) - This form shall be signed by the EMC <input checked="" type="checkbox"/> EMPG Staffing Pattern (TDEM-66) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> Application for Federal Assistance (TDEM-67) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> EMPG Staff Job Description (TDEM-68) - A current job description is required for each staff member listed in the FY 2013 EMPG Staffing Pattern (TDEM-66) <input checked="" type="checkbox"/> FEMA Form 20-16 Summary Sheet for Assurances & Certifications - Shall be signed by an Authorized Official Attached: <input checked="" type="checkbox"/> FEMA Form 20-16A, Assurances – Non-Construction Programs <input checked="" type="checkbox"/> FEMA Form 20-16C, Certifications Regarding Lobbying, Debarment, Suspension, & Other Responsibility Matters; and Drug-Free Workplace Requirements <input type="checkbox"/> FEMA Form SF LLL, Disclosure of Lobbying Activities - Signed by the Authorized Official required only if the applicant performs lobbying to influence federal actions <input checked="" type="checkbox"/> Direct Deposit Authorization (form 74-146) or Application for Payee ID Number (form AP-152) - The Grant Financial Officer shall sign this form <input checked="" type="checkbox"/> Travel Policy Certification (TDEM-69) - The Grant Financial Officer shall sign this form			
7. CERTIFICATION: <i>This Application, together with the approved EMPG Statement of Work & Cumulative Progress Report (TDEM-17A), constitutes the annual work plan for the emergency management program whose participants are listed above. The undersigned agree to exert their best efforts to accomplish all activities listed in the Statement of Work & Cumulative Progress Report approved by the Texas Division of Emergency Management.</i>			
Authorized Official <i>(Original Signature)</i> Printed Name: Dan A. Gattis		Emergency Management Coordinator <i>(Original Signature)</i> Printed Name: Jarred R. Thomas	

TDEM-17
10/12

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Mail completed forms and application materials to:

Grant Coordinator
Office of Management and Budget
Texas Division of Emergency Management
Texas Department of Public Safety
PO Box 4087
Austin, TX 78773-0223

**FISCAL YEAR 2013
EMPG STAFFING PATTERN**

1. APPLICANT NAME (as is appears on EMPG application) Williamson County				2. COUNTY Williamson		
3. FULL-TIME EMPLOYEES <i>(including those who work all or only a portion of their time in emergency management duties)</i>	4. Gross Annual Salary	5. Gross Annual Benefits	6. Gross Salary & Benefits (4+5)	7. % Work in EM Duties	8. Salary & Benefits for EM (6x7)	9. Est EM Travel Costs
Name: Jarred R. Thomas						
Position: Emergency Management Coordinator	81,837.60	26,160.89	107,998.49	100%	107,998.49	7,000.00
Name: VACANT						
Position: Assistant Emergency Management Coordinator	71,000.00	24,063.59	95,063.59	100%	95,063.59	1,000.00
Name: Marty Herrin						
Position: HazMat Chief	83,895.76	26,720.60	110,616.36	100%	110,616.36	14,000.00
Name: Dee Harrison						
Position: Emergency Management Specialist	58,494.80	21,364.90	79,859.70	100%	79,859.70	1,000.00
Name: VACANT						
Position: Emergency Management Technician	35,000.00	15,575.77	50,575.77	100%	50,575.77	1,000.00
Name:						
Position:			0.00		0.00	
Name:						
Position:			0.00		0.00	
A. SUBTOTAL:					444,113.91	24,000.00

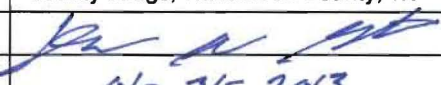
10. PART-TIME EMPLOYEES	11. % of Full Time	12. Gross Annual Salary	13. Gross Annual Benefits	14. Gross Salary & Benefits (12+13)	15. % Work in EM Duties	16. Salary & Benefits for EM (14x15)	17. Est EM Travel Costs
Name:							
Position:				0.00		0.00	
Name:							
Position:				0.00		0.00	
Name:							
Position:				0.00		0.00	
Name:							
Position:				0.00		0.00	
Name:							
Position:				0.00		0.00	
Name:							
Position:				0.00		0.00	
B. SUBTOTAL:						0.00	0.00
					TOTAL:	444,113.91	24,000.00

CERTIFICATION: I certify that no individual listed above holds an elected office.
Signature of Authorized Official: 
Printed name of Authorized Official: Dan A. Gattis
Date Signed: 01-31-2013

FISCAL YEAR 2013

APPLICATION FOR FEDERAL ASSISTANCE

(Instructions on Reverse)

NAME OF PROGRAM/ ASSISTANCE: EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	1. CFDA NUMBER: 97.042	2. APPLICANT STATUS: New Applicant <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>				
3. FEDERAL FISCAL YEAR: FY 2013	4. START DATE: OCTOBER 1, 2012	5. END DATE: SEPTEMBER 30, 2013				
6. APPLICANT INFORMATION						
a. Legal Name of Applicant Organization (as it appears on the EMPG Application (TDEM-17)): Williamson County		b. Name & Telephone Number of Emergency Management Coordinator: Jarred R. Thomas 512-943-3747				
c. Mailing Address: Office of Emergency Management 303 Martin Luther King Georgetown, TX 78626 Employer Identification Number/Tax ID# 746000978		d. Physical Address (if different from Mailing Address):				
7. EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds):						
a. Number of EMPG Staff & Percentage of Time Worked in Emergency Management Duties:						
	# Staff	Percent	# Staff	Percent	# Staff	Percent
1) Full Time:	5	100				
2) Part Time	0	0	0	0	0	0
b. Total Number of EMPG-Funded Personnel: _____						
8. ESTIMATED EXPENSES:						
a. Salary & Benefits (from line 18, form TDEM-66)					444,113.91	
b. Travel Expenses (from line 19 form TDEM-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 <i>Local Emergency Management Performance Grant Guide</i> . TDEM must review and approve any exceptions made to the cash match requirement at the time of application. <input type="checkbox"/> 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.						
a. Typed Name of Authorized Official:			Dan A. Gattis			
b. Title of Authorized Official:			County Judge, Williamson County, TX			
c. Original Signature of Authorized Official:						
d. Date Signed:			01-31-2013			

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 staff @ 100 percent, 2 staff @ 50 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

U.S. Department of Homeland Security
SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS

O.M.B. No. 3067-0206
Expires February 28, 2007

FOR
FY 2013

CA FOR (Name of Applicant)
Williamson County

This summary sheet includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for Federal Assistance.

An applicant must check each item that they are certifying to:

Part I ☒ FEMA Form 20-16A, Assurances-Nonconstruction Programs

Part II ☐ FEMA Form 20-16B, Assurances-Construction Programs

Part III ☒ FEMA Form 20-16C, Certifications Regarding Lobbying;
Debarment, Suspension, and Other Responsibility
Matters; and Drug-Free Workplace Requirements

Part IV ☐ SF LLL, Disclosure of Lobbying Activities (If applicable)

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the identified attached assurances and certifications.

Dan A. Gattis

Typed Name of Authorized Representative

County Judge, Williamson County, TX

Title


Signature of Authorized Representative

01-21-2013
Date Signed

NOTE: By signing the certification regarding debarment, suspension, and other responsibility matters for primary covered transaction, the applicant agrees that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by FEMA entering into this transaction.

The applicant further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the FEMA Regional Office entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (Refer to 44 CFR Part 17.)

Paperwork Burden Disclosure Notice

"Public reporting burden for this form is estimated to average 1.7 hours per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0206). You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Please do not send your completed form to the above address.