

# Emergency Management Performance Grant

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EMPG

# What is EMPG

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- ▶ **EMPG is**
  - ▶ A 50% reimbursable federal program within the Department of Homeland Security administered by ADEM
  - ▶ You must now verify how your County provides the required 50/50 match for your EMPG funds
  - ▶ You must also sign (both Judge/Mayor and local coordinator) and return Program Papers to area coordinator
  - ▶ A signed Acknowledgement of Receipt is required for each quarter



# What are allowable cost

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- ▶ EMPG allowable costs include establishing and maintaining an emergency management office.
- ▶ Expenses must be billed to the Emergency Management Office.
  - ▶ **Example: (Not all inclusive)**
    - ▶ Salary & Benefits                      Travel
    - ▶ Supplies                                      Office Rent
    - ▶ Maintenance & Repair                      Furniture & Equipment
    - ▶ Utilities
    - ▶ Most day to day operating cost



## EMPG will not pay for:

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- ▶ Expenses billed to departments other than Emergency Management
- ▶ Purchase of a regular use/county vehicle
- ▶ Purchase of clothing
- ▶ Response and Recovery Activities
  - ▶ Examples (Not all inclusive)
    - ▶ Marine battery for search and rescue boat
    - ▶ Flood lights
    - ▶ Night vision goggles
    - ▶ Road/Bridge repairs



## **NOTICE**

EMPG falls under the same guidelines as the Homeland Security Grant Program

**Remember that EMPG funds for anything, including salary, can NOT be matched with any other federal funding source!**



# EMPG 2011

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- ▶ Responder Knowledge Base – <https://www.rkb.us>

The same type of things that we must require for SHSGP will also apply to EMPG, including documentation and signed forms. You may now use the RKB (Responder Knowledge Base) to search for allowable items from EMPG just like you do SHSGP.



# Location of instructions and forms

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Visit our website @ [adem.arkansas.gov](http://adem.arkansas.gov)

- ▶ Administration
- ▶ Finance and Accounting

Instructions and all 3 pages are listed along with a link to the RKB (Responder Knowledge Base) website



# NEW INSTRUCTIONS

## **INSTRUCTIONS FOR COMPLETING EMPG QUARTERLY CLAIMS**

- ▶ Instructions on the bottom of Page 1 of ADEM Form #200 should be *carefully* read prior to completion.
- ▶ Form 200 PG 1 OF 3 Salary Expenditure
- ▶ Form 200 PG 2 OF 3 Fringe Benefits
- ▶ ADEM EMPG EXPENDITURE Claim, Pg 3 OF 3
- ▶ Have the county/city clerk read for certification, then sign and date on this line.
- ▶ **If more than one EMPG Other Expenditure Sheet is filled out, the county/city clerk must sign & date each page.**





# NEW INSTRUCTIONS

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## **GROSS SALARY**

- ▶ **IF:** You are paid for two or more jobs: show **only** the Gross Total Amount received for Emergency Management.
- ▶ Enter the Required **Minimum** Hours as set by County/City officials for Emergency Management personnel. Remember: only the hours for Emergency Management
- ▶ Enter the Monthly Salary as set by County/City Officials or rate of pay for hourly Emergency Management personnel.



# NEW INSTRUCTIONS

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- ▶ **FROM THIS POINT: All Benefit Expenditures claimed are for the amount the county or city pays -- NOT the total that was withheld from your salary or what you paid.**



# NEW INSTRUCTIONS

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## **STATE RETIREMENT**

- ▶ Enter the date & check # shown on the check that the county/city used to contribute your share to the state fund.
- ▶ **IF** the county/city contributes to the state retirement fund for your benefit and they contribute on a monthly basis, enter the names of the three months.
- ▶ **IF** the county/city contributes on a quarterly basis, use only one line and enter the word “Quarterly”.
- ▶ Show the amount for the county/city’s contribution, if any, on your behalf for state retirement. Do **NOT** show the full amount of the check because it may include contributions for several people. Show only the amount being claimed on the amount of
- ▶ your salary that we are matching.



# NEW INSTRUCTIONS

## INSURANCE

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- ▶ Enter the date & the # of the check used to pay your health insurance premiums.
  - ▶ **IF** you are participating in a health insurance plan that is available to all county/city employees & the county/city pays a portion of the premiums, show the month for which the premium applies.
  - ▶ **IF** paid quarterly, use one line and enter the federal fiscal year quarter for which the premiums apply.
  - ▶ Enter the amount that the county/city pays toward your health insurance premiums, **NOT** the amount of the entire check, which may include premiums for several people. Also, please remember to enter only the amount paid for *YOUR* health insurance premium and do NOT enter the amount the county/city or you pay for coverage of any dependents or anyone else – only premiums covering you. No one else is eligible.
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# NEW INSTRUCTIONS

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## **SOCIAL SECURITY**

- ▶ Enter the date & check # the county/city used to contribute your share to the Federal Social Security Fund.
- ▶ **IF** the county/city contributes to the Federal Social Security fund for your benefit and they contribute on a monthly basis, enter the names of the three months.
- ▶ **IF** the county/city contributes on a quarterly basis, use only one line and enter the word “Quarterly”.
- ▶ **12.** Show the amount for the county/city’s contribution, if any, on our behalf for Federal Social Security. Don’t show the full amount of the check because it may include contributions for several people. Show only the amount being claimed on the amount of your salary that we are matching.
- ▶ Have the county/city clerk read for certification then sign and date here.



# Expenditure Sheet

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- ▶ ITEM - List the name of item or service provided – (telephone services, toner cartridge, office rent, electric bill, fuel, EM vehicle maintenance, etc.)
    - ▶ IF you purchased several items such as bond paper, pencils, staples, etc AND they are clearly identifiable on a single invoice/receipt paid for with one check, you may enter a single descriptive word such as “office supplies”.
    - ▶ Make a separate entry for each invoice, receipt, etc. attached, even if two or more are paid for with the same check. If you need more space than provided, please continue on another EMPG Other Expenditure Sheet.
    - ▶ The purchase of each tangible item listed **MUST** be supported with copies of original invoices clearly showing:
      - ▶ --what was purchased
      - ▶ --to whom sold to
      - ▶ --from whom purchased
      - ▶ --date of purchase
      - ▶ --price per item
      - ▶ --total including tax where applicable.
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# Expenditure Sheet

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- ▶ The purchase of non-tangible services (rent, photocopying, vehicle repair, etc) should also be supported by invoices. Receipts may be used for invoices if no invoice is possible.
- ▶ If you claim reimbursement for any service (such as utilities, telephone, postage from postage machine, etc.), whereby you share in the total overall cost, you must provide documentation that clearly shows how your portion was determined. (EXAMPLE: 50/50, 25/75, OR by the actual percentage % rate). All other users must be charged and pay for the services at the same or higher rate. In addition, you can claim only the portion that is “*necessary & essential*” to perform the emergency management administrative functions of your office. Documentation must support this.
- ▶ Spreadsheets are allowable **WHEN** accompanied by the ADEM Expenditure sheet, receipt or service invoice **AND** the spreadsheet identifies what portion belongs to the EM Office. ALL receipts, invoices, statements, etc. must reflect that the items or services were bought or used by & for the local emergency management office and **MUST** be on the EMPG Expenditure Sheet.
- ▶ **IF** long distance calls shown on your phone bill are claimed, you must properly complete and submit a copy of the ADEM Telephone Log Form #202 (shown on the next slide) **UNLESS** your long distance calls are itemized on your phone bill and those for the EM Office are noted (highlighted).
- ▶ Please keep in mind that all counties/cities have their own accounting codes or general ledger numbers. When including spreadsheets etc. please highlight or label those that are for Emergency Management (EM).



# Expenditure Sheet

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- ▶ **VENDOR** - Enter the name of the vendor, company, person, etc. from whom the item or service was procured.
- ▶ **AMOUNT** - Enter ONLY the amount you are claiming. Do **not** enter the total amount of the receipt, invoice, statement, etc. or check **unless** it is an eligible EMPG expense and properly documented.
- ▶ **EXAMPLE:** If your January telephone bill is \$100.00 and there is \$40.00 (including taxes) of calls made for reasons *other than* emergency management, then you would claim \$60.00 on you EMPG Claim.
- ▶ Enter the CHECK DATE & the CHECK # that the county/city used to pay for the item or service listed.
- ▶ **DESCRIPTION OR EXPLANATION** – Enter the RKB info on this line. This section can also be utilized to describe the purchase or service when the receipt, invoice, etc. does not completely clarify. For example: A bill listing a part, model, or serial # as the purchase. This section can also be used to give an explanation, justification or purpose for that purchase or service.
- ▶ **Example #1:** A WalMart receipt that reflects food, beverages, paper plates, etc. purchased. You could note in this section “*refreshments for training exercise, meeting, etc.*” if that is the reason for the purchase.
- ▶ Enter the total amount of expenditures you are claiming on **this** page.
- ▶ If more than one EMPG OTHER EXPENDITURE SHEET is needed you can list the page numbers on this section.



# How do I apply for the EMPG Grant?

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Each year (September) your Area Coordinator will contact you asking you to submit a County Emergency Management Scope of Work (Work Plan)

The Scope of Work is your application [..\ADEM Form 205 State and Local EM Stmt of Work.docx](#)



# How much am I getting?

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- ▶ Total available 2011 Federal funding:

State Application is pending

- ▶ 60% Base: per entity (77)
- ▶ 40% Population percent - current AR federal census.



# EMPG 2011

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- ▶ Request reimbursement every quarter for all eligible expenses
  - ▶ Submit all eligible expenses even though they may exceed your award as other funds may become available
  - ▶ Jurisdictions that do not spend all their award create a “fifth quarter” for those that have submitted more eligible expenses than their own award
  - ▶ Eligible expenses will only be paid up to your award amount until the end of the fourth quarter when a “fifth quarter” will be determined



# Contact

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- ▶ ADEM – 501-683-6700
  - ▶ Tina Owens
  - ▶ Dusty Calhoun

