

FISCAL YEAR 2019 EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION

1. APPLICANT NAME (Jurisdiction):			
2. COUNTY:		3. DISASTER DISTRICT:	
4. EMPG STATUS: <input 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 Identify any jurisdictions that have joined or withdrawn from your program in the last year.)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>			
6. CHECKLIST OF APPLICATION ATTACHMENTS: (See the FY 2019 <i>Emergency Management Performance Grant (EMPG) Guide</i> for information on completing these forms.)			
<input type="checkbox"/> Designation of Grant Officials (TDEM-17B) <input type="checkbox"/> Statement of Work & Cumulative Progress Report (TDEM-17A) - This form shall be signed by the EMC <input type="checkbox"/> EMPG Staffing Pattern (TDEM-66) - The Authorized Official shall sign this form <input type="checkbox"/> Application for Federal Assistance (TDEM-67) -The Authorized Official shall sign this form <input type="checkbox"/> EMPG Staff Job Description (TDEM-68) - A current job description is required for each staff member listed in the FY 2019 EMPG Staffing Pattern (TDEM-66) <input type="checkbox"/> FEMA Form 20-16 Summary Sheet for Assurances & Certifications - Shall be signed by an Authorized Official Attached: <input type="checkbox"/> FEMA Form 20-16A, Assurances – Non-Construction Programs <input 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 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 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 (Original Signature)	_____ Date	_____ Emergency Management Coordinator (Original Signature)	_____ Date
_____ Printed Name	_____ Printed Name:		

Completed forms and application materials can be sent by email or mail to:

Email address:
 TDEM.EMPG@dps.texas.gov
 Physical Address:
 Texas Department of Public Safety
 Division of Emergency Management
 Emergency Management Support
 5805 N Lamar Blvd.
 Austin, TX 78752