

FISCAL YEAR 2019 APPLICATION FOR FEDERAL ASSISTANCE

(Instructions on Reverse)

NAME OF PROGRAM/ ASSISTANCE: EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	1. CFDA NUMBER: <p style="text-align: center;">97.042</p>	2. APPLICANT STATUS: New Applicant <input type="checkbox"/> Renewal <input type="checkbox"/>
3. FEDERAL FISCAL YEAR: FY 2019	4. START DATE: OCTOBER 1, 2018	5. END DATE: SEPTEMBER 30, 2019

APPLICANT INFORMATION

a. Legal Name of Applicant Organization (as it appears on the EMPG Application (TDEM-17):	b. Name & Telephone Number(s) of Emergency Management Coordinator:
c. Mailing Address: Employer Identification Number/Tax ID# _____	d. Physical Address (if different from Mailing Address):

EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds)

e. Number of EMPG Staff & Percentage of Time Worked in Emergency Management Duties						
	# Staff	Percent	# Staff	Percent	# Staff	Percent
1) Full Time:						
2) Part Time						

Total Number of EMPG-Funded Personnel: _____

ESTIMATED EXPENSES

f. Salary & Benefits (from line 18, form TDEM-66)	
g. Travel Expenses (from line 19 form TDEM-66)	
h. Other Expenses (from section 11 on reverse)	
i. Total Expenses (F + G + H)	
j. Federal Share (I x .50)	

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

CERTIFICATION: I certify that to the best of my knowledge and belief this application and its attachments are true and correct.

k. Typed Name of Authorized Official:	
l. Title of Authorized Official:	
m. Original Signature of Authorized Official:	
n. Date Signed:	

INSTRUCTIONS

1. Except as indicated below, entries are self-explanatory.
2. Item A: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the EMPG Program Application (TDEM-17).
3. Item E: 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). Item K, L, & M: This form must be signed by the Authorized Official from TDEM 17B. Authorized Officials are County Judges, Mayors, and many City Managers – **not** Emergency Management Coordinators.

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 Authorized Equipment List (AEL) at <https://www.fema.gov/authorized-equipment-list#>

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

AEL Code	Specific Description of Expense (Descriptions must be specific – do not use broad or general categories, such as operating or administrative expenses)	Estimated Amount
Total		