

FISCAL YEAR 2020 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 2020	4. START DATE: OCTOBER 1, 2019	5. END DATE: SEPTEMBER 30, 2020

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 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:	

