

E.MERGENCY M.ANAGEMENT P.PERFORMANCE G.RANT

SUBGRANTEE PROGRAM MANUAL

Version 1.0
May 8, 2019



State of Connecticut

Department of Emergency Services and Public Protection
Division of Emergency Management and Homeland Security

STATEMENT OF PURPOSE

This Emergency Management Performance Grant (EMPG) Program Manual has been developed as a guide for municipalities and other applicants (For the purposes of this manual, municipalities include towns, cities and tribal nations) to comply with state and federal regulations and procedures associated with the EMPG program. The purpose of this Program Manual is to establish a uniform policy for EMPG reimbursements to municipalities and to verify training and exercise requirements for Emergency Management Directors (EMD) and EMPG funded staff.

This document replaces and updates previous Advisory Bulletins and program manuals and will be updated when new guidance is necessary. All forms shown in this manual are available on the DEMHS Website at the following link:

<https://portal.ct.gov/DEMHS/Grants/Emergency-Management-Performance-Grant>

Supplemental material to this manual includes the following:

- [State Response Framework](#)
- [Comprehensive Preparedness Guide 101](#)
- [Executive Order 34- Governor Dannel P. Malloy, June 2013 \(Attachment\)](#)
- [EMPG SLA Application Package, which is issued annually with attachments.](#)
- [Federal Emergency Management Agency \(FEMA\) EMPG Guidance, which is issued annually.](#)
- [The Authorized Equipment List](#)

Supplemental EMPG Guidance is included in the Appendices of this document and in the [Sample Reimbursement Request Package](#) which is available on the DEMHS website.

RECORD OF CHANGES			
Version	Date	Description of Change	Initials
1.0	5/8/2019	Publish to PDF	EES

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EMPG SLA PARTICIPATION REQUIREMENTS

In order to participate in the EMPG SLA program, jurisdictions must meet the following criteria in their local emergency management programs:

- Have an officially appointed Emergency Management Director.
- Have a Local Emergency Operations Plan (LEOP) updated every two years and signed by the EMD and Chief Executive Officer of that jurisdiction.
- Participate in the State DEMHS High-band radio system, including participating in the quarterly high band radio test with your respective DEMHS Regional Office.
- Participation in the WebEOC System.
- Provide 24 hour contact information to their respective DEMHS Regional Coordinator to facilitate emergency situational reporting and coordination of requests for state assistance.
- Conduct at least 4 quarterly exercises. Major EOC activations (including situation reports to substantiate the activation) can be substituted for the same number of quarterly exercises. **The exercise requirement is in effect for fiscal years 2016 and 2017 only; it was removed for fiscal year 2018.**
- Participate at a minimum in the annual EPPI exercise conducted by DEMHS. No substitutions.
- Agree to enter into contract with the Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security, on a yearly basis through the EMPG SLA Notice of Grant Award.
- Agree to adhere to all rules and regulations outlined in the Notice of Grant Award Document and any guidance set forth in this EMPG SLA Program Manual, including submitting quarterly reimbursement requests and meeting DESPP/DEMHS and DHS/FEMA documentation requirements.

The participant understands and acknowledges that the granting agency may periodically monitor EMPG related files and documentation in person or through desk review. Notice will be given to the grantee prior to such monitoring.

ADDITIONAL REQUIREMENTS

A. Training Requirements

The Federal Emergency Management Agency (FEMA) requires all EMPG-funded staff, including all Emergency Management Directors (EMDs) and their paid EMPG staff, to complete a program of training that builds, sustains, and delivers core capabilities. Recent disasters here and around the country have shown that a higher level of training and regular exercises result in faster and better coordination of responses for all hazards.

The state's commitment to the National Incident Management System, including the Incident Command System is memorialized in Executive Order 34 which was executed on June 12th, 2013. The required basic courses are ICS 100, 200, 700, and 800, which are available on-line at: <http://www.training.fema.gov/is/searchis.aspx?search=PDS>, as well as, the Professional Development Series, including the following EMI self-study courses; IS-120, IS-230, IS-235, IS-240, IS-241, IS-242 and IS-244. This requirement applies to anyone receiving EMPG funding and designated state staff who may be needed to staff the State Emergency Operations Center (SEOC).

B. Environmental and Historic Preservation (EHP) Review

Applicants that are considering any activities that may require an Environmental or Historic Preservation (EHP) review must fill out an EHP screening survey. Please contact your DEMHS Regional Office for advice when considering a project which may require EHP. Projects which require an EHP review include but are not limited to: construction of communication towers; modification or renovation of existing buildings, structures and facilities, or; new construction, including replacement of facilities.

FUNDING ALLOCATION AMOUNTS

Each municipality's annual budget submission will also be reviewed for compliance with this manual and EMPG guidelines. The State and Local Assistance Program (SLA) is funded by the EMPG. The Department of Emergency Services and Public Protection (DESPP) is the State Administrative Agency (SAA) for EMPG; therefore, the Commissioner of DESPP, through his/her designee under state law, the Deputy Commissioner of the Division of Emergency Management and Homeland Security (DEMHS), has sole authority to allocate funding from the EMPG and designate an eligible funding match to the EMPG. Considerations include:

- Federal funding constraints will determine the total annual allocation.
- Municipal allocations are calculated on a per capita basis.

Supplemental Allocations or one-time funding opportunities may be available if excess funding remains at the end of a fiscal year.

ALLOWABLE COSTS

Only costs essential to maintaining an Emergency Management program within a municipality are eligible. Most eligible costs are reimbursable at 50% with a required 50% municipal cash match (e.g. payroll, paid services). In-Kind or volunteer time is

reimbursable at 33.3% with a required 66.6% local match. The following costs are eligible:

A. Personnel Costs

Full-time Directors and Deputy Directors: May count 100% of their salary and benefits to be reimbursed at a rate of 50%.

Full-time Administrative or Support Staff: May count 100% of their salary and benefits to be reimbursed at a rate of 50%.

Part-time Local Director, Deputy Director, Administrative and Support Staff: Municipal paid salary and benefits are eligible if the individual is not otherwise employed by the municipality. If the individual is otherwise employed by the municipality, then he or she may count towards the reimbursement only the percentage of his/her salary and benefits for time actually employed in emergency management (civil preparedness) programs. **The municipality must provide an email or a letter from the Finance Director stating the percentage of the employee's time spent working in Emergency Management. A sample letter is available in the [Sample Reimbursement Request Package](#).**

Otherwise Employed by the Municipality: Municipal employees performing emergency management work may count 100% of their time on an hourly basis. All work will be based upon the percentage of time actually employed in emergency management (civil preparedness) programs management. The salary and benefits are reimbursed at a rate of 50%.

Volunteer Time for EMD and Clerical Staff:

For Emergency Management Directors and Deputy EMDs, volunteer time will be reimbursed at 33.3% at a rate of \$47.00 per hour up to \$376.00 per day.

For Clerical Staff, volunteer time will be reimbursed at 33.3% at a rate of \$30.00 per hour up to \$240.00 per day.

In addition to the standard forms used for reimbursements, all requests for the reimbursement of volunteer time must include documentation showing dates and hours worked, a brief description of the work performed and an email or signed letter on municipal letterhead from the Chief Executive Officer or Finance Director of the municipality verifying the accuracy and validity of the volunteer time. Volunteer time should be entered in the EMPG Financial Tool.

Emergency Management Directors (EMDs) serving in more than one Municipality: Under certain circumstances, an individual may serve as the EMD for more than one municipality. The following conditions must be met:

Municipalities considering sharing one EMD must submit a written proposal to the DESPP/DEMHS Deputy Commissioner, or their designee.

In addition to the conditions shown below, the proposal must explain how the EMD will be compensated and by whom. The EMD must not replicate the same hours for both municipalities. The EMD and the municipalities receiving services from the EMD must show that each municipality is paying for a discrete, separate number of hours, and must ensure that no double billing of hours occurs;

If approved by the DESPP/DEMHS Deputy Commissioner, or their designee, the merger plan/agreement must be signed by each municipality's chief executive officer;

The plan/agreement must be reviewed and signed off on formally by each CEO, and must be annexed to the local emergency operations plan of each municipality;

There must be at least one additional individual in each municipal, in addition to the EMD, who has received the proper training on NIMS, high band radio use, Web EOC, shelter information, and whatever other information is deemed necessary by DEMHS or the municipality to perform the duties of an emergency management director in an emergency.

- Each municipality must have functioning emergency management equipment, especially communications equipment. If the municipality is very small, it might be possible for them to merge their Emergency Operations Centers within another municipal; however each municipal must have and maintain basic equipment, kept in working condition and tested regularly;
- As a general rule, the municipalities should be contiguous, or there must be an explanation in the agreement between the municipalities as to why and how these municipalities are sharing an EMD.

Documentation for individuals serving in multiple municipalities is similar to an EMD working as a Sub-Contractor or LLC (these requirements are listed in the next section). The MOU between the municipalities sharing an EMD should be included with reimbursement request. Documentation will need to show how the EMD was paid by one or both of the municipalities.

Emergency Management Directors (EMDs) Sub-Contracting with the Municipality:

When EMDs sub-contract with the municipality, it means they are not considered employees. EMPG Reimbursement Requests for subcontractors require different documentation than for municipal employees.

These documents include:

1. Copy of the contract entered into with the municipality with appropriate details indicating duties related to LEOPs, EOC activations, etc. If the contract does not include the scope of work regarding the services provided, the contracted EMD

may be required to use the Volunteer In-Kind log to list work performed. If the in-kind log is used, the municipality will be credited with 50% of the EMD's time.

2. A copy of the invoice that the EMD submits to the municipality for services rendered.
3. A copy of the letter that the EMD submits to municipality that indicates that they are being paid as a sub-contractor and the amount they are being paid. It also should list the time-period that they worked as well.
4. If the sub-contracted EMD is requesting reimbursements for phone bills, internet, and supplies for the EOC, it is a best practice for these costs to be paid for by the municipality under the municipality's budget account. If these items are not paid through the municipal budget account and are paid by the EMD then more detailed information will be required for reimbursement.

B. Organizational Costs

Generally "Organizational Costs" are the costs associated with the services necessary to sustain the local Emergency Operations Center including phone service, fax service, internet, WIFI*, satellite or cable TV services and monthly costs, satellite radio network, direction and control radio communications service fees. Other support services for the physical EOC building are allowable including heating, air conditioning, electrical, plumbing, and facility maintenance.

*Note: WIFI will only be considered eligible if the EOC is already equipped with a main voice phone, fax line, cell phones, pager service, a high-band radio and WebEOC.

C. Equipment Costs

Generally "equipment costs" are the costs associated with the equipment needed to run your EOC including desktop and laptop computers (at least one must be set up to access WebEOC), printers, fax machines, scanners, display screens and Direction and Control Radios. Note: Equipment over \$5,000 and all Laptop computers also must be placed on the municipal equipment inventory and the grant reporting inventory form provided on the DEMHS website.

D. In-Kind Costs

The following in-kind costs are eligible and will be reimbursed at a rate of 33%:

- Volunteer time for local directors and deputy directors (for work that would otherwise be eligible for full-time pay) will be counted as in-kind services at a rate of \$47.00 per hour up to \$376.00 per day.
- Volunteer time for clerical or administrative support (for work that would be eligible for full-time pay) will be counted as in-kind services at a rate of \$28.00 per hour up to \$245.00 per day.
- Donated equipment (new equipment only) for use in the EOC.

Any costs counted towards other federal cost-sharing requirements cannot be claimed under this cost-sharing in-kind service.

E. All Other Expenses

Part-time Deputy Directors, liaison representatives or similar positions who are employed by the Municipal in a Non-Civil Preparedness position may receive reimbursement if they are temporarily performing the duties of a full-time Deputy Director. In these cases reimbursement will be limited to the period of the substitution.

Requests for reimbursement of travel costs (excluding normal commuting to work) for training and travel in direct support of the emergency management program will be approved on a case by case basis and must be submitted to DEMHS via the respective Regional Coordinator.

Other costs that are in direct support of the local Emergency Management Program may be included in the proposed budget and must be pre-approved by DEMHS. Such approved costs will be provided on a case by case basis if funding is available.

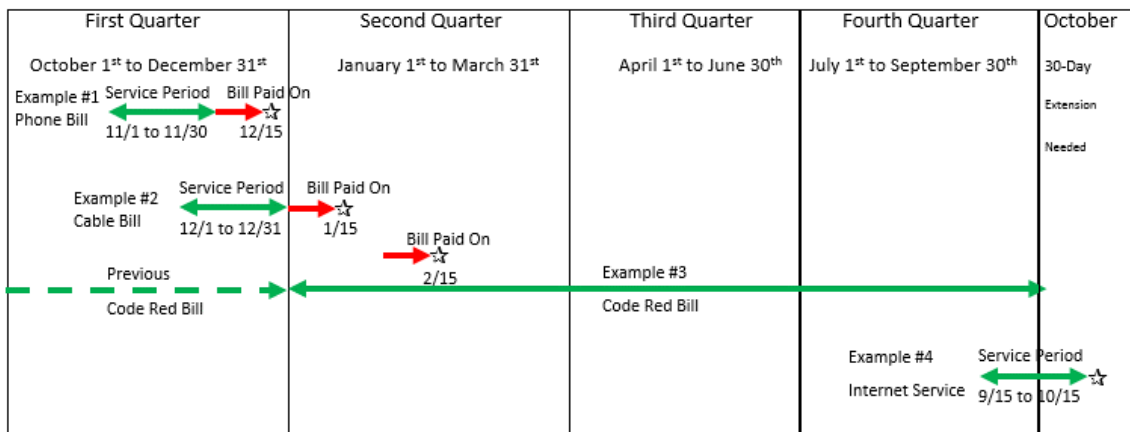
For more information on allowable costs please refer to the Authorized Equipment List available at <http://www.fema.gov/preparedness-non-disaster-grants>.

Further guidance is available in 2 CFR Section 200 at

http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

F. Reimbursement for Bills and Services on a Quarterly Basis

The diagram and summary below provides guidelines for municipalities and agencies to determine which quarter a bill or service should be included in when they submit their reimbursement package.



Example #1 – If the service occurs in the first quarter and the bill is paid in the same quarter, then the reimbursement documentation (bills, checks etc.) are to be placed in the first quarter package.

Example #2 - When paying a phone bill that has a service period in December but the bill was paid in January, the bills and payment are placed in the second quarter package.

Example #3 – When paying a 12-month bill (e.g. Code Red) in advance in the second quarter for a service period that runs for 12 months, you can claim the reimbursement in the quarter that the bill was paid. If the municipal also wants to seek reimbursement for the first quarter, the previous year's bill must be provided (with the check) in order to seek reimbursement for the first quarter.

Example #4 – If you have an internet bill, etc., that has a service period that runs into October, you will need to request via email a 30-day extension so that you can cover those days. Without an extension, the service period must end by 9/30 as that is when the grant period ends. If the service period of the bill runs into October and you paid for that bill in September, you still will need to obtain the 30-day extension because the service period has gone beyond the period of the grant.

If a bill is paid in October and the service ended in September, no extension is needed because it's the service period that requires a 30-day extension. Municipalities may pay bills after October 1st as long as the service ended by September 30th. This is a 30-day closeout period. The bill will be claimed in the 4th quarter.

Example #5 – Personnel services

Payroll periods that begin before the start of the grant period on October 1st cannot be reimbursed. In order to make up the lost payroll period, (if necessary to fully expend the allocation), the subgrant can be extended by 30 days to capture the final payroll period, thus giving the Subgrantee credit for a full 12 months of payroll.

A. Responsibilities

DEMHS Regional Office staff will be available to assist municipalities in development of budget proposals, reimbursement requests and associated reporting and documentation associated with this program. Regional Coordinators will review all budget submissions and make recommendations on EMPG program eligibility, and forward submissions with recommendations to DEMHS for final approval.

DEMHS Strategic Planning and Community Preparedness (SPCP) staff will assist the Regional Offices with specific questions and programmatic issues. This includes ensuring compliance with programmatic requirements. The SPCP will also relay any questions from the DESPP Fiscal Services Unit to the regional offices.

DESPP Fiscal Services reviews and approves the initial Subgrantee application budget and provides final fiscal approval before an award document is created. Additionally, DESPP Fiscal Services tracks and records all program and Subgrantee expenditures and ensures proper documentation for each expense has been filed and catalogued for each approved project. This ensures that all program documentation meets federal and state audit quality standards.

Every effort will be made to minimize the number of times a Subgrantee receives questions from DEMHS. The appendices of this document and the [Sample Reimbursement Request Package](#), available on the website, provides guidance that should be reviewed by the Subgrantee prior to submission of the reimbursement request.

B. Communication Flow

The flow of communication and work for the EMPG Program goes from the Subgrantee to the appropriate DEMHS Regional Office to the DEMHS Program Manager. (Your regional point of contact for EMPG is listed on Page 12 of this manual).

In order to streamline the EMPG Process, any calls and correspondence regarding the EMPG program should flow through the Subgrantee's DEMHS Regional Office. Any calls or correspondence to other DESPP staff will be redirected to the Regional Office for consideration.

DEMHS staff are available if you would like to request a conference call, in-person meeting or one-on-one training session regarding the EMPG program. Please contact your Regional Coordinator if you wish to set up a call or meeting.



Region 1	Robert Kenny Regional Coordinator	149 Prospect Street, Bridgeport, CT 06601 Phone: 203.696.2640 Email: Robert.Kenny@ct.gov
Region 2	Jacob Menke Regional Coordinator	1111 Country Club Road, Middletown, CT 06457 Phone: 860.685.8105 Email: Jacob.Menke@ct.gov
Region 3	William Turley Regional Coordinator	PO Box 1236 Glastonbury, CT 06033 Phone: 860.529.6893 Email: William.Turley@ct.gov
Region 4	Mike Caplet Regional Coordinator	15-B Old Hartford Road, Colchester, CT 06451 Phone: 860.465.5460 Email: Mike.caplet@ct.gov
Region 5	John Field Regional Coordinator	55 West Main Street, Suite 300 Box 4 Waterbury, CT 06702 Phone: 203.591.3509 Email: John.Field@ct.gov

C. Deadlines

It is the responsibility of the Subgrantee to know and meet all necessary deadlines. Please contact your Regional Coordinator on deadlines.

D. Subgrant Monitoring

In order to comply with our federal and state grant requirements, DEMHS is required to conduct on-site monitoring visits. Annually, DEMHS is required to monitor 10% of municipalities participating in the EMPG SLA and EMPG Hazmat programs combined (Approximately 12 Subgrantees).

The following variables and corresponding point system (12 points Total) make up the risk ranking criteria used to determine the recipients of Subgrantee monitoring:

- Previous monitoring visits with an audit finding (1 point)
- Recent changes in key grant administrative staff at the Subgrantee level (1 point)
- Non-compliance with quarterly reports/subgrants or reimbursements (1 point)
- Any finding in the Subgrantees A-133 Audit (3 points)
- Submission of incomplete back-up documentation on a frequent basis (1-4 points)

- Subgrantee has not completed Incident Command System (ICS) training requirements (1 point)
- Subgrantee has not completed the Professional Development Series (PDS) (1 point)

If your municipality is selected for a site visit the DEMHS Program Manager and Regional Coordinator will contact you to schedule a visit. The site visits typically take less than 2 hours to complete.

The purpose of the monitoring visit will be to review records of expenditures, payroll, and services paid with your Emergency Management Performance Grant (EMPG) allocation for the federal fiscal years chosen for review. Also, all equipment purchased with EMPG funding that has a per-unit cost greater than \$5,000.00 should be made available for inspection. If any equipment is no longer functioning then an inventory of this non-functional equipment should be provided at time of the monitoring visit.

Each municipality will also have an opportunity to provide feedback to DEMHS concerning the operation of the EMPG program at the state and local level. DEMHS will use the feedback provided during the monitoring visits to continuously improve our grant and application process and/or design programs to enhance local readiness for all-hazards.

APPENDICES

The purpose of these appendices is to provide additional information on how to best manage and implement your EMPG program. These appendices include best practices and lessons learned from previous years.

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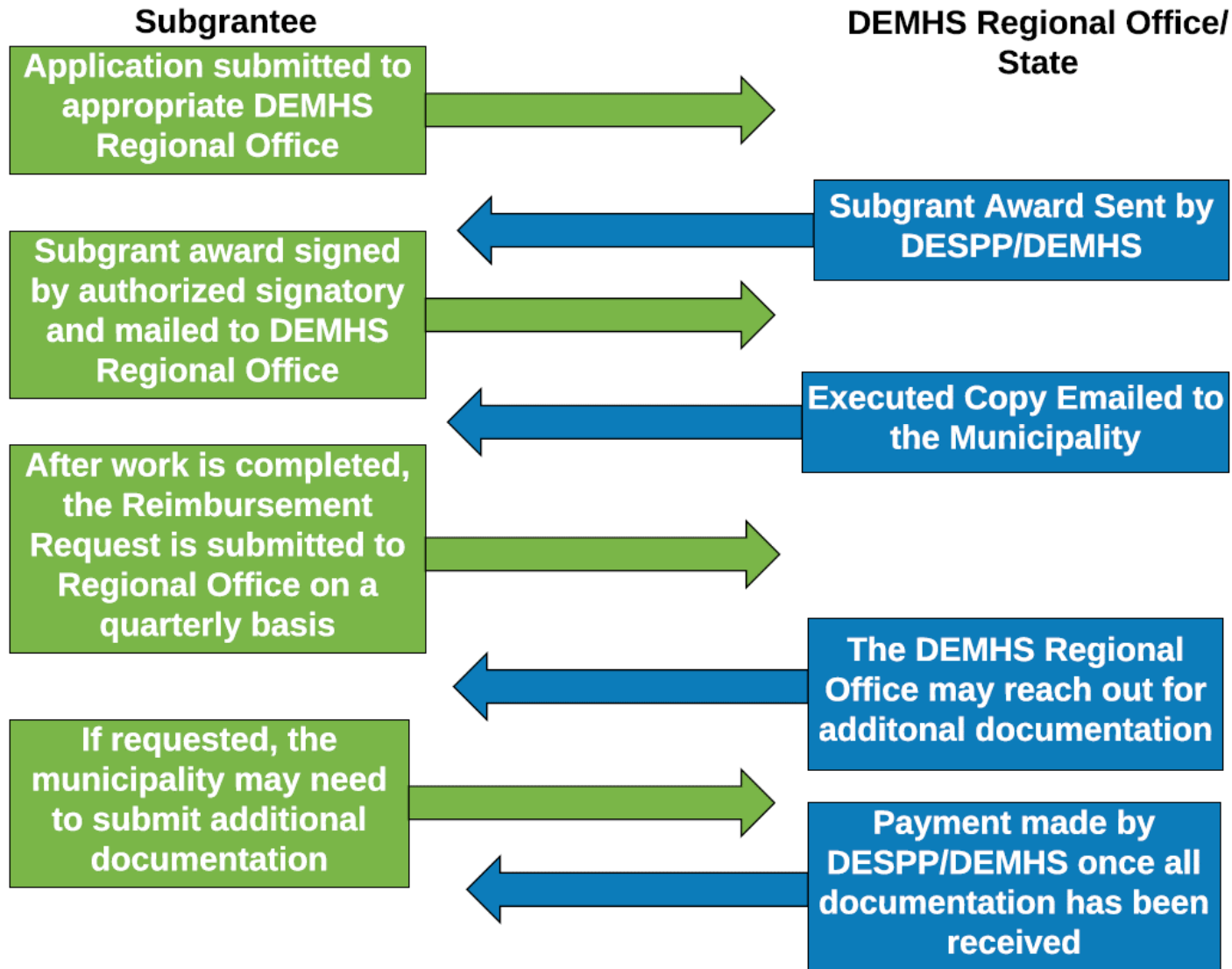
APPENDIX A: GLOSSARY OF TERMS AND ACRONYMS

AEL	Authorized Equipment List
DEMHS	Division of Emergency Management and Homeland Security
DHS	Department of Homeland Security
EHP	Environmental and Historic Preservation (review)
EMD	Emergency Management Director
EMI	Emergency Management Institute
EMPG	Emergency Management Performance Grant
EOC	Emergency Operations Center
EPPI	Emergency Planning and Preparedness initiative
FEMA	Federal Emergency Management Agency
ICS	Incident Command System (Usually Refers to Courses offered by FEMA EMI)
LEOP	Local Emergency Operations Plan
NEMA	National Emergency Management Association
NIMS	National Incident Management System
SAM	System for Award Management
SEOC	State Emergency Operations Center
SLA	State and Local Assistance
SPCP	Strategic Planning and Community Preparedness Unit

Subgrantee	The recipient of EMPG pass-through grant funding. Also referred to in other guidance documents as the sub-recipient.
Authorized Signatory	Individual who is authorized to sign on behalf of the Subgrantee (Municipality, Organization). A resolution is required to establish the Authorized Signatory.

APPENDIX B: EMPG PROCESS FLOW CHART- KEY "TOUCH POINTS"

Application Process Begins Once Application is Released by DESPP/DEMHS. Grantees will receive email from DESPP/DEMHS with customized application.



APPENDIX C: APPLICATION FORMS

Part I: Application Package- Required Forms

Application Information and Data Sheet	Provides to the SPCP the official Points of Contact (Signatory, EMD, CFO and Fiscal Point of Contact). On this form, the Authorized Signatory authorizes the application and certifies the content of the application document. All official correspondence will be sent to the contact information provided.
Master Staffing Pattern and Training History	Reporting form for training records of those funded or partially funded by EMPG.
NEMA Questionnaire	This form aids DEMHS in filling out the yearly National Emergency Management Association (NEMA) survey.
EMPG Financial Tool- Budget Printout	The EMPG Financial Tool is an Excel based tool used by the Subgrantee to plan its budget.
Authorizing Resolution	Official resolution from municipality's/Subgrantee's legislative body. This document designates and enables the Authorized Signatory to sign the application on behalf of the municipality.
Job Description Forms (Req. for New Personnel)	The job description forms only need to be submitted for new personnel or if there is a change in the position.

Application Information and Data Sheet

Fill Out Application Information and Data Sheet (Section B of Application):

Fill out boxes 1-16 with the necessary information. This form establishes points of contact for this EMPG grant.

The EMD (Box # 3): The EMD is the Project Director/Point of Contact handling this grant, they will be the primary point of contact.

The Authorized Signatory (Box # 4): The Authorized Signatory is given authority to apply for this grant by the blanket Municipal Resolution (Step 2). The signatory is usually the Chief Executive Officer; however, he/she may delegate this task through the Municipal Resolution. The Authorized Signatory and EMD-Point of Contact (Box # 4) should be different. Contact your Regional Coordinator if you foresee an issue with this requirement.

The Municipal/Agency Financial Officer (Box # 5): The Finance Officer is the Subgrantee's Chief Financial Officer.

The Fiscal Point of Contact (Box # 6): The Fiscal Point of Contact is responsible for all fiscal matters on behalf of the Subgrantee regarding this grant. In some cases the individual indicated in Box #5 and #6 are the same, in that case fill out only Box # 5.

SECTION B: EMPG APPLICATION INFORMATION AND DATA SHEET	
Additional copies of this kit are available on our website at http://www.ct.gov/demhs/ocsp/view.asp?m=1210&cmd=11892	
Mailed Completed Applications To: DEMHS Regional Coordinator (See Section A of this application for contact information)	SPCP User Use Only
1. Name of Municipality or Agency Applying for Subgrant: Newberry, USA	2. Period of Award for this Subgrant: 10/1/15 - 9/30/16
3. Emergency Management Director Name & Address Name: Roger Wilcox Title: EMD Organization: Newberry, USA Address Line 1: 1 Newberry Rd. Address Line 2: City/State/Zip: Newberry, CT Phone: 860-555-5555 Fax: 860-555-4444 E-mail: Roger.Wilcox@newberry.gov	4. Official Authorized to Sign for the Applicant: Name: John Smith Title: Mayor Organization: Newberry USA Address Line 1: 1 Newberry Road Address Line 2: City/State/Zip: Newberry, CT Phone: 860-555-5555 Fax: 860-555-4444 E-mail: John.Smith@newberry.gov
5. Municipal/Agency Financial Officer Name: Mary Smith Title: CFO Organization: Newberry, USA Address Line 1: 1 Newberry Road Address Line 2: City/State/Zip: Newberry, CT Phone: 860-555-3343 Fax: 860-555-4333 E-mail: Mary.Smith@ct.gov	6. Fiscal Point of Contact: (If Different than Financial Officer) Name: Same as Financial Officer Title: Organization: Address Line 1: Address Line 2: City/State/Zip: Phone: E-mail:
7. Applicant FEIN: 55-5454545	8. Applicant DUNS #: 9999999
9. Applicant Fiscal Year End: June 30	10. Date of Last Audit: 6/15/15
11. Dates Covered by Last Audit: 7/1/14 to 6/30/15	12. Date of Next Audit: 6/15/16
13. Dates to be Covered by Next Audit: 7/1/15 to 6/30/16	
Please note that the information required for boxes 8 through 13 refers to the sub-grantee's audit cycle.	
STATE AND FEDERAL FINANCIAL CERTIFICATION	
14. ACKNOWLEDGEMENT OF FEDERAL SINGLE AUDIT SELF-REPORTING REQUIREMENTS:	
<ul style="list-style-type: none"> Subgrantees that are required to undergo a Federal Single Audit as mandated by OMB Circular A-133 must alert CT DEMHS, in writing, to any specific findings and/or deficiencies with regard to the use of federal grant funds within 45 days of receipt of their audit report. This notification must identify the finding(s) / deficiencies and a corrective action plan for each. All sub-grantees must submit to CT DEMHS a copy of the audit report/notification pertaining to use of federal grant funds regardless of any findings or deficiencies, within 45 days of the receipt of that report. 	
Initial to indicate that this requirement has been read and understood: <input checked="" type="checkbox"/> INITIAL	
15. ACKNOWLEDGEMENT OF DEBARMENT REQUIREMENTS:	
<ul style="list-style-type: none"> The sub-grantee will confirm the eligibility status (see Item 9(a)) of all vendors/contractors that the sub-grantee pays with EMPG SLA funds. The sub-grantee will confirm that the vendors/contractors do not appear on the SAM's Exclusion List of federally debarred or suspended vendors. 	
Initial to indicate that this requirement has been read and understood: <input checked="" type="checkbox"/> INITIAL	
16. I, the undersigned, for and on behalf of the named municipality, state agency, or regional planning organization, do hereby apply for this subgrant, attest that, to the best of my knowledge, the statements made herein are true, and agree to any general or special grant conditions attached to this grant application form.	
Authorized Signatory: X <i>John Smith</i>	Date: 12/16/2015 <input checked="" type="checkbox"/> SIGN & DATE

The **Authorized Signatory** must initial in **Boxes #14 & #15** indicating that he/she understands the requirements of the federal single audit and SAM reporting requirement. They must also sign in **Box #16** authorizing application and indicating that contents within the application are correct and true. **Please Note: Original copies must be mailed to the Regional Office. Copies are not accepted.**

Master Staffing Pattern and Training History

Complete the Master Staffing Form (Section E of Application) and provide your training certificates. The purpose of this document is to track who is being funded by EMPG and to make sure that all individuals funded by EMPG are meeting the necessary training requirements.

If you need to request training certificates from FEMA, please request your transcript using the Transcript Request Form – EMI, you can find this form on our website at <https://portal.ct.gov/DEMHS/Grants/Emergency-Management-Performance-Grant>.

Section E. EMPG Master Staffing Pattern and Training History

The purpose of this form is to collect information regarding employees who will be funded under the Emergency Management Performance Grant (EMPG). Shown on the form are the current training records (completed courses are marked with their dates of completion) by your EMPG funded staff according to our records. These courses are required for all staff funded partially or fully under the EMPG. **Instructions:** If you have completed additional courses please fill in the dates of completion for any courses. Please provide a copy of the course certificates. The deadline for new staff to complete all of the required courses is September 30, 2016.

Name	Position	Required Training Courses (Completed Courses Shown with an X)											
		IS-100	IS-120a	IS-200a	IS-200	IS-230	IS-241	IS-242	IS-244	IS-700	IS-800		

If an employee funded by EMPG has yet to complete the **Required FEMA IS courses**, please complete the missing courses and submit your training certificate to your Division of Emergency Management and Homeland Security (DEMHS) Regional Office. If you need to request training certificates from FEMA, please request your transcript using the Transcript Request Form – EMI. You can find this form on our website at <http://www.ct.gov/DEMHS/Grants/EMI/2015/03/15/emi-trr.pdf>.

Authorizing Resolution- DEMHS Blanket Resolution

Attach a Municipal Resolution indicating the authorized signatory for the EMPG grant:
Attach a municipal resolution to grant the Chief Executive Officer or designee, the authority to sign the EMPG application package on behalf of the municipality.

If you have provided the DEMHS blanket municipal resolution for a previous EMPG year(s) or the HSGP Omnibus Memorandum of Agreement and your CEO/ Authorized Signatory is still the same, please attach certified copy of this document stamped with the municipal seal. The blanket resolution is available in the Application Document or on the [DEMHS Website](#).

Additionally, if the municipal legislative body approves of this method, the blanket resolution may generically list out the position (First Selectman, Mayor) without identifying an individual name. This authorizes the person who holds the position, regardless of individual in that position, to continue to sign EMPG and HSGP documents indefinitely.



NEMA Questionnaire

Fill Out NEMA Survey (Section F of EMPG Application)

This short survey allows DESPP/DEMHS to compile basic information about your local EMPG Program. The DEMHS Strategic Planning and Community Preparedness/Grants Unit will compile this information to use in answering the annual NEMA survey. While this is an optional survey, we encourage participation as this survey helps DESPP/DEMHS advocate for continued federal funding.

SECTION F. NEMA QUESTIONNAIRE

Each year the Division of Emergency Management and Homeland Security (DEMHS) fills out a survey from the National Emergency Management Association (NEMA). The purpose of the survey is to justify the funding we receive under the Emergency Management Performance Grant (EMPG).

To help us in filling out the survey for FY 2017, DEMHS is asking our EMPG participating towns to answer a few brief questions. Your answers will assist NEMA in justifying continued funding of the EMPG program to congress.

1. What is your total emergency management budget? \$ _____
Please provide your total budget even if these costs exceed your EMPG allocation.
2. Is your Emergency Management Director?:
(Check One)
 Full Time
 Part Time
 Volunteer
3. Which official (if any) has the authority to issue a mandatory evacuation order?:
(Check One)
 Mayor
 First Selectman

EMPG SLA Financial Tool- Budget

Fill out Budget- EMPG Financial Tool:

Fill in your budget request for the performance period. Please see Section E of this document below for budget planning items.

Print out budget form and submit with application package.

EMPG Subgrant Budget (Fill In Green Cells Only)	
FED CAPITAL ASSISTANCE	
Total	\$0.00
Federal Per Capita Share	\$0.00
Local Match	\$0.00
SUBGRANT ALLOCATION	
Total	\$0.00
Federal Per Capita Share	\$0.00
Local Match (includes In-Kind)	\$0.00
Personnel	\$0.00
Allocate (Enter) the total estimated cost per month or year for full or part-time EMD's, Deputy EMD's and support staff. (If claiming fringe, please provide a fringe benefits letter from the Municipal Finance Director.)	
Organization	\$0.00
Allocate (Enter) the total estimated cost for your organization's services including but not limited to: telephone bills, cable TV, WiFi etc. Please note that all services must be contracted and paid before seeking reimbursement.	
Equipment	\$0.00
Allocate (Enter) the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.	
In-Kind	\$0.00
Allocate (Enter) the total estimated cost for any in-kind costs including Volunteer EMD's, Deputy EMD's or Support Staff. Time and any donated new equipment. Note: In-Kind Allocations require 2:1 the match. For a volunteer time form please visit the DEMHS website at http://www.ct.gov/demhs/epg/epg-2014-2017-2018	
All Other	\$0.00
Allocate (Enter) the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.	
Unallocated	\$0.00

Job Description Forms (Required for New Employees)

Review and attach any necessary Job Description Forms:

The following forms are only required when new EMD employees are receiving EMPG funding. They are available on the [DEMHS Website](#).

Emergency Management Director Job Description – Use this form if you have hired a new Emergency Management Director.

Emergency Management Deputy Director Job Description – Use this form if you have hired a new Emergency Management Deputy Director.

Emergency Management Support Staff Job Description – Use this form if you have hired new Emergency Management Support Staff (e.g. Clerical).

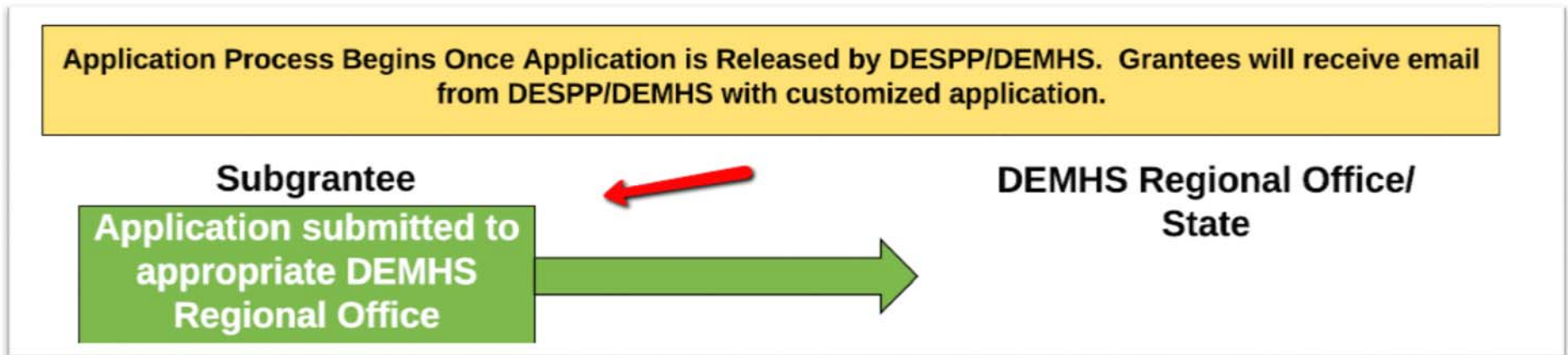
Job Description Forms

Job description forms are required to be submitted DEMHS when new staff funded by EMPG is hired. These should be submitted in for the years in which the new staff member is hired.

- [Emergency Management Director Job Description - For New EMD's](#)
- [Deputy Emergency Management Director Job Description - For New Deputy EMD's](#)
- [Emergency Management Secretary Job Description - For New Secretary's](#)

Application Submission:

Once all of the necessary forms are filled out and signed, you can complete the application by signing and dating the Applicant Information and Data Sheet and submitting your Application Package in hard copy paper format to your Regional Office. For your records, please keep a copy of everything that is submitted.



APPENDIX D: SUBGRANT FORMS

Part II: Subgrant Package- Required Forms

Notice of Grant Award- Authorization of Agreement	(Page 2) This is page two of the grant award package. On this form the Authorized Signatory signs to authorize the grant award package. By signing this page, the Authorized Signatory agrees to all of the terms and conditions of the grant program outlined in this contract.
Federal Assurances and Certifications	(Pages 3-11) These assurances and certifications are required by the Department of Homeland Security/FEMA. Page 3 of the award outlines instructions for filling out this form. <u>Initials are required on the bottom of each page.</u>
Grant Conditions	(Pages 12-32) These pages outline the conditions of the contract. <u>Initials are required on the bottom of each page.</u>


Notice of Grant Award- Authorization of Agreement Page

The Subgrantee will receive a Notice of Grant Award Package after you have applied for the EMPG Grant.

The **Authorization of Agreement Page** can be found on Page 2 of the Notice of Grant Award Package. This signatory page lists the amount of the grant and briefly summarizes the project. It requires signature from the Subgrantee Authorized Signatory and the DESPP Authorized Signatory.

Have the CEO/Authorized Signatory sign the **Notice of Grant Award Page**. The Authorized Signatory is designated by the **Municipal Resolution** submitted in the application.

All pages of the Notice of Grant Award document require review and acknowledgement by the **Authorized Signatory**. The **Authorized Signatory** must initial each page that requires acknowledgement as indicated by the green "sign here tabs".

STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF EMERGENCY MANAGEMENT AND HOMELAND SECURITY			
NOTICE OF GRANT AWARD			
Purpose: This document is the obligating contract between the Grantor and Grantee. Signatory: DESPP/DEMHS Deputy Commissioner William P. Shea or designee. Authorizing Legislation: Authorizing Legislation			
GRANTEE INFORMATION	GRANT INFORMATION	GRANTOR INFORMATION:	
Grantee: *Municipality* Address: *AwardAddress* Grantee FY: July 1 to June 30 FEIN: *FEIN* POC: *POC*	DEMHS Grant #: *AwardNumber* Fed Grant #: *FedGrant#* CFDA: *CFDA* Date of Award: *AwardDate* Start Date: *AwardStart* End Date: *AwardEnd*	Grantor: DESPP/DEMHS Unit: Strategic Planning Comm. Preparedness Address: 1111 Country Club Rd. Middletown, CT 06457 POC: *Coordinator* Phone #: *Phone#* Email: *tblRegionalStaffEmail*	
FUNDING BREAKDOWN (Summary of Attached Budget)			
Total Budget:	*GrantTotal*	State Match:	\$ 0.00
Total State Funding:	\$ 0.00	Grantee Match:	*GranteeMatch*
Total Federal Funding:	*FederalTotal*		
SUMMARY DESCRIPTION OF FUNDING			
Through this accord, the *Municipality* will use grant funding in the amount of *FederalTotal* from the *GrantProgram* for costs related to preparedness activities associated with implementing the Connecticut Homeland Security Strategy and the investments identified during the application period. This program provides an integrated mechanism to enhance the coordination of State and National Priority efforts to prevent, respond to, and recover from terrorist attacks, major disasters, and other emergencies.			
AUTHORIZATION OF AGREEMENT			
My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: I have the authority to execute this agreement on behalf of the grantee; and I have read and understand the terms, conditions, and Standard Assurances, Reporting Schedule and inventory requirements contained within this grant award package on pages 1-35.			
 (Signature of Authorized Official) John Smith (Typed Name of Authorized Official)		11/1/2015 (Date)	
FOR THE DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION			
By: _____		(Date) _____	
(Signature of Authorized Official) DEPUTY COMMISSIONER, WILLIAM P. SHEA (Typed Name of Authorized Official)			
CORE CT INFORMATION (FOR DESPP OFFICE USE)			
Contract #:	PO #	Receipt Date:	
Contract#	*PO#*	*ReceiptDate*	

Federal Assurances and Certifications

Complete the Federal Assurances (Pages 3-11). Signatures/initials are required on these forms.

All pages of the Notice of Grant Award document require review and acknowledgement by the Authorized Signatory. The Authorized Signatory must initial each page in acknowledgment.

FORM USAGE GUIDELINES:

FEMA Form 20-16 Summary/Signature Sheet:

This is the signature page for the required assurances. Signature on this form is **REQUIRED** by all Subgrantees. The Subgrantee should select all that apply and sign.

FEMA Form 20-16A Assurances-Nonconstruction Programs:

This form includes all assurances for non-construction related projects (ie. Salary/equipment) and is required when completing such projects with federal funding received in this subgrant.

FEMA Form 20-16B Assurances-Construction Programs:

This form includes all assurances for construction related projects (ie. EOC Construction) and is required when completing such projects with federal funding received in this subgrant.

FEMA Form 20-16C Certification Regarding Lobbying; Debarment:

This form explains rules regarding lobbying, debarment and other Subgrantee responsibility matters. **REQUIRED** by all Subgrantees.

OMB SF-LLL Disclosure of Lobbying Activities

Only required if using federal funds for lobbying purposes (not allowed under this program).

The screenshot shows the 'Federal Assurances and Certifications' section of a document. At the top, it features the logos of the State of Connecticut and the Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security. The title 'Federal Assurances and Certifications' is centered. Below the title, a paragraph states that the following assurances and federal forms are required by the Department of Homeland Security/FEMA and the Connecticut Department of Emergency Services and Public Protection, and that form usage is dependent on the project and funding source. A 'Form Usage Requirements' section includes a 'Screen Filable' icon. The document lists four forms with their respective descriptions: FEMA Form 20-16 Summary/Signature Sheet (signature page), FEMA Form 20-16A Assurances-Nonconstruction Programs (non-construction projects), FEMA Form 20-16B Assurances-Construction Programs (construction projects), and FEMA Form 20-16C Certification Regarding Lobbying; Debarment (lobbying and debarment rules). It also includes the OMB SF-LLL Disclosure of Lobbying Activities, which is only required if using federal funds for lobbying purposes. At the bottom, there is a line for initials and a page number 'Page 3'.

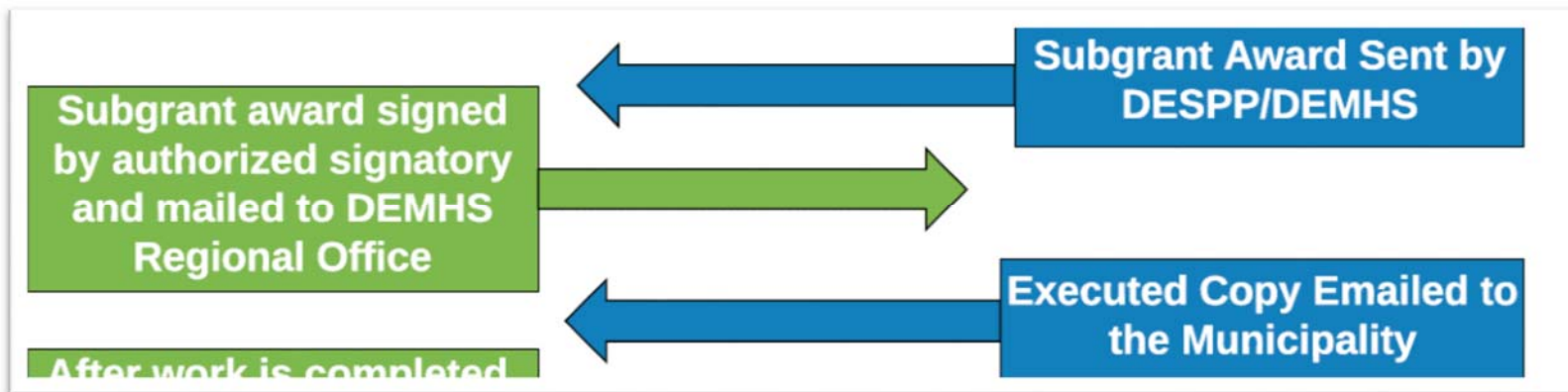
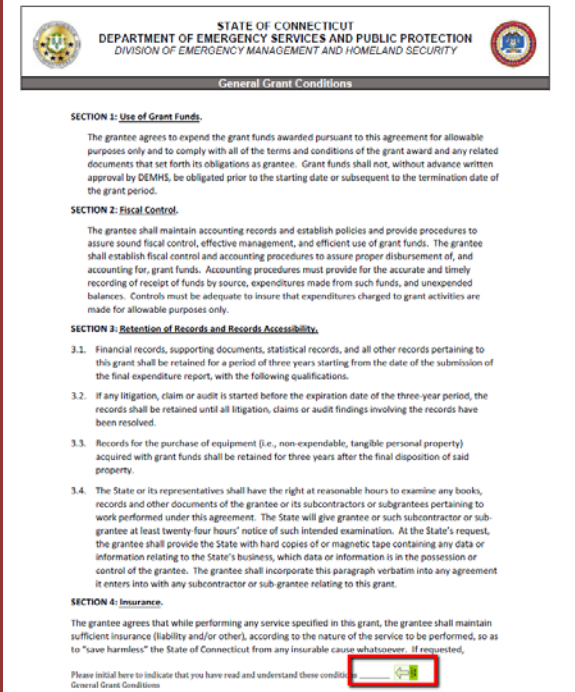
Grant Conditions

The grant conditions (**Pages 12-32 of Notice of Grant Award**) outline the General, Federal and Special Grant Conditions as well as Reporting Requirements. The Authorized Signatory is required to review this contract and acknowledge agreement by initialing each page.

Initial the Bottom of Each Page:

All grant conditions pages require an acknowledgement by the **Authorized Signatory**. The Authorized Signatory should initial each page in acknowledgment and agreement to the terms in conditions on that page.

Once the Grant Award document has been signed and the original copy mailed to the Regional Office, an executed copy, by the DEMHS Deputy Commissioner, will be sent back to the municipality by the DEMHS SP/Grant Unit. The EMPG Financial Tool will follow that email.



APPENDIX E: REIMBURSEMENT REQUEST FORMS AND PROCESS

Part III: Reimbursement Request-Required Forms

Reimbursement Request Data Sheet	This form summarizes your request and provides a checklist for different types of documentation that should be required. This form will be sent to you by the DEMHS SPCP/Grant Unit after you have received your executed notice of grant award.
EMPG SLA Financial Tool	This budget tool tracks the financial reporting of your EMPG program year by year. This form will be sent to you by the DEMHS SPCP/Grant Unit after you have received your executed notice of grant award.

Reimbursement Request Data Sheet

Fill out the demographic information, this should match the information on your notice of grant award. The demographic information includes the following:

- **Subgrantee Name:** Grantee Name
- **Address:** Address of Remittance (Usually Municipal Hall/Seat of Government address)
- **Municipality FEIN:** The Federal Employer Identification Number of the municipality/Subgrantee.
- **Phone Number:** Phone number of person completing the document who can be contacted with questions.

Section I & II:

- **Period of Funding:** Enter the performance period listed on your Notice of Grant Award Document.
- **Amount Seeking Reimbursement:** Select the quarter that you are submitting reimbursement for, and enter in amount of federal funding that you are seeking next to the quarter you have selected.
- **Subgrant Award Number:** This number can be found on your Notice of Grant Award Number, it is 8 characters long and contains the program federal fiscal year in the first 3 characters. (IE.017S055A)
- **Box 1: Status/Progress Update:** The grantee should provide an update of activities/items purchased in the quarter for which the Subgrantee is submitting reimbursement for.

Section III:

PAGE 1: EMPG REIMBURSEMENT REQUEST DATA SHEET

Subgrantee Name: _____ Address: _____ **SPGA UNIT USE ONLY**

Municipality FEIN: _____ Phone Number: _____

SECTION I & II: Reimbursement and Quarterly Information: Please complete one report for the quarters in which you are seeking reimbursement and attach. The financial reports are denoted by quarter in the EMPG Financial Tool.

Funding Period: 10/1/16 to 9/30/17

Amount Seeking Reimbursement:	1st	\$	3rd	\$	Final
Total: \$ 0.00	2nd	\$	4th	\$	

Sub Grant Award Number: _____

1. Please briefly explain your project milestones over the selected quarters. (E. enhancements of emergency management capabilities in your jurisdiction or new strategies).

Section III: Documentation: Check all that apply to your program and attach documentation to this form with the corresponding quarters from the EMPG Financial Tool.

Personnel/Fringe	Organization/Equipment/Other	In-kind
<input type="checkbox"/> Financial system payroll report with the following: <input type="checkbox"/> Employees Name <input type="checkbox"/> Dates of Service <input type="checkbox"/> Check Numbers <input type="checkbox"/> Number of hours <input type="checkbox"/> Hourly rate <input type="checkbox"/> Actual Fringe <input type="checkbox"/> Identify Payroll codes if other than regular and overtime. <input type="checkbox"/> Submit documentation if fringe is other than the standard rate. <input type="checkbox"/> Stipend: provide copy of check with indication that this is a stipend payment.	<input type="checkbox"/> Invoices <input type="checkbox"/> Copy of checks or financial accounting system report with vendor name, invoice number, check number, amount and date. <input type="checkbox"/> If reimbursement documentation does not agree to invoice amount highlight and provide calculation used for reimbursement (ie. phone bills, reimbursable items on credit cards) <input type="checkbox"/> Mileage: submit completed mileage reporting form or subgrantee (municipal) form with the same information that is on our mileage form.	<input type="checkbox"/> Volunteer time - in-kind Services form , attached or internal form with the same information <input type="checkbox"/> Donated Equipment: <input type="checkbox"/> Donation Date <input type="checkbox"/> Market value or substantiation <input type="checkbox"/> Description

For DESPP/DEMGS Use Only Below this point:

Regional Coordinator Check:

The grantee has provided the required documentation and project outlines match the documentation provided.

If equipment has been purchased in excess of \$5,000.00, the [Equipment/Property Reporting Form](#) is attached.

The required reimbursement forms are attached for the quarters seeking reimbursement (EMPG Financial Tool Financial Report) and all documentation has been checked for accuracy

All items are allowable under EMPG.

Signature of Regional Coordinator: _____ Date: _____ Signature of Grants Supervisor: _____ Date: _____

Signature of EMPG: _____ Date: _____

Fund	Dept	SD	Program	Account	CH1	CH2	End Half	Project
0100	7100	2100	2100	2100	2100	2100	2100	2100

- The checklist assists the Subgrantee in providing the necessary documentation for reimbursement. Please see Appendix E for additional documentation requirements. The grantee should fill out this checklist as needed.

EMPG SLA Financial Tool

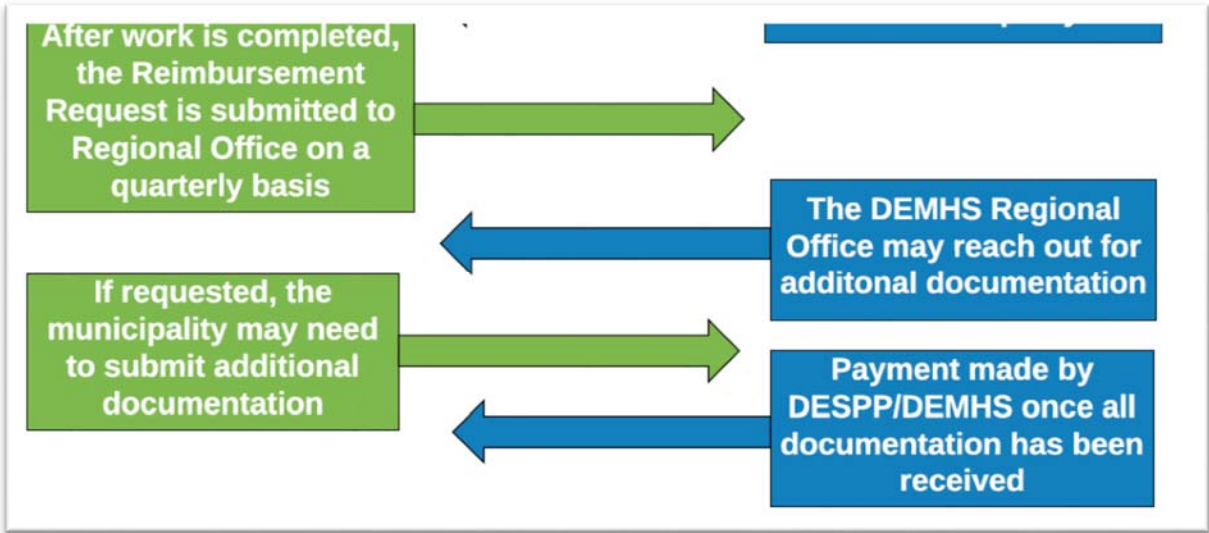
The **EMPG SLA Financial Tool** assists the Subgrantee in organizing expenditures, it also serves as a required submission form to calculate the costs to be reimbursed.

This tool should list all invoices and checks associated with the amounts being claimed for reimbursement. The invoices should be listed next to the corresponding budget category.

When submitting for reimbursement, signature is required on this form by the Authorized Signatory, the Emergency Management Director, the Financial Officer, and the DEMHS Regional Coordinator.

The original documents need to be mailed to the Regional Offices.

The screenshot displays a complex spreadsheet titled "State of Minnesota Department of Emergency Services (DEMHS) - EMPG SLA Financial Tool". The spreadsheet is organized into columns for "Budget Category", "2014", "2015", "2016", "2017", "2018", "2019", "2020", "2021", "2022", "2023", "2024", "2025", "2026", "2027", "2028", "2029", "2030", "2031", "2032", "2033", "2034", "2035", "2036", "2037", "2038", "2039", "2040". The rows list various budget categories such as "Personnel", "Travel", "Telephone", "Printing", "Supplies", "Equipment", "Construction", "Information Technology", "Professional Services", "Contract Services", "Travel", "Telephone", "Printing", "Supplies", "Equipment", "Construction", "Information Technology", "Professional Services", "Contract Services". The bottom section of the spreadsheet contains a signature area with fields for "Emergency Management Director", "Financial Officer", and "DEMHS Regional Coordinator", each with a "Date" and "Signature" field.



APPENDIX F: PAYMENT AND DOCUMENTATION REQUIREMENTS

All funds distributed through the EMPG are reimbursed to the municipality on a quarterly basis. The municipality is responsible for all initial project costs, DEMHS will reimburse the Federal Share after proper documentation is submitted. DESPP/DEMHS will track both the Federal and Local Match requirements through the EMPG SLA Financial Tool.

Payment will be made after the submittal of a reimbursement request with necessary “audit quality” documentation. DESPP/DEMHS will help the Subgrantee with any questions regarding that documentation. Please contact your DEMHS Regional Coordinator.

Documentation is required for each reimbursable item. Provide one item from each of the following lists:

1. Proof of Service or Purchase	2. Proof of Payment
<ul style="list-style-type: none"> • Vendor Invoices (quotes not acceptable) • Store Receipts • Payroll Sheets 	<ul style="list-style-type: none"> • Cancelled Checks • Credit Card Statements • General ledger reports indicating payment and check number. (Ie. Munis Report)

Back-up documentation is required to support reimbursement of certain items. Possible reasons for needing back-up documentation are listed below. This list is not all inclusive, but is helpful to understand the types of information needed.

Reason:	Special Documentation Needed:
Payroll Codes	Define all payroll codes on payroll report.
Fringe Benefits:	Requires a letter from the Finance Director on municipal letterhead stating the employee’s name, percentage of benefits, fringe and overhead rate.
In-Kind Services:	Volunteer Time: The DESP/DEMHS EMPG In-Kind Service form. Donation: Donation Date, Market Value or Substantiation, Description of Item.
Stipend:	Email/Letter from the Finance Director stating that the person is paid via stipend.
Mileage:	Submit a completed Mileage Reporting form or sub-recipient (Municipal) form with the same information that is on the DEPP/DEMHS form.

Insufficient or Incorrect documentation may delay your reimbursement, therefore; please contact your regional office **prior to submission** to help clarify any questions relating to the documentation requirements.

Complete Reimbursement: Complete quarterly reimbursement can occur once all of the budgeted funds have been expended and the service has ended.

Incremental Quarterly Reimbursement: EMPG incremental reimbursement can be used for services that are annual in nature (ie. Everbridge Emergency Notification Services). For these annual services, all bills that cover the whole term need to be submitted.

Documentation Requirements and Examples: This next section provides examples of some common issues that we see. Additional examples are available in the [Sample Reimbursement Request Package](#).

1. If using General Ledger Reports as Proof of Payment, this report must be a system generated report that indicate the vendor name, amount paid, date paid, check number and invoice number.

Two acceptable forms of proof of payment are: 1.) A system generated report or, 2.) a cancelled check. In order to use a General Ledger Report as Proof of Payment it must include the **amount paid, invoice date, date paid, check number and invoice number**.

1/22/16 10:05 AM
PRINTED BY: Mary Smith-CFO

Town of Newberry Accounting System
CHECK DISTRIBUTION REPORT

Page 1 of 1

ACCOUNT: BON (BANK OF NEWBERRY) 005544332211

GL_ACCOUNT ID: 100100-000-00 (Cash In Bank-General)

Payee:
ACME Telecommunications

CHK Number:
3021

CHK Date:
9/20/10

Vendor #
0002525

Check Amt:
\$ 100.00

Invoice #
INV102

Invoice Date:
9/20/2015

2. Services must be completed and paid for within the Period of Performance of the Grant Program.

If the service listed on the invoice has occurred outside the Performance Period it may be disallowed. The Period of Performance can be found on the Notice of Grant Award. You may request an extension for items that are paid within the period of performance.

3. Proof of Payment and Proof of Service Must Match

The **Proof of Service (Invoice)** must match the **Proof of Payment (Cancelled Check or General Ledger Report)**. If the check amount does not match the amount on the invoice then the Subgrantee is required to provide a check detail showing the breakdown.

Evergreen Electronics
 "For All of Newberry's Modern-Day Needs"
 55 Main Street
 Suite 43
 West Newberry CT, 06111

The invoice date should be within the performance period of the grant program.

INVOICE

INVOICE #0003245
 1/29/16

TO:
 Town of Newberry
 City Hall
 Attn: Emergency Management Department
 1 Newberry Road
 Newberry, CT 06000

SHIP TO:
 NameTown of Newberry
 City Hall
 Attn: Emergency Management Department
 1 Newberry Road
 Newberry, CT 06000

COMMENTS OR SPECIAL INSTRUCTIONS:

THNAK YOU FOR YOUR BUISINESS, IT WAS GREAT WORKING WITH YOU.

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
H. Evergreen	00036947	-	-	-	Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	11TR1000-001 GAI-Tonics Desk Set Tone Remote	-	\$ 1,727.22
2	Labor to Install	-	\$ 1,620.00

The total on the invoice must match the total on check or general ledger report.

SUBTOTAL	\$ 3,347.22
SALES TAX	0.00
SHIPPING & HANDLING	0.00
TOTAL DUE	\$ 3,347.22

Town of Newberry
 1 Newberry Road
 Newberry, CT 06000

Bank of Newberry

11111/1111-111
 DATE

00003245
 2/15/2016

PAY TO THE ORDER OF Evergreen Electronics

17,347.22

Seventeen Thousand Three Hundred and Forty-Seven - - - - 22/100

Dollars

FOR EOC & Police Station Projects



⑆ 1111 ⑆ ⑆ 123456789 ⑆ 100100-01 ⑆

INV	PO	PAYEE	AMT
18616	00036947	Evergreen Electronics	\$ 3,347.22
18617	00036947	Evergreen Electronics	\$ 4,000.00
18625	00036425	Evergreen Electronics	\$10,000.00
TOTAL:			\$ 17,347.22

If the amount on the Invoice does not match the amount on Check, the Sub-Recipient needs to include the Check Detail paying the amount on the check.

4. Telecommunication expenses must be broken down for each item

Telecommunication (Landline, Internet and Cellular telephone) expenses are often included on one bill for the municipality as a whole. Charges allocated to emergency management must be clearly identifiable as part of the total invoice. (For example, show the front of total phone bill with emergency management expenses broken out).



10 South Road
Newberry, CT 06000

INVOICE #	DATE DUE:	ACCOUNT NUMBER
9741110073	3/18/20	442002972-00001

Town of Newberry
City Hall
Attn: Emergency Management Department
1 Newberry Road
Newberry, CT 06000

QUICK BILL SUMMARY

JAN 24-FEB 23

Previous Balance	\$1,443.75
Payment- Thank You	-\$522.60
Adjustments	-\$1,099.98
Credit Balance	-\$178.83
Monthly Charges	\$1,305.54
Usage and Purchase Charges	
Voice	\$.00
Messaging	\$.00
Data	\$.00
Equipment Charges	\$1,902.42
Surcharges, Charge & Credits	\$15.61
Taxes, Governmental Surcharges & Fees	\$.00
Total Current Charges	3,223.57

The total on the invoice should match the total of the check and/or general ledger report paying the invoice.
If the invoice includes lines for other municipal departments other than the Emergency Management Office, then costs associated with the Emergency Management Office must be broken out.

TOTAL CHARGES DUE BY MARCH 18, 2016 **\$3,044.74**

Town of Newberry
1 Newberry Road
Newberry, CT 06000

Bank of Newberry

11111/1111-111

00003249

DATE

3/15/2016

PAY TO THE ORDER OF Newberry Wireless

The check total should match the total of the bill

\$ 3,044.74

Three Thousand Forty-Four- - - - 75/100

Dollars

FOR Wireless Bill

⑈1111⑈ ⑆123456789⑆ 100100-01⑈

CHECK DETAIL

INV	PO	PAYEE	AMT
9741110073	26089	Newberry Wireless	\$ 53.91
9741110073	26467	Newberry Wireless	\$ 76.19
9741110073	26358	Newberry Wireless	\$ 40.01
9741110073	26334	Newberry Wireless	\$ 50.65
9741110073	26454	Newberry Wireless	\$ 50.65
9741110073	26710	Newberry Wireless	\$ 657.66
9741110073	26243	Newberry Wireless	\$ 36.18
9741110073	26323	Newberry Wireless	\$ 36.18
9741110073	26703	Newberry Wireless	\$ 792.74
9741110073	26419	Newberry Wireless	\$ 322.55
9741110073	26224	Newberry Wireless	\$ 286.62
9741110073	26670	Newberry Wireless	\$ 641.40
TOTAL:			\$ 3,044.74

It may be easier to have the Municipal Finance Office provide a breakdown on the check for easier tracking.

In this example, \$76.19 represents the total of the Cell Phone Line and the Mifi Account for Newberry's Emergency Management Office.

Summary for Roger Wilco-EMD 555-555-5555

The Subgrantee should provide the amount spent on emergency management purposes and provide the Account Summary page if applicable.

YOUR PLAN

- Email & Data Unlimited + TXT**
\$35.99 monthly charge
- M2M National Unlimited**
Unlimited Mobile to Mobile
- UNL Night & Weekend Min**
Unlimited OFFPEAK
- UNL Text Messaging**
Unlimited M2M Text
Unlimited Text Message
- Email & Data EVDO Unlimited**
Unlimited monthly megabyte
- UNL Picture/Video MSG**
Unlimited Monthly Picture & Video

Monthly Charges
Email & Data Unlimited + T

\$35.99

Usage and Purchase Charges

Voice	Allowance	Used	Billable	Cost
Share Plan <i>minutes</i>	---	42	---	---
Night/Weekend <i>minutes</i>	Unlimited	3	---	---
Total Voice				\$.00
Messaging				
Text <i>messages</i>	Unlimited	21	---	---
Total Messaging				\$.00
Data				
Megabyte Usage <i>megabytes</i>	Unlimited	40.049	---	---
Total Data				\$.00
Total Usage and Purchase Charges				
				\$.00
Newberry Wireless' Surcharges				
Regulatory Charge				.18
CT Telecom Relay Srvc Surchg				.01
				\$.19
Total Current charges for 555-555-5555				\$36.18

Summary for Office of Emergency MGMT Mifi: 445-544-4244

YOUR PLAN

- Mobile Broadband Unlimited**
\$39.99 Monthly Charge
\$.25 per minute
- MBB Unlimited**
Unlimited monthly gigabyte

Monthly Charges
Email & Data Unlimited + TXT Add'l Line

2/24-3/23

39.99

\$39.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Gigabyte Usage <i>gigabytes</i>	unlimited	.958	---	---
Total Data				\$.00
Total Usage and Purchase Charges				
				\$.00
Newberry Wireless' Surcharges				
Regulatory Charge				.02
				\$.02
Total Current charges for 445-544-4244				\$40.01