



**CHAMPAIGN COUNTY BOARD
COMMITTEE OF THE WHOLE ADDENDUM
Finance/Justice & Social Services/Policy, Personnel, & Appointments
County of Champaign, Urbana, Illinois
Tuesday, August 13, 2013 – 6:00 p.m.**

**Lyle Shields Meeting Room-Brookens Administrative Center
1776 E. Washington, Urbana, Illinois**

VII. Finance:

J. Other Business

1. Request Approval of Application for, and if Awarded, Acceptance of Annual Emergency Management Agency Grant - October 1, 2013-September 30, 2014



SHERIFF DAN WALSH CHAMPAIGN COUNTY SHERIFF'S OFFICE

Coordinator John Dwyer
Champaign County EMA
1905 E. Main Street
Urbana, Illinois 61802
(217) 384-3826

To: Christopher Alex, Deputy Chair of Finance and Members of the County Board

From: John Dwyer, EMA Coordinator

Subject: Emergency Management Assistance Grant

Date: August 9, 2013

EMA is requesting approval to apply for and accept when awarded our annual Emergency Management Assistance Grant as attached. This grant is to offset the administrative costs for the County EMA Program.

We are applying for up to 50% of our EMA total budget as listed on the front page of the application. The amount of the award over the past few years has been in the \$50,000.00 range however it is dependent on the allocation by the Federal Budget given to the Illinois Emergency Management for administration of the grant. Last, year's grant amount was over \$55,000. We will advise the committee when we know our grant amount.

**CHAMPAIGN COUNTY
APPLICATION FORM FOR
GRANT CONSIDERATION, ACCEPTANCE, RENEWAL/EXTENSION**

Department: Champaign County Sheriff's Office-Champaign County EMA

Grant Funding Agency: Illinois Emergency Management Agency

Amount of Grant: Approximately \$55,000

Begin/End Dates for Grant Period: October 1, 2013-Sept 30, 2014

Additional Staffing to be Provided by Grant: none

Application Deadline: August 31, 2013

Parent Committee Approval of Application: Finance

Is this a new grant, or renewal or extension of an existing grant? renewal

If renewal of existing grant, date grant was first obtained: n/a

Will the implementation of this grant have an effect of increased work loads for other departments? (i.e. increased caseloads, filings, etc.) Yes No

If yes, please summarize the anticipated impact:

Does the implementation of this grant require additional office space for your department that is not provided by the grant? Yes No

If yes, please summarize the anticipated space need:

Please check the following condition which applies to this grant application:

The activity or service provided can be terminated in the event the grant revenues are discontinued.

The activity should, or could be, assumed by County (or specific fund) general and recurring operating funds.

Departments are encouraged to seek additional sources or revenue to support the services prior to expiration of grant funding.

This Grant Application Form must be accompanied by a Financial Impact Statement. (See back of form)

All staff positions supported by these grant funds will exist only for the term award of grant, unless specific action is taken by the County Board to extend the position.

DATE: August 9, 2013

SIGNED: 
Department Head

Application for & Acceptance of Grant Approval:

Approved by Finance Committee: _____

Approved by County Board: _____

Approved by Grant Executive Committee: _____

COUNTY OF CHAMPAIGN
FINANCIAL IMPACT STATEMENT

(To accompany Grant Applications or Appropriate Resolutions/Ordinances)

Current Year Annual Expenditure Estimate:

Number of Positions 2 Personnel \$ 102,777.07
Commodities: \$ 17,122
Contractual: \$ _____
Capital: \$ _____

Long Term Expenditure Estimate:

Current Year Annual Revenue Estimate:

Long Term Revenue Estimate:

Approved by Finance Committee: Date: _____

Approved by County Board: Date: _____

**Emergency Management Assistance (EMA) Grant Program
FFY 2014 GRANT PROGRAM APPLICATION**

Date: mm/dd/yyyy HH:MM

JURISDICTION:

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

D-U-N-S NUMBER (DUNS): PLUS FOUR:

ESDA/EMA COORDINATOR/DIRECTOR: First: Last:

MAILING ADDRESS:

CITY: ZIP CODE + FOUR: -

OFFICE TELEPHONE:

E-MAIL:

CHECK ADDRESS:

CITY AND ZIP CODE:

IEMA REGION #: JURISDICTION FISCAL YEAR START DATE:

POPULATION - Year 2010 CENSUS:

CHIEF ELECTED OFFICIALS NAME First: Last:

TITLE:

BUDGET INFORMATION Automatically filled from section pages	
TOTAL Personnel & Benefits (Totals from Section 2 & Section 3)	\$168,853.11
TOTAL Travel (Total from Section 4)	\$0.00
TOTAL Organizational Expenses (Total from Section 5)	\$0.00
TOTAL Equipment Expenses (Total from Section 6)	\$0.00
EMA BUDGET - EXCLUDING Additional Program Needs Costs	\$168,853.11
TOTAL Additional Program Needs (Total from Section 7)	\$0.00
TOTAL EMA BUDGET (Including Additional Program Needs)	\$168,853.11
FINAL ALLOCATION FOR GRANT AGREEMENT (IEMA USE ONLY)	

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: 2

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction. 37.5 The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary
Coordinator	John Dwyer	100.000%	\$60,996.00	\$60,996.00	100.000%
Deputy	Bill James	100.000%	\$57,993.00	\$57,993.00	100.000%
Coordinator			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		

TOTAL SALARIES FOR ESDA WORK ONLY: **\$118,989.00**
 Total of all pages for ESDA Salaries (Only) is listed at bottom of this page, and on first page.

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
	✓

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: **\$118,989.00**
 (Do NOT include Salaries from other departments.) This amount will be added to total on page 1

2-A

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction. The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:

(This amount also listed at bottom of page, and on first page.)

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
-----	----

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: _____

(Do NOT include Salaries from other departments.) This amount will be added to total on page 1

2-B

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction [] The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
-----	----

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: _____
(Do NOT include Salaries from other departments.) This amount will be added to total on page 1.

2-C

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:

(This amount also listed at bottom of page, and on first page.)

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
-----	----

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table.

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: _____

(Do NOT include Salaries from other departments.) This amount will be added to total on page 1.

2-D

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction. The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
-----	----

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: _____
(Do NOT include Salaries from other departments.) This amount will be added to total on page 1.

2-E

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction. The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
-----	----

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: _____
(Do NOT include Salaries from other departments.) This amount will be added to total on page 1.

2-F

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction. [] The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
-----	----

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: _____

(Do NOT include Salaries from other departments.) This amount will be added to total on page 1.

2-G

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
-----	----

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: _____
(Do NOT include Salaries from other departments.) This amount will be added to total on page 1.

IEMA ATTACHMENT A: BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that represent an out of pocket expense to the local government grant recipient. Do not list benefits that are paid by the employee.

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the ESDA/EMA salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage % of Gross Paycheck	OR Total Annual Salary	Dollar Amount	Annual # of Pay Periods			
John Dwyer	S.S.	7.650%	\$60,996.00			\$4,666.19	100.000%	\$4,666.19
	IMRF	9.920%	\$60,996.00			\$6,050.80	100.000%	\$6,050.80
	Life Insurance			\$3.00	12	\$36.00	100.000%	\$36.00
	Health			\$640.00	12	\$7,680.00	100.000%	\$7,680.00
	Work Comp		\$60,996.00	\$265.10	26	\$6,892.60	100.000%	\$6,892.60
	Unemployment	5.150%	\$13,500.00			\$695.25	100.000%	\$695.25
						\$0.00		\$0.00
Bill James	S.S.	7.650%	\$57,993.00			\$4,436.46	100.000%	\$4,436.46
	IMRF	9.920%	\$57,993.00			\$5,752.91	100.000%	\$5,752.91
	Life Insurance			\$3.00	12	\$36.00	100.000%	\$36.00
	Health			\$640.00	12	\$7,680.00	100.000%	\$7,680.00
	Work Comp		\$57,993.00	\$201.64	26	\$5,242.64	100.000%	\$5,242.64
	Unemployment	5.150%	\$13,500.00			\$695.25	100.000%	\$695.25
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00

TOTAL BENEFITS FOR ESDA WORK: \$49,864.11
This amount will be added to total on page 1.

3-A

IEMA ATTACHMENT A: BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that represent an out of pocket expense to the local government grant recipient. Do not list benefits that are paid by the employee.

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the ESDA/EMA salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage % of Gross Paycheck	OR Total Annual Salary	Dollar Amount Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

3-B

IEMA ATTACHMENT A: BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that repres

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the ESDA/EMA salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage % of Gross Paycheck	OR Total Annual Salary	Dollar Amount Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

3-C

IEMA ATTACHMENT A: BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that repres

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the ESDA/EMA salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage % of Gross Paycheck	OR Total Annual Salary	Dollar Amount Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

3-D

IEMA ATTACHMENT A: BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that repres

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the ESDA/EMA salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage % of Gross Paycheck	OR Total Annual Salary	Dollar Amount Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

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IEMA ATTACHMENT A: BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that repres

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the ESDA/EMA salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage % of Gross Paycheck	OR Total Annual Salary	Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

ATTACHMENT A: TRAVEL

IEMA must have travel information on file before any travel expenses can be reimbursed.

CHOOSE ONE OF THE TWO CATEGORIES BELOW:

- A. **LOCAL GOVERNMENT HAS NO TRAVEL REGULATIONS**
 If this is the case, you will be covered by current State of Illinois travel regulations.
[Link to State Travel Board Site](#)
- B. **LOCAL GOVERNMENT HAS TRAVEL REGULATIONS**
 If this is the case, attach a current copy of your local travel regulations. Failure to do so will cause applicant to be ineligible for travel reimbursement.

ENTER LETTER OF STATEMENT (A or B) THAT APPLIES TO YOUR LOCAL GOVERNMENT.
 IF YOU ENTERED B, PLEASE COMPLETE THE BOXES BELOW.

Local Mileage is cents per mile.

Meals and/or per diem:

Lodging Allowance:

LIST REASONS FOR TRAVEL AND ESTIMATED COSTS

TRAVEL ACTIVITY	AMOUNT

TOTAL TRAVEL EXPENSES: \$0.00

Enter this total on Page 1

INSTRUCTIONS for Attachment A: Facilities Management
Application for Reimbursement of Rent, Maintenance and/or Utility Service Charges

In order to update EMA Grant Program records for all expenses claimed, ALL applicants desiring to claim expenses in the categories listed on “Attachment A: Facilities Management- Application for Reimbursement of Rent, Maintenance and/or Utility Service Charges” are required to submit this form.

In accordance with provisions of OMB Circular A-87, reimbursement in these categories is eligible only upon approval of IEMA for administrative offices, or those portions of local offices that are used for administrative purposes. These costs are part of the allowable cost category "organizational" expenses.

A detailed, scaled floor plan of the area must be attached which sets forth usage of the entire area. Only that portion used for day-to-day administration, properly identified, is eligible for reimbursement.

Documentation of rates claimed is required, e.g. letter from your local central billing department, lease or contract. All costs will be reflected on a monthly basis.

Facilities Management - Page 1
APPLICATION FOR REIMBURSEMENT OF RENT,
MAINTENANCE AND/OR UTILITY SERVICE CHARGES

Illinois Emergency Management Agency
 Emergency Management Assistance Program

This application is for requesting reimbursement of rent, janitorial, maintenance and utility service charges other than rent, or charges made in lieu thereof. *A DETAILED, SCALED PLAN OF AREA SHALL BE ATTACHED. USAGE OF TOTAL AREA SHALL BE INDICATED. ATTACH COPY OF CURRENT CONTRACT, AGREEMENT, OR LEASE AS APPLICABLE.

Read each section carefully, fill out information accurately, and provide all documentation as requested

Location of Property: _____

Owner of Property: _____

Constructed with Federal Funds? (circle or check one) Yes No

1. Reimbursement will be based on the following facts:

Total square footage of area _____

Total square footage used for administrative purposes and occupied on a day-to-day basis _____

*Administrative area is NaN % of total square footage.

2. Reimbursement request for the following costs or services (use above percentage):

<input type="checkbox"/> Rent - Monthly Rent	Monthly Cost \$ _____	% Listed in #1 _____ %	\$ <u>0.00</u> Monthly Cost multiplied by %
Rent Includes: (Checkmark if applicable)			
<input type="checkbox"/> Janitorial Services		<input type="checkbox"/> Electricity	
<input type="checkbox"/> Heat		<input type="checkbox"/> Water	
<input type="checkbox"/> Gas		<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Janitorial Maintenance	Monthly Cost \$ _____	% Listed in #1 _____ %	\$ <u>0.00</u> Monthly Cost multiplied by %
<input type="checkbox"/> Utilities (Gas, Electric, Water)	_____ % % of Total Charges for all utilities	Estimated Gas total for a month	Estimated Water total for a month Estimated Electric total for a month
<input type="checkbox"/> Reimbursement in lieu of Rent, Utilities, etc.	\$ _____ Monthly Rent		

(A separate letter of explanation and formula used in making calculations must accompany this request for consideration.)

This request will be effective beginning with the new Federal fiscal year (October 1) or the date this application is accepted if not part of the EMA annual application.

Facilities Management - Page 2
APPLICATION FOR REIMBURSEMENT OF RENT,
MAINTENANCE AND/OR UTILITY SERVICE CHARGES

Illinois Emergency Management Agency
 Emergency Management Assistance Program

This application is for requesting reimbursement of rent, janitorial, maintenance and utility service charges other than rent, or charges made in lieu thereof. *A DETAILED, SCALED PLAN OF AREA SHALL BE ATTACHED. USAGE OF TOTAL AREA SHALL BE INDICATED. ATTACH COPY OF CURRENT CONTRACT, AGREEMENT, OR LEASE AS APPLICABLE.

Read each section carefully, fill out information accurately, and provide all documentation as requested

Location of Property: _____

Owner of Property: _____

Constructed with Federal Funds? (circle or check one) Yes No

1. Reimbursement will be based on the following facts:

Total square footage of area _____

Total square footage used for administrative purposes and occupied on a day-to-day basis _____

*Administrative area is NaN % of total square footage.

2. Reimbursement request for the following costs or services (use above percentage):

<input type="checkbox"/> Rent - Monthly Rent	Monthly Cost \$ _____	% Listed in #1 _____ %	\$ <u>0.00</u> Monthly Cost multiplied by %
Rent Includes: (Checkmark if applicable)			
<input type="checkbox"/> Janitorial Services		<input type="checkbox"/> Electricity	
<input type="checkbox"/> Heat		<input type="checkbox"/> Water	
<input type="checkbox"/> Gas		<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Janitorial Maintenance	Monthly Cost \$ _____	% Listed in #1 _____ %	\$ <u>0.00</u> Monthly Cost multiplied by %
<input type="checkbox"/> Utilities (Gas, Electric, Water)	_____ % % of Total Charges for all utilities	Estimated Gas total for a month	Estimated Water total for a month Estimated Electric total for a month
<input type="checkbox"/> Reimbursement in lieu of Rent, Utilities, etc.	\$ _____ Monthly Rent		

(A separate letter of explanation and formula used in making calculations must accompany this request for consideration.)

This request will be effective beginning with the new Federal fiscal year (October 1) or the date this application is accepted if not part of the EMA annual application.

IEMA ATTACHMENT A: ORGANIZATIONAL EXPENSES

DIRECTIONS: List the items that are necessary and essential for the day-to-day operations of the emergency management office, along with costs and other information requested in this form.

CATEGORY	ITEM DESCRIPTIONS				ANNUAL AMOUNT
	TELEPHONES	PHONE TYPE		NUMBER OF PHONES	
Office Phone(s)					
Fax Line(s)					
Cell Phone(s)					
Other					
Other					
VEHICLE MAINTENANCE	MAKE	MODEL	YEAR	LICENSE #	Annual Amount
OFFICE EQUIPMENT	TYPE OF EQUIPMENT		DESCRIPTION (IF APPLICABLE)		Annual Amount
SUPPLIES	ITEM		DESCRIPTION (IF APPLICABLE)		Annual Amount
INFORMATION COPIED FROM FACILITIES MANAGEMENT FORM - Page 1 - SUBJECT TO IEMA APPROVAL	CATEGORY				Annual Amount
	RENT				\$ 0.00
	GAS				\$ 0.00
	WATER				\$ 0.00
	ELECTRIC				\$ 0.00
	JANITORIAL AND/OR MAINTENANCE				\$ 0.00
REIMBURSEMENT IN LIEU OF RENT, UTILITIES, JANITORIAL AND/OR MAINTENANCE				\$ 0.00	
GRAND TOTAL OF ORGANIZATIONAL EXPENSES:					\$ 0.00

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IEMA ATTACHMENT A: ORGANIZATIONAL EXPENSES

DIRECTIONS: List the items that are necessary and essential for the day-to-day operations of the emergency management office, along with costs and other information requested in this form.

CATEGORY	ITEM DESCRIPTIONS				ANNUAL AMOUNT
TELEPHONES	PHONE TYPE		NUMBER OF PHONES		Annual Amount
	Office Phone(s) Fax Line(s) Cell Phone(s) Other Other				
VEHICLE MAINTENANCE	MAKE	MODEL	YEAR	LICENSE #	Annual Amount
OFFICE EQUIPMENT	TYPE OF EQUIPMENT		DESCRIPTION (IF APPLICABLE)		Annual Amount
SUPPLIES	ITEM		DESCRIPTION (IF APPLICABLE)		Annual Amount
INFORMATION COPIED FROM FACILITIES MANAGEMENT FORM - Page 2 - SUBJECT TO IEMA APPROVAL	CATEGORY				Annual Amount
	RENT				\$ 0.00
	GAS				\$ 0.00
	WATER				\$ 0.00
	ELECTRIC				\$ 0.00
	JANITORIAL AND/OR MAINTENANCE				\$ 0.00
REIMBURSEMENT IN LIEU OF RENT, UTILITIES, JANITORIAL AND/OR MAINTENANCE				\$ 0.00	
GRAND TOTAL OF ORGANIZATIONAL EXPENSES:					\$ 0.00

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IEMA ATTACHMENT A: EQUIPMENT

Additional Informational Links

[FEMA Preparedness Grants and Authorized Equipment List](#)
[Grant Programs Directorate Information Bulletin](#)
[ENVIRONMENTAL and HISTORIC PRESERVATION SCREENING FORM](#)
[ITTF POLICY STATEMENT 2009 \(3\)](#)
[ITTF POLICY STATEMENT 2012 \(2\)](#)

Authorized Equipment List Number	Item Description	Unit Number	Unit Price	Total	EHP Required ?	Provide narrative as to how the equipment is going to be utilized for day-to-day emergency management activities
					No	
					No	
					No	
					No	
					No	
					No	
				\$ 0.00	No	
PAGE TOTAL						

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IEMA ATTACHMENT A: EQUIPMENT

Additional Informational Links

FEMA Preparedness Grants and Authorized Equipment List
Grant Programs Directorate Information Bulletin
ENVIRONMENTAL and HISTORIC PRESERVATION SCREENING FORM
ITTF POLICY STATEMENT 2009 (3)
ITTF POLICY STATEMENT 2012 (2)

Authorized Equipment List Number	Item Description	Unit Number	Unit Price	Total	EHP Required ?	Provide narrative as to how the equipment is going to be utilized for day-to-day emergency management activities
					No	
					No	
					No	
					No	
					No	
					No	
					No	
PAGE TOTAL						\$0.00

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IEMA ATTACHMENT A: EQUIPMENT

Additional Informational Links
FEMA Preparedness Grants and Authorized Equipment List
Grant Programs Directorate Information Bulletin
ENVIRONMENTAL and HISTORIC PRESERVATION SCREENING FORM
ITTF POLICY STATEMENT 2009 (3)
ITTF POLICY STATEMENT 2012 (2)

Authorized Equipment List Number	Item Description	Unit Number	Unit Price	Total	EHP Required ?	Provide narrative as to how the equipment is going to be utilized for day-to-day emergency management activities
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
PAGE TOTAL						\$0.00

IEMA Attachment A: Annual Work Plan

FFY 2014 Emergency Management Assistance (EMA) Grant

Preparedness: Report describes activities including exercises, plan updates, training, etc., planned for the coming Federal Fiscal Year, that fall into the category of emergency management "preparedness".

1st Quarter (Oct - Dec)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meeting
- Monthly meeting with EMA Liaison team
- Manage Search And Rescue Team Ground training exercise
- Conduct County Damage Assessment / Debris Management training
- Host Public Information Officer and local Media meetings

2nd Quarter (Jan - Mar)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meeting
- Monthly meetings with EMA Liaison team
- Conduct Severe Weather training for Storm Spotter by National Weather Service
- Host Public Information Officer and local Media meeting
- Conduct Community Outreach events and speaking to groups on emergency preparedness

3rd Quarter (Apr -Jun)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meetings
- Attend the Illinois Emergency Services Management Association Training conference
- Monthly meetings with EMA Liaison team
- Conduct Community Outreach events and speak to groups on emergency preparedness
- Participate in Willard Airport tabletop emergency response exercise

4th Quarter (Jul - Sep)

- Monthly test of radio and siren capabilities
- Monthly meetings with EMA Liaison team
- Regional Emergency Coordination Group meeting
- Host Public Information Officer and local Media meetings
- Attend Illinois Emergency Management Agency Training conference
- Participate in an higher education school emergency response and evacuation functional exercise
- Participate in the Biohazard Detection System exercise hosted by US Postal Service for first responders
- Conduct Community Outreach events and speak to groups on emergency preparedness
- Participate in Willard Airport tabletop emergency response exercise
- Attend Illinois Search and Rescue Council Training conference
- Submit EOP for recertification

IEMA Attachment A: Annual Work Plan

FFY 2014 Emergency Management Assistance (EMA) Grant

Mitigation: The working definition for mitigation, as reported in the Annual Work Plan, is "activities and planning with the intent of reducing the impacts of future disasters:. This section of the report describes activities including mitigation planning, mitigation projects, participation in mitigation programs, membership and/or attendance at mitigation meetings,

IEMA Attachment A: Annual Work Plan

FFY 2014 Emergency Management Assistance (EMA) Grant

Recovery: (If applicable) - This section will not be included in the Annual Work Plan unless a disaster has recently occurred and the recovery process is ongoing. An example might be that a recent flood has caused the need for debris clearance and permanent restoration projects. A brief listing of projects planned for the recovery effort could be included in this section of the Annual Work Plan.

IEMA Attachment A: Annual Work Plan

FFY 2014 Emergency Management Assistance (EMA) Grant

Issues of Concern: Any issues related to emergency management, that are of concern to the local ESDA/EMA organization, are reported in this section of the Annual Work Plan.

Federal Funding Accountability and Transparency Act (FFATA)

Disclaimer: The data provided on this sheet will be uploaded into the website by IEMA as required by law.

PLEASE READ BELOW AND ANSWER THE FOLLOWING QUESTIONS:

“Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website, which is www.USASpending.gov.”

1. Answer the question,

As provided to you by your sub-awardee, in your sub-awardee's business or organization's preceding completed fiscal year, did its business or organization (the legal entity to which the DUNS number it provided belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000.00 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements?"

2. Answer the question,

As provided to you by your Sub-awardee, does the public have access to information about the compensation of the executives in the sub-awardee's business or organization (the legal entity to which the DUNS number it provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?"

EXECUTIVE #1

First Name:	Last Name:	Compensation Amount:
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EXECUTIVE #2

First Name:	Last Name:	Compensation Amount:
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EXECUTIVE #3

First Name:	Last Name:	Compensation Amount:
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EXECUTIVE #4

First Name:	Last Name:	Compensation Amount:
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EXECUTIVE #5

First Name:	Last Name:	Compensation Amount:
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Submit