

FY17 EMPG- You must be able to provide a dollar for dollar match!

This is a 3 page application. You must enter all information requested on all pages. DO NOT CHANGE THE FORMAT OF THIS WORKBOOK!

Click on the Coversheet

Enter your City Name as the grant recipient

Enter your City's DUNS#

Enter your Agency's Name as implementing Agency

Enter your Agency's DUNS#

Enter the appropriate addresses

Enter the amount you will be awarded as identified in the below chart under Federal

Enter the match amounts in the appropriate area (cash, salaries are considered as cash match, or in-kind, volunteer time is considered in-kind)

Enter the Federal Employer ID#

Complete and sign the Authorized Agent section making sure that the Authorized Agent has the authority from your governing body to sign this document

Complete and sign the Grant Manager section

Click on the Project Description Tab

Enter your Agency Name in the Field Provided

Move your cursor over the small red arrows in the upper right hand corners of the header fields to read instructions for that column

Be descriptive but concise in the Project Description(what are you buying)

Make sure to provide a solid need for whatever your project is and include how you came up with the need

You will need to complete the information in the Milestone column

Click on the 2017 Budget Sheet

Use the below "Total" Amount as your reimburseable amount (in yellow)

E-1: City/County Population Estimates with Annual Percent Change

1-Jan-16

FY17 EMPG

County/City	Population	%	5K Base	Per Capita	Total
\$603,885	1/1/2016				
Riverside	2,347,828		\$145,000	\$428,690	
Banning	30,834	1.31%	\$5,000	\$5,630	\$10,630
Beaumont	45,118	1.92%	\$5,000	\$8,238	\$13,238
Calimesa	8,289	0.35%	\$5,000	\$1,513	\$6,513
Canyon Lake	10,681	0.46%	\$5,000	\$1,950	\$6,950
Cathedral City	54,261	2.31%	\$5,000	\$9,908	\$14,908
Coachella	45,407	1.93%	\$5,000	\$8,291	\$13,291
Corona	164,659	7.01%	\$5,000	\$30,065	\$35,065
Eastvale	63,162	2.69%	\$5,000	\$11,533	\$16,533
Hemet	80,070	3.41%	\$5,000	\$14,620	\$19,620
Indian Wells	5,412	0.23%	\$5,000	\$988	\$5,988
Indio	88,058	3.75%	\$5,000	\$16,079	\$21,079
Lake Elsinore	61,006	2.60%	\$5,000	\$11,139	\$16,139
La Quinta	39,977	1.70%	\$5,000	\$7,299	\$12,299
Menifee	89,004	3.79%	\$5,000	\$16,251	\$21,251
Moreno Valley	205,383	8.75%	\$5,000	\$37,501	\$42,501
Murrieta	113,795	4.85%	\$5,000	\$20,778	\$25,778
Norco	26,896	1.15%	\$5,000	\$4,911	\$9,911
Palm Desert	49,335	2.10%	\$5,000	\$9,008	\$14,008
Palm Springs	46,654	1.99%	\$5,000	\$8,519	\$13,519
Perris	73,722	3.14%	\$5,000	\$13,461	\$18,461
Riverside	324,696	13.83%	\$5,000	\$59,286	\$64,286
Temecula	109,064	4.65%	\$5,000	\$19,914	\$24,914
Wildomar	35,168	1.50%	\$5,000	\$6,421	\$11,421
Balance of County	364,413	15.52%	\$5,000	\$66,538	\$71,538

Enter your Agency Name in the field provided

Move your cursor over the small red arrows in the upper right hand corners of the header fields to

Enter the Solution Area and Sub Solution Area for each line item

Approved equipment can be found on the AEL @ <https://www.fema.gov/authorized-equipment-list>.

Make sure you are looking at equipment allowed under EMPG

You must enter the appropriate AEL for the equipment along with the AEL Title which is beside the AEL #. Make sure you look to see if EMPG is noted as an allowable Grant for the item.

In the "Description" column please be sure to be descriptive but do not use agency jargon.

Please refer to the Core Capabilities & Goals & Objectives tab to enter those areas of the Proj. Description page


Please see the "Additional Forms" tab for forms that will be necessary to submit to the OA

Upon approval of the Operational Area application by the California Office of Emergency Services, hereafter designated Cal OES, Riverside County Operational Area hereby makes a Grant Award of funds to the following:

1. Grant Recipient:		CITY OF LAKE ELSINORE		1a. DUNS #:		
in the amount and for the purpose and duration set forth in this Grant Award.						
2. Implementing Agency:		CITY OF LAKE ELSINORE		2a. DUNS #:		
3. Implementing Agency Address:				4. Location of Project:		
Street:		130 S MAIN STREET	City:	LAKE ELSINORE	Zip Code +	92530-4163
5. Disaster/Program Title:		Emergency Management Program Grant			6. Performance Period: (Personnel can be tasked to 7/1/17, equipment can only be purchased after the official date of Award Letter)	
					to	<u>3/31/2018</u>

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2017	7. EMPG		\$16,139			\$16,253	\$16,253	\$32,392
	8.						\$0	\$0
	9.						\$0	\$0
	10.						\$0	\$0
	11.						\$0	\$0
	12. TOTALS	\$0	\$16,139	\$16,139	\$0	\$16,253	\$16,253	12G. Total Project Cost: \$32,392

113. This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient signifies acceptance of this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal EMA policy and program guidelines. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. Official Authorized to Sign for Applicant/Grant Recipient:						15. Federal Employer ID Number:	
Name:	Jason Simpson		Title:	Assistant City Manager			
Telephone:	951 674 3124	FAX:	Email:	simpson@lake-elsinore.org			
(area code)							
Payment Mailing Address:	130 S Main Street			City:	Lake Elsinore	Zip Code + 4:	92530-4163
Signature:				Date:	30-Jun-17		

Project Name	Capabilities, Goal & Objective	Project Description	Need	Project Milestone
A- Emergency Management Personnel Training	Capability: Goal: Objective:			At the 3-month mark, this project will be ___% complete and \$___ funds will be expended. At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 9-month mark, this project will be ___% complete and \$___ funds will be expended.
B- Emergency Management Staffing	Capability: Goal: Objective:			At the 3-month mark, this project will be ___% complete and \$___ funds will be expended. At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 9-month mark, this project will be ___% complete and \$___ funds will be expended.
C- Community Preparedness	Capability: Goal: Objective:			At the 3-month mark, this project will be ___% complete and \$___ funds will be expended. At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 9-month mark, this project will be ___% complete and \$___ funds will be expended.
D- EOC Readiness	Capability: Goal: Objective:	Ensure the County/cities are staffed and equipped with needed operational equipment in order to handle emergencies within and outside of each of our jurisdictions. "Cities will purchase equipment necessary to update and enhance the capabilities of their EOCs. Equipment: Emergency Lighting us mobile and can be used outdoors if necessary where ever EOC is mobilized. TVs needed for EOC monitoring of emergency situations. All equipment is mobile free standing.	As risks increase it is imperative that our local and regional EOCs are outfitted and ready to accommodate staffing in the event there is a need. Relevant activities include ensuring that emergency facilities are appropriately equipped and that all reference resources are accurate and current.	At the 3-month mark, this project will be 50% complete and \$15,000, funds will be expended. At the 6-month mark, this project will be 100% complete and \$32,391.86 funds will be expended. At the 9-month mark, this project will be 100% complete and \$32,391.86 funds will be expended.
E- Emergency Management Preparedness	Capability: Goal: Objective:			At the 3-month mark, this project will be 25% complete and \$2,981 funds will be expended. At the 6-month mark, this project will be 50% complete and \$5,962 funds will be expended. At the 9-month mark, this project will be 75% complete and \$8,943 funds will be expended.
F- Alert and Warning	Capability: Goal: Objective:			At the 3-month mark, this project will be ___% complete and \$___ funds will be expended. At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 9-month mark, this project will be ___% complete and \$___ funds will be expended.

Project Name	Capabilities, Goal & Objective	Project Description	Need	Project Milestone
G- Communications	Capability: Goal: Objective:			At the 3-month mark, this project will be ___% complete and \$___ funds will be expended. At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 9-month mark, this project will be ___% complete and \$___ funds will be expended.
H-	Capability: Goal: Objective:			At the 3-month mark, this project will be ___% complete and \$___ funds will be expended. At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 9-month mark, this project will be ___% complete and \$___ funds will be expended.
I-	Capability: Goal: Objective:			At the 3-month mark, this project will be ___% complete and \$___ funds will be expended. At the 6-month mark, this project will be ___% complete and \$___ funds will be expended. At the 9-month mark, this project will be ___% complete and \$___ funds will be expended.

2017 EMPG - CFDA # 97.042

Agency Name: CITY OF LAKE ELSINORE

Allocated Amount: \$ 16,139.00

Move your cursor next to the red arrow in each of the header cells to read the instructions for that cell entry.

[illegible]

Core Capabilities by Mission Area

Prevention	Protection	Mitigation	Response	Recovery
Planning				
Public Information and Warning				
Operational Coordination				
Forensics and Attribution	Access Control and Identity Verification	Community Resilience	Critical Transportation	Economic Recovery
Intelligence and Information Sharing	Cybersecurity	Long-term Vulnerability Reduction	Environmental Response/Health and Safety	Health and Social Services
Interdiction and Disruption	Intelligence and Information Sharing	Risk and Disaster Resilience Assessment	Fatality Management Services	Housing
Screening, Search, and Detection	Interdiction and Disruption	Threats and Hazard Identification	Infrastructure Systems	Infrastructure Systems
	Physical Protective Measures		Mass Care Services	Natural and Cultural Resources
	Risk Management for Protection Programs and Activities		Mass Search and Rescue Operations	
	Screening, Search, and Detection		On-scene Security and Protection	
	Supply Chain Integrity and Security		Operational Communications	
			Public and Private Services and Resources	
			Public Health and Medical Services	
			Situational Assessment	

Planning, Public Information and Warning, and Operational Coordination are core capabilities common to all mission areas.

STRATEGIC GOALS AND OBJECTIVES

1. Enhance prevention and detection capabilities to protect our state and critical infrastructure from all hazards.

Objective 1.5

Institutionalize hazard identification, risk assessment, and hazard-mitigation planning to reduce vulnerability and provide effective tools for planning, preparedness and recovery.

2. Strengthen California's ability to plan, prepare for and mitigate disasters, emergencies and terrorist events.

Objective 2.1

Enhance state and regional operational capabilities and readiness.

Objective 2.2

Strengthen planning for both intentional and natural disasters.

Objective 2.3

Encourage citizen preparedness while integrating the needs of vulnerable populations.

Objective 2.4

Provide tools to develop and maintain continuity plans for both the private and public sector.

Objective 2.5

Enhance agriculture food systems and animal health preparedness.

Objective 2.6

Expand statewide training and exercises across all mission areas, while enhancing professional training for emergency management and homeland security disciplines.

Objective 2.7

Enhance resource management through implementation of the California Metrics project.

3. Effectively respond to and quickly recover from both intentional and natural disasters.

Objective 3.1

Institutionalize Recovery Planning

Objective 3.3

Increase regional readiness by enhancing primary and alternate EOCs. Relevant activities include exercises to enable participants to assess the functions of their EOCs and ensuring that all emergency facilities are appropriately equipped and that all reference resources are accurate and current.

Objective 3.4

Expand the Standardized Emergency Management System (SEMS) to ensure inclusion of all customer groups.

Objective 3.5

Strengthen alert and warning systems to ensure the delivery of clear and consistent public information.

Objective 3.6

Enhance Geographic Information system (GIS) and information-mapping capabilities.

Objective 3.7

Strengthen operable and interoperable communications.

5. Strengthen and unify Cal EMA's operations and management to increase operational efficiency and effectiveness

Objective 5.1

Develop and implement Agency retention plans.

Objective 5.2

Increase organizational opportunities for learning and professional growth.

Objective 5.3

Coordinate and align California's emergency management planning efforts to achieve overall consistency.

EHPs

An EHP Review Form will be a separate attachment and is required for all Equipment that is noted with an EHP alert on the AEL and for Trainings & Exercises that are being Hosted by you that are Field Based.

If an EHP is required you must complete the form and send to OA. Do not make any purchases or perform any activities until you have an approval for the EHP! **An EHP approval can take several months so please plan accordingly.**

Non Supplanting Certification

Must provide signed form prior to requesting reimbursement

Assurances

Assurances will be due at a later time

Governing Body Resolution

Must provide at time of application

Training Tracking #s

Training Tracking # can be requested on the CalEMA website.

<http://w3.calema.ca.gov/WebPage/trainreq.nsf/TrainRequest?OpenForm>

After Action Reports

An AAR has to be submitted to CalOES if you host an exercise. At this time the reporting system through HSEEP is not functioning but you must submit an encrypted report to Rachel Magana at rachel.magana@calema.ca.gov. This has to be completed prior to reimbursement of any exercise funds.

Debarment

Prior to entering into a contract for services/goods you must search the vendor name on the EPLS and print the results. Use Social Security #s and/or Employer ID#s.

www.sam.gov

AEL

<https://www.fema.gov/authorized-equipment-list>