



Federal Fiscal Year 2014

CFDA #97.042

*Emergency Management Performance Grant
(EMPG)*

SUBRECIPIENT
PROGRAM AND APPLICATION
GUIDANCE

April 2014

TABLE OF CONTENTS

I. PROGRAM GUIDANCE 3

 A. Overview..... 3

 B. Eligible Applicants..... 3

 C. Funding..... 5

 D. EMPG Subrecipient Work Plan Requirements..... 5

 E. Period of Performance 7

 F. Allowable Costs 7

 G. Unallowable Costs 11

 H. Application Submittal 11

II. APPLICATION INSTRUCTIONS 12

III. SUBGRANT AWARD GUIDANCE PROCEDURES 16

IV. PERFORMANCE REPORTING GUIDANCE 16

V. EXPENDITURE REIMBURSEMENT GUIDANCE 19

I. PROGRAM GUIDANCE

A. OVERVIEW

It is the policy of the Nebraska Emergency Management Agency (NEMA) to:

1. Assist local county/regional Emergency Management agencies in the enhancement of their programs by providing Emergency Management Performance Grant (EMPG) funds, as are available after NEMA obligations have been funded;
2. Ensure that local emergency management organizations are established and maintained in a number of local jurisdictions sufficient to "...achieve and sustain risk-based target levels of capability to prevent, protect against, respond to, and recover from major events in order to minimize the impact on lives, property, and the economy"-Vision of the National Preparedness Goal;
3. Increase the operational capability of emergency management at the local level of government by assisting jurisdictions to maintain and improve emergency organizations with key positions filled by trained, experienced, professionals.

B. ELIGIBLE APPLICANTS

NEMA as the State Administrative Agency (SAA) is the only Nebraska agency eligible to apply directly to the Federal Emergency Management Agency for Federal Fiscal Year 2014 EMPG funds and is responsible for providing sub grants to eligible local county governments. Eligible local county governments are those that:

1. Submit an EMPG application.
2. Employ a full time Emergency Management Director/Coordinator or Deputy. This person will be the focal point for local emergency planning and response and will be the local Project Manager for the EMPG grant.
3. If previously a recipient of EMPG funding, have successfully completed all prior requirements and reports including:
 - a. Local Emergency Operations Plan (LEOP) current with the NEMA Planning section's calendar.
 - b. Current with quarterly reimbursement requests
 - c. Current with quarterly program reports.
4. Be Credentialed as an Emergency Management worker as defined in State Statute 81-829.39(5) and 81-829.67, or if you are a new Emergency Manager, be Credentialed by November 28, 2014. To receive information on the credentialing program contact Dave Reisen at 402-471-7177.

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

5. Are in compliance with the Office of Management and Budget (OMB) Circular A-102, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments; the OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments; and the OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations;
6. Are in compliance with 44 CFR 13.20, Subpart C - Post-Award Requirements setting standards for financial management systems;
7. Are in compliance with the Non-Construction Program Assurances and the Drug-Free Workplace Requirements;
8. Are in compliance with the Nebraska Emergency Management Act (Revised Statutes of Nebraska Section 81-829.31; Sections 81-829.36 to 81-829.75);
9. Maintain a system of personnel administration in conformance with standards prescribed by the Office of Personnel Management. Reference 5 CFR, Part 900, Subpart F, "OPM Standards for a Merit System of Personnel Administration";
10. Maintain an electronic (computer) system sufficient to exchange data with NEMA;
11. Agree to submit quarterly reports, both the programmatic report of activities and financial reimbursement package, to NEMA in the form and format provided in this package;
12. Report the EMPG in the Bi-Annual Strategy Implement Report (BSIR).
13. Have county Local Emergency Operations Plans (LEOP) that are up to date and current with the schedule of the NEMA Planning Section.
14. Agree to participate in workshops, meetings, and training sessions on a regular basis with NEMA Staff members.
15. If these reports from # 11 and #12 above, are not received prior to their due dates and/or LEOPs are not current, no further payments will be made to the jurisdiction until these requirements are met.
16. Complete and return to NEMA the FFATA form by the date indicated when they are sent for the 2014 grant.

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

C. FUNDING

Per Congressional direction, FY14 EMPG funds have been allocated consistent with previous fiscal years. Subject to DHS Federal Emergency Management Agency (FEMA) approval of the State EMPG submittal, EMPG subrecipient awards have a 50% Federal and 50% non-Federal cost-share cash requirement. Federal funds cannot be matched with other Federal funds. EMPG funds available after matching NEMA's EMPG budget will be allocated to subrecipients.

1. The following funding formula will be utilized as the minimum basis for subrecipient funding after State Agency requirements have been determined:
 - a. \$12,000 per individual county.
 - b. \$12,000 per region for first county, \$6,000 per county in Region for next two counties, and a pro rata amount for additional counties in the Region.
 - c. Counties participating in the EMPG process prior to FY 2001 will receive their allotments based upon FY 2001 until such time adjustments need to be made because of funding levels increases or decreases and/or the addition of new counties or regions to the EMPG program.
2. Funds provided through EMPG subgrants shall be used for emergency management programs to accomplish the following initiatives:
 - a. Emergency Management Organization Program. Programs must continue to fund all necessary aspects of the emergency management program that support day-to-day preparedness, response, and recovery activities, including mitigation efforts.
 - b. Homeland Security Assessment and Strategy Integration. Ensure that EMPG strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in and reflective of the State Homeland Security Strategy.
 - c. NRF and NIMS Emergency management programs must update and/or modify their operational plans, and training and exercise activities, as necessary, to achieve conformance with the National Response Framework (NRF) and the National Incident Management System (NIMS) implementation guidelines, coordinating structures, processes, and protocols, as required.

D. EMPG WORK PLAN REQUIREMENTS

Subrecipient work plans for FY2014 are expected to ensure that emergency management capabilities are developed and maintained in local jurisdictions sufficient to provide the basis for dealing effectively with catastrophic disasters

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

and homeland security emergencies. FY 2014 EMPG Subrecipient Work Plan will be in the form of projects which will include reporting on:

1. Administration of the Program:
 - a. Quarterly Activities/Program Reports
 - b. Quarterly Expenditure Reports
 - c. DHS/NEMA/FEMA grant activity monitoring and reporting
2. Planning:
 - a. LEOP Maintenance
 - b. Meeting the NEMA Planning Schedule
3. Training and Exercising
 - a. NIMS: submission of the NIMS Compliance Questionnaire to the NEMA Training and Exercise Section by the date specified.
 - b. Ensuring all staff funded with EMPG funds will:
 - 1) Complete the following Independent Study Courses: IS 100, IS 200, IS 700, IS 800, IS 120, IS 230, IS 235, IS 240, IS 241, IS 242, and IS 244. Previous versions of the IS courses meet the NIMS training requirement.
 - 2) Participate in some manner in no less than three exercises during the 12 month period.
 - c. Continuing education activities
 - d. Exercise activities
 - e. Exercise Training Planning Workshop/PET activities
4. Disaster Response and Recovery and Hazard Mitigation
 - a. Activate your EOC when appropriate.
 - b. Submit a Local Declaration of Emergency when appropriate
 - c. Submit quarterly Public Assistance and/or Hazard Mitigation Reports when appropriate

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

- d. Complete and submit Incident Status Reports (ISR) for incidents within the jurisdiction that may be considered newsworthy even if there will be no Emergency/Disaster declaration or request for State Assistance.
- e. Provide damage assessment information via the ISR or when requested by NEMA
- f. Provide needs assessment information when requested by NEMA
- g. Status of Hazard Mitigation planning and project development with the Jurisdiction.

5. Technological Hazards:

- a. REP planning activities (Only for counties **participating in** nuclear power station off site planning/training)
- b. REP training and exercising activities (Only for Counties **participating in** nuclear power station off site planning/training.)
- c. Education/public outreach to first responders with State Radiological Materials Transportation Accident Emergency Action Plan and radiological training for first responders

6. Public Outreach activities/Education/Program Enhancement activities NEMA has not entered any activities for this project. You can either:

- a. Enter known re-occurring or scheduled activities on this project page or
- b. Report activities for each quarter as they happen in the appropriate quarterly report.

E. PERIOD OF PERFORMANCE

The period of performance for the FY 2014 Local Jurisdiction EMPG is 12 months, from **1 July 2014** through **30 June 2015**. This period of performance allows subrecipients maximum flexibility to plan and coordinate the use of EMPG funds.

F. ALLOWABLE COSTS

1. Organizational Costs Guidance

- a. As provided in law, EMPG funds may be used for all-hazards emergency management operations, staffing, and other day-to-day activities in support of emergency management. Proposed staffing activities should be linked to achieving goals outlined in the EMPG application and work plan.

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

- b. In support of the Subrecipient Work Plan expectations, allowable costs are:
- 1) Personnel Expense: Personnel costs, including gross salary, overtime, and associated fringe benefits including matching expenditures. These costs must comply with OMB Circular A-87, *Cost Principles for State, Local, and Indian Tribal Governments*. Personnel costs should be linked to achieving objectives outlined in the EMPG work plan.
 - 2) Operating Expense: This includes costs to operate the local agency to include but not limited to:
 - a) Rent
 - b) Insurance
 - c) Phones
 - d) IT capabilities
 - e) Utilities
 - f) Office Equipment
 - g) Computer and related items for administrative purposes
 - h) EOC equipment
 - i) Radios and pagers for administrative purposes
 - j) Emergency Management specific professional dues and subscriptions
 - k) Registration fees for meetings and Conferences with direct connectivity to Emergency Management. **This does not include the cost of food; lodging or travel other than mileage.**
 - l) Automobile mileage (in lieu of actual costs incurred) **In order to claim automobile mileage a completed and signed travel log must be submitted with reimbursement requests (Attachment 4).** The Travel Log is designed to provide a monthly record of travel data. In order to claim mileage reimbursement, information must be recorded in the respective columns of the form.

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

- 1) Each official stopping and starting point included in the travel is to be recorded as an individual line entry. Map mileage may be indicated as miles traveled should the odometer be or become non-operative.
- 3) The driver's initials in the right hand column certifies the accuracy of those entries reflecting their official travel.
- 4) Official Travel Logs must be closed out on the last working day of the month.
- 5) The travel logs must be reviewed, approved and signed by the designated Agency Representative (Agency Director).

2. Whole Community Engagement/Planning

- a. Public Education and awareness on emergency management and preparedness.
- b. Planning to foster public-private sector partnerships
- c. Development or enhancement of mutual aid agreements/compacts.

3. Equipment Costs Guidance

- a. Allowable equipment categories for FY2014 EMPG are listed on the web-based version of the Authorized Equipment List (AEL) on the Responder Knowledge Base (RKB), which is sponsored by FEMA at <http://www.rkb.us>. For more detailed information contact can be made with cindy.newsham@nebraska.gov. The select allowable equipment includes only equipment from the following AEL categories:
 - 1) Information Technology (Category 4)
 - 2) Cyber-Security Enhancement Equipment (Category 5)
 - 3) Interoperable Communications Equipment (Category 6)
 - 4) Detection Equipment (Category 7)
 - 5) Power Equipment (Category 10)
 - 6) CBRNE Reference Materials (Category 11)
 - 7) CBRNE Incident Response Vehicles (Category 12)
 - 8) Physical Security Enhancement Equipment (Category 14)
 - 9) CBRNE Logistical Support Equipment (Category 19)
 - 10) Other Authorized Equipment (Category 21)
- b. Any equipment purchased over \$5,000 shall be **pre-approved** by NEMA **PRIOR TO** ordering the equipment.

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

- c. Environmental/Historical Protection (EHP) paperwork must be completed, submitted and approved **PRIOR TO** ordering any equipment requiring an EHP, to be eligible for reimbursement.

4. Planning/Exercising/Training (PET) Costs Guidance

- a. Planning - FY 2014 EMPG funds may be used to develop or enhance emergency management planning activities that span across all five National Preparedness Goals mission areas.

- b. Exercising –

- 1) FY2014 EMPG funds may be used to design, develop, conduct, and evaluate emergency management related exercises. Exercises must be consistent with the principles outlined in the Homeland Security Exercise and Evaluation Program (HSEEP). Exercises using EMPG funding must be NIMS compliant, align to a current multi-year plan and have an AAR submitted as per current guidance. Subrecipients are encouraged to develop exercises that test their LEOPs.

- 2) Required Exercises

- a) All staff funded by EMPG shall participate in no less than 3 exercises in a 12 month period. Participation is generally defined to include attending a planning meeting, being a player, simulator, or evaluator, and attending any after action activities. The participation by any or all staff will be reported each quarter in the chart provided in the Training & Exercise Project report.
- b) Exercises participated in by each staff member will be reported in the chart provided in the Training & Exercise Project report. Maintain a copy of the sign in sheet in your records. Do not submit to NEMA.

- c. Training -

- 1) FY2014 EMPG funds may be used for a range of emergency management-related training activities to enhance the capabilities of local emergency management personnel through establishment, support, conduct, and attendance of training. Funds used to develop, deliver, and evaluate training includes costs related to administering the training; planning, scheduling, facilities, materials and supplies, reproduction of materials, and equipment.
- 2) All staff funded by EMPG funds shall complete the following Independent Study Courses; IS 100, IS 200, IS 700, IS 800, IS 120,

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

IS 230, IS 235, IS240, IS 241, IS 242, and IS 244. Previous versions of the IS courses meet the NIMS training requirement

- a) Courses completed by each staff member will be reported in the chart provided in the Training & Exercise Project report.
- b) If a staff member has completed an earlier version of the course, they are **NOT** required to complete the new version.

G. UNALLOWABLE COSTS

1. Food,
2. Lodging,
3. Clothing, uniforms or uniform peripherals like badges or emblems
4. Automobile fuel, automobile repair and maintenance expenses are not allowable reimbursement costs.
5. EMPG funds may not be used to support the hiring of sworn public safety officers for the purposes of fulfilling traditional public safety duties or to supplant traditional public safety positions and responsibilities.
6. Activities and projects unrelated to the completion and implementation of an Emergency Management Program.

H. APPLICATION SUBMITTAL

1. The FY2014 EMPG Subgrant Application Form (attachment 1), is to be completed and submitted electronically to cindy.newsham@nebraska.gov **no later than 16 May 2014**. The form is Attachment 1 to this document. *If there are extenuating circumstances requiring a later submission, a request in writing is required be sent to NEMA no later than May 9th.*
2. The Project Outlines document:
 - a. Must be electronically submitted to cindy.newsham@nebraska.gov **no later than 16 May 2014** with the Application Form.
 - b. Project Outlines must be submitted even if there are no additions to the minimum requirements.
 - c. Each Project Outline contains a column to the left of the Activity # column to identify the Goal and/or Objective from your application

(attachment 1) on the line for the activity (ies) that support it. This will be used to measure progress toward meeting your identified goals. **I will not be able to accept a Project Outline submission that does not identify activities in support of each Goal and Objective from your Application Form**

II. FY2014 EMPG APPLICATION INSTRUCTIONS

A. 2014 EMPG Application Form Instructions

1. Open the Application table and save it as a unique document. Example: FY 2014 "Super County" EMPG Application

Line 1: Enter jurisdiction name of applicant that will undertake the sub-grant activity.

Line 2: Enter the legal address of the applicant's office.

Line 3: Enter the amount of federal dollars you are requesting based upon 50% of your projected eligible expenditures for 12 months. This amount shall not be more than 50% of the Total Budget figure from line 7D.

Line 4: Enter the date the application form is submitted electronically to cindy.newsham@nebraska.gov.

Line 5: Indicate the employment status of the Emergency Manager of the applicant jurisdiction.

Line 6: Check the box to indicate you have completed the Certification as an Emergency Management Worker per statute 81-829.39(5) and 81-829.67. If you are new to Emergency Management you will need to complete this certification by November 21, 2014.

Line 7: List the name and position title of each staff member whose salary is or will be funded by the jurisdiction through the EMPG program. Then indicate the percentage of overall work time the person named spends on emergency management duties. If a position is vacant during the period when this form is prepared, indicate "Temporarily Vacant" for the name.

Line 8: Enter budget amounts based upon your understanding of the budget when you submit this application. Line 7D will be the sum total amount of lines 7A, &B, and 7C.

Line 9: Enter your goals and objectives for the 2014 program.

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

Line 10 Enter the Name, Mailing Address, Daytime phone #, fax # and email address of the applicant agency Emergency Management Director/Coordinator.

Line 11: Enter the Name, Mailing Address, Daytime phone #, fax # and email address of the person responsible for conducting financial activities for the applicant agency.

Line 12: Enter the Name, Mailing Address, Daytime phone #, fax # and email address of the elected official authorized to sign documents on behalf of the applicant agency.

Line 13: By typing your name in this cell you are acknowledging this information as accurate to the best of your knowledge.

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

2014 EMPG

Nebraska Emergency Management Agency
 FY2014 Emergency Management Performance Grant (EMPG)
 Subrecipient Application Form

Attachment 1

1	Jurisdiction Name		
2	Applicant Address		
3	Date submitted to NEMA		
4	2013 EMP Grant request (not more than 50% of 7.D)		
5	Applicant Status: Check the one that best describes your Emergency Management organization		Full time permanent staff whose primary responsibility is as the Emergency Manager, or Emergency Manager duties are assigned to full time staff with other duties
6	Are you or your Deputy a Certified Emergency Management Worker?		
7	List all staff who will be supported the EMPG Funds:		
	Local EMPG Funded Staff - Name and position (Do nor list staff receiving a stipend not wage or salary)	Full or Part Time	% of time doing Emergency Management Duties
8	BUDGET: Base this on the best estimate you have for the 2013/2014 budget		
	A Personnel Costs including combined wages and benefits of all personnel listed above		
	B Operating Costs (including rent, phones, utilities, office supplies)		
	C Equipment (will be awarded if dollars are available after funding A & B for all applicants)		
	D Total Estimated Budget (should automatically add A, B, and C)		0.00
9	Goals and Objectives for the 2014 EMPG: There is no requirement for a specific number of goals or objectives, if you need more space attach a separate page.		
	Goal	Objective	
	A		
	B		
	C		
	D		
	E		
	F		

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

2014 EMPG

Nebraska Emergency Management Agency
 FY2014 Emergency Management Performance Grant (EMPG)
 Subrecipient Application Form

Attachment 1

10	Emergency Manager Director / Coordinator
Name	
Mailing Address	
Daytime Phone Number	
Fax Number	
Email Address	
11	Chief Financial Officer
Name	
Mailing Address	
Daytime Phone Number	
Fax Number	
Email Address	
12	Authorized Official (i.e Elected Official)
Name	
Mailing Address	
Daytime Phone Number	
Fax Number	
Email Address	
13	Application Prepared and Submitted By:

- B. Each submission will include a completed set of Project Outlines included in this package as Attachment 2.
1. Quarterly program reports will report on the activities identified for each project. Required minimum activities are already populated for each Project Outline.
 2. On each Project Outline, please indicate any other activities that you plan to accomplish in support of your goals and objectives.
 3. In the column to the left of the Activities # column, identify the Goal and/or Objective from attachment 1 on the line for the activity (ies) that support it. This will be used to measure progress toward meeting your identified goals. **I will not be able to accept a Project Outline submission that does not identify activities in support of each Goal and Objective from your Application Form**

III. SUBGRANT AWARD GUIDANCE PROCEDURE

- A. NEMA will evaluate applications and one NEMA is awarded 2014 EMPG funds, award sub-grant funds upon receipt and NEMA's approval of the application. Upon approval of the application, a sub-grant award notice email will be sent electronically to the respective applicant from the NEMA program manager.
- B. This email will tell you to go into GMS and build the expenditure list for the 2014 EMPG then submit that to the SAA. When building expenditures, and for each AEL item entered that is generic (i.e. office supplies or other expenditures necessary for planning), type a more detailed list of what will be included in that expenditure line when requesting reimbursement in the expenditure notes (i.e. for other expenditures put phone bills, rent, mowing).
- C. After submission to the SAA the EMPG Program Manger will review the expenditures and either approve it or send it back to the applicant for additions or revision. Requests for revision will include a note of what needs to be changed or added.
- D. When the EMPG Program Manager approved the Expenditure List the applicant will receive an email that includes a Grant Award Notice (GAN). The applicant must sign or have the appropriate person sign **BOTH the GAN and the last page of the Special Conditions.** It is very important for the applicant to read and understand the Special Conditions. Their signature is their agreement to conduct Grant Management according to these conditions.

IV. PERFORMANCE REPORTING GUIDANCE

- A. PERFORMANCE REPORTS
Each subrecipient is required to **electronically submit** a Project Report quarterly. The purpose of the reporting is to document emergency management activities in support of the Emergency Management Program Grant. The Subrecipient must provide as much activity information as possible in order to document the totality of the activities carried out in support of the grant funds received. Electronic notices will be provided as to when the Reports are due. Access to funds will not be allowed if reporting requirements have not been met.

- 1. Performance Reports for the 2014 Grant are due on:

First Quarter **October 17, 2014;**

Second Quarter **January 16, 2015;**

Third Quarter **April 17, 2015**

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

Fourth Quarter **July 24, 2015**

2. The form for the quarterly report (generic copy of a project outline, not the quarterly report form) below will be individualized for each jurisdiction following the submission, review and award of your grant.
 - a. The forms that accompany this package include activities that are minimum requirements that must be reported on each quarter. It is understood there will not be activity on every item every quarter. In that case simply put “no activity” in that quarter’s report.
 - b. There is space allowed for each jurisdiction to add any activities you wish to undertake during the months of this grant. These activities are to be added under the most applicable Project Outline (planning, training, administration, etc.) and not all on Project #1 Administration.
 - c. The activities you add, and specific requirements for the REP program and due dates for LEOP re-writes due during this grant period will be included in the proper Project Outlines for your quarterly program reporting form.
 - d. Left of the Activity # column is a column to identify the Goal and/or Objective from attachment 1 on the line for the activity (ies) that support it. This will be used to measure progress toward meeting your identified goals. **I will not be able to accept a Project Outline submission that does not identify activities in support of each Goal and Objective from your Application Form**

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

PROJECT OUTLINES

Jurisdiction _____

Project #1: Emergency Management Administration - EMPG 2014

EMF #3.7	Direction, Control and Coordination	
Performance Measure and Basis of Evaluation:		
1.1	Complete and submit quarterly EMPG program report	
1.2	Submit reimbursement requests through the NE Grants Management System (GEMS) and Mail back-up to NEMA	
1.3	Complete BSIR semi-annual report including EMPG in the system	
1.4		
1.5		
1.6		
1.7		
1.8		
1.9		
1.10		
Quarterly Activity		
1st Quarter		
July 2014 – September 2014		
Indicate which goal, if any (from your application line 8) this item supports	Activity #	Activity Description
	1.1	Complete and submit quarterly EMPG program report
	1.2	Submit reimbursement requests through the NE Grants Management System (GEMS) and Mail back-up to NEMA
2nd Quarter		
October 2014– December 2014		
Indicate which goal, if any (from your application line 8) this item supports	Activity #	Activity Description
	1.1	Complete and submit quarterly EMPG program report
	1.2	Submit reimbursement requests through the NE Grants Management System (GEMS) and Mail back-up to NEMA
		Complete BSIR report including EMPG

V. EXPENDITURE REIMBURSEMENT GUIDANCE

A. REIMBURSEMENT PROCEDURE

1. To receive reimbursement of eligible EMPG costs, subrecipients must mail, scan and email, scan and attach in GMS, or fax the completed EMPG Subrecipient Reimbursement Request Form(s) (Included as Attachment 3) along with necessary source documentation and signed GMS documents. Mail to: Nikki Weber, NEMA 2433 NW 24th Street, Lincoln, NE 68524; or email to nikki.weber@nebraska.gov. If you scan and attach the documents in GMS you do not have to email or mail additional copies.
2. Reimbursement of subrecipient expenditures requires determination of allowable cost and acceptable source documentation. The purpose of source documentation is to document what the expenditure was for, and that payment did occur. Source documentation includes submission of copies of the original invoice to determine allowable cost and either a copy of payment record or indication of payment document number. If the invoice does not clearly identify what was purchased write on the invoice what it refers to.

B. INSTRUCTIONS FOR COMPLETION OF ATTACHMENT 3: Sample Subrecipient Summary Form

- | | |
|--------|---|
| Cell 1 | Name of the Jurisdiction requesting reimbursement. |
| Cell 2 | Date submitted in GMS |
| Cell 3 | Quarter for which this reimbursement is requested |
| Cell 4 | Line item from the GMS Cover Sheet on the extreme left of the item listings. |
| Cell 5 | Total for the GMS Cover Sheet |
| Cell 6 | Date of the backup document(s) (use a new line for each document) for the GMS line item |
| Cell 7 | Brief description of that backup document, a statement that the documentation is attached in GMS or emailed is not sufficient; there must be a line item for each backup document for that GMS item number. |
| Cell 8 | Enter the amount requested for that backup document |

Repeat Cells 4 through 8 for each GMS line item on the Cover Sheet.

- | | |
|--------|--|
| Cell 9 | The Excel spreadsheet will sum all of the backup items on this page. |
|--------|--|

FY 2014 EMPG SUBGRANTEE PROGRAM AND APPLICATION GUIDANCE

C. INSTRUCTIONS FOR COMPLETION OF ATTACHMENT 4: Sample mileage reimbursement travel log

CELL 1 and CELL 2 – The month and year for this log

CELL 3 – Name of the Agency submitting the form.

CELL 4. - DATE: Enter the date mileage was accumulated

CELL 5 and 6 ODOMETER READING: Enter beginning and ending odometer reading for mileage accumulated

CELL 7 –. MILES TRAVELED: Enter the miles accumulated for the dated travel.

CELL 8 and CELL 9 - TIME: Enter the time travel began and time travel ended.

CELL 10 and CELL 11– DESTINATION: Enter the location from which travel began and location to which travel ended. (Example: From: Office - To: Sr. High School) (From: Sr. High School – To: Office)

CELL 12 – PURPOSE OF TRIP: Enter a brief description as to why the mileage was accumulated. (Example: Severe weather spotter training) (Return to office).

CELL 13 : Initials of the authorized driver

CELL 14 – TOTAL MILES: Enter the total miles accumulated for the identified travel.

CELL 15 – PAGE: Enter the number of the page to be submitted. Numerous pages may be utilized to record total travel for which reimbursement will be requested

CELL 16 –. SIGNATURE: Signature of the approving or authorized agent.

