

GEORGIA EMERGENCY MANAGEMENT & HOMELAND SECURITY AGENCY
 FY 2016 Emergency Management Performance Grant (2016 EMPG)
Base Award Application

This application is for the FY 2016 EMPG Base Award submitted to the Georgia Emergency Management & Homeland Security Agency (GEMHSA). Please complete *all* sections and provide *all* information as requested. **Incomplete applications will be removed from further consideration.** The applicant will be required to match the EMPG Base Award Funds with a 50/50 (dollar for dollar) local non-federal cash, in-kind or combination local match. If you require assistance with this application, please contact your GEMHSA Field Coordinator.

Applicant Information

Implementing Agency	Gordon County Emergency Management Agency				
DUNS Number	07-936-0467	FEI Number	58-6000832		
Mailing Address	400 Belwood Rd.				
City	Calhoun	State	Georgia	ZIP + 4	30701

EMPG Award	Local Cash Match	Local In-Kind Match	Total EMA Budget
16,556.00		16,556.00	

Local Contact Information

Authorized Agent Name	Phone	Email Address
Doug Ralston	706-879-3082	dralston@gordoncounty.org

Project / Application Manager	Phone	Email Address
Doug Ralston	706-879-3082	dralston@gordoncountny.org

Local Goals/Objectives for EMPG FY 2016 (EXAMPLES: enhance warning systems, direction & control, etc.)

- To enhance Hazardous Materials response, detection, and mitigation capabilities throughout the county and GEMA Area 1.
- Make needed upgrades to enhance operations in the Counties EOC.

GEORGIA EMERGENCY MANAGEMENT AGENCY GEORGIA EMERGENCY MANAGEMENT & HOMELAND SECURITY AGENCY

FY 2016 Performance Partnership Agreement

The FY 2016 Performance Partnership Agreement (PPA) between the *Georgia Emergency Management & Homeland Security Agency (GEMHSA)* and the *Gordon County Government*.

In order to best ensure that state and local governments are fully prepared to help their citizens in times of emergency, the Gordon County Government, the Gordon County Emergency Management Agency (EMA) and its Director agree to meet the requirements specified in the Official Code of Georgia Annotated (Section 38-3-27), of the Georgia Emergency Management Act of 1981, as amended, the Federal Emergency Management Agency (FEMA) FY 2016 Emergency Management Preparedness Grant (EMPG) Guidance, and those rules, regulations and guidelines dictated by the Director of GEMHSA.

GEMHSA agrees to provide required and necessary state and federal resources to local governments on a timely basis in response to major emergencies and disasters; a comprehensive training and exercise program for emergency personnel; and other critical situational information. GEMHSA further agrees to provide funding support to ***local qualified governments*** for appropriate expenses; administer and manage federal and state assistance programs for the benefit of local governments; provide necessary and requested information, advice, recommendations and technical assistance concerning emergency management/homeland security administrative, operations and planning issues and to eliminate restrictive and unnecessary administrative requirements in managing its responsibilities on behalf of local governments.

APPROVAL and REVIEW

By signing this PPA the parties agree to work cooperatively in accomplishing the objectives set forth above.

This PPA must be signed by the local EMA Director and the Chief Elected Official (CEO) of the local government and the Director of GEMHSA. Evaluation of progress will be reviewed by the GEMHSA Area Field Coordinator. **Lack of satisfactory 2015 GEMHSA PPA/Work Plan progress may be cause for recommendation that eligibility for federal or state assistance be withdrawn.**

Local EMA Director

Date

City/County CEO

Date

GEMHSA Director

Date

GEMHSA Area Field Coordinator

Date

GEMHSA RISK ASSESSMENT SURVEY

Today's date (MM/DD/YYYY): 09 / 06 / 2016

Agency Name:

Gordon County

Tax Status:

Appropriated Division of the Town

501(C)(3)

Other

Please specify

County Government

Your Jurisdiction Fiscal Year (e.g. July - June or Jan - Dec)

July - June

Legal name of the entity to which the FTIN was assigned

Gordon County Board of Commissioners

Physical address as listed on SAM.gov

Address

200 S. Wall St. # 3

Address 2

City/Town

Calhoun

State:

Ga.

Zip:

30701

Mailing address

Address: 400 Belwood Rd.

Address 2:

City/Town: Calhoun

State: Ga. Zip: 30701

Financial Point of Contact:

Title: Finance Director

Name: Al Leonard

Address: Po Box 580 Calhoun Ga. 30703

E-Mail Address: aleonard@gordoncounty.org

Phone number: 706-879-2190

Survey completed by:

Title: Fire Chief/ Interim EMA Director

Name: Doug Ralston

Address: 400 Belwood Rd.

Email Address: dralston@gordoncounty.org

Phone number: 706-879-3082

1. Has your organization been audited within the past twelve months?

- No, not within the past twelve months
- Yes, by an outside audit firm
- Yes, by town/local auditors
- Yes, by a State of Georgia auditor
- Yes, by a federal auditor

2. What was the completion date of the most recent audit?

- Our organization has never been audited
- Completion date (MM/DD/YYYY)

3. Did your organization have any findings?

- Our organization has never been audited
- Our organization's audit produced no findings
- Our organization's audit findings have been resolved
- Our organization has an active corrective action plan for our audit findings
- Our organization has not yet addressed our audit findings

4. Is your organization required to have a single audit conducted in accordance with the Single Audit Act (sub recipient expends \$750,000 or more in federal assistance during its fiscal year)? If "No" skip questions 4a through 4d and go to Question 5.

- Yes

No

4a. Has the A-133 single audit been submitted to primary pass through Party?

Yes – provide date (03/03/2015) The audit was sent to Federal Audit Clearinghouse

No

4b. Did the organization have significant audit findings from your last single audit regarding program non-compliance?

Yes

No

4d. If the single audit has not yet been conducted, when will this be completed?
(MM/DD/YYYY)

5. What type of accounting system do you use?

Automated

Manual

6. Does your organization have written policies and procedures for checks and balances of all fiscal transactions?

Yes

No

7. Does your organization maintain for inspection all the books, documents, payroll papers, accounting records and grant files pertaining to sub grant agreements and contracts for a period of three years after the close of the sub-grant?

Yes

No

8. Has your organization obtained a DUNS number?

Yes. Please provide DUNS number

No

9. Has the DUNS number been registered with the System for Award Management (SAM) at <https://www.sam.gov/portal/public/SAM/>?

Yes – provide expiration date (MM/DD/YYYY)

No – estimated date of completion (MM/DD/YYYY)

Federal Funding Accountability and Transparency Act Certification

In order to remain in compliance with The Federal Funding Accountability and Transparency Act of 2006 (FFATA) reporting, please complete Items 1 through 7 (and Items 8, 9 and 10 if applicable), sign and certify by an authorized agent.

1. Sub-recipient DUNS Number 07-936-0467
2. Sub-recipient Name Gordon County
3. Sub-recipient DBA Name Gordon County
4. Sub-recipient Address 400 Bellwood Rd. SE.
5. If DBA, Sub-recipient Parent DUNS Number _____
6. Sub-award Principle Place of Project Performance _____
7. In the preceding fiscal year, did the sub-recipient receive 80% of its annual gross revenues from the Federal government? Yes _____ No x _____
If **Yes**, continue to question 8. **If No, STOP and certify.** The questionnaire is complete.
8. In the preceding fiscal year, were the sub-recipient's annual gross revenues from the Federal government more than \$25 million annual? Yes _____ No x _____
If **Yes**, continue to question 9. **If No, STOP and certify.** The questionnaire is complete.
9. Does the public have access to the names and total compensation of the sub-recipient's five most highly compensated officers 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? Yes x _____ No _____
If **No**, continue to question 10. **If Yes, STOP and certify.** The questionnaire is complete.

10. Please list the names and compensation of the sub-recipient's five most highly compensated officers only if question 9 was applicable and answered NO.

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

I certify that to the best of my knowledge all of the information on this form is complete and accurate.

Authorized Signature: _____ Date: _____

In accordance with The Federal Funding Accountability and Transparency Act of 2006 (FFATA), this document has been processed in the FFATA Sub-award Reporting System (FSRS) by the undersigned:

CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION, AND DRUG FREE WORKPLACE

Lobbying

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.
2. If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

Debarment, Suspension, and Other Responsibility Matters; Drug-Free Workplace

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 44 CFR Part 17 and maintenance of a Drug Free Workplace (44CFR, Subpart F). The applicant certifies that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or locally) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
4. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

5. As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Sections 17.615 and 17.620, the applicant certifies it will continue to provide a drug-free workplace per referenced regulations.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address: **Gordon County Emergency Management Agency**

400 Belwood Rd. SE.

Calhoun Ga. 30701

2. Application Number and/or Project Name: **Emergency Management Performance Grant (EMPG)**

3. Grantee IRS/Vendor Number: 58-6000832

4. Typed or Printed Name and Title of Authorized Representative:

Doug Ralston

Fire Chief/ Interim EMA Director



Georgia Emergency Management & Homeland Security Agency
Emergency Management Performance Grant CDFA 97.042

2016 Performance Partnership Agreement (PPA)
Base Award Payment Request Form

Request:

Under penalty of perjury, I certify that to the best of my knowledge and belief that all requirements of the 2016 Performance Partnership Agreement with the Georgia Emergency Management & Homeland Security Agency have been satisfied. I hereby request payment of the Base Award to cover expenses for the period of July 1, 2016 through June 30, 2017.

Award Number: OEM16 - 066

Payee Address:

Gordon County Emergency Management Agency

Attn: Doug Ralston

400 Belwood Rd. SE.

Calhoun, Georgia 30701

Signature of EMA Director

Date

dralston@gordoncounty.org
Email Address

(706)-879-3082
Phone Number

Recommend Approval:

Signature of GEMHSA Area Field Coordinator

Date

Approval:

Signature of GEMHSA Director of Field Operations

Date



Georgia Emergency Management & Homeland Security Agency
Emergency Management Performance Grant (EMPG) CDFA 97.042

FY 2016 Emergency Management Directed Training Award Payment Request Form

Request:

Under penalty of perjury, I certify that to the best of my knowledge and belief that all requirements for the Georgia Emergency Management & Homeland Security Agency (GEMHSA) FY 2016 EMPG Base Award Application with GEMHSA have been satisfied. I hereby request the GEMHSA FY 2016 EMPG Emergency Management Directed Training Award Payment.

Award Number: OEM16 - 066

Payee Address:

Gordon County Emergency Management Agency

Attn: Doug Ralston

400 Belwood Rd. SE.

Calhoun Ga. 30701

Signature of EMA Director

Date

dralston@gordoncounty.org
Email Address

706-879-3082
Phone Number

Recommend Approval:

Signature of GEMHSA Field Coordinator

Date

Approval:

Signature of GEMHSA Director of Field Operations

Date



Georgia Emergency Management and Homeland Security Agency

STATEMENT OF SUBGRANT AWARD

EMPG 16

FEDERAL GRANT: Emergency Management Performance Grant	
FEDERAL AWARD NUMBER: EMA-2016-EP-00001-S01	CFDA #: 97.042
STATUTORY AUTHORITY FOR GRANT: This project is supported under DHS Appropriations Act of 2016 (P.L. 114-113),	

GRANTEE IMPLEMENTING AGENCY: Gordon County Emergency Management Agency 4543 Fairmount Highway, S.E. Calhoun, GA 30701 FEI #: 58-6000832	GEMA PROJECT ID: OEM16-066
	START DATE: 07/01/2016
	END DATE: 06/30/2017
	AWARD DATE: 08/11/2016

SUBGRANT FUNDING:	FEDERAL AWARD	LOCAL MATCH	TOTAL PROJECT
PPA Base Award	16,556.00	16,556.00	33,112.00

SPECIAL CONDITIONS:

This FY 2016 Performance Partnership Award is funded by the Department of Homeland Security, Federal Emergency Management Agency, Emergency Management Performance Grant (EMPG) Award, and includes a minimum 50 percent (cash and/or in-kind) match requirement. All expenses must occur within the period of performance and be in accordance with the Office of Management and Budget (OMB) Circular 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (<http://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>); Title 44 of the Code of Federal Regulations Part 13 regarding allowable costs and match requirements (<http://www.gpo.gov/fdsys/pkg/CFR-2002-title44-vol1/content-detail.html>); and the FY 2016 Emergency Management Performance Grant Funding Opportunity Announcement (<http://www.fema.gov/media-library/assets/documents/114436>). Additionally, all procurement efforts must in accordance with the Office of Management and Budget (OMB) Circular 2 CFR 200, Uniform Guidance. Federal funds cannot be used to match this award.

To receive FY 2016 funding, sub-recipient:

- Must have met the terms of the FY 2015 Performance Partnership Agreement (PPA)
- Must have shown satisfactory progress on the FY 2015 PPA workplan as determined by their Field Coordinator (FC)
- Must have submitted all required FY 2015 EMPG administrative documents to GEMSA
- Must have completed RUMSCAST reporting for FY 2015

Payment will not be made until FY 2016 PPA Request for Payment Form is approved by the GEMSA Director of Field Operations.

Authorized Grantee Official			
_____	_____	_____	_____
Please Print Name	Title	Signature	Date of Acceptance
Approving Authority - GEMSA			
_____	_____	_____	_____
Jim Butterworth			Date