

**DEKALB COUNTY**

ITEM NO.
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**BOARD OF COMMISSIONERS**

HEARING TYPE Preliminary
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**BUSINESS AGENDA / MINUTES**

**MEETING DATE:** February 9, 2016

ACTION TYPE Resolution
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**SUBJECT:** GRANT ACCEPTANCE – FY 2015 Performance Partnership Award

DEPARTMENT: DeKalb EMA
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PUBLIC HEARING: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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ATTACHMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No	
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INFORMATION CONTACT: Susan Loeffler Deputy Director, DEMA
PHONE NUMBER: (678) 406-7768

**PURPOSE:**

- To consider approving of the FY2015 Performance Partnership Award from the Georgia Office of Homeland Security’s Emergency Management Performance Grant (EMPG) received from the Federal Emergency Management Agency; and
- To consider accepting up to \$100,500 from the Georgia Office of Homeland Security and appropriating that amount to the Grant Fund along with the required match of \$100,500 (04935.573053.100) for spending in compliance with the grantor’s requirements; and
- To consider authorizing the Chief Executive Officer to execute the necessary documents.

**NEED/IMPACT:**

The principal priority for the FY2015 EMPG funds is to sustain and enhance catastrophic planning capabilities, to include addressing the findings of the FEMA gap analysis program and similar capability assessment efforts, and assisting state and local jurisdictions to address national and regional catastrophic planning needs. The funds from the FY2015 Performance Partnership Award will be used to enhance security, contractor to develop an electronic operations plan, hire a planner, training and conference fees, operation of the Emergency Operations Center (EOC), and operations of the Mobile Command Bus.

The grant and matching funds are to be distributed as follows:

Department	Grant Funds	Match Funds	Match Funding Stream	Total
EMA	\$100,500.00	\$100,500.00	04935.573053.100	\$201,000

**Position(s) created: Planner for DeKalb Emergency Management**

**Effective dates: July 1, 2015 to June 30, 2016**

**RECOMMENDATION (S):**

- To approve the FY 2015 Performance Partnership Award from the Georgia Office of Homeland Security’s Emergency Management Performance Grant (EMPG) received from the Federal Emergency Management Agency; and
- To accept up to \$100,500 from the Georgia Office of Homeland Security and appropriating that amount to the Grant Fund along with the required match of \$100,500 (04935.573053.100) for spending in compliance with the grantor’s requirements; and
- To authorize the Chief Executive Officer to execute all the necessary documents.

**GEORGIA EMERGENCY MANAGEMENT AGENCY-Homeland Security**  
 FY 2015 Emergency Management Performance Grant (2015 EMPG)  
**Base Award Application**

This application is for the FY 2015 EMPG Base Award submitted to the Georgia Emergency Management Agency-Homeland Security (GEMA-HS). 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 local non-federal cash, in-kind or combination local match. If you require assistance with this application, please contact your GEMA-HS Field Coordinator.

**Applicant Information**

<b>Implementing Agency</b>	DeKalb County Emergency Management				
<b>DUNS Number</b>	061420535	<b>FEI Number</b>	586000814		
<b>Mailing Address</b>	1960 West Exchange Place				
<b>City</b>	Tucker	<b>State</b>	Georgia	<b>ZIP + 4</b>	30084

<b>EMPG Award</b>	<b>Local Cash Match</b>	<b>Local In-Kind Match</b>	<b>Total EMA Budget</b>
<b>100,500</b>	<b>100,500</b>	<b>0</b>	<b>201,000</b>

**Local Contact Information**

<b>Authorized Agent Name</b>	<b>Phone</b>	<b>Email Address</b>
Director Susan Loeffler	770-270-0413	svloeffl@dekalbcountyga.gov

<b>Project / Application Manager</b>	<b>Phone</b>	<b>Email Address</b>
Antoinette Williams	770-724-7989	Alwilliams1@dekalbcountyga.gov

**Local Goals/Objectives for EMPG FY 2015** (EXAMPLES: enhance warning c

The DeKalb Emergency Management Agency plans to use the 2015 EMPG funding to hire a planner for our department. Currently we only have one planner which is well below "best practices" for a county of our size. (Estimated approx. \$80,000)

In addition we plan to use EMPG funding to hire a contractor to assist in developing an electronic standards of operations plan for County Departments for use during emergencies and disasters. (Estimated \$80,000)

The remainder of funding would be used to support EOC and Mobile Command bus operations and to work toward implementing security cameras for Emergency Operations Center /building/and parking areas. (\$40,000)

Training and conferences for EMA Staff (\$1,000)

**GEORGIA EMERGENCY MANAGEMENT AGENCY  
GEORGIA EMERGENCY MANAGEMENT AGENCY**

**Homeland Security**

**FY 2015 Performance Partnership Agreement**

**The FY 2015 Performance Partnership Agreement (PPA) between the Georgia Emergency Management Agency-Homeland Security (GEMA-HS) and the DeKalb County Government.**

In order to best ensure that state and local governments are fully prepared to help their citizens in times of emergency, the DeKalb County Government, the DeKalb County Emergency Management Agency, (EMA), and it's 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 2015 Emergency Management Preparedness Grant (EMPG) Guidance and the FY15 GEMA-HS EMPG Program Guidance and those rules, regulations and guidelines dictated by the Director of GEMA-HS.

GEMA-HS 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. GEMA-HS further agrees to provide funding support to local qualified governments for appropriate administrative 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 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 Performance Partnership Agreement (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 GEMA-HS. Evaluation of progress will be reviewed by the GEMA-HS Area Field Coordinator. Lack of satisfactory 2014 GEMA PPA/Work Plan progress may be cause for recommendation that eligibility for federal or state assistance be withdrawn.**

  
Local EMA Director

9-28-2015  
Date

 by Dir  
City/County CEO

9-29-15  
Date

  
GEMA-HS Director

11/23/2015  
Date

  
GEMA-HS Area Field Coordinator

10/23/2015  
Date



**Georgia Emergency Management Agency  
STATEMENT OF SUBGRANT AWARD**

**EMPG 15**

**FEDERAL GRANT:** Emergency Management Performance Grant

**FEDERAL AWARD NUMBER:** EMW-2015-EP-00017-S01

**CFDA #:** 97.042

**STATUTORY AUTHORITY FOR GRANT:**

This project is supported under DHS Appropriations Act of 2015 (P.L. 114-4)

**GRANTEE IMPLEMENTING AGENCY:**

DeKalb County Emergency Management Agency  
1960 West Exchange Place, Fourth Floor  
Tucker, GA 30084

**GEMA PROJECT ID:** OEM15-046

**START DATE:** 07/01/2015

**END DATE:** 06/30/2016

**AWARD DATE:** 07/27/2015

**FEI #:** 58-6000814

**SUBGRANT FUNDING:**

**FEDERAL AWARD**

**LOCAL MATCH**

**TOTAL PROJECT**

PPA Base Award

100,000.00

100,000.00

200,000.00

**SPECIAL CONDITIONS:**

This FY 2015 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. Federal funds cannot be used to match this award. All expenses must occur within the period of performance and be in accordance with 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 2015 Emergency Management Performance Grant Funding Opportunity Announcement (<http://www.fema.gov/media-library/assets/documents/103656>). Additionally, all procurement efforts must be in accordance with one of the following options (select one):

- Office of Management and Budget Circular 2 CFR 200 (current guidance), or
- Previous OMB guidance (2 CFR 200 procurement requirements deferred for one year).

To receive FY 2015 funding, subrecipient:

- Must have met the terms of the FY 2014 Performance Partnership Agreement (PPA)
- Must have shown satisfactory progress on the FY 2014 PPA workplan as determined by their Field Coordinator
- Must have submitted all required FY 2014 EMPG administrative documents to GEMA/RS
- Must have completed NIMSCAST reporting for FY 2014

Payment will not be made until the FY 2015 PPA Request for Payment Form is approved by the GEMA/RS Director of Field Operations.

**Authorized Grantee Official**

Zachary L. Williams

Executive Assistant, COO

Please Print Name

Title

Signature

Date of Acceptance

Approving Authority - GEMA

Jim Butterworth

Date



# Georgia Emergency Management Agency

Emergency Management Performance Grant CDFA 97.042

## 2015 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 2015 Performance Partnership Agreement with the Georgia Emergency Management Agency-Homeland Security have been satisfied. I hereby request payment of the Base Award to cover expenses for the period of July 1, 2015 through June 30, 2016.

**Award Number:** OEM15 - 046

### Payee Address:

DeKalb County Emergency Management Agency

**Attn:** Susan Loeffler

1960 West Exchange Place

Tucker, Georgia 30084

  
Signature of EMA Director

9-28-2015  
Date

svloeffl@dekalbcountyga.gov  
Email Address

770-270-0413  
Phone Number

### Recommend Approval:

  
Signature of Area Field Coordinator

10/23/2015  
Date

### Approval:

  
Signature of Director of Field Operations

11-21-15  
Date

# GEMA RISK ASSESSMENT SURVEY

Today's date (MM/DD/YYYY):  /  /

**Agency Name:**

**Tax Status:**

Appropriated Division of the Town

501(C)(3)

Other

**Please specify**

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

**Legal name of the entity to which the FTIN was assigned**

**Physical address as listed on SAM.gov**

Address

Address 2

City/Town

State:

Zip:

**Mailing address**

Address:

1960 West Exchange Place

Address 2:

City/Town:

Tucker

State:

GA

Zip:

30084

**Financial Point of Contact:**

Title:

Planning and Research Manager

Name:

Antoinette Williams

Address:

1960 West Exchange Place, Tucker, GA 30084

E-Mail Address:

alwilliams1@dekalbcountyga.gov

Phone number:

770-724-7989

**Survey completed by:**

Title:

Susan Loeffler

Name:

EMA Director

Address:

1960 West Exchange Place

Email Address:

svloeffl@dekalbcountyga.gov

Phone number:

770-270-0413

**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 (MM/DD/YYYY) and to whom the audit was sent

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.

Sub-recipient award Number: **OEM15 - 046**

Agency Name: **DeKalb County Emergency Management Agency**

CFDA Program Number and Program Title: **97.042 Emergency Management Performance Grant (EMPG)**

Sub-award Project Description: **GEMA-HS EMPG Base Award**

1. Sub-recipient DUNS Number 061420535
2. Sub-recipient Name DeKalb County Emergency Management Agency
3. Sub-recipient DBA Name \_\_\_\_\_
4. Sub-recipient Address 1950 West Exchange Place, Tucker, GA 30084
5. If DBA, Sub-recipient Parent DUNS Number \_\_\_\_\_
6. Sub-award Principle Place of Project Performance 1950 West Exchange Place, Tucker, GA 30084
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 \_\_\_\_\_  
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 \_\_\_\_\_ 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. \_\_\_\_\_ \$ \_\_\_\_\_

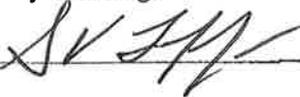
2. \_\_\_\_\_ \$ \_\_\_\_\_

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: 10-26-15

**This section is for use by the Georgia Emergency Management Agency Only.**

Sub-recipient Obligation/Agency Name: \_\_\_\_\_

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:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Sub-recipient Obligation/Action Date: \_\_\_\_\_

## **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.

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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: DeKalb County  
1300 Commerce Drive  
Decatur, GA 30030

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

3. Grantee IRS/Vendor Number: 586000814

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

Lee May, Chief Executive Officer