

# FY 23 EMA Grant Application

Presented by IEMA-OHS Preparedness Grants Administration (PGA)  
Acting Division Chief- Bob Evans  
Program Manager- Nichole Strayer  
Grants Coordinator- Sara Lewis

ILLINOIS EMERGENCY MANAGEMENT AGENCY  
AND OFFICE OF HOMELAND SECURITY



State of Illinois

# EMA Application Agenda

- GATA - Grant Accountability and Transparency Act
- Grant application/budget on AmpliFund
- Questions and answer
- Closing





## Grant Accountability and Transparency Act (GATA)

- Uniform grant management guidelines across all state agencies
- Audit Certifications will be required annually through the GATA portal
- The Notice of State Award will be generated and sent to you through the AmpliFund once you have an approved IEMA-OHS application budget and once all GATA pre-qualifications have been met.

# Grantee Activities Prior to Sub-Award Agreement

## Grant Accountability and Transparency Act (GATA)

- GATA Registration is required
- A full Sam.gov account registration must be in good standing
- Must have UEI Number
- Submission of Fiscal & Administrative Risk Assessment Internal Control Questionnaire (ICQ) for 2024 through the GATA portal



# FY23 EMA Application Getting Started

- Active AmpliFund Account
- Previous Grant Application or budget
- User Guide



# The Application Link

- <https://il.amplifund.com/Public/Opportunities/Details/e581ec7f-1c88-4d37-9c94-78c6dbad11ff>

## FY23 (EMPG) Emergency Management Performance Grants

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### Opportunity Information

CSFA Number 588-40-0450

CSFA Popular Name EMPG

Title FY23 (EMPG) Emergency Management Performance Grants

Description To support a comprehensive, all-hazard emergency preparedness system by building and sustaining the core capabilities contained in the National Preparedness Goal

#### Objectives and Goals

To support a comprehensive, all-hazard emergency preparedness system by building and sustaining the core capabilities contained in the National Preparedness Goal. Examples include: Completing the Threat and Hazard Identification and Risk Assessment (THIRA) process; Strengthening a state or community's emergency management governance structures; Updating and approving specific emergency plans; Designing and conducting exercises that enable whole community stakeholders to examine and validate core capabilities and the plans needed to deliver them to the targets identified through the THIRA; Targeting training and verifying identified capabilities; Initiating or achieving a whole community approach to security and emergency management.



# Application Information

## Project Information ✓

### Application Information

Application Name\*  ✓

Pre-Qualification Status

#### How much are you requesting from the funder?

Award Requested\*

#### How much are you planning to contribute to the budget?

Cash Match Requirement  ⓘ

Cash Match Contributions\*

In-Kind Match Requirement  ⓘ

In-Kind Match Contributions\*

Other Funding Contributions\*

Total Award Budget

## Primary Contact Information

Name\*

Email Address\*

Address Line 1\*

Address Line 2

City\*

State/Province\*

Postal Code\*

Phone Number

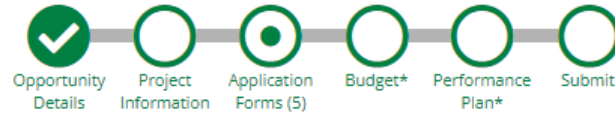
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# Forms-5

## FY23 (EMPG) Emergency Management Performance Grants



### Forms

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Name	Status	Print
Uniform Grant Application - Applicant Completed Section	New	
Travel	New	
Work Plan Program Narrative and Statements	New	
Work Plan Resource Requirements	New	
FFATA	New	

Navigation: 25 items per page 1 - 5 of 5 items

[Save & Continue](#)



# Uniform Grant Application

## Uniform Grant Application - Applicant Completed Section

1 of 5

### Applicant Information

Legal Name (Name used for DUNS registration and grantee pre-qualification) \*

Illinois Emergency Management Office of I-

Common Name (DBA)

IEMA-OHS

Employer/Taxpayer Identification Number (EIN,TIN) \*

376002039

Organizational Unique Entity Identifier (UEI) \*

054218524

GATA ID (assigned through the grantee portal) \*

679720

SAM Cage Code \*

4QWA6

### Applicant's Organizational Unit

### Applicant's Organizational Unit

Department Name \*

IEMA

Division Name

PGA

### Applicant's Name and Contact Information for Person to be Contacted for Program Matters involving this Application

First Name \*

Nichole

Last Name \*

Strayer

Suffix

Title \*

Grant Manager

Organizational Affiliation \*

IEMA-OHS

Telephone Number \*

217/524-7890

Fax Number

Email Address \*

nichole.staryer@illinois.gov



# Uniform Grant Application Cont.

Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application (Legal Authorized Signature)

First Name \*

Alicia

Last Name \*

Tate-Nadeau

Suffix

Title \*

Director

Organizational Affiliation \*

IEMA-OHS

Telephone Number \*

217/524-7890

Fax Number

Email Address \*

Alicia.Tate-Nadeau@illinois.gov

## Areas Affected

Are areas affected by the project? \*

- Yes  
 No

## Applicant's Project

Description Title of Applicant's Project

23EMATEST

Proposed Project Term Start Date

10/1/2023

Proposed Project Term End Date

9/30/2024

## Applicant Certification

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(\*The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

Applicant Certification \*

I agree

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Save

✓ Mark as Complete

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# Travel



[Download](#) [Save](#) [Save & Continue](#)

## Travel

2 of 5

Local Government \*

- Does NOT have Travel Regulations  
 Does have Travel Regulations

Please upload a current copy of your local travel regulations. Failure to do so will cause the application to be ineligible for travel reimbursement. \*

[Choose File](#)

If your Local Government has Travel regulations, complete the boxes below.

Local Mileage (cents per mile) \*

0.00

Meals and/or per diem \*

0.00

Lodging Allowance \*

0.00

Is any of the travel requested out of the State of Illinois? \*

- Yes  
 No

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[Save](#) [✓ Mark as Complete](#) [Save & Continue](#)

# Narrative and Statements

## Work Plan Program Narrative and Statements

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3 of 5

### Narrative

Please provide a high level overview of the emergency management program activities the jurisdiction is proposing through the EMA grant application. The narrative must reference how these activities will support outcomes from the most recent hazard identification and risk assessment, exercise after action reports, and/or actual events. The narrative should reference specific planning, training, and exercise activities that will be supported with EMA grant funds during the grant period. \*

Formats ▾ **B** *I* [List Icons] [Link Icon] [Image Icon] [Code Icon]

Space EMA will utilize FFY23 to continue development of a comprehensive emergency management program by incorporating the City of Lost into the Space County Emergency Operations Plan. Space EMA strategic plan will address gaps identified in the community hazard vulnerability analysis, assessment of the community's All Hazards Core Capabilities, and lessons learned from real-world incidents. Particular attention will focus on improvement in the core capabilities of Planning and Operational Coordination by initiating improvement of community emergency operations center (EOC) and emergency operations plan (EOP) activities. Additional focus on the Environmental Response/Health and Safety and Mass Care Services will be addressed in community activities.

Space Co. EMA will continue facilitation/participation in county and regional planning efforts to include; the Space Co. Healthcare Preparedness Coalition, Mapleton Community Advisory Panel, Tri-County Local Emergency Planning Committee and Central Illinois Coalition Active in Response Planning (CIL-

div » p » span » span

### Statements

Mission Statement \*

Formats ▾ **B** *I* [List Icons] [Link Icon] [Image Icon] [Code Icon]

Space County Emergency Management protects communities by coordinating and integrating all activities necessary to build, sustain, and improve the capacity to mitigate against, prepare for, respond to, and recover from threatened or actual natural disasters, acts of terrorism or other man-made disasters.

Space County Emergency Management protects communities by coordinating and integrating all activities necessary to build, sustain, and improve the capacity to mitigate against, prepare for, respond to, and recover from threatened or actual natural disasters, acts of terrorism or other man-made disasters.

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# Narrative and Statements Cont.

Vision Statement \*

Formats ▾ **B** *I* [List icons] [Link icon] [Image icon] [Code icon]

Space County Emergency Management seeks to promote safer, less vulnerable communities with the capacity to cope with hazards and disasters. It is our goal to promote, coordinate and direct a comprehensive emergency management program which addresses mitigation, preparedness, response and recovery related to major emergencies and disasters.

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# Work Plan Resources



- You must submit one resource. There is room to list 5 if needed

## Work Plan Resource Requirements

[Download](#) [Save](#) [Save & Continue](#)

4 of 5

### Instructions:

Based on the jurisdictional assessments of risk and desired outcome(s) identify the top five (5) resources required to achieve established target levels.

Use the link provided to identify the resources in detail:  
<https://rlt.preptoolkit.fema.gov/Public>

### RESOURCE ONE

Core Capability \*

Operational Coordination

Resource Name \*

Incident Management Team

Resource Category \*

Incident Management

Resource Kind \*

Team

Resource Type \*

Type 3

Procurement Strategy \*

Formats - B / [Rich Text Editor Icons]

Request an IMT from IEMA

P

# Work Plan Resource Requirements Cont.

- Link is provided if more details is needed regarding the resources.
- <https://rtlt.preptoolkit.fema.gov/Public>

## Work Plan Resource Requirements

[Download](#) [Save](#) [Save & Continue](#)

4 of 5

### Instructions:

Based on the jurisdictional assessments of risk and desired outcome(s) identify the top five (5) resources required to achieve established target levels.

Use the link provided to identify the resources in detail:

<https://rtlt.preptoolkit.fema.gov/Public>

## Resource Typing Library Tool

[Home](#) [Browse](#) [Links & Tools](#) [About](#) [Help](#)

Welcome to the Resource Typing Library Tool (RTL), an online catalogue of national resource typing definitions, position qualifications and Position Task Books (PTBs) provided by the Federal Emergency Management Agency (FEMA) National Integration Center (NIC).

[i](#)  [Search](#)

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# FFATA

## FFATA

5 of 5

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The "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](http://www.USASpending.gov)

Q1. In your business or organization's previous fiscal year, did your business organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? \*

- Yes  
 No

Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? \*

- Yes  
 No

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# Budget

- The 23 EMA grant only uses the **highlighted** budget categories.
- To add line-item details to budget clicking on the plus sign (+) in front of Category.

Budget View Settings

Options

Line Items  Non-Grant Funded

Proposed Budget

Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)	\$0.00	\$0.00	\$0.00
+ 2. Fringe Benefits (2 CFR 200.431)	\$0.00	\$0.00	\$0.00
+ 3. Travel (2 CFR 200.474)	\$0.00	\$0.00	\$0.00
+ 4. Equipment (2 CFR 200.439)	\$0.00	\$0.00	\$0.00
+ 5. Supplies (2 CFR 200.94)	\$0.00	\$0.00	\$0.00
+ 6. Contractual Services & Subwards (2 CFR 200.318 & 200.92)	\$0.00	\$0.00	\$0.00
+ 7. Consultant Services and Expenses (2 CFR 200.459)	\$0.00	\$0.00	\$0.00
+ 8. Construction	\$0.00	\$0.00	\$0.00
+ 9. Occupancy (Rent and Utilities) (2 CFR 200.495)	\$0.00	\$0.00	\$0.00
+ 10. Research and Development (R&D) (2 CFR 200.87)	\$0.00	\$0.00	\$0.00
+ 11. Telecommunications	\$0.00	\$0.00	\$0.00
+ 12. Training and Education (2 CFR 200.472)	\$0.00	\$0.00	\$0.00
+ 13. Direct Administrative Costs (2 CFR 200.413 (c))	\$0.00	\$0.00	\$0.00
+ 14. Other or Miscellaneous Costs	\$0.00	\$0.00	\$0.00
+ Indirect Cost (2 CFR 200.414)	\$0.00	\$0.00	\$0.00
<b>Total Expense Budget Cost</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Revenue Budget

Grant Funding	Non-Grant Funding	Total
Award Requested		\$55,237.33
Subtotal		\$55,237.33
Cash Match	\$55,237.33	\$55,237.33
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
Subtotal	\$55,237.33	\$55,237.33
<b>Total Revenue Budget Cost</b>		<b>(\$110,474.66)</b>
<b>Total Overall Budget Cost</b>		<b>(\$110,474.66)</b>

The Total Overall Budget Cost must be \$0.00



# Line Item

- Salaries need to be entered for each individual person.
- % of time would be 1 to make 100%
- Or .5 for 50%
- If Personnel doesn't work 100% of the time for EMPG then that percentage of time need to be entered
- Length of time is 1. This is a 1-year grant
- Make sure Non-grant funded is marked as **YES**.
- You will **need** to calculate the match
- Select Create when finished.

## New Line Item

Budget Item Information

Category: 1. Personnel (Salaries and Wages) (2 CFR 200.430)

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Personnel cannot exceed 100% of their time on all active projects.

Item Type: Personnel

Name\*: Joe

Position\*: Deputy

Salary Amount\*: \$5,500.00

Basis: Yearly

% of Time\*: 100%

Length of Time\*: 1.00

Direct Cost: \$5,500.00

Non-Grant Funded: Yes

Grant Funded: \$5,500.00

Cash Match: 2750

In-Kind Match: \$0.00

Create Cancel



### New Line Item

Category **2. Fringe Benefits (2 CFR 200.431)**

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project.

Item Type Non-Personnel

Name\*

Position\*

Base\*

Rate\*

Direct Cost **\$9,693.76**

Non-Grant Funded **Yes**

Grant Funded **\$0.00**

Cash Match

In-Kind Match

Other Funding

Total Budgeted **\$9,693.76**

Narrative Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multi-year awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

Create Cancel

### New Line Item

Budget Item Information

Category **6. Contractual Services & Subawards (2 CFR 200.318 & 200.92)**

Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of \$150,000 (See 2 CFR 200.38). NOTE: this budget category may include subawards. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project. Please also note the differences between subaward, contract, and contractor (vendor):1) Subaward (200.92) means an award provided by a pass-through entity to a sub-recipient for the sub-recipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

Item Type Non-Personnel

Name\*

Direct Cost\*

Non-Grant Funded **Yes**

Grant Funded **\$5,500.00**

Cash Match

In-Kind Match

Other Funding

Total Budgeted **\$11,000.00**

Narrative

Create Cancel



# Budget-Equipment

- For equipment, the Authorized Equipment number (AEL) must be listed
- The AEL# can be found at <https://www.fema.gov/grants/tools/authorized-equipment-list> .

## Grants

### Tools

**Authorized Equipment List**

Benefit-Cost Analysis

Environmental & Historic Preservation Guidance

FEMA Grants Outcomes (FEMA GO)

Grants Management Technical Assistance

Non-Disaster Grants Management System

FEMA Grants

Policy & Guidance

## Authorized Equipment List

The Authorized Equipment List (AEL) is a list of approved equipment types allowed under FEMA's preparedness grant programs. The intended audience of this tool is emergency managers, first responders, and other homeland security professionals. The list consists of 21 equipment categories divided into categories, sub-categories and then individual equipment items. NOTE: There are no commercially available products listed; it only consists of equipment types.

[Subscribe to Authorized Equipment List](#)

[Download CSV](#)

Search

Radios

Search by item number, item title, keyword, or grant program and then click Apply. Search results display below.

## Portable Radio

### Budget Item Information

Category **4. Equipment (2 CFR 200.439)**

Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the Contractual Services category.

Item Type **Non-Personnel**

Name\*

Cost Rate\*

Quantity\*

Direct Cost

Non-Grant Funded **Yes**

Grant Funded

Cash Match

In-Kind Match

Other Funding

Total Budgeted

Narrative Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (or multi-year average) and total for equipment.

Replace 2 portable radios.  
AEL #02ch-02-25602

Attach a narrative describing the procurement method to be used.

Attachment(s)



## Proposed Budget

### Expense Budget

Category		Grant Funded	Non-Grant Funded	Total Budgeted
<b>+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)</b>		\$19,520.00	\$19,520.00	\$39,040.00
Nichole Strayer	✓	\$9,270.00	\$9,270.00	\$18,540.00
Richard	✓	\$7,500.00	\$7,500.00	\$15,000.00
Joe	✓	\$2,750.00	\$2,750.00	\$5,500.00
<b>+ 2. Fringe Benefits (2 CFR 200.431)</b>		\$4,846.88	\$4,846.88	\$9,693.76
Nichole Strayer	✓	\$4,846.88	\$4,846.88	\$9,693.76
<b>+ 3. Travel (2 CFR 200.474)</b>		\$2,250.00	\$2,250.00	\$4,500.00
Staff	✓	\$750.00	\$750.00	\$1,500.00
Staff	✓	\$750.00	\$750.00	\$1,500.00
Staff	✓	\$750.00	\$750.00	\$1,500.00
<b>+ 4. Equipment (2 CFR 200.439)</b>		\$0.00	\$0.00	\$0.00
<b>+ 5. Supplies (2 CFR 200.94)</b>		\$2,020.45	\$2,020.45	\$4,040.90
Office supplies/Paper/Stationery	✓	\$87.50	\$87.50	\$175.00
Ink for Printers	✓	\$302.97	\$302.97	\$605.94
Fuel	✓	\$1,250.00	\$1,250.00	\$2,500.00
Large format printer ink cartridges	✓	\$270.00	\$270.00	\$540.00
Large format printer paper	✓	\$109.98	\$109.98	\$219.96
<b>+ 6. Contractual Services &amp; Subawards (2 CFR 200.318 &amp; 200.92)</b>		\$6,550.00	\$6,550.00	\$13,100.00
General Repairs/Maintenance Autos	✓	\$5,500.00	\$5,500.00	\$11,000.00
Conference/Registration fees	✓	\$500.00	\$500.00	\$1,000.00
City of Springfield	✓	\$50.00	\$50.00	\$100.00
General Repairs/Maintenance	✓	\$500.00	\$500.00	\$1,000.00
<b>+ 7. Consultant Services and Expenses (2 CFR 200.459)</b>		\$0.00	\$0.00	\$0.00
<b>+ 8. Construction</b>		\$0.00	\$0.00	\$0.00
<b>+ 9. Occupancy (Rent and Utilities) (2 CFR 200.465)</b>		\$3,000.00	\$3,000.00	\$6,000.00
Ameren	✓	\$1,500.00	\$1,500.00	\$3,000.00
Constellation	✓	\$1,500.00	\$1,500.00	\$3,000.00
<b>+ 10. Research and Development (R&amp;D) (2 CFR 200.87)</b>		\$0.00	\$0.00	\$0.00
<b>+ 11. Telecommunications</b>		\$17,050.00	\$17,050.00	\$34,100.00
AT&T	✓	\$3,600.00	\$3,600.00	\$7,200.00
AT&T	✓	\$12,600.00	\$12,600.00	\$25,200.00
Motorola	✓	\$850.00	\$850.00	\$1,700.00
<b>+ 12. Training and Education (2 CFR 200.472)</b>		\$0.00	\$0.00	\$0.00
<b>+ 13. Direct Administrative Costs (2 CFR 200.413 (c))</b>		\$0.00	\$0.00	\$0.00
<b>+ 14. Other or Miscellaneous Costs</b>		\$0.00	\$0.00	\$0.00
<b>+ Indirect Cost (2 CFR 200.414)</b>		\$0.00	\$0.00	\$0.00
<b>Total Expense Budget Cost</b>		<b>\$55,237.33</b>	<b>\$55,237.33</b>	<b>\$110,474.66</b>

### Revenue Budget

Grant Funding			
Award Requested		\$55,237.33	\$55,237.33
<b>Subtotal</b>		<b>\$55,237.33</b>	<b>\$55,237.33</b>
Non-Grant Funding			
Cash Match			\$55,237.33
In-Kind Match			\$0.00
Other Funding			\$0.00
<b>Subtotal</b>		<b>\$55,237.33</b>	<b>\$55,237.33</b>

**Total Revenue Budget Cost (\$110,474.66)**

**Total Overall Budget Cost**

**\$0.00**



# Performance Plan



- List your Strategic Plans
- Hit the green plus (+) to add
- Must enter 3

## Performance Plan

[Help](#)[Download](#)

### Proposed Performance Plan

#### Strategic Planning\* [+ Add Goal](#)

Describe the strategic planning efforts within the emergency management program for this performance period. Based on your jurisdiction's strategic plan, list the goals, objectives, and performance indicators for this performance period.

Jurisdictions should have a minimum of three goals.

For each Goal, list:

- Three Objectives
- Three Performance Indicators

#### Comprehensive Emergency Management Program [✔](#) [+](#)

Milestone

Develop Space County's systematic process for engaging the whole community as appropriate in the development of executable strategic, operational, and/or tactical-level approaches to meet defined objectives.

- Objective 1: Facilitate a county-wide emergency management coalition Performance Indicator 1: Meeting agendas/minutes/sign-in sheets
- Objective 2: Continue participation in regional/local community planning efforts Performance Indicator 2: Meeting agendas/minutes/sign-in sheets
- Objective 3: Facilitate maintenance of an Integrated Preparedness Plan Performance Indicator 3: Multi-Year Training and Exercise Calendar

Public Outreach Campaign

#### Comprehensive Emergency Management Program [✔](#) [+](#)

Milestone

Improve the Peoria Co. EMA's whole community emergency preparedness campaign.

- Objective 1: Continue utilization of a routine public awareness campaign Performance Indicator 1: Calendar of outreach activities
- Objective 2: Maintain utilization of social media for providing emergency preparedness information Performance Indicator 2: Peoria Co. EMA activity on any of the following Website/Facebook/Twitter/etc.
- Objective 3: Coordinate recognition of 2023 National Preparedness Month in Peoria County Performance Indicator 3: Calendar of outreach activities

Damage Assessment/Debris Mgmt.

[✔ Mark as Complete](#)[Save & Continue](#)

# Application is Submitted!!




## Success!

You have submitted your application.

Download your completed application by selecting the "Application" button below.

To return to the main screen with all of your applications, select the "Exit" button.



 Application   Exit



# Questions?

Thank you for partnering with us to  
serve the State of Illinois

Presented by IEMA-OHS Preparedness  
Grants Administration (PGA)

Acting Division Chief- Bob Evans,  
[Bob.P.Evans@illinois.gov](mailto:Bob.P.Evans@illinois.gov)

Grant Program Manager- Nichole Strayer,  
[nichole.strayer@Illinois.gov](mailto:nichole.strayer@Illinois.gov)

Grants Coordinator- Sara Lewis,  
[Sara.A.Lewis@illinois.gov](mailto:Sara.A.Lewis@illinois.gov)







## Reminders

- Going forward the EMPG Grant is only **4 quarters** not 5.
- Performance period starts October 1<sup>st</sup>, 2023
- All applications are due EOD September 1<sup>st</sup> , 2023
- Grantees must be in compliance via GATA.