



State of Illinois

# Emergency Management Assistance (EMA) Grant Overview

Presented by IEMA-OHS Preparedness Grants Administration (PGA)

Acting Division Chief- Bob Evans

Emergency Preparedness Grant Program Manager- Nichole Strayer

Emergency Preparedness Grant Analyst- Tara Perry

Emergency Grant Coordinator- Alexandra Thomas

ILLINOIS EMERGENCY MANAGEMENT AGENCY  
AND OFFICE OF HOMELAND SECURITY



# Purpose of EMA Grant Program

- To provide financial assistance for the development of effective, integrated emergency management organizations in the state of Illinois and its political subdivisions in order to perform administrative activities and prepare for any natural or technological emergency or disaster in accordance with applicable federal and state laws and regulations.
  - Robert T. Stafford Disaster Relief and Emergency Assistance Act (42U.S.C. 5121, et. seq.), as amended.
  - The Illinois Emergency Management Agency Act (20ILCS 3305/1, et. seq.).



# EMA Grant Update

- Emergency Management Assistance (EMA) Grant Program is funding that IEMA designates for accredited Emergency Management Agencies from IEMA's annual Emergency Management Performance Grant (EMPG) grant award from the Federal Emergency Management Agency (FEMA).
- The FFY 24 EMA grant cycle, will have a period of performance from October 1, 2024, through September 30, 2025.
- This grant is now 4 quarters.





## EMA Grant Updates

- Local match will remain at 50%.
- FFY 24 grant adds the implementation of the National Quality Standards (NQS) from FEMA.
- All EMA grant applications and reimbursement requests and reporting forms are now submitted via the AmpliFund grants management system.

# 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 not be on the States stop payroll by any other agency within the state of Illinois.
- Submission of Fiscal & Administrative Risk Assessment Internal Control Questionnaire (ICQ) for 2025 through the GATA portal.



PRE-QUALIFICATION INFORMATION			Pre-Qual History							
<b>SAM.gov Account:</b>	Good until 3/14/2025	<a href="#">SAM.Gov</a>	<b>FISCAL AND ADMINISTRATIVE RISK ASSESSMENT (ICQ)</b>							
<b>Federal Employer ID (FEIN):</b>	Good			<b>State FY</b>	<b>Status</b>	<b>Date Submitted</b>	<b>Date Approved</b>	<b>Low Risk</b>	<b>Med Risk</b>	<b>High Risk</b>
<b>Federal Excluded Parties List:</b>	Good	The 'Fede requirem	<a href="#">View</a>	2025	Approved	05-23-2024	05-23-2024	3	1	0
<b>Federal Delinquent Debt:</b>	Good		<a href="#">View</a>	2024	Approved	06-16-2023	06-21-2023	3	1	0
<b>Illinois Secretary of State:</b>	Not Required	<a href="#">SOS Corr</a>	<a href="#">View</a>	2023	Approved	05-05-2022	05-06-2022	3	1	0
<b>Illinois Stop Payment List:</b>	Good		<a href="#">View</a>	2022	Approved	05-13-2021	05-13-2021	7	2	0
<b>Illinois DHFS Sanction List:</b>	Good	<a href="#">DHFS.Prc</a>	<a href="#">View</a>							

# AmpliFund

- Our cloud-based Grant Management system.
- Amplifund is being implemented across all State Agencies
- Access to the Applicant Portal requires registration on the Illinois GATA Grantee Portal and an Illinois.gov public account.



# EMA Grant Application

- Please remember to submit applications as soon as possible so we the distribution formula can be calculated.
- Award allocation determined by a base calculation, population, and requested amount on the application.
- Revised applications are now required to match the awarded amount.
- Notice of State Awards (NOSA) now is sent out automatically via AmpliFund once the grant application is approved by IEMA.



# EMA Grant Application

## Project Information ✓

### Application Information

Application Name\* 22EMA Test application ✓

Pre-Qualification Status Qualified

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

Award Requested\* \$55,237.33

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

Cash Match Requirement \$0.00 ⓘ

Cash Match Contributions\* \$5237.33

In-Kind Match Requirement \$0.00 ⓘ

In-Kind Match Contributions\* \$0.00

Other Funding Contributions\* \$0.00

Total Award Budget \$110,474.66

## Primary Contact Information

Name\* Nichole Strayer

Email Address\* Nichole.Strayer@Illinois.gov

Address Line 1\* 2200 S Dirksen PKWY

Address Line 2

City\* Springfield

State/Province\* IL

Postal Code\* 62703

Phone Number 217/720-8520

1  
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✓ Mark as Complete

2  
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# EMA Grant Application Cont.

Budget: The Grant Funding and Non-Grant Funding amount are auto populated from the 'Project Information' page. (NOTE: This grant does use Non-Grant funding information. This is where you will calculate and record your 50% match.) Only the Categories can be used.

## 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 & Subawards (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
+ 9. Occupancy (Rent and Utilities) (2 CFR 200.465)	\$0.00	\$0.00	\$0.00
+ 11. Telecommunications	\$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		
Award Requested	\$12,000.00	\$12,000.00
<b>Subtotal</b>	<b>\$12,000.00</b>	<b>\$12,000.00</b>
Non-Grant Funding		
Cash Match	\$12,000.00	\$12,000.00
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
<b>Subtotal</b>	<b>\$12,000.00</b>	<b>\$12,000.00</b>

**Total Revenue Budget Cost (\$24,000.00)**

**Total Overall Budget Cost (\$24,000.00)**

The Total Overall Budget Cost must be \$0.00



# Travel



## Travel

2 of 5

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

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

When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete.

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# 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-

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### 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://rtr.prep toolkit.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** / [Text Formatting Icons] [Link Icon] [Image Icon] [Code Icon]

Request an IMT from IEMA

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# 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](#)

[☰ Browse](#)

[📖 Links & Tools](#)

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



## 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 & Subawards (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
+ 9. Occupancy (Rent and Utilities) (2 CFR 200.465)	\$0.00	\$0.00	\$0.00
+ 11. Telecommunications	\$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		
Award Requested	\$12,000.00	\$12,000.00
<b>Subtotal</b>	<b>\$12,000.00</b>	<b>\$12,000.00</b>
Non-Grant Funding		
Cash Match		\$12,000.00
In-Kind Match		\$0.00
Other Funding		\$0.00
<b>Subtotal</b>		<b>\$12,000.00</b>

**Total Revenue Budget Cost (\$24,000.00)**

**Total Overall Budget Cost (\$24,000.00)**

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 multiyear 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
Advanced Search
Changelog
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 tool for emergency managers, first responders and homeland security professionals. It contains approved equipment types allowed under FEMA's preparedness grant programs.

## How to Use the List

You have two options to find the equipment you need:

### Browse

Click to open accordions and drill down to the specific equipment.

Browse the List

### Advanced Search

Enter keywords, filter by category, or sort.

Advanced Search

## 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\*: Portable Radio

Cost Rate\*: \$600.00

Quantity\*: 2

Direct Cost: \$1,200.00

Non-Grant Funded: Yes

Grant Funded: \$0.00

Cash Match: \$1,200.00

In-Kind Match: \$0.00

Other Funding: \$0.00

Total Budgeted: \$1,200.00

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

Replace 2 portable radios.  
AEL#02CH0329560















Attach a narrative describing the procurement method to be used.

Attachment(s):





## Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
<b>+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)</b>	\$2,000.00	\$2,000.00	\$4,000.00
strayer  	\$2,000.00	\$2,000.00	\$4,000.00
<b>+ 2. Fringe Benefits (2 CFR 200.431)</b>	\$132.29	\$132.29	\$264.58
strayer  	\$132.29	\$132.29	\$264.58
<b>+ 3. Travel (2 CFR 200.474)</b>	\$1,000.00	\$1,000.00	\$2,000.00
Strayer  	\$1,000.00	\$1,000.00	\$2,000.00
<b>+ 4. Equipment (2 CFR 200.439)</b>	\$0.00	\$0.00	\$0.00
<b>+ 5. Supplies (2 CFR 200.94)</b>	\$3,292.75	\$3,292.75	\$6,585.50
Office supplies  	\$250.00	\$250.00	\$500.00
Fuel  	\$3,042.75	\$3,042.75	\$6,085.50
<b>+ 6. Contractual Services &amp; Subawards (2 CFR 200.318 &amp; 200.92)</b>	\$0.00	\$0.00	\$0.00
<b>+ 7. Consultant Services and Expenses (2 CFR 200.459)</b>	\$0.00	\$0.00	\$0.00
<b>+ 9. Occupancy (Rent and Utilities) (2 CFR 200.465)</b>	\$2,400.00	\$2,400.00	\$4,800.00
Village  	\$2,400.00	\$2,400.00	\$4,800.00
<b>+ 11. Telecommunications</b>	\$3,174.96	\$3,174.96	\$6,349.92
AT&T  	\$3,174.96	\$3,174.96	\$6,349.92
<b>+ Indirect Cost (2 CFR 200.414)</b>	\$0.00	\$0.00	\$0.00
<b>Total Expense Budget Cost</b>	<b>\$12,000.00</b>	<b>\$12,000.00</b>	<b>\$24,000.00</b>

## Revenue Budget

Grant Funding		
Award Requested	\$12,000.00	\$12,000.00
<b>Subtotal</b>	<b>\$12,000.00</b>	<b>\$12,000.00</b>
Non-Grant Funding		
Cash Match		\$12,000.00
In-Kind Match		\$0.00
Other Funding		\$0.00
<b>Subtotal</b>		<b>\$12,000.00</b>
<b>Total Revenue Budget Cost</b>		<b>(\$24,000.00)</b>
<b>Total Overall Budget Cost</b>		<b>\$0.00</b>

✓ Mark as Complete

Save & Continue

# 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 a Integrated Preparedness Plan Performance Indicator 3: Multi-Year Training and Exercise Calendar

Public Outreach Campaign

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

Milestone

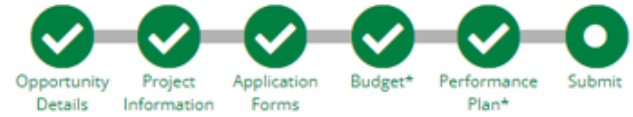
Improve the Peoria Co. EMA's whole community emergency preparedness campaign.

- 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)

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

Emergency Preparedness Grant Analyst-  
Tara Perry, [Tara.K.Perry@illinois.gov](mailto:Tara.K.Perry@illinois.gov)

Emergency Grant Coordinator- Alexandra  
Thomas, [Alexandrea.Thomas@illinois.gov](mailto:Alexandrea.Thomas@illinois.gov)





## Reminders

- EMPG Grant is only **4 quarters** not 5.
- Performance period starts October 1<sup>st</sup>, 2024
- All applications are due EOD August 30, 2024.
- Grantees must be in compliance via GATA.
- Don't forget about your IPP, ILCAT, and NQS requirements.