



FFY 2023 EMA Grant Program Application User Guide

The FFY 2023 EMA Grant Program application is a cloud-based form within the AmpliFund grant management system.

The application can be accessed from this link:

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

GATA

The Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 et seq., increases accountability and transparency in the use of grant funds while reducing the administrative burden on both state agencies and grantees through adoption of the federal grant guidance and regulations codified at 2 CFR Part 200 (Uniform Requirements). IEMA has adopted the uniform data field requirements on grant applications to comply with GATA.

In addition to the IEMA program guidance and application form, sub-award recipients also need to comply with GATA requirements for grant eligibility. More information regarding GATA can be found at <http://www.illinois.gov/sites/gata>.

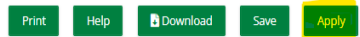
Accessing the Application

Internet access and an AmpliFund logon are needed to submit your completed grant application.

Use the following steps to access the application.

1. The FFY 2023 EMA Grant Application is located here: Click the <https://il.amplifund.com/Public/Opportunities/Details/e581ec7f-1c88-4d37-9c94-78c6dbad11ff> to open the grant application in your Internet browser.
2. Review ‘Opportunity Information’. Click ‘Apply’ to begin the application

FY23 (EMPG) Emergency Management Performance Grants



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.

Completing the Application

3. Complete the 'Project Information' page when done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

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

4. Forms- 5 forms are contained on this page each must be completed.

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

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

⏪ 1 ⏩ 25 items per page 1 - 5 of 5 items

[Save & Continue](#)

- a. Click on Uniform Grant Application (**NOTE:** you will need the jurisdictions GATA ID number found in the GATA Grantee Portal.)

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 H

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

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 *
Account Tech

Organizational Affiliation *
IMEA

Telephone Number *
217-524-7890

Fax Number

Email Address *
Strayer

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

(NOTE: For the Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application we **need you to list who has **signing authority** for your organization.)**

The project is 23EMAxxxxx (1st 5 letters of your county) Project start date is 10/01/2023 end date is 9/30/2024.

Mark the I agree box under Application certification.

When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

Applicant's Project

Description Title of Applicant's Project

22EMASTRAY

Proposed Project Term Start Date

7/1/22

Proposed Project Term End Date

6/30/23

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

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.

Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

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

- b. Travel: Does your organization have travel regulations or do you the state travel regulations? Will there be any out of state travel? When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page. (If your county has its own travel regs you will have to upload them at this time in order to continue.)

Travel

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

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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.

Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

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

- c. Work Plan Program Narrative and Statement: Type in the program narrative, mission statement, and vision statement for the FFY23 EMA grant. When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

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 [text alignment icons] [list icons] [link icon] [image icon] <>

While working last year through our IL-CATT and reviewing our strengths and areas of improvement as a County, it came to our attention, that it has been several years since we had exercised a Haz-Mat incident. Since the majority of our department heads were new due to the Early Retirement Incentive offered by the County Board and working through the historic flood of 2019, it seemed like a good time to exercise a Train Derailment Haz-Mat incident in downtown Carbondale. We started with the last grant cycle conducting a Workshop and a Table Top exercise. This grant cycle, we will continue with conducting a Functional exercise this Fall and a Full/Scale exercise in the Spring of 2022. The challenge of this endeavor for our agency is that we are continuing to be in response mode for the Coronavirus Pandemic. We have several departments involved in these exercises, which is very time consuming without continuing to respond to another incident, but we have successfully been able to keep this exercise moving forward. These exercises will also lead into several opportunities for training with multiple agencies to test our many core capabilities in our Illinois Capability and THIRA Tool.

p > strong

Statements

Mission Statement *

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To prepare, protect and assist the residents of Blank County through Preparedness, Prevention, Mitigation, Response and Recovery from all hazards, natural and man made.

p > strong

Vision Statement *

Formats - B I [text alignment icons] [list icons] [link icon] [image icon] <>

Building a safer future through effective partnerships of local government, emergency services, private sector partners, volunteer agencies along with the residents of Blank County to save lives, protect property and reduce the effects of disasters through Preparedness, Prevention, Mitigation, Response and Recovery activities.

p > strong

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. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

- d. Work Plan Resource Requirements: Based on the jurisdictional assessments of risk and desired outcome(s) identify the top five (5) resources required to achieve established target levels. (You must list at least one to continue.) Use the link provided to identify the resources in detail: <https://rtlt.preptoolkit.fema.gov/Public>. When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

Work Plan Resource Requirements

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

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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://rtrt.prepbookit.fema.gov/Public>

RESOURCE ONE

Core Capability *

Access Control And Identity Verification

Resource Name *

Patrol Team Officer

Resource Category *

Law Enforcement Operations

Resource Kind *

Personnel

Resource Type *

Type 1

Procurement Strategy *

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Upon notification of the incident, these officers would be dispatched to the scene to control access from the public.

h1

- e. FFATA: You will have a YES or NO question. If NO; click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page. If YES; another YES or NO question will appear. When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

FFATA

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

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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

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

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.

Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

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

5. 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 highlighted in yellow will be used.

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 & 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
+ 8. Construction	\$0.00	\$0.00	\$0.00
+ 9. Occupancy (Rent and Utilities) (2 CFR 200.455)	\$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
Total Expense Budget Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

Grant Funding		
Award Requested	\$55,237.33	\$55,237.33
Subtotal	\$55,237.33	\$55,237.33
Non-Grant Funding		
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
Total Revenue Budget Cost		(\$110,474.66)
Total Overall Budget Cost		(\$110,474.66)

The Total Overall Budget Cost must be \$0.00

Mark as Complete

Save & Continue

Click the **green '+'** on the category to enter details of an expense item. Enter Grant Funded for the 'Expense Budget' items. The 'total Overall Budget Cost' must be \$0.00 after entering all the proposed budget details.

- When entering the amount, you will want to use the total amount. Change Non-Grant funded to yes and enter 50% of the total under cash match. Select create when finished.

New Line Item

similar work within the applicant organization. Personnel cannot exceed 100% of their time on all active projects.

Item Type	Personnel
Name*	<input type="text" value="Strayer"/>
Position*	<input type="text" value="Account Tech"/>
Salary Amount*	<input type="text" value="\$4,000.00"/>
Basis	<input type="text" value="Yearly"/>
% of Time*	<input type="text" value="100%"/>
Length of Time*	<input type="text" value="1.00"/>
Direct Cost	\$4,000.00
Non-Grant Funded	<input type="text" value="Yes"/>
Grant Funded	\$2,000.00
Cash Match	<input type="text" value="\$2,000.00"/>
In-Kind Match	<input type="text" value="0"/>
Other Funding	<input type="text" value="\$0.00"/>
Total Budgeted	\$4,000.00

Narrative Describe the responsibilities and duties of the position in relationship to

New Line Item

Requests in the travel category should be itemized by item. Travel for consultants should be shown in the Consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the Miscellaneous category.

Item Type	Non-Personnel
Name*	<input type="text" value="Strayer"/>
Description*	<input type="text" value="Lodging"/>
Cost Rate*	<input type="text" value="\$2,000.00"/>
Basis	<input type="text"/>
Quantity*	<input type="text" value="1"/>
Number of Trips*	<input type="text" value="1"/>
Direct Cost	\$2,000.00
Non-Grant Funded	<input type="text" value="Yes"/>
Grant Funded	\$1,000.00
Cash Match	<input type="text" value="\$1,000.00"/>
In-Kind Match	<input type="text" value="\$0.00"/>
Other Funding	<input type="text" value="\$0.00"/>
Total Budgeted	\$2,000.00

Budget Item Information

Category **5. Supplies (2 CFR 200.94)**

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Item Type Non-Personnel

Name*

Cost Rate*

Quantity*

Direct Cost \$500.00

Non-Grant Funded **Yes**

Grant Funded \$250.00

Cash Match

In-Kind Match

Other Funding

Total Budgeted \$500.00

Narrative

Create

Cancel

Category **9. Occupancy (Rent and Utilities) (2 CFR 200.465)**

List items and descriptions by major type and the basis of the computation. NOTE: This budgetary line item is to be used for direct program rent and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

Item Type Non-Personnel

Name*

Cost Rate*

Basis

Quantity*

Length of Time*

Direct Cost \$4,800.00

Non-Grant Funded **Yes**

Grant Funded \$2,400.00

Cash Match

In-Kind Match

Other Funding

Total Budgeted \$4,800.00

Narrative Explain how rental and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent and utility, and provide a monthly rental and utility cost and how many months to rent.











Create Cancel

- b. If you list equipment in your application, the AEL number must be entered into the narrative section under the category.

<https://www.fema.gov/grants/tools/authorized-equipment-list>

The Budget is complete when the ‘total Overall Budget Cost’ is **\$0.00** and the expense details match the grant funded amount auto populated from the project information page. When done click ‘Mark as complete’ and then the ‘Save & Continue’ buttons at bottom of page.

Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)	\$1,900.00	\$1,900.00	\$3,800.00
strayer  	\$1,900.00	\$1,900.00	\$3,800.00
+ 2. Fringe Benefits (2 CFR 200.431)	\$0.00	\$0.00	\$0.00
+ 3. Travel (2 CFR 200.474)	\$1,000.00	\$1,000.00	\$2,000.00
Strayer  	\$1,000.00	\$1,000.00	\$2,000.00
+ 4. Equipment (2 CFR 200.439)	\$0.00	\$0.00	\$0.00
+ 5. Supplies (2 CFR 200.94)	\$250.00	\$250.00	\$500.00
Office Supplies  	\$250.00	\$250.00	\$500.00
+ 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
+ 8. Construction	\$0.00	\$0.00	\$0.00
+ 9. Occupancy (Rent and Utilities) (2 CFR 200.465)	\$2,400.00	\$2,400.00	\$4,800.00
County of Ford  	\$2,400.00	\$2,400.00	\$4,800.00
+ 10. Research and Development (R&D) (2 CFR 200.87)	\$0.00	\$0.00	\$0.00
+ 11. Telecommunications	\$450.00	\$450.00	\$900.00
AT&T  	\$450.00	\$450.00	\$900.00
+ 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
Total Expense Budget Cost	\$6,000.00	\$6,000.00	\$12,000.00

Revenue Budget

Grant Funding		
Award Requested	\$6,000.00	\$6,000.00
Subtotal	\$6,000.00	\$6,000.00
Non-Grant Funding		
Cash Match	\$6,000.00	\$6,000.00
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
Subtotal	\$6,000.00	\$6,000.00
Total Revenue Budget Cost		(\$12,000.00)
Total Overall Budget Cost		\$0.00

6. Performance Plan: This is where you will enter your three (3) strategic planning goals, objectives and Performance indicators. Click the **green '+'** to add your Goal. I suggest adding the Objectives as O1, O2 and O3. I would add the performance indicators the same way PI1, PI2 and PI3. Click save when done.

New Goal

Goal Information

Goal Type*

Name*

Description

Due Date

Once saved you will be able to see all the information entered. These can also be edited after they are saved. When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

Performance Plan

Proposed Performance Plan



Strategic Planning* [+ Add Goal](#)

Describe the strategic planning efforts within the emergency management program for this performance period. Based on

Jurisdictions should have a minimum of three goals.

For each Goal, list:

- Three Objectives
- Three Performance Indicators

To quickly access, secure and assess the derailment scene.  



Milestone

O1: Once on the scene, all responding personnel will work under the Incident Command Structure (ICS).

O2: Haz-Mat responding personnel will assess the scene upon arrival.

O3: D, SIU-DPS and JCSO will secure the scene at all access points to ensure security.

PI1: Contact with Incident Command staff for compliance of ICS structure.

To reduce the number of fatalities with complete triage of injured persons.  

Milestone

O1: AS will begin to identify severity of injuries once scene is secure.

O2: JCAS will use training and experience to reduce the number of fatalities.


O3: All responding units will be sharing information through ICS while at the scene.

PI1: Separation of severity and tagging of injuries as crews work through the incident.

PI2: Following the decision making of the crews as they work the incident.

PI3: Contact with Incident Command staff for compliance of ICS structure.

7. **Submit:** Click the 'Submit' button to officially submit the application to IEMA. You may download and save a copy to your PC after submission.



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](#)

Congrats you are done!!!!