



## FFY 2022 NEHRP Grant Program Application User Guide

The FFY 2022 National Earthquake Hazard Reduction Program (NEHRP) 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/fe007ba7-182f-4155-bc67-153e84b6e005>

### **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.

Contact [EMA.grants@Illinois.gov](mailto:EMA.grants@Illinois.gov) with any technical questions. Use the following steps to access the application.

1. The FFY 2022NEHRP Grant Application is located here: Click the <https://il.amplifund.com/Public/Opportunities/Details/fe007ba7-182f-4155-bc67-153e84b6e005> to open the grant application in your Internet browser.
2. Review 'Opportunity Information'. Click 'Apply' to begin the application

### FY22 National Earthquake Hazard Reduction Program (NEHRP)

[Print](#)[Help](#)[Download](#)[Save](#)[Apply](#)

#### Opportunity Information

CSFA Number	588-40-0456
CSFA Popular Name	National Earthquake Hazard Reduction Program (NEHRP)
Title	FY22 National Earthquake Hazard Reduction Program (NEHRP)
Description	The purpose of this funding is to support the earthquake mitigation efforts of States and Territories with High to Very High seismic risk as determined by the DHS, FEMA Program Office, non-profit organizations as defined by 2 C.F.R. §200.70 and institutions of higher education as defined by 2 C.F.R. §200.55. These efforts include 1) delivering and increasing awareness and education; 2) developing policies, tools, and products; and 3) implementing programs or projects to support risk reduction and resilience activities from earthquakes.
Awarding Agency Name	Illinois Emergency Management Agency
Agency Contact Name	Bob Evans
Agency Contact Phone	217.557.4788
Agency Contact Email	bob.p.evans@illinois.gov
Fund Activity Category	Disaster Prevention and Relief

## 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.

### Project Information

#### Application Information

Application Name\* Central United States Earthquake Consortiu ✓

Pre-Qualification Status Qualified

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

Award Requested\* \$40,000.00

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

Cash Match Requirement \$0.00 ⓘ

Cash Match Contributions\* \$0.00

In-Kind Match Requirement \$0.00 ⓘ

In-Kind Match Contributions\* \$0.00

Other Funding Contributions\* \$0.00

Total Award Budget \$40,000.00

#### Primary Contact Information

Name\* Nichole Strayer

Email Address\* nichole.strayer@illinois.gov

Address Line 1\* 2200 S Dirksen PKW

Address Line 2

City\* Springfield

State/Province\* IL

Postal Code\* 62703

Phone Number 2177208520

Save


✓ Mark as Complete

Save & Continue

4. Forms- 2 forms are contained on this page each must be completed.

## Forms

Name	Status
Uniform Grant Application - Applicant Completed Section	In Progress
Program Description	New

 25 items per page

[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 2

#### Applicant Information

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

Central United States Earthquake Consorti

Common Name (DBA)

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

371172914

Organizational DUNS Number \*

622639516

GATA ID (assigned through the grantee portal) \*

695196

SAM Cage Code \*

3T5A5

#### Applicant's Organizational Unit

Department Name \*

Central United States Earthquake Consorti

Division Name

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

First Name \*

Last Name \*

Suffix

Title \*

Organizational Affiliation \*

Telephone Number \*

Fax Number

Email Address \*

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

First Name \*

Last Name \*

Suffix

Title \*

Organizational Affiliation \*

Telephone Number \*

Fax Number

Email Address \*

Areas Affected

Are areas affected by the project? \*

Yes

No

(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 Legislative and Congressional District are “NA”. The project is 22EQCUSEC (Project start date is 08/01/2022 end date is 7/31/2023).

Mark the I agree box under Application certification.

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

- b. Program Description: Type in the program narrative. When done click ‘Mark as complete’ and then the ‘Save & Continue’ buttons at bottom of page.

Program Description

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

2 of 2

Provide a brief description and time line of the proposed project that summarizes the use of the grant award.

Program Narrative \*

Formats ▾ **B** *I* [List icons]

The Central U.S. Earthquake Consortium (CUSEC) will use the funding awarded through the FFY22 National Earthquake Hazards Program (NEHRP) to provide support to the State of Illinois' earthquake outreach, mitigation, and planning efforts. Support will include personnel, fringe, contractual, and travel expenses to conduct one regional Shakeout earthquake awareness campaign and one regional earthquake planning workshop. CUSEC will also develop an interactive dashboard with maps, infrastructure, and data layers necessary to plan for impacts from an earthquake. Grant funding will be used to support graphic design and video editing, social media advertising for the Shakeout awareness campaign, as well as facilitation expenses for the planning workshop and programming costs for the interactive earthquake planning dashboard.

p

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 NOT use Non-Grant funding information.) Only the Categories highlighted in yellow will be used.

## 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 200.465)	\$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		
Award Requested	\$40,000.00	\$40,000.00
<b>Subtotal</b>	<b>\$40,000.00</b>	<b>\$40,000.00</b>
Non-Grant Funding		
Cash Match	\$0.00	\$0.00
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Revenue Budget Cost</b>		<b>(\$40,000.00)</b>
<b>Total Overall Budget Cost</b>		<b>(\$40,000.00)</b>

The Total Overall Budget Cost must be \$0.00

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. Select create when finished. (Please use narrative section on each category to add details see travel below.)

## New Line Item

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\*

Position\*

Salary Amount\*

Basis **Yearly**

% of Time\*

Length of Time\*

Direct Cost \$1,100.00

Non-Grant Funded **No**

Total Budgeted \$1,100.00

Narrative Describe the responsibilities and duties of the position in relationship to fulfilling the project goals and objectives.

**Create** Cancel

## New Line Item

Budget Item Information

Category **3. Travel (2 CFR 200.474)**

For training projects, show the number of trainees and unit cost involved. Travel and meals for trainees should be listed separately. NOTE: Dollars requested in the travel category should be for staff travel only. 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\*

Description\*

Cost Rate\*

Basis

Quantity\*

Number of Trips\*

Direct Cost \$2,900.00

Non-Grant Funded **No**

Total Budgeted \$2,900.00

Narrative Include travel origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations.

4 people for 3 night @ reg planning workshop

**Create** Cancel



## New Line Item

### Budget Item Information

Category **3. Travel (2 CFR 200.474)**

For training projects, show the number of trainees and unit cost involved. Travel and meals for trainees should be listed separately. NOTE: Dollars requested in the travel category should be for staff travel only. 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\*

Description\*

Cost Rate\*

Basis

Quantity\*

Number of Trips\*

Direct Cost \$0.00

Non-Grant Funded **No**

Total Budgeted \$0.00

Narrative Include travel origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations.

## New Line Item

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 200.88). 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 **No**

Total Budgeted \$7,500.00

Narrative

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.

Line Items  Non-Grant Funded

## Proposed Budget

### Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
<b>+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)</b>	\$12,650.00	\$0.00	\$12,650.00
Project Personnel	\$11,000.00	\$0.00	\$11,000.00
M&A	\$550.00	\$0.00	\$550.00
ICR	\$1,100.00	\$0.00	\$1,100.00
<b>+ 2. Fringe Benefits (2 CFR 200.431)</b>	\$0.00	\$0.00	\$0.00
<b>+ 3. Travel (2 CFR 200.474)</b>	\$3,335.00	\$0.00	\$3,335.00
Staff	\$2,900.00	\$0.00	\$2,900.00
M&A @5%	\$145.00	\$0.00	\$145.00
ICR @ 10%	\$290.00	\$0.00	\$290.00
<b>+ 4. Equipment (2 CFR 200.439)</b>	\$0.00	\$0.00	\$0.00
<b>+ 5. Supplies (2 CFR 200.94)</b>	\$0.00	\$0.00	\$0.00
<b>+ 6. Contractual Services &amp; Subawards (2 CFR 200.318 &amp; 200.92)</b>	\$24,015.00	\$0.00	\$24,015.00
Contractual support to deliver Regional Planning Workshop	\$7,500.00	\$0.00	\$7,500.00
Graphic Design	\$3,741.23	\$0.00	\$3,741.23
M&A @5%	\$1,000.00	\$0.00	\$1,000.00
ICR @ 10%	\$2,030.00	\$0.00	\$2,030.00
GSI	\$9,743.77	\$0.00	\$9,743.77
<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>	\$0.00	\$0.00	\$0.00
<b>+ 10. Research and Development (R&amp;D) (2 CFR 200.87)</b>	\$0.00	\$0.00	\$0.00
<b>+ 11. Telecommunications</b>	\$0.00	\$0.00	\$0.00
<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>\$40,000.00</b>	<b>\$0.00</b>	<b>\$40,000.00</b>

### Revenue Budget

Grant Funding		
Award Requested	\$40,000.00	\$40,000.00
<b>Subtotal</b>	<b>\$40,000.00</b>	<b>\$40,000.00</b>
Non-Grant Funding		
Cash Match	\$0.00	\$0.00
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Total Revenue Budget Cost (\$40,000.00)**

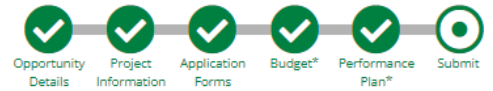
**Total Overall Budget Cost \$0.00**

Mark as Complete

Save & Continue

6. Performance Plan is not applicable but will still need to 'Mark as complete' and then the 'Save & Continue'
7. If all the circles at the top are Green with white checks, you have completed all the sections of the application. You are ready to submit.

### FY22 National Earthquake Hazard Reduction Program (NEHRP)



You are about to submit your application, **Central United States Earthquake Consortium**, to **Emergency Management Agency**.

Take the time to review your application by using the timeline above. You can select any section and jump to that page.

When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.



8. You can now download a copy of your finished application if you would like.

### FY22 National Earthquake Hazard Reduction Program (NEHRP)

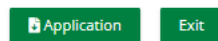


#### Success!

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.



**Congrats you are done!!!!**