

# FISCAL YEAR 2016 EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION

<b>1. APPLICANT NAME</b> (Jurisdiction): Fort Bend County			
<b>2. COUNTY:</b> Fort Bend		<b>3. DISASTER DISTRICT:</b> Sun 2C	
<b>4. EMPG STATUS:</b> <input checked="" type="checkbox"/> Current EMPG Program participant <input type="checkbox"/> New EMPG Program applicant			
<b>5. PROGRAM PARTICIPANTS:</b> <i>(List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have <b>joined</b> or <b>withdrawn</b> from your program in the last year.)</i>  Fort Bend County, Arcola, Beasley, Fairchilds, Fulshear, Kendleton, Meadows Place, Missouri City, Needville, Orchard, Pleak, Richmond, Rosenberg, Simonton, Stafford, Thompsons, and Weston Lakes			
<b>6. CHECKLIST OF APPLICATION ATTACHMENTS:</b> <i>(See the FY 2015 Emergency Management Performance Grant (EMPG) Guide for information on completing these forms.)</i>  <input checked="" type="checkbox"/> Designation of Grant Officials (TDEM-17B) <input checked="" type="checkbox"/> Statement of Work & Cumulative Progress Report (TDEM-17A) - This form shall be signed by the EMC <input checked="" type="checkbox"/> EMPG Staffing Pattern (TDEM-66) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> Application for Federal Assistance (TDEM-67) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> EMPG Staff Job Description (TDEM-68) - A <b>current job description</b> is required for each staff member listed in the FY 2014 EMPG Staffing Pattern (TDEM-66) <input checked="" type="checkbox"/> FEMA Form 20-16 Summary Sheet for Assurances & Certifications - Shall be signed by an Authorized Official Attached: <input checked="" type="checkbox"/> FEMA Form 20-16A, Assurances – Non-Construction Programs <input checked="" type="checkbox"/> FEMA Form 20-16C, Certifications Regarding Lobbying, Debarment, Suspension, & Other Responsibility Matters; and Drug-Free Workplace Requirements <input checked="" type="checkbox"/> FEMA Form SF LLL, Disclosure of Lobbying Activities - Signed by the Authorized Official <b>required only if the applicant performs lobbying to influence federal actions</b> <input checked="" type="checkbox"/> Direct Deposit Authorization (form 74-146) <b>or</b> Application for Payee ID Number (form AP-152) - The Grant Financial Officer shall sign this form <input checked="" type="checkbox"/> Travel Policy Certification (TDEM-69) - The Grant Financial Officer shall sign this form			
<b>7. CERTIFICATION:</b> <i>This Application, together with the approved EMPG Statement of Work &amp; Cumulative Progress Report (TDEM-17A), constitutes the annual work plan for the emergency management program whose participants are listed above. The undersigned agree to exert their best efforts to accomplish all activities listed in the Statement of Work &amp; Cumulative Progress Report approved by the Texas Division of Emergency Management.</i>			
Authorized Official <i>(Original Signature)</i>  Robert E. Hebert County Judge Printed Name		Emergency Management Coordinator <i>(Original Signature)</i>  Jeff D. Braun Printed Name:	

TDEM-17

Page 1 of 1

12/15

Mail completed forms and application materials to:

Grant Coordinator  
 Office of Management and Budget  
 Texas Division of Emergency Management  
 Texas Department of Public Safety  
 5805 N Lamar Blvd.  
 Austin, TX 78752

or

Email: TDEM.EMPG@dps.texas.gov

**FISCAL YEAR 2016  
DESIGNATION OF EMPG GRANT OFFICIALS**

**APPLICANT NAME (JURISDICTION):** Fort Bend County

<b>EMERGENCY MANAGEMENT COORDINATOR*</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Jeff Braun *If newly appointed, attach form TDEM-147
<b>Official Mailing Address</b>  Please include mail stop code	307 Fort Street Richmond, TX 77469
<b>Daytime Phone Number</b>	( 281 ) 342-6185      Alternate Number (      )
<b>Fax Number</b>	( 281 ) 342-4798
<b>E-mail Address</b>	JEFF.BRAUN@FORTBENDCOUNTYTX.GOV

<b>POINT OF CONTACT (RESPONSIBLE FOR APPLICATION)</b>	
<b>NAME</b>	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. Colleena Payne
<b>Title</b>	Administrative Manager
<b>Official Mailing Address</b>  Please include mail stop code.	307 Fort Street Richmond, TX 77469
<b>Daytime Phone Number</b>	( 281 ) 342-6185      Alternate Number ( 281 ) 238-3436
<b>Fax Number</b>	( 281 ) 342-4798
<b>E-mail Address</b>	COLLEENA.PAYNE@FORTBENDCOUNTYTX.GOV

<b>GRANT FINANCIAL OFFICER (CANNOT BE THE SAME AS EMC)</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Robert Sturdivant
<b>Title</b>	County Auditor
<b>Official Mailing Address</b>  Please include mail stop code.	301 Jackson Street, Suite 701 Richmond, TX 77469
<b>Daytime Phone Number</b>	( 281 ) 341-3760
<b>Fax Number</b>	( 281 ) 341-3774
<b>E-mail Address</b>	ED.STURDIVANT@FORTBENDCOUNTYTX.GOV

<b>AUTHORIZED OFFICIAL (MAYOR, COUNTY JUDGE, CITY MANAGER)</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Robert Hebert
<b>Title</b>	County Judge
<b>Official Mailing Address</b>  Please include mail stop code.	401 Jackson Street Richmond, TX 77469
<b>Daytime Phone Number</b>	( 281 ) 341-8608
<b>Fax Number</b>	( 281 ) 341-8609
<b>E-mail Address</b>	ROBERT.HEBERT@FORTBENDCOUNTYTX.GOV

**FISCAL YEAR 2016  
EMPG STATEMENT OF WORK & CUMULATIVE PROGRESS REPORT**

Applicant Name (Jurisdiction): **Fort Bend County**

Jurisdiction DUN/SAM # **16-167-3959**

Congressional District # **22**

SAM Status **Active**

Population

**685,345**

2014 census data available at:

<http://quickfacts.census.gov/qfd/states/48000.html>

**KEY DOCUMENT SUBMISSIONS AND APPROVALS**

Document	Submitter	Date	TDEM Reviewer	Date
Statement of Work	Jeff Braun	01-31-16		
Progress Report #1				
Progress Report #2				

**TASK 1—WORK PLAN & SEMIANNUAL PROGRESS REPORT**

<input checked="" type="checkbox"/> Work Plan	Jurisdiction will submit an EMPG Application, two Progress Reports, four Quarterly FEMA Training matrices, and four Quarterly Financial Reports
<input type="checkbox"/> Progress Report #1	<input type="checkbox"/> Progress Report #1 is being submitted to TDEM OMB <input type="checkbox"/> First Financial Report has been submitted to TDEM OMB
<input type="checkbox"/> Progress Report #2	<input type="checkbox"/> Progress Report #2 is being submitted to the TDEM OMB <input type="checkbox"/> Second & Third Quarter Financial Reports have been submitted to TDEM OMB <input type="checkbox"/> Fourth Quarter Financial Report has been submitted to TDEM OMB

**TASK 2—LEGAL AUTHORITIES FOR EMERGENCY MANAGEMENT PROGRAM**

<input checked="" type="checkbox"/> Work Plan	Jurisdiction will maintain current legal documents establishing emergency management program <input checked="" type="checkbox"/> TRRN registration completed and resources entered <input checked="" type="checkbox"/> Legal documents are current & on file with TDEM; no additional action is required <input type="checkbox"/> Jurisdiction will prepare or update & submit to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:
<input type="checkbox"/> Progress Report #1  October 1 – March 31	<input type="checkbox"/> TRRN registration completed and resources entered <input type="checkbox"/> Legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:
<input type="checkbox"/> Progress Report #2  April 1- September 30	<input type="checkbox"/> TRRN registration completed and resources entered <input type="checkbox"/> Legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:

TASK 3—PUBLIC EDUCATION/INFORMATION	
<input checked="" type="checkbox"/> Work Plan	<input checked="" type="checkbox"/> Option 1: Jurisdiction will conduct 30 hours of hazard awareness activities for local citizens <input type="checkbox"/> Option 2: Jurisdiction will prepare & distribute public education/information materials to a <u>substantial portion</u> of the community. <b>Please describe the materials to be distributed in the remarks section found on page 6.</b> <b>**Jurisdictions may present a combination of both options</b>
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Jurisdiction completed the following hazard awareness and/or public education/information activities:  <input type="checkbox"/> No Task 3 progress was made this report period.
<input type="checkbox"/> Progress Report #2 April 1 – September 30	<input type="checkbox"/> Jurisdiction completed the following hazard awareness and/or public education/information activities:  <input type="checkbox"/> No Task 3 progress was made this report period.

TASK 4—EMERGENCY MANAGEMENT PLANNING DOCUMENTS	
<input checked="" type="checkbox"/> Work Plan	<input checked="" type="checkbox"/> Jurisdiction reviewed emergency management plan & annexes for currency and NIMS compliance <input checked="" type="checkbox"/> Emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> Jurisdiction will develop, update, or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents:  <b>NOTE: Plans &amp; annexes dated prior to September 30, 2010 must be revised or updated this year. All Plans and Annexes must be NIMS compliant.</b>
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> Jurisdiction updated by revision or change the following planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: <input type="checkbox"/> No Task 4 progress was made this report period.
<input type="checkbox"/> Progress Report #2 April 1 – September 30	<input type="checkbox"/> Jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> Jurisdiction updated by revision or change the following planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: <input type="checkbox"/> No Task 4 progress was made this report period.



<b>TASK 5—TEP, NOTIFICATION AND INDIVIDUAL EXERCISE PARTICIPATION</b>			
<input checked="" type="checkbox"/> Work Plan  <input checked="" type="checkbox"/> TEP  Date Submitted:  12/29/15	<b>Training and Exercise Plan</b>  Each jurisdiction must develop and submit a multi-year Training and Exercise Plan (TEP), not less than three years, to <a href="mailto:TDEM.EMPG@dps.texas.gov">TDEM.EMPG@dps.texas.gov</a> by January 31, 2016.  Each jurisdiction must submit the Pre-Exercise Notification Form to the TDEM Exercise Unit not less than <b>45</b> days prior to a planned exercise event.  Each jurisdiction must submit an After Action Report (AAR) and Improvement Plan (IP) for a minimum of two (2) discussion-based exercises and one (1) operations-based exercise. All AARs/IPs all exercise activities to the TDEM Exercise unit not more than <b>45</b> days after the conclusion of the exercise.  One real world event is currently allowed per fiscal year.  <b>NOTE:</b> A Full-Scale exercise must be conducted every three (3) years.  <b>**Each EMPG-funded person must complete and submit Individual Exercise Participation forms. All EMPG funded personnel must participate in at least three exercises per year.</b>  <b>***Please include any additional information on page 6 of this form.</b>		
<b>REQUIRED EXERCISE SCHEDULE</b>			
Performance Period	Exercise Type	Exercise Date & Name (List All)	Quarter of Year
Fiscal Year <b>2016</b> (October 1, 2015 - September 30, 2016)	Exercise 1	Kitty Hollow TTX 12/03/15	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Exercise 2	WebEOC Redundancy Drill 12/15/15	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Exercise 3	Highly Infectious Diseases 02/17/16	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Exercise 4	FEMA Flooding VTTX 03/24/16	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Exercise 5	Cyber Disruption Awareness 07/11/16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Our last Full-Scale exercise was conducted on (date): 11/22/15			
<input type="checkbox"/> Progress Report #1  October 1 – March 31  <input type="checkbox"/> TEP  Date Submitted:	<b>Conducted the following exercises and provided documentation to TDEM:</b>		
	Exercise Type	Exercise Date and Name	EMPG Funded
	Exercise 1		Exercise 1
	Exercise 2		Exercise 2
<input type="checkbox"/> Progress Report #2  April 1 – September 30  <input type="checkbox"/> TEP  Date Submitted:	Exercise 3		Exercise 3
	<input type="checkbox"/> Our jurisdiction completed NO exercise and did not request credit for a real world event <input type="checkbox"/> Exercise approved documentation attached		
	<b>Conducted the following exercises and provided documentation to TDEM:</b>		
	Exercise Type	Exercise Date and Name	EMPG Funded
	Exercise 1		Exercise 1
	Exercise 2		Exercise 2
	Exercise 3		Exercise 3
<input type="checkbox"/> Jurisdiction completed NO exercise and did not request credit for a real world event <input type="checkbox"/> Exercise approved documentation attached			

TASK 6—TRAINING FOR EMERGENCY MANAGEMENT PERSONNEL		
<input checked="" type="checkbox"/> Work Plan	All EMPG funded emergency management personnel will participate in the following training during FY 2016:	
	<b>Position &amp; Name</b>	<b>Course Name or Number</b>
	EMC Jeff D. Braun	PDS , NIMS, Effective Media Communication Skills
	Deputy EMC- Alan Spears	PDS, NIMS, Cyber Security Training
	Sr. Planning Coord. Doug Barnes	PDS, NIMS, Cyber Security Training, Effective Communication Skills
	Admin. Manager Colleena Payne	PDS, NIMS, Cyber Security Training
	Clerk III Kelley Large	PDS, NIMS, Cyber Security Training, Disaster Cost Recovery Training, IS120A
Clerk I Kristle Pena	PDS, NIMS, IS120A, IS 907, MGT314	
<input type="checkbox"/> Progress Report #1  October 1 – March 31   <input type="checkbox"/> No training took place this report period.	Emergency management personnel completed the following training <i>and documentation is attached</i> :	
	<b>Position &amp; Name</b>	<b>Course Name or Number      Date Completed</b>
<input type="checkbox"/> Progress Report #2  April 1 – September 30   <input type="checkbox"/> No training took place this progress report period.	Emergency management personnel completed the following training <i>and documentation is attached</i> :	
	<b>Position &amp; Name</b>	<b>Course Name or Number      Date Completed</b>

<b>TASK 7—EMERGENCY MANAGEMENT TRAINING FOR OTHER PERSONNEL</b>			
<input checked="" type="checkbox"/> Work Plan	Jurisdiction will conduct or arrange emergency management related training for elected officials, other local officials, & support agencies.		
<input type="checkbox"/> Progress Report #1  October 1 – March 31   <input type="checkbox"/> No training took place this progress report period.	<b>The following formal training courses were taught or contracted:</b>		
	<b>Date</b>	<b>Course Title</b>	<b>Class Description</b>
	<b># Trained</b>		
<input type="checkbox"/> Progress Report #2  April 1 – September 30   <input type="checkbox"/> No training took place this progress report period.	<b>The following formal training courses were taught or contracted:</b>		
	<b>Date</b>	<b>Course Title</b>	<b>Class Description</b>
	<b># Trained</b>		

<b>TASK 8—EMERGENCY MANAGEMENT ORGANIZATIONAL DEVELOPMENT</b>	
<input checked="" type="checkbox"/> Work Plan	Jurisdiction will participate in the following emergency management organizational development activities:  Our jurisdiction will participate in the following emergency management organizational development activities: Nat'l. Hurricane Conference (Annual), State Hurricane Conference (Annual), FBC-PIO Network Mtgs., (Monthly) Houston/Galveston PIO Network Mtgs. (Quarterly), FBCCC Mtgs. (Monthly), LEPC Mtgs. (Monthly), TGCRVOAD Mtgs. (Quarterly), ATAC Mtgs. (Quarterly), Texas Homeland Security Mtgs. (As Needed), County Public Health Preparedness Mtgs. (Quarterly), Evacuation Plan Mtgs. (Hurricane Season), CERT Mtgs. UASI Homeland Sec. Mtgs
<input type="checkbox"/> Progress Report #1 1 October - March 31  <input type="checkbox"/> No progress this reporting period	Jurisdiction completed the following staff development activities:
<input type="checkbox"/> Progress Report #2 April 1 - September 30  <input type="checkbox"/> No progress this reporting period	Jurisdiction completed the following staff development activities:

**REMARKS**  
(Use an Additional Sheet if Necessary)

**JURISDICTION NAME:**



**FISCAL YEAR 2016**  
**APPLICATION FOR FEDERAL ASSISTANCE**  
(Instructions on Reverse)

<b>NAME OF PROGRAM/ ASSISTANCE:</b> EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	<b>1. CFDA NUMBER:</b> <p style="text-align: center;"><b>97.042</b></p>	<b>2. APPLICANT STATUS:</b> New Applicant <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
<b>3. FEDERAL FISCAL YEAR:</b> FY 2016	<b>4. START DATE:</b> OCTOBER 1, 2015	<b>5. END DATE:</b> SEPTEMBER 30, 2016

<b>APPLICANT INFORMATION</b>	
<b>a. Legal Name of Applicant Organization (as it appears on the EMPG Application (TDEM-17):</b>  FORT BEND COUNTY	<b>b. Name &amp; Telephone Number(s) of Emergency Management Coordinator:</b>  JEFF D. BRAUN (281) 342-6185
<b>c. Mailing Address:</b>  307 FORT STREET RICHMOND, TX 77469  Employer Identification Number/Tax ID# 746001969	<b>d. Physical Address (if different from Mailing Address):</b>  

<b>EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds)</b>						
<b>e. Number of EMPG Staff &amp; Percentage of Time Worked in Emergency Management Duties</b>						
	<b># Staff</b>	<b>Percent</b>	<b># Staff</b>	<b>Percent</b>	<b># Staff</b>	<b>Percent</b>
1) Full Time:	6	100				
2) Part Time						
Total Number of EMPG-Funded Personnel: 6						

<b>ESTIMATED EXPENSES</b>	
f. Salary & Benefits (from line 18, form TDEM-66)	\$409,715.28
g. Travel Expenses (from line 19 form TDEM-66)	
h. Other Expenses (from section 11 on reverse)	
i. Total Expenses (F + G + H)	\$ 409,715.28
j. Federal Share (I x .50)	\$ 204,857.64

**Note:** If you cannot meet the cash match requirement, check the box below and attach a match proposal as specified in Section 2 of the *Local Emergency Management Performance Grant Guide*. TDEM must review and approve any exceptions made to the cash match requirement at the time of application. ☐ Cash Match Exception Requested

**CERTIFICATION:** I certify that to the best of my knowledge and belief this application and its attachments are true and correct.

k. Typed Name of Authorized Official:	ROBERT HEBERT
l. Title of Authorized Official:	COUNTY JUDGE
m. Original Signature of Authorized Official:	
n. Date Signed:	

1. Except as indicated below, entries are self-explanatory.
2. Item A: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the EMPG Program Application (TDEM-17).
3. Item E: Indicate the number of full-time employees who work specific percentages of time in emergency management duties. Example: 1 staff @ 100 percent, 2 staff @ 50 percent. Also indicate the number of part-time employees. Include only staff members whose salary and benefits will be supported by EMPG funding. The data in this section should agree with the information included on the EMPG Staffing Pattern (TDEM-66).
4. Item K, L, & M: This form must be signed by the Authorized Official from TDEM 17B. Authorized Officials are County Judges, Mayors, and many City Managers – **not** Emergency Management Coordinators.

Describe the other allowable expenses of your emergency management program that you are requesting be supported by EMPG funding and provide an estimate of the amount of those expenses. These costs must comply with 2 CFR, Part 225, *Cost Principles for State, Local, and Indian Tribe Governments* (OMB Circular A-87). **Salaries and expenses for elected officials are not allowed.** Continue on a separate sheet if necessary. Transfer the Total calculated below to line 9c on the front of this form. **To determine if an expense is allowable under the EMPG program, refer to the DHS Authorized Equipment List (AEL) at <http://beta.fema.gov/authorized-equipment-list>.**

[illegible]

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Alan Spears
<b>Position Title</b>	Deputy Emergency Management Coordinator
<b>Description Prepared By</b>	Colleena Payne
<b>Date Prepared</b>	01/31/16

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

A. Provide a general description of the duties performed by this staff member.

B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.

## Fort Bend County Job Description

Job Title:	Deputy Emergency Management Coordinator	Job Code:	J13048
Department:	Office of Emergency Management	Department Number:	5801
Supervisor:	Emergency Management Coordinator	FLSA Status:	E
Supervises:	N/A	Job Grade:	13
SIP/DOT:	SIP	Policy Group:	P/M

**Job Summary:** Responsible for implementing the Emergency Operations Plan for Fort Bend County and its joint-resolution jurisdictions, managing the County's Emergency Operations Center (EOC), and coordinating emergency management activities, such as mitigation, preparedness, response and recovery, from natural or man-made disasters. Participates in planning of programs, policies or objectives for own work group and department

### Essential Duties and Responsibilities:

- Responsible for the Emergency Operations Center (EOC) including information technology systems (including necessary software systems), telephone and radio communications systems, and office equipment, including maintenance and troubleshooting of such equipment/systems and periodic readiness verification checks.
- Responsible for the day-to-day operation of the EOC, including during times of natural or man-made emergencies/disasters; coordinates the activation of the EOC with prior consultation with the Emergency Management Coordinator and Emergency Management Director (County Judge) in all emergencies, with all support annexes and outside agencies as necessary.
- Assists in development and coordination of the County's Emergency Operations Plan to mitigate, prepare, respond and recover from natural or man-made emergencies/disasters, including such activities as updating the Plan as required; conducting hazard/risk analysis, developing public education programs, developing/writing grant applications, preparing budget requests, reviewing development plans, conducting analysis of OEM operations, preparing reports/memos, and coordinating damage assessments.

Created: \_\_\_\_\_  
Modified: January 2009  
Replaced by: \_\_\_\_\_

Page 1 of 4

Department Review: \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Deputy Emergency Management Coordinator      **Job Code:** J13048

**Department:** Office of Emergency Management      **Department Number:** 5801

- Coordinates with jurisdictions within County, as well as neighboring counties, state/local agencies, and County departments, on development and coordination of emergency operation plans, mutual aid agreements, and interlocal agreements, including such activities as serving on committees (e.g. Local Emergency Planning Committee, Ham Radio group, bio-terrorism committees), communicating policies and procedures, maintaining databases of information and resources, and developing the emergency skills of Fort Bend County forces.

- Develops and implements plans and support for training exercises and actual events; evaluates emergency management capabilities through regular tests and exercises to facilitate readiness and to maintain compliance with state and federal regulation.
- Establishes, supports and maintains a citizens volunteer program; coordinate and supervise volunteers and "information phone bank" during EOC activation to ensure that citizen calls are handled and processed in a timely manner.
- Serve as advisor to the Emergency Management Coordinator in emergency matters, and in the absence of the Emergency Management Coordinator, this position will assume all of the Coordinator's duties.
- As directed by the Emergency Management Coordinator, performs other duties as assigned or required for the efficient and effective operation of the Office of Emergency Management and Fort Bend County.
- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

**NOTE:** The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

### MINIMUM JOB REQUIREMENTS:

Created: \_\_\_\_\_  
Modified: January 2009  
Replaced by: \_\_\_\_\_

Page 2 of 4

Department Review: \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Deputy Emergency Management Coordinator      **Job Code:** J13048

**Department:** Office of Emergency Management      **Department Number:** 5801

**Knowledge:** Associates Degree in Public Administration, Emergency Management, Fire Safety, Law Enforcement, Emergency Response, or a directly related field and actual applied experience including any combination of the above is highly desirable; or six years of applied experience in any combination of the above disciplines.

**Experience:** 3 years job related experience; at least 1 year of public sector experience preferred. Experience with HAM radio operation preferred...

**Skills and Abilities:** Strong computer, verbal and written communication, and organizational skills. Strong interpersonal skills and ability to deal effectively with the public, other employees, and officials.

**Special Requirements:** Must be available to be on-call 24 hours a day, 7 days a week.

**Essential Behavioral Expectations:** Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

<b><u>Equipment Used:</u></b>	Telephone	Personal Computer
	Typewriter	Fax Machine
	Camera	Cell Phone
	Two-way Radio	Calculator
	Photocopier	Video/Audio Equipment
	Automobile	

Created: \_\_\_\_\_  
Modified: January 2009  
Replaced by: \_\_\_\_\_

Page 3 of 4

Department Review: \_\_\_\_\_



## Fort Bend County Job Description

**Job Title:** Deputy Emergency Management Coordinator      **Job Code:** J13048

**Department:** Office of Emergency Management      **Department Number:** 5801

**Contacts:**

Daily contact with co-workers, the public, regulatory agency personnel, and fire departments to persuade, negotiate, provide/exchange service and/or information, explain or provide instruction; frequent contact with other department employees, vendors, and outside community organizations to provide/exchange routine service and/or information; explain or provide instruction; occasional contact with elected officials to provide service and/or information. Contact may be in person, writing, or by telephone.

**Supervision  
Required:**

Sets standards and establishes guidelines subject to organizational parameters.

**Physical  
Demands:**

Requires daily lifting, moving, pushing, or pulling of objects up to 10 pounds; frequent standing, walking, sitting, talking, listening, use of hands and/or fingers to grasp, handle, pick-up, pinch, type or feel, climbing, balancing, and reaching with hands or arms to lift objects up to 100 pounds; occasional stooping, kneeling, crouching or crawling, reaching with hands and arms, smelling and lifting of objects up and over to 100 pounds; close vision, distance vision, ability to distinguish color, peripheral vision, depth perception, and ability to adjust focus.

**Work  
Environment:**

Office work is performed in a climate controlled private office open to other employees. Job requires exposure to wet, humid, extreme heat and cold non-weather conditions, weather, fumes or airborne particles, and toxic or caustic chemicals. Worker is subject to physical hazards from traffic. Noise level is moderate to very loud.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Created: \_\_\_\_\_  
Modified: January 2009  
Replaced by: \_\_\_\_\_

Page 4 of 4

Department Review: \_\_\_\_\_

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Colleena Payne
<b>Position Title</b>	Administrative Manager
<b>Description Prepared By</b>	Colleena Payne
<b>Date Prepared</b>	01/31/16

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

A. Provide a general description of the duties performed by this staff member.

B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.

## Fort Bend County Job Description

Job Title:	Administrative Manager	Job Code:	J09104
Department:	Office of Emergency Management	Department Number:	5801
Supervisor:	Emergency Management Coordinator	FLSA Status:	NE
Supervises:	Clerk III Clerk I	Job Grade:	9
SIP/DOT:	N/A	Policy Group:	P/M

**Job Summary:** Performs a variety of administrative and clerical duties to facilitate effective coordination and operation of the Office of Emergency Management. Participates in planning of programs, policies or objectives for own work group and department

### Essential Duties and Responsibilities:

- Provides administrative support; schedules staff meetings, coordinates schedules and office calendars, maintains office supplies and scheduling maintenance of office equipment.
- Performs duties of the Office Manager; manages daily administrative workflow and activities of the office including preparation of correspondence and reports, collecting and processing bi-weekly payroll, reconciling financial statements and monitoring office budget, preparation and processing of purchase requisitions and maintenance of office files and records.
- Responsible for processing all procurement paperwork for department.
- Performs administrative/clerical support tasks, including providing consistent office communications (with telephone, e-mail, fax, radio) to County management, other County agencies, state and federal agencies, other jurisdictions, private industry, private emergency support organizations and the public.
- Performs fiscal functions relating to federal and state grant programs, including preparing, maintaining, and coordinating federal and state grant programs, including interpreting grant guidelines/regulations, working with fiscal and operational staff within other agencies for grant application and management purposes, monitoring grant compliance, preparing periodic compliance reports on fiscal status of grants as required, and assisting with budget preparations.
- Assists with development and coordination of, and participates in emergency drills in conjunction with County departments and external organizations.

Created: \_\_\_\_\_  
Modified: January 2009  
Replaced by: \_\_\_\_\_

Page 1 of 4

Department Review: \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Administrative Manager **Job Code:** J09104  
**Department:** Office of Emergency Management **Department Number:** 5801

- Assists with development and management of the resource library for all OEM documents for use by both the OEM, other departments and organizations, and the public.
- Responsible for monitoring conditions which could develop into an area emergency and alerting office personnel regarding conditions.
- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

**NOTE:** The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

### MINIMUM JOB REQUIREMENTS:

**Knowledge:** High School Diploma/GED

**Experience:** 3 years job-related administrative/clerical experience; specific emergency management or emergency response experience is preferred

**Skills and Abilities:** Strong computer and typing skills (minimum of 35 WPM), verbal and written communication, and organizational skills; interpersonal skills and ability to deal effectively with the public, other employees, and elected officials; ability to work other than normal working hours during emergencies.

**Created:** \_\_\_\_\_  
**Modified:** January 2009  
**Replaced by:** \_\_\_\_\_

Page 2 of 4

**Department Review:** \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Administrative Manager **Job Code:** J09104  
**Department:** Office of Emergency Management **Department Number:** 5801

**Special Requirements:** This position requires 24-hour on-call availability with extended periods of work possible due to emergency situations.

**Essential Behavioral Expectations:** Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

**Equipment Used:**

Telephone	Typewriter
Personal Computer	Fax Machine
Photocopier	Calculator
Camera	Medical Equipment
Two-way Radio	Video/Audio Equipment
Automobile	

**Contacts:** Daily contact with co-workers, department employees, and the general public to provide service and/or information; frequent contact with elected officials and outside community organizations to provide service and/or information; occasional contact with regulatory agency personnel and contractors/vendors to provide service and/or information. Contact may be in person, writing, or by telephone.

**Supervision Required:** Job duties/responsibilities are performed independently within established guidelines and procedures. Unusual or non-routine situations are referred to and handled by the supervisor.

**Physical Demands:** Requires daily sitting, talking, listening, and use of hands and/or fingers to grasp, handle, pick-up, pinch, type, or feel; frequent standings, walking, climbing, balancing, stooping, crawling, kneeling, crouching, and reaching with hands or arms; occasional lifting of objects up to 10 pounds; close vision, ability to distinguish colors, and ability to adjust focus.

**Created:** \_\_\_\_\_  
**Modified:** January 2009  
**Replaced by:** \_\_\_\_\_

Page 3 of 4

**Department Review:** \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Administrative Manager      **Job Code:** J09104  
**Department:** Office of Emergency Management      **Department Number:** 5801

**Work Environment:** Work is performed primarily in a climate controlled open, work area shared with other employees and is open to public and office traffic. Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

**Created:** \_\_\_\_\_  
**Modified:** January 2009  
**Replaced by:** \_\_\_\_\_

Page 4 of 4

**Department Review:** \_\_\_\_\_



## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Doug Barnes
<b>Position Title</b>	Senior Planning Coordinator
<b>Description Prepared By</b>	Colleena Payne
<b>Date Prepared</b>	01/31/16

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

A. Provide a general description of the duties performed by this staff member.

B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.

## Fort Bend County Job Description

Job Title:	Senior Planning Coordinator	Job Code:	J13053
Department:	Office of Emergency Management	Department Number:	5801
Supervisor:	Emergency Management Coordinator	FLSA Status:	E
Supervises:	Planning Coordinator Regional Planning Coordinator Regional Public Information & Crisis Communication System Administrator	Job Grade:	13
SIP/DOT:	SIP	Policy Group:	P/M

**Job Summary:** Provides specific focus and professional support and planning to assist on activities designed to minimize the effects of emergencies and disasters. Participates in planning of programs, policies or objectives for own work group and department

**Essential Duties and Responsibilities:**

- Evaluates, develops, maintains and revises comprehensive emergency management plans, in areas such as hazards mitigation, preparedness, disaster response, debris management, volunteer recruitment, recovery response, and homeland security.
- Participates in the coordination, development and maintenance of portions of the County's Emergency Operation Plan, annexes and procedures, and provides guidance and technical assistance to other staff members, agencies, organizations and jurisdictions, including conducting hazard/risk analysis, updating the County's Emergency Operation Plan and annexes, analyzing the emergency skills needed by Fort Bend County forces, and assisting in development of emergency response plans for County departments.
- Participates in obtaining, documenting, organizing, analyzing, integrating, publishing and distributing a wide variety of data, planning guidance, operational concepts, methodologies, and strategies for accomplishing multi-disciplined, comprehensive, emergency management goals and objectives.
- Oversees and manages the implementation of the Fort Bend County Community Emergency Response Training (CERT) program. Oversees the OEM positions of CERT Coordinator and Planning Coordinator (grant funded).

Created: \_\_\_\_\_  
Modified: August 2010  
Replaced by: \_\_\_\_\_

Page 1 of 4

Department Review: \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Senior Planning Coordinator **Job Code:** J13053  
**Department:** Office of Emergency Management **Department Number:** 5801

- Communicates regularly with emergency management representatives of local, state and federal agencies, the general public, representatives of various organizations and the media concerning emergency management issues, including acting as a liaison between County and other jurisdictions, assisting in the development of public education programs, updating of the OEM website, and conducting training classes or facilitated meetings to gather or disseminate data, information, or plans.
- Assists in preparation of annual operating budget, grant applications/submissions, develops specifications for purchases of equipment and services required for OEM; assists in studies and consulting contracts for evaluations, programs, and improvements of OEM operations.
- Responsible for completion of IS 100, 200, 300, 400, 440, 700 and 800 courses and completion of FEMA Emergency Management Institute (EMI) Professional Development Series. Responsible for becoming NIMS certified and understands the importance of the use of the Incident Command System.
- Participates in all activities and duties related to emergency management during an EOC activation, serving as the Planning Section Chief in NIMS structure.

**NOTE:** The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

### MINIMUM JOB REQUIREMENTS:

**Knowledge:** Bachelor's Degree or Associates Degree in Public Administration, Emergency Management, Fire Safety, Law Enforcement, Emergency Response, Journalism or a directly related field or four years of directly applied experience in any of the disciplines above may substitute for the degree requirement.

**Experience:** Two (2) years of related work experience in research, planning, program administration, or resource management actual applied experience including any combination of the above is preferred. (In addition to the experience required for the knowledge substitution) Supervisory experience required.

**Created:** \_\_\_\_\_  
**Modified:** August 2010  
**Replaced by:** \_\_\_\_\_

Page 2 of 4

**Department Review:** \_\_\_\_\_

## Fort Bend County Job Description

Job Title: Senior Planning Coordinator Job Code: J13053  
Department: Office of Emergency Management Department Number: 5801

### Skills and Abilities:

Considerable knowledge of planning methods and techniques, plan formulation, coordination techniques, and planning implementation strategies. Knowledge of methods and techniques used in fact finding, analysis and interpretation of basic information, and projection of these facts into comprehensive plans, programs, and recommendations to meet future needs. Computer, verbal and written communication, organizational skills; interpersonal skills and ability to deal effectively with the public, other employees, and elected officials; ability to work other than normal working hours during emergencies. Emergency Management coursework, with some meteorological knowledge and experience is desirable.

### Special Requirements:

Requires 24-hour on-call availability with extended periods of work possible due to emergency situations.

### Essential Behavioral Expectations:

Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

### Equipment Used

Telephone  
Personal Computer  
Fax Machine  
Photocopier

Typewriter  
Mainframe Computer  
Calculator  
Automobile

### Contacts:

Daily contact with co-workers and the public in person or on the telephone to exchange, interpret or explain information and provide service; Frequent contact with employees in other departments and vendors in person or on the telephone to provide information and/or instruction; Occasional contact with elected officials, contractors, regulatory agencies and community organizations in person or on the telephone to provide service and/or information and to make occasional presentations on behalf of the department.

Created: \_\_\_\_\_  
Modified: August 2010  
Replaced by: \_\_\_\_\_

Page 3 of 4

Department Review: \_\_\_\_\_

## Fort Bend County Job Description

Job Title: Senior Planning Coordinator Job Code: J13053  
Department: Office of Emergency Management Department Number: 5801

Supervision Required: Uses independent judgment within established guidelines; needs assistance only for unusual, non-routine situations.

Physical Demands: Duties require: daily lifting, moving, pushing or pulling of objects up to 100 pounds, use of hands and/or fingers to grasp, handle, pick-up, pinch, type or feel, reaching with hands or arms, talking and listening; frequent stooping, kneeling, crouching or crawling; standing, walking and sitting; occasional climbing or balancing; close vision, distance vision, ability to distinguish colors, peripheral vision, depth perception, and ability to adjust focus.

Work Environment: Work is performed primarily in a climate controlled private office, open to other employees. Job requires exposure to wet, humid, extreme hot and cold weather conditions, fumes or airborne particles, toxic or caustic chemicals, outdoor weather conditions, risk of electrical shock, working with explosives, risk of radiation, and vibration. Worker is subject to physical hazards from traffic. Noise level is moderate to very loud.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Created: \_\_\_\_\_  
Modified: August 2010  
Replaced by: \_\_\_\_\_

Page 4 of 4

Department Review: \_\_\_\_\_

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Jeff Braun
<b>Position Title</b>	Emergency Management Coordinator
<b>Description Prepared By</b>	Colleena Payne
<b>Date Prepared</b>	01/31/16

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

A. Provide a general description of the duties performed by this staff member.

B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.



## Fort Bend County Job Description

**Job Title:** Emergency Management Coordinator  
**Job Code:** J15027  
**Department:** Office of Emergency Management  
**Department Number:** 5801  
**Supervisor:** Commissioners Court  
**FLSA Status:** E  
**Supervises:** Assistant Emergency Management Coordinator  
CERT Coordinator  
Administrative Coordinator  
Sr. Planning Coordinator  
Clerk-II

**SIP/DOT:** SIP  
**Policy Group:** EM

**Job Summary:** Under direction of the County Judge, is responsible for organizing and administering the Office of Emergency Management. Coordinates the Emergency Operation Plan for Fort Bend County and jurisdictions within the county to mitigate, prepare, respond and recover from natural or man-made disasters. Participates in planning of programs, policies or objectives for own work group and department

### Essential Duties and Responsibilities:

- Develop, implement, update, and maintain the Emergency Operation Plan for the County.
- Responsible for activation of the Emergency Operation Center (EOC), initiating and monitoring increased readiness actions of the County; Responsible during disaster operations for implementing the applicable part of the EOC plan and for overseeing elements involved including evaluating resources and coordinating activities of all departments and agencies involved.
- Direct and coordinate response to large-scale emergencies.
- Develops and directs emergency preparedness training programs; Acts as liaison between Fort Bend County and other city, state and federal jurisdictions and assists County departments, other agencies and businesses within the County with development of emergency operation plans and procedures.
- Responds and investigates hazardous substance incidents and ensures proper procedures are followed during clean-up phase in coordination with other agencies and County departments; Identify public hazards and analyze effect to the community.

Created: \_\_\_\_\_  
Modified: April 2010  
Replaced by: \_\_\_\_\_

Page 1 of 5

Department Review: \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Emergency Management  
Coordinator

**Job Code:** J15027

**Department:** Office of Emergency Management **Department Number:** 5801

- Serve as advisor to the County Judge and Commissioners on emergency planning matters by keeping informed on latest developments in methods, techniques, equipment, and facilities regarding emergency operations.
- Prepares and monitors budget expenditures. Recommends and approves equipment expenditures.
- ~~Directs daily operation of staff and training of volunteers; Approves selection of new employees, employee transfers/promotions; disciplining/discharging and salary increases.~~
- Coordinating and directing the County Hazardous Materials Response Team and development and training of volunteers to assist during emergency operations.
- Insure all reports required by DEM and FEMA are filed in a timely manner; Prepares reports as required for state and federal agencies. Develops and maintains necessary records.
- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

**NOTE:** The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

### MINIMUM JOB REQUIREMENTS:

**Knowledge:** Bachelor's Degree; Knowledge of principles and practices of organization, administration, and training and knowledge of principles and methods of plans development.

**Experience:** 7 years experience in Emergency Management or similar responsibilities.

Created: \_\_\_\_\_  
Modified: April 2010  
Replaced by: \_\_\_\_\_

Page 2 of 5

Department Review: \_\_\_\_\_

## Fort Bend County Job Description



**Job Title:** Emergency Management Coordinator

**Job Code:** J15027

**Department:** Office of Emergency Management **Department Number:** 5801

**Skills and Abilities:**

Strong computer, management and supervisory, and organizational skills. Strong interpersonal skills and ability to deal effectively with the public, other employees, and officials. Completion of required courses established by FEMA and the State of Texas DEM for Emergency Management. Ability to analyze and resolve problems and differences. Ability to use good judgment in making quick decisions under pressure. Must be able to speak and write effectively as well as present material clearly and concisely.

**Special Requirements:**

Must be able to obtain Texas Emergency Management Certification within one year of employment. Requires willingness to work unusual hours and on Saturdays, Sundays, and holidays. Must be available for travel.

**Essential Behavioral Expectations:**

Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

**Equipment Used**

Telephone	Photocopier
Camera	Automobile
Typewriter	Calculator
Personal Computer	Fax Machine
Mainframe Computer	Video and Audio Recording Equipment
Laboratory Equipment	Gas Testing and Air Monitoring Devices
Hazardous material monitoring and clean-up equipment	

Created: \_\_\_\_\_  
Modified: April 2010  
Replaced by: \_\_\_\_\_

Page 3 of 5

Department Review: \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Emergency Management Coordinator

**Job Code:** J15027

**Department:** Office of Emergency Management **Department Number:** 5801

**Contacts:**

Daily to occasional contact with department employees, employees in other departments, the public, elected officials, contractors, vendors, regulatory agencies and outside community organizations in writing, in person or on the telephone to negotiate, persuade, provide service and/or information, exchange routine information, interpret or explain complicated information, make presentations or provide instructions and establish or maintain relationships.

**Supervision Required:**

Sets standards and establishes guidelines subject to organizational parameters.

**Physical Demands:**

Requires daily lifting, moving, pushing, or pulling of objects up to 10 pounds; frequent standing, walking, sitting, talking, listening, use of hands and/or fingers to grasp, handle, pick-up, pinch, type or feel, climbing, balancing, and reaching with hands or arms to lift objects up to 100 pounds; occasional stooping, kneeling, crouching or crawling, reaching with hands and arms, smelling and lifting of objects up and over to 100 pounds; close vision, distance vision, ability to distinguish color, peripheral vision, depth perception, and ability to adjust focus..

**Work Environment:**

Work is performed primarily in a climate controlled private office. Job requires exposure to wet, humid, extreme hot and cold non-weather conditions, moving mechanical parts, work in high precarious places, fumes or airborne particles, toxic or caustic chemicals, outdoor weather conditions, risk of electrical shock, working with explosives, risk of radiation, and vibration. Worker is subject to physical hazards from traffic. Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Created: \_\_\_\_\_  
Modified: April 2010  
Replaced by: \_\_\_\_\_

Page 4 of 5

Department Review: \_\_\_\_\_

## Fort Bend County Job Description



Job Title:      Emergency Management  
                         Coordinator

Job Code:              J15027

Department:      Office of Emergency Management      Department Number:      5801

Created: \_\_\_\_\_  
Modified: April 2010  
Replaced by: \_\_\_\_\_

Page 5 of 5

Department Review: \_\_\_\_\_

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Kelley Large
<b>Position Title</b>	Clerk III
<b>Description Prepared By</b>	Colleena Payne
<b>Date Prepared</b>	01/31/16

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

A. Provide a general description of the duties performed by this staff member.

B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.



## Fort Bend County Job Description



Job Title:	Clerk III	Job Code:	J07008
Department:	Office of Emergency Management	Department Number:	5801
Supervisor:	Administrative Manager	FLSA Status:	NE
Supervises:	N/A	Job Grade:	7
SIP/DOT:	N/A	Policy Group:	A/C

**Job Summary:** Provides administrative and clerical support to the department. Participates in planning of programs, policies or objectives for own work group and department.

### Essential Duties and Responsibilities:

- Provides administrative support to the department, including preparing paperwork for various functions such as departmental HR actions, Commissioners Court agenda items, budget preparation and purchasing.
- Prepares correspondence and ensures all notifications, filings, and related paperwork is properly completed.
- Prepares and distributes mail.
- Maintains files and records for the department, including databases and hard files and plans. Maintains emergency contact database.
- Assists with purchasing activities including processing requisitions and maintaining a purchase order tracking spreadsheet. Assists in tracking department inventory and supplies.
- Participates in activations of the Emergency Operations Center. Assists with administrative tasks associated with the activation of the EOC such as travel arrangements, reimbursements, and supplies. Assists the department during emergency activations.
- Assists in preparing scenarios and coordinates schedule for annual exercises and training.
- Supports staff to ensure compliance of grants purchases and requirements are monitored and met.
- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

Created: \_\_\_\_\_  
Modified: January 2009  
Replaced by: \_\_\_\_\_

Page 1 of 3

Department Review: \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Clerk III **Job Code:** J07008  
**Department:** Office of Emergency Management **Department Number:** 5801

**NOTE:** The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

### MINIMUM JOB REQUIREMENTS:

**Knowledge:** High School Diploma/GED

**Experience:** 2 years job related experience.

**Skills and Abilities:**

Strong computer and typing skills (minimum of 35 WPM), verbal and written communication, and organizational skills; interpersonal skills and ability to deal effectively with the public, other employees, and elected officials; ability to work other than normal working hours during emergencies.

**Special Requirements:**

This position requires 24-hour on-call availability with extended periods of work possible due to emergency situations.

**Essential Behavioral Expectations:**

Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

**Equipment Used:**

Telephone  
Personal Computer  
Photocopier  
Camera

Typewriter  
Fax Machine  
Calculator  
Medical Equipment

**Created:** \_\_\_\_\_  
**Modified:** January 2009  
**Replaced by:** \_\_\_\_\_

**Department Review:** \_\_\_\_\_

## Fort Bend County Job Description

**Job Title:** Clerk III **Job Code:** J07008  
**Department:** Office of Emergency Management **Department Number:** 5801  
**Two-Way Radio** **Video/Audio Equipment**  
**Automobile**

**Contacts:**

Daily contact with co-workers, department employees, and the general public to provide service and/or information; frequent contact with elected officials and outside community organizations to provide service and/or information; occasional contact with regulatory agency personnel and contractors/vendors to provide service and/or information. Contact may be in person, writing, or by telephone.

**Supervision  
Required:**

Works under general instructions, following established standards. Results are reviewed at completion of assigned job or project.

**Physical  
Demands:**

Requires daily sitting, talking, listening, and use of hands and/or fingers to grasp, handle, pick-up, pinch, type, or feel; frequent standings, walking, climbing, balancing, stooping, crawling, kneeling, crouching, and reaching with hands or arms; occasional lifting of objects up to 10 pounds; close vision, ability to distinguish colors, and ability to adjust focus.

**Work  
Environment:**

Work is performed primarily in a climate controlled open, work area shared with other employees and is open to public and office traffic. Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Created: \_\_\_\_\_  
Modified: January 2009  
Replaced by: \_\_\_\_\_

Page 3 of 3

Department Review: \_\_\_\_\_

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Kristie Pena
<b>Position Title</b>	Clerk I
<b>Description Prepared By</b>	Colleena Payne
<b>Date Prepared</b>	01/31/16

### JOB DESCRIPTION



Current Job Description Attached



See Below

A. Provide a general description of the duties performed by this staff member.

B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.



## Fort Bend County Job Description

Job Title: Clerk I Job Code: J05005  
Department: Office of Emergency Management Department Number: 5801

Contacts: Daily contact with co-workers, department employees, and the general public to provide service and/or information; frequent contact with elected officials and outside community organizations to provide service and/or information; occasional contact with regulatory agency personnel and contractors/vendors to provide service and/or information. Contact may be in person, writing, or by telephone.

Supervision Required: Works under general instructions, following established standards. Results are reviewed at completion of assigned job or project.

Physical Demands: Requires daily sitting, talking, listening, and use of hands and/or fingers to grasp, handle, pick-up, pinch, type, or feel; frequent standings, walking, climbing, balancing, stooping, crawling, kneeling, crouching, and reaching with hands or arms; occasional lifting of objects up to 10 pounds; close vision, ability to distinguish colors, and ability to adjust focus.

Work Environment: Work is performed primarily in a climate controlled open, work area shared with other employees and is open to public and office traffic. Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Created: \_\_\_\_\_  
Modified: November 2009  
Replaced by: \_\_\_\_\_

Page 3 of 3

Department Review: \_\_\_\_\_



## Fort Bend County Job Description

Job Title: Clerk I Job Code: J05005  
Department: Office of Emergency Management Department Number: 5801

### MINIMUM JOB REQUIREMENTS:

Knowledge: High School Diploma/GED

Experience: 1 year job related experience.

Skills and Abilities: Strong computer and typing skills (minimum of 35 WPM), verbal and written communication, and organizational skills; interpersonal skills and ability to deal effectively with the public, other employees, and elected officials; ability to work other than normal working hours during emergencies.

Special Requirements: This position requires 24-hour on-call availability with extended periods of work possible due to emergency situations.

Essential Behavioral Expectations: Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

Equipment Used:

Telephone	Typewriter
Personal Computer	Fax Machine
Photocopier	Calculator
Camera	Medical Equipment
Two-Way Radio	Video/Audio Equipment
Automobile	

Created: \_\_\_\_\_  
Modified: November 2009  
Replaced by: \_\_\_\_\_

Page 2 of 3  
Department Review: \_\_\_\_\_



## Fort Bend County Job Description

Job Title:	Clerk I	Job Code:	J05005
Department:	Office of Emergency Management	Department Number:	5801
Supervisor:	Administrative Manager	FLSA Status:	NE
Supervises:	N/A	Job Grade:	5
SIP/DOT:	N/A	Policy Group:	A/C
Job Summary:	Provides clerical support to the department. Participates in planning of programs, policies or objectives for own work group and department.		

### Essential Duties and Responsibilities:

- Provides clerical and administrative support to the department, including but not limited to answering telephones, greeting visitors, maintaining emergency contact database.
- Assists with various tasks including travel arrangements, reimbursements, Commissioners Court agenda item distribution, and preparing Media Room for meetings.
- Prepares and distributes mail.
- Maintains files and records for the department, including databases and hard files and plans.
- Assists in tracking department inventory and supplies.
- Supports staff to ensure tasks are completed in a timely manner.
- Participates in activations of the Emergency Operations Center and assists the department during emergency activations related to emergency management during a local state of disaster as directed by appropriate county managers.

**NOTE:** The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

Created: \_\_\_\_\_  
Modified: November 2009  
Replaced by: \_\_\_\_\_

Page 1 of 3

Department Review: \_\_\_\_\_

FEDERAL EMERGENCY MANAGEMENT AGENCY  
SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS

O.M.B. No. 3067-0206  
Expires February 28, 2007

FOR  
FY 16

CA FOR (Name of Applicant)  
Fort Bend County

This summary sheet includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for Federal Assistance.

An applicant must check each item that they are certifying to:

- Part I ☒ FEMA Form 20-16A, Assurances-Nonconstruction Programs
- Part II ☒ FEMA Form 20-16B, Assurances-Construction Programs
- Part III ☒ FEMA Form 20-16C, Certifications Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Part IV ☒ SF LLL, Disclosure of Lobbying Activities (If applicable)

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the identified attached assurances and certifications.

Robert Hebert

Typed Name of Authorized Representative

County Judge

Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date Signed

NOTE: By signing the certification regarding debarment, suspension, and other responsibility matters for primary covered transaction, the applicant agrees that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by FEMA entering into this transaction.

The applicant further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the FEMA Regional Office entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (Refer to 44 CFR Part 17.)

**Paperwork Burden Disclosure Notice**

"Public reporting burden for this form is estimated to average 1.7 hours per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0206). You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Please do not send your completed form to the above address.



**FEDERAL EMERGENCY MANAGEMENT AGENCY  
ASSURANCES-NON-CONSTRUCTION PROGRAMS**

**Note:** Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

**As the duly authorized representative of the applicant, I certify that the applicant:**

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration) 5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290-dd-3 and 290-ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or Federally assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with provisions of the Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 276a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Sections 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. Section 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. Section 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

19. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (29 U.S.C. 201), as they apply to employees of institutions of higher education, hospitals, and other non-profit organizations.

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
ASSURANCES-CONSTRUCTION PROGRAMS**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or state.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Sections 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Sections 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to non-discrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to non-discrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other non-discrimination provision in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other non-discrimination statute(s) which may apply to the application.
11. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or Federally assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchase.
12. Will comply with provisions of the Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 276a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Section 874), the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333) regarding labor standards for federally assisted construction subagreements.

14. Will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. Section 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. Section 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

19. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations and policies governing this program.

20. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (29 U.S.C. 201), as they apply to employees of institutions of higher education, hospitals, and other non-profit organizations.

21. It will obtain approval by the appropriate Federal agency of the final working drawings and specifications before the project is advertised or placed on the market for bidding; that it will construct the project, or cause it to be constructed, to final completion in accordance with the application and approved plans and specifications; that it will submit to the appropriate Federal agency for prior approval changes that alter the cost of the project, use of space, or functional layout, that it will not enter into a construction contract(s) for the project or undertake other activities until the conditions of the construction grant program(s) have been met.

22. It will operate and maintain the facility in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State, and local agencies for the maintenance and operation of such facilities.

23. It will require the facility to be designed to comply with the "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped," Number A117. - 1961, as modified (41 CFR 101-17.703). The applicant will be responsible for conducting inspections to ensure compliance with these specifications by the contractor.

24. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transfer, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

25. In making subgrants with nonprofit institutions under this Comprehensive Cooperative Agreement, it agrees that such grants will be subject to OMB Circular A-122, "Cost Principles for Non-profit Organizations" included in Vol. 49, Federal Register, pages 18260 through 18277 (April 27, 1984).

**FEDERAL EMERGENCY MANAGEMENT AGENCY**  
**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND**  
**OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 28 CFR Part 17, "Government-wide Debarment and suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING**

A. As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontract(s) and that all subrecipients shall certify and disclose accordingly.

☒ Standard Form LLL, "Disclosure of Lobbying Activities" attached.  
(This form must be attached to certification if nonappropriated funds are to be used to influence activities.)

**2. DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS  
(DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or shall shall attached an explanation to this application.

**3. DRUG-FREE WORKPLACE  
(GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17, Sections 17.615 and 17.620:

A. The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

8. the grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, City, County, State, Zip code)

Check ☒ if there are workplaces on file that are not identified here.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a Statewide certification.

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352**

(See reverse for public burden disclosure)

Approved by OMB

0348-0046

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award		<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:			<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
Congressional District, if known: <b>9.22.14</b>			Congressional District, if known:		
<b>6. Federal Department/Agency:</b>  <b>Fort Bend County</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable:		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  <b>N/A (No one specifically lobbying this grant)</b>			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  <b>N/A</b>		
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>			<b>Signature:</b> _____  <b>Print Name:</b> <u>Robert Hebert</u>  <b>Title:</b> <u>County Judge</u>  <b>Telephone No.:</b> <u>281-341-8608</u> <b>Date:</b> _____		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

## Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

### Transaction Type

SECTION 1	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 4 and 5 - Section 6 is optional)	<input type="checkbox"/> Change account type (Sections 2, 3, 4 and 5 - Section 6 is optional)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4 and 5 - Section 6 is optional)	<input type="checkbox"/> Cancellation (Sections 2 and 5 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4 and 5 - Section 6 is optional)	

### Payee Identification

SECTION 2	Payee type		<input type="checkbox"/> Texas Identification Number (TIN) <input checked="" type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Social Security Number (SSN)*		Mail code (If not known, leave blank.)
	<input type="checkbox"/> State employee <input type="checkbox"/> Vendor or other recipient				
	Payee name		Phone number		
	<b>Fort Bend County Office of Emergency Management</b>				
	Mailing address	City	State	ZIP code	
	<b>P.O. Box 1202</b>	<b>Richmond</b>	<b>TX</b>	<b>77406</b>	

### Financial Institution (Completion by financial institution is recommended.)

SECTION 3	Financial institution name		City	State
	<b>Prosperity Bank</b>		<b>Sugar Land</b>	<b>TX</b>
	Routing transit number (9 digits)	Customer account number (maximum 17 characters)		Type of account
	<b>1 1 3 1 - 2 2 6 5 - 5</b>	<b>1 1 0 2 2 0 7 4 8 8</b>		<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional)		Title (optional)	
	<b>Laura Turner</b>			
	Financial representative signature (optional)		Phone number (optional)	Date (optional)
			<b>281-236-7254 ext.</b>	

### International Payments Verification (required)

SEC 4	Will these payments be forwarded to a financial institution outside the United States? ..... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).
-------	--

### Authorization for Setup, Changes or Cancellation (required)

SECTION 5	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	sign here Authorized signature	Printed name	Date

### Cancellation by Agency (for state agency use)

SEC 6	Reason	Date
-------	--------	------

### Authorized Signature (for state agency use)

SECTION 7	sign here Signature	Date
	Phone number	Agency number
	ext.	
	Agency name	
	Comments	

Please return your completed form to:



## TRAVEL POLICY CERTIFICATION

Jurisdiction Name:	<b>FORT BEND COUNTY</b>
--------------------	-------------------------

*Check one of the two blocks below*

☐

This jurisdiction has no qualifying travel regulations. EMPG participants requesting reimbursement for travel expenditures will do so in accordance with State of Texas travel regulations [and reimbursement rates as published by the Texas Comptroller of Public Accounts](https://fmx.cpa.state.tx.us/fmx/travel/texttravel/index.php). State travel regulations are available at <https://fmx.cpa.state.tx.us/fmx/travel/texttravel/index.php>

**OR**

☒

This jurisdiction has its own qualifying travel policy, a copy of which is attached. EMPG participants requesting reimbursement for travel expenditures will do so in accordance with that policy.

<b>Name of Grant Financial Officer</b> (Printed or Typed)	Robert Sturdivant
<b>Original Signature of Grant Financial Officer</b>	
<b>Date Signed</b>	

# Annex B

## Fort Bend County Travel Policy

Approved in Commissioners' Court on November 3, 2009

Effective November 4, 2009

Revised September 7, 2010

Revised June 2, 2015, Effective August 1, 2015

Revised July 28, 2015, Effective August 1, 2015

The Commissioners' Court allocates funds annually for the payment of travel expenditures for county employees and officials within the individual departmental budgets. Travel expenditures paid from these budgets must serve a public purpose for Fort Bend County. These expenditures may be paid directly to the vendor or provided as a reimbursement to the employee/official upon completion of their travel. Advance payments to vendors may be accommodated by issuance of a check or use of a County procurement card. Eligible expenditure categories under this policy include: Lodging, meals, transportation, registration fees, and other fees (with justification). Each category is further defined below.

### CONTRACT RATES:

Fort Bend County is a 'Cooperative Purchasing Participating Entity' with the State of Texas. This program is also known as TPASS (Texas Procurement and Support Services) State Travel Management Program (STMP). This gives County employees and officials access to the contract rates negotiated by the State for hotels and rental cars. Procurement procedures for these contract services are explained within the categories below.

### OUT OF STATE TRAVEL:

**Authorization:** The traveler must obtain Commissioners' Court approval for out-of-state travel before departure. The duration must include travel days along with the event scheduled days. To prevent delays in processing travel reimbursement, ensure that the travel duration is accurately defined when submitting the agenda request.

**Documentation:** The traveler must provide an excerpt from the Commissioners' Court minutes (<http://www.fortbendcountytexas.gov/index.aspx?page=55>) with the travel reimbursement form.

### LODGING (In and Out of State):

#### Hotel:

Hotel reimbursements are limited to the Federal Travel Regulations set forth by US General Services Administration (GSA) by location not including taxes. The rates are set annually and vary by month and location. The maximum rates for lodging per day can be found at:

[http://www.gsa.gov/portal/content/104877?utm\\_source=OGP&utm\\_medium=print-radio&utm\\_term=perdiem&utm\\_campaign=shortcuts](http://www.gsa.gov/portal/content/104877?utm_source=OGP&utm_medium=print-radio&utm_term=perdiem&utm_campaign=shortcuts) based on travelers destination.

Fort Bend County is a 'Cooperative Purchasing Participating Entity' with the State of Texas. This gives County employees and officials access to the contract rates negotiated by the State for hotels. Participating hotels can be found at: [http://portal.cpa.state.tx.us/hotel/hotel\\_directory/index.cfm](http://portal.cpa.state.tx.us/hotel/hotel_directory/index.cfm) (be sure to check the correct fiscal year). **When making a reservation the traveler must ask for the State of Texas Contract rate (not the government rate) and be prepared to provide the County's agency #: C0790. Traveler must verify confirmed rate matches the negotiated**



**contract rates found on the State's website listed above and does not exceed the GSA daily allowance.**

If the organizer of a conference/seminar has negotiated discount rates with a hotel(s), the traveler may choose these lodging services without penalty but the traveler must reserve the room at the group rate and be able to provide documentation of the group rate.

The traveler will be responsible for the excess charge over the GSA per diem rate for the city/county even if using the State rate. The Auditor's Office will deduct from the travelers' reimbursement any excess charges over the GSA per diem rate. Travel websites including but not limited to Expedia and Travelocity should not be used to book lodging.

**Travel Days:** If the traveler must leave before 7:00AM to arrive at the start of the event and/or return to the County after 6:00PM after the event concludes, an additional night's lodging is allowable before and/or after the event.

**Additional fees allowable:** Self-parking

**Additional fees allowable with justification:** Valet parking is allowable if an extreme hardship exists due to physical disability of the traveler or if no self-parking is available.

**Fees not allowable:** Internet, phone charges, laundry, safe fees

**Gratuities:** Gratuities are not reimbursable for any lodging services.

**Overpayments by County:** Any lodging overpayment by the County must be reimbursed by the hotel before processing a reimbursement to the traveler for any of the categories addressed in this policy. Prepaid lodging services should be accurately calculated or underestimated by excluding the taxes to prevent delays in processing travel reimbursements.

**Procurement Card:** The traveler may use the procurement card to make lodging reservations. Contact Purchasing to arrange or use the procurement card assigned to the department or traveler.

**Documentation:** **A final settled hotel bill with a zero balance from the front desk is required even if lodging is paid by the procurement card. The hotel bill left under the door is not acceptable.** The hotel bill should be scrutinized before traveler departs to make sure all charges are valid and notify hotel of any invalid charges and resolve issues before departing. Any invalid charges will be the responsibility of the traveler. A copy of the itemized hotel statement must be submitted with the travel reimbursement claim if the traveler used a County procurement card to purchase lodging services or prepaid by County check. Event agenda/documentation or a letter from the traveler describing the event/meeting is required. If utilizing conference negotiated hotel rates, documentation of rates is required.

**Changes/Modifications to Reservation** – Any modifications including cancellation of reservation, the traveler must obtain a confirmation number and note the name of the person they spoke with in case the hotel charges the traveler. If the traveler does not obtain a confirmation number then any expenses incurred will be the responsibility of the traveler. Expenses resulting from changes or modifications to travel reservations will be paid by the County if the traveler produces documentation that a family emergency exists.

## **MEALS:**

**Texas:** Meals including gratuities will be reimbursed to the traveler at a flat rate of \$36/day. The travelers per diem on the departure day and final day of travel will be at 75% of the per diem which is \$27/day.

**Out-of-state:** Meals including gratuities will be reimbursed to the traveler at a flat rate of \$48/day. The travelers per diem on the departure day and final day of travel will be at 75% of the per diem which is \$36/day.

**Day trips:** Meals will not be reimbursed for trips that do not require an overnight stay.

**Procurement Card:** No meal purchases are allowed on any County procurement card.

**Documentation:** No meal receipts are required for reimbursement. Event agenda/documentation or a letter from the traveler describing the event/meeting is required.

## **TRANSPORTATION:**

**Personal Vehicle:** Use of personal vehicle will be reimbursed at the current rate/mile set by Commissioners' Court. Mileage should be calculated using the County office location of the traveler and the event location. Mileage may not be calculated using the traveler's home. Mileage should be calculated using an employee's vehicle odometer reading or by a readily available online mapping service for travel out of Fort Bend County. If using the mileage of an online mapping service, state which mapping service was used or provide a printout of your route detailing the mileage. For local travel, odometer readings or mapping service details are not required. Departments should develop a mileage guide for employees for local travel points, if a department does not have a mileage guide, the Auditor's Office will determine if the mileage listed is reasonable.

**Allowable expenses:** Parking and tolls with documentation.

**County Vehicle:** Fuel purchases when using a County vehicle should be made with the County Procurement card if available. Original receipts will accompany the Procurement Card statement but a copy must be provided with the travel reimbursement request.

**Allowable expenses:** Parking and tolls with documentation required.

**Airfare:** Airfare is reimbursable at the lowest available rate based on 14 day advance purchase of a discounted coach/economy full-service seat based on the required arrival time for the event. The payment confirmation and itinerary must be presented with the travel reimbursement form. The traveler will be responsible for the excess charges of an airline ticket purchase other than a coach/economy seat. When using Southwest Airlines a traveler should choose the "wanna get away" flight category.

**Allowable Expenses:** Bag fees. Fare changes are allowable if business related or due to family emergency.

**Unallowable Expenses/Fees:** Trip insurance, Early Bird Check In, Front of the line, Leg Room, Fare changes for personal reasons.

**Rental Car:** Rental cars are limited to the negotiated TPASS rates listed at: <http://www.window.state.tx.us/procurement/prog/stmp/stmp-rental-car-contract/vendor-comparison/>. The contact information for Avis is listed here: <http://www.window.state.tx.us/procurement/prog/stmp/stmp-rental-car-contract/Avis/>. The contact information for Enterprise is listed here: <http://www.window.state.tx.us/procurement/prog/stmp/stmp-rental-car-contract/Enterprise/>. You will need to make your reservations at least 14 days in advance and provide the County's agency #: C0790. The traveler will not be reimbursed for any amount over the negotiated contract rates if a non-contract company is used at a higher rate. The traveler should select a vehicle size comparable to the number of County travelers. The traveler may use a non-contract vendor at an overall rate lower than the contract rates with no penalty. The original contract/receipt must be presented with the travel reimbursement form or a copy if a County procurement card is used. The traveler will be responsible for any excess charges not included in the TPASS rates or for choosing a vehicle size not comparable with the number of travelers on the trip.



Insurance is included in the negotiated TPASS rates, if a traveler chooses to take out additional insurance the cost is on the traveler.

**Enterprise:**

- Optional Customer, Coupon or Corporate number is **TXC0790**
- Please enter the first 3 characters of your company's name or PIN number **FOR**
- Enterprise will automatically bill FBC when you reserve your vehicle so you need to have a purchase order before your departure.

**Avis:**

- Avis Worldwide Discount (AWD) Number or Rate Code **F930790**
- You cannot use the wizard option if you have an account with Avis, the wizard will override the state rate and normally the State rates are less.

**Unallowable Fees/Charges:** GPS, prepaid fuel, premium radio, child safety seats, additional insurance, one way rentals.

**Allowable expenses:** Parking and tolls allowed with documentation.

**Other Transportation:** Other forms of transit (bus, taxi, train) are reimbursable with an original receipt.

**Gratuities:** Gratuities are not reimbursable for any transportation services.

**Procurement Card:** The traveler may use a County procurement card to make transportation reservations for air travel and rental car services. Contact Purchasing to arrange or use the procurement card assigned to the department or traveler.

**Documentation:** Original receipts are required for all transportation reimbursements paid by the traveler. Transportation services obtained with a County procurement card require a copy of the receipt. Additional requirements are noted within each category above. Event agenda/documentation or a letter from the traveler describing the event/meeting is required.

**REGISTRATION:**

**Registration fees:** Registration fees are reimbursable for events that serve a Fort Bend County purpose. Registration fees for golf tournaments, tours, guest fees and other recreational events are not reimbursable.

**Procurement Card:** The traveler may use a County procurement card to register for an event. Contact Purchasing to arrange or use the procurement card assigned to the department or traveler.

**Documentation:** An original receipt must be obtained upon registration and submitted with the reimbursement request if paid by the traveler. A copy of the receipt must be provided if registration is paid on a County procurement card. Event agenda/documentation or a letter from the traveler describing the event/meeting is required.

**GRANTS:**

Travel expenditures from Federal and State grants must also conform to the granting agency's funding requirements.

**TRAVEL REIMBURSEMENT FORM:**

The traveler must use the current travel reimbursement form (<http://econnect/index.aspx?page=55>) for all travel related services addressed in this policy. No other expenditures may be submitted for reimbursement on the travel reimbursement form. After completing all required information, the travel form must be signed/dated by the traveler and the department head/elected official. Travel reimbursement request should be submitted within 30

days from when traveler returns from trip. Mileage reimbursement request should be submitted no less frequently than quarterly. Mileage reimbursement request for the fourth quarter should be submitted no later than October 30th for yearend processing.

**EXCLUSIONS:**

If the traveler has custody of a person pursuant to statute or court order or if the traveler is required by court or legal entity to appear at a particular time and place the traveler will not be penalized for accommodations that require a 14 day advance purchase ticket if travel is required with less than 14 days' notice.

If the traveler has custody of a person pursuant to statute to court order the traveler will not be held to the 75% per diem on the departure and final day of travel.