

**FORT BEND COUNTY    FY 2010**  
**COMMISSIONERS COURT AGENDA REQUEST FORM**  
Return Completed Form to: Agenda Coordinator, County Judge's Office

AGENDA ITEM  
23

Date Submitted: 12/22/09

Submitted By: Jeff D. Braun

Court Agenda Date: 1/05/10

Department: Emergency Management  
Phone Number: 281-342-6185

**SUMMARY OF ITEM:** Take appropriate action to submit application for the fiscal year 2010 Emergency Management Performance Grant (EMPG) and authorize County Judge to sign all documents pertaining to the application.

**RENEWAL AGREEMENT/APPOINTMENT:** YES NO X

**REVIEWED BY COUNTY ATTORNEY'S OFFICE:** YES NO X

**List Supporting Documents Attached:** Cover letter and Fiscal Year 2010 Emergency Management Performance Grant (EMPG) application form TDEM-17.

**FINANCIAL SUMMARY:**

**BUDGETED ITEM:** YES NO X

**FUNDING SOURCE:**

**REQUIRES AUDITOR TO CERTIFY FUNDS:** YES NO X

COUNTY JUDGE  
RECEIVED  
DEC 29 2009

**Instructions to submit Agenda Request Form:**

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms may be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed above.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

**DISTRIBUTION:**

**Original Form** Submitted with back up to County Judge's Office ☐ (✓ when completed)

If by E-Mail to [ospindon@co.fort-bend.tx.us](mailto:ospindon@co.fort-bend.tx.us)

If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

✓ Auditor	(281-341-3774)	✓	Comm. Pct. 1	(281-342-0587)
✓ Budget Officer	(281-344-3954)	✓	Comm. Pct. 2	(281-403-8009)
✓ Facilities/Planning	(281-633-7022)	✓	Comm. Pct. 3	(281-242-9060)
✓ Purchasing Agent	(281-341-8642)	✓	Comm. Pct. 4	(281-980-9077)
✓ Information Technology	(281-341-4526)	✓	County Clerk	(281-341-8697)
✓ Other: Jeff Braun (2) OEM File (1)		✓	County Atty.	(281-341-4557)

**RECOMMENDATION / ACTION REQUESTED:**

**Special Handling Requested (specify):** Return signed grant application TDEM-17 form to Office of Emergency Management, attention Theresa Lamensky.

1-6-10 copy received



## FORT BEND COUNTY EMERGENCY MANAGEMENT

Fort Bend County, Texas

(281) 342-6185  
Fax (281) 342-4798

December 22, 2009

EMPG Program Administrator  
Preparedness Section  
Texas Division of Emergency Management  
Texas Department of Public Safety  
P.O. Box 4087  
Austin, TX 78773-0223

Ladies and Gentlemen,

Attached is Fort Bend County's Fiscal Year 2010 Emergency Management Performance Grant (EMPG) application. If you have any questions, please feel free to contact me at (281) 342-6185.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff D. Braun", with a long horizontal flourish extending to the right.

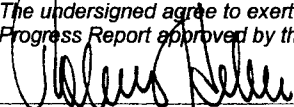

Jeff D. Braun  
Emergency Management Coordinator

Attachment: EMPG Application

xc: EMPG File  
Jeff D. Braun

JDB/tal

# FISCAL YEAR 2010 EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION

<b>1. APPLICANT NAME</b> (Jurisdiction): <b>Fort Bend County</b>	
<b>2. COUNTY:</b> <b>Fort Bend</b>	<b>3. DISASTER DISTRICT:</b> <b>Sub 2C</b>
<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> (List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have <b>joined or withdrawn</b> from your program in the last year) Arcola, Beasley, Fairchilds, Fulshear, Kendleton, Meadows Place, Missouri City, Needville, Orchard, Pleak, Richmond, Rosenberg, Simonton, Thompsons and Weston Lakes	
<b>6. CHECKLIST OF APPLICATION ATTACHMENTS:</b> (See the FY 2010 <i>Emergency Management Performance Grant (EMPG) Guide</i> for information on completing these forms)	
<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"/> Application for Federal Assistance (TDEM-67) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> EMPG Staffing Pattern (TDEM-66) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> EMPG Staff Job Description (TDEM-68) - A <b>current</b> job description is required for each staff member listed in the FY 2010 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> This Application, together with the approved EMPG Statement of Work & 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 & Cumulative Progress Report approved by the Texas Division of Emergency Management.	
 Authorized Official <u>Robert Hebert</u> Date <u>1-5-2010</u> (Original Signature) County Judge	 Emergency Management Coordinator Date <u>12/28/09</u> (Original Signature)
<b>TDEM USE ONLY</b>	
<b>8. APPROVAL:</b> The attached Fiscal Year 2010 Statement of Work & Cumulative Progress Report is approved	
<input type="checkbox"/> Assistant Director/Chief <input type="checkbox"/> State Coordinator for Preparedness and Operations	Date

TDEM-17  
11/09

Page 1 of 1

Mail completed forms and application materials to:

EMPG Program Administrator  
Preparedness Section  
Texas Division of Emergency Management  
Texas Department of Public Safety  
PO Box 4087  
Austin, TX 78773-0223

**FISCAL YEAR 2010  
DESIGNATION OF EMPG GRANT OFFICIALS**

<b>APPLICANT NAME</b> (Jurisdiction): Fort Bend County	
<b>EMERGENCY MANAGEMENT COORDINATOR*</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Jeff D. Braun
Official Mailing Address	Fort Bend County Office of Emergency Management 307 Fort Street Richmond, TX 77469
Daytime Phone Number	(281) 342-6185
Fax Number	(281) 342-4798
E-mail Address	braunjef@co.fort-bend.tx.us
<b>GRANT FINANCIAL OFFICER (CANNOT BE EMC)</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Robert Sturdivant
Title	County Auditor
Official Mailing Address	Fort Bend County Office of the County Auditor 309 South 4 <sup>th</sup> Street, Suite #533 Richmond, TX 77469
Daytime Phone Number	(281) 341-3760
Fax Number	(281) 341-3774
E-mail Address	sturdrob@co.fort-bend.tx.us
<b>AUTHORIZED OFFICIAL (MAYOR, COUNTY JUDGE, CITY MANAGER)</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Robert Hebert
Title	County Judge
Official Mailing Address	Fort Bend County Office of the County Judge 309 South 4 <sup>th</sup> Street, Suite #719 Richmond, TX 77469
Daytime Phone Number	(281) 341-8608
Fax Number	(281) 341-8609
E-mail Address	hebertb@co.fort-bend.tx.us

# FISCAL YEAR 2010 EMPG STATEMENT OF WORK & CUMULATIVE PROGRESS REPORT

<b>APPLICANT NAME (Jurisdiction): Fort Bend County</b>				
<b>Document</b>	<b>Submitted By</b>	<b>Date</b>	<b>TDEM Review By</b>	<b>Date</b>
Statement of Work	Jeff D. Braun	12/22/09		
Progress Report #1				
Progress Report #2				
<b>TASK 1—WORK PLAN &amp; SEMIANNUAL PROGRESS REPORT</b>				
<input checked="" type="checkbox"/> Work Plan	Our jurisdiction will submit an EMPG Application, two Progress Reports, two Staffing Commitment Certifications, and four quarterly Financial Reports. Our jurisdiction has appointed a NIMSCAST point of contact, established a NIMSCAST account, and is 100% compliant with FY 2009 NIMSCAST objectives and metrics.			
<input type="checkbox"/> Progress Report #1	<input type="checkbox"/> This Progress Report # 1 is being submitted to the GDEM Preparedness Section <input type="checkbox"/> First & Second Quarter Financial Reports have been submitted to GDEM Support Services.			
<input type="checkbox"/> Progress Report #2	<input type="checkbox"/> This Progress Report # 2 is being submitted to the GDEM Preparedness Section. <input type="checkbox"/> Third & Fourth Quarter Financial Reports have been submitted to GDEM Support Services.			
<b>TASK 2—LEGAL AUTHORITIES FOR EMERGENCY MANAGEMENT PROGRAM</b>				
<input checked="" type="checkbox"/> Work Plan	Our jurisdiction will maintain current legal documents establishing our emergency management program. <input checked="" type="checkbox"/> Our legal documents are current & on file with GDEM; no additional action is required. <input checked="" type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics. <input type="checkbox"/> Our jurisdiction will prepare or update & submit to GDEM: <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"/> TRRN registration completed and resources entered			
<input type="checkbox"/> Progress Report #1 (Oct. 1-Mar. 31)	<input type="checkbox"/> Our legal documents are current & on file with GDEM, no additional action is required. <input type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics. <input type="checkbox"/> Our jurisdiction completed & submitted to GDEM: <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"/> TRRN registration completed and resources entered			
<input type="checkbox"/> Progress Report #2 (Apr. 1-Sept. 30)	<input type="checkbox"/> Our legal documents are current & on file with GDEM, no additional action is required. <input type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics. <input type="checkbox"/> Our jurisdiction completed & submitted to GDEM: <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"/> TRRN registration completed and resources entered			

TASK 3—PUBLIC EDUCATION/INFORMATION	
<input checked="" type="checkbox"/> Work Plan	<input checked="" type="checkbox"/> Option 1: Our jurisdiction will conduct 30 hours of hazard awareness activities for local citizens. <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Option 2: Our jurisdiction will prepare & distribute public education/information materials to a substantial portion of the community. In the space below, <b>describe the materials to be distributed:</b>
<input type="checkbox"/> Progress Report #1 (Oct. 1-Mar. 31)	<input checked="" type="checkbox"/> Our jurisdiction completed the following hazard awareness or public education/information activities: Please see attached "Remarks" page.
<input type="checkbox"/> Progress Report #2 (Apr. 1-Sept. 30)	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness or public education/information activities: Please see attached "Remarks" page.
TASK 4—EMERGENCY MANAGEMENT PLANNING DOCUMENTS	
<input checked="" type="checkbox"/> Work Plan	<input checked="" type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance. <input checked="" type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant. <input type="checkbox"/> We 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:  <p>NOTE: Plans &amp; annexes dated prior to September 30, 2004, must be revised or updated this year. All Plans and Annexes must be NIMS compliant.</p>
<input type="checkbox"/> Progress Report #1 (Oct. 1-Mar. 31)	<input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance. <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We updated by revision 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:
<input type="checkbox"/> Progress Report #2 (Apr. 1-Sept. 30)	<input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance. <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We updated by revision 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:

TASK 6—TRAINING FOR EMERGENCY MANAGEMENT PERSONNEL		
<input checked="" type="checkbox"/> Work Plan	EMPG-funded emergency management personnel will participate in the following training during FY 2010:	
	<b>Position/Name</b>	<b>Course Name or Number</b>
	EMC/Jeff D. Braun	TBD
	Asst. EMC/A. Spears	TBD
	Sr. Planning Coord./J. Walker	TBD
	Admin. Mgr../T. Lamensky	TBD
	Clerk II/A. Redix	TBD
<input type="checkbox"/> Progress Report #1 (Oct. 1-Mar. 31)	Emergency management personnel completed the following training and documentation is attached:	
	<b>Position/Name</b>	<b>Course Name or Number      Date</b>
<input type="checkbox"/> Progress Report #2 (Apr. 1-Sept. 30)	Emergency management personnel completed the following training and documentation is attached:	
	<b>Position/Name</b>	<b>Course Name or Number      Date</b>

## TASK 5—EXERCISE PARTICIPATION & SCHEDULE

☒ Work Plan

Our required three-year exercise schedule is listed below.  
We will conduct & report participation in a tabletop exercise and a functional or full-scale exercise this fiscal year or obtain exercise credit for actual events for these exercises.  
☐ Our required exercise schedule includes make up exercises from FY \_\_\_\_.

NOTE: A Full-Scale exercise must be conducted every three (3) years.

### REQUIRED EXERCISE SCHEDULE

Period	Exercise Type	Exercise Scenario*	Quarter of Year
Fiscal Year 2010 (Oct. 2009-Sept. 2010)	<input checked="" type="checkbox"/> Tabletop	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	<input type="checkbox"/> Functional	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input checked="" type="checkbox"/> Full-Scale	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Fiscal Year 2011 (Oct. 2009-Sept. 2010)	<input checked="" type="checkbox"/> Tabletop	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input checked="" type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Fiscal Year 2012 (Oct. 2010-Sept. 2011)	<input checked="" type="checkbox"/> Tabletop	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input checked="" type="checkbox"/> Functional	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input checked="" type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	<input type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Our last Full-Scale exercise was conducted on (date): 1/24/07

Scenario\*: NH

\*Scenarios: NH=Natural Hazard, TH=Technological Hazard, NS=National Security, TR=Terrorism, HM=Public Health or Medical

<input type="checkbox"/> Progress Report #1 (Oct. 1-Mar. 31)	<b>We conducted the following exercises and provided documentation to TDEM:</b>			
	<b>Exercise</b>	<b>Date</b>	<b># of Participants</b>	<b># of Jurisdictions</b>
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
	<input type="checkbox"/> Full-Scale			
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
<input type="checkbox"/> Progress Report #2 (Apr. 1-Sept. 30)	<b>We conducted the following exercises and provided documentation to TDEM:</b>			
	<b>Exercise</b>	<b>Date</b>	<b># of Participants</b>	<b># of Jurisdictions</b>
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
	<input type="checkbox"/> Full-Scale			
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
<input type="checkbox"/> Our jurisdiction completed NO exercise and requested credit for an actual event. <input type="checkbox"/> Our jurisdiction requested functional or full-scale exercise credit for an actual event on _____ and our request <input type="checkbox"/> is pending <input type="checkbox"/> was approved and documentation of approval is attached.				




TASK 7—EMERGENCY MANAGEMENT TRAINING FOR OTHER PERSONNEL				
<input checked="" type="checkbox"/> Work Plan		Our jurisdiction will conduct or arrange emergency management related training for elected officials, other local officials, & support agencies.		
<input type="checkbox"/> Progress Report #1 (Oct. 1-Mar. 31)		The following formal training courses were taught or contracted:		
		Date	Course Title	Class Description
<input type="checkbox"/> Progress Report #2 (Apr. 1-Sept. 30)		The following formal training courses were taught or contracted:		
		Date	Course Title	Class Description
TASK 8—EMERGENCY MANAGEMENT ORGANIZATIONAL DEVELOPMENT				
<input checked="" type="checkbox"/> Work Plan		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), TGCRVOD 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 (Oct. 1-Mar. 31)				
<input type="checkbox"/> Progress Report #2 ( Apr. 1-Sept. 30)				

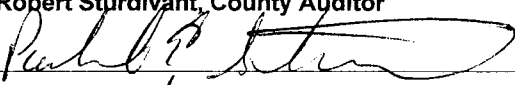
<b>APPLICANT NAME: Fort Bend County</b>
<b>REMARKS</b>

# FISCAL YEAR 2010 APPLICATION FOR FEDERAL ASSISTANCE

(Instructions on Reverse)

<b>NAME OF PROGRAM/ ASSISTANCE:</b> EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	<b>1. CFDA NUMBER:</b>  <div style="text-align: center;"><b>97.042</b></div>	<b>2. APPLICANT STATUS:</b> New Applicant <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
<b>3. FEDERAL FISCAL YEAR:</b> <div style="text-align: center;">FY 2010</div>	<b>4. START DATE:</b> <div style="text-align: center;">OCTOBER 1, 2009</div>	<b>5. END DATE:</b> <div style="text-align: center;">SEPTEMBER 30, 2010</div>
<b>6. 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 of Emergency Management Coordinator:</b> Jeff D. Braun <b>c.</b> (281) 342-6185
<b>d. Mailing Address:</b>  Fort Bend County Office of Emergency Management 307 Fort Street Richmond, TX 77469  Employer Identification Number/Tax ID#		<b>e. Physical Address (if different from Mailing Address):</b>  Same
<b>7. EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds):</b>		
<b>a. Number of EMPG Staff &amp; Percentage of Time Worked in Emergency Management Duties:</b>		
	<b># Staff</b>	<b>Percent</b>
1) Full Time:	5	100%
2) Part Time		
<b>b. Total Number of EMPG-Funded Personnel</b>		
<b>8. ESTIMATED EXPENSES:</b>		
a. Salary & Benefits (from line 18, form TDEM-66)		\$379,498
b. Travel Expenses (from line 19 form TDEM-66)		
c. Other Expenses (from section 11 on reverse)		
d. Total Expenses (A + B + C)		\$379,498
e. Federal Share (D x .50)		\$189,749
<b>9. CERTIFICATION:</b> I certify that to the best of my knowledge and belief this application and its attachments are true and correct.		
a. Typed Name of Authorized Official:		Robert Sturdivant
b. Title of Authorized Official:		County Auditor
c. Original Signature of Authorized Official:		
d. Date Signed:		12/29/09

# FISCAL YEAR 2010 EMPG STAFFING PATTERN

1. APPLICANT NAME (as it appears on EMPG Application): Fort Bend County				2. COUNTY: Fort Bend			
<b>3. FULL-TIME EMPLOYEES</b> (including those who work all or only a portion of their time in emergency management duties)		<b>4. Gross Annual Salary</b>	<b>5. Gross Annual Benefits</b>	<b>6. Gross Salary &amp; Benefits (4+5)</b>	<b>7. % Work in EM Duties</b>	<b>8. Salary &amp; Benefits for EM (6x7)</b>	<b>9. Est. EM Travel Costs</b>
Name: Jeff D. Braun		\$89,659	\$25,874	\$115,533	100%	\$115,533	
Position: EMC							
Name: Alan Spears		\$76,254	\$20,758	\$97,012	100%	\$97,012	
Position: Deputy EMC							
Name: Janette Walker		\$52,451	\$18,984	\$71,435	100%	\$71,435	
Position: Sr. Planning Coordinator							
Name: Theresa Lamensky		\$34,348	\$16,500	\$50,848	100%	\$50,848	
Position: Administrative Manager							
Name: April Redix		\$29,023	\$15,647	\$44,670	100%	\$44,670	
Position: Clerk II							
Name:							
Position:							
<b>A. SUBTOTAL</b>		<b>\$281,735</b>	<b>\$97,763</b>	<b>\$379,498</b>		<b>\$379,498</b>	
<b>10. PART-TIME EMPLOYEES</b>	<b>11. % of Full Time</b>	<b>12. Gross Annual Salary</b>	<b>13. Gross Annual Benefits</b>	<b>14. Gross Salary &amp; Benefits (12+13)</b>	<b>15. % Work in EM Duties</b>	<b>16. Salary &amp; Benefits For EM (14x15)</b>	<b>17. Est. EM Travel Costs</b>
Name:							
Position:							
Name:							
Position:							
Name:							
Position:							
Name:							
Position:							
Name:							
Position:							
Name:							
Position:							
<b>B. SUBTOTAL</b>							
<b>TOTAL</b> Add Subtotals in A & B above						<b>18.</b> \$379,498	<b>19.</b>
<b>CERTIFICATION:</b> I certify that no individual listed above holds an elected office.							
Signature of Authorized Official:			Robert Sturdivant, County Auditor 				
Date Signed:			12/29/09				

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Jeff D. Braun
<b>Position Title</b>	Emergency Management Coordinator
<b>Description Prepared By</b>	Fort Bend County Human Resources
<b>Date Prepared</b>	1/24/07

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

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

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**

<b>JOB TITLE:</b>	Emergency Management Coordinator	<b>JOB CODE:</b>	<b>1226T</b>
<b>DEPARTMENT:</b>	Emergency Management	<b>DEPARTMENT #:</b>	<b>0046</b>
<b>SUPERVISOR:</b>	Commissioners' Court	<b>FLSA STATUS:</b>	<b>E</b>
<b>SUPERVISES:</b>	Planner Investigator/Inspector Secretary	<b>JOB GRADE:</b>	<b>12</b>

**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.

### **ESSENTIAL DUTIES & 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.

Is 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.

Acts as liaison between Fort Bend County and other city, state and federal jurisdictions.

Assists other agencies and businesses within the County with development of emergency operation plans and procedures.

Develops and directs emergency preparedness training programs.

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..

Directs daily operation of staff and training of volunteers.

Prepares reports as required for state and federal agencies. Develops and maintains necessary records.

Responds and investigates hazardous substance incidents and ensures proper procedures are followed during clean-up phase in coordination with other agencies and County departments.

Prepares and monitors budget expenditures. Recommends equipment expenditures.

Approves selection of new employees, employee transfers/promotions, disciplining/discharging and salary increases.

**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 REQUIREMENT:**

- a) **Knowledge:** Bachelor's Degree; three (3) years experience in high-level management position with significant departmental interaction may be used to reduce the degree requirement to an Associate Degree or college hour equivalent. Knowledge of principles and practices of organization, administration, and training and knowledge of principles and methods of plans development.
- b) **Experience:** 7 years experience in Emergency Management, or similar responsibilities.
- c) **Skills & 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 judgement in making quick decisions under pressure. Must be able to speak and write effectively as well as present material clearly and concisely.
- d) **Special Requirements:** Valid Texas Driver's License. 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.
- e) **Equipment Used:**
- |  |                 |
|--|-----------------|
| Telephone  | Photocopier     |
| Camera   | Automobile      |
| Typewriter   | Calculator      |
| Personal Computer  | Telefax Machine |
| Mainframe Computer   |                 |
| Video and Audio Recording Equipment                        |                 |
| Laboratory Equipment: Gas testing & air monitoring devices |                 |
| Hazardous material monitoring and clean-up equipment       |                 |

**CONTACTS:** Job requires: 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:** Duties require: daily lifting of objects up to 10 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. 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.



## 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>	Fort Bend County Human Resources
<b>Date Prepared</b>	1/24/07

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

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

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:** Assistant Emergency Management Coordinator

**DEPARTMENT:** Emergency Management

**SUPERVISOR:** Emergency Management Coordinator

**JOB SUMMARY:** Responsible for implementing the Emergency Operation Plan for Fort Bend County and its joint resolution jurisdictions, managing the County's Emergency Operations Center, and coordinating emergency management activities, such as mitigation, preparedness, response and recovery from natural or man-made disasters.

### **ESSENTIAL DUTIES & 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.

Is 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.

Acts as liaison between Fort Bend County and other city, state and federal jurisdictions.

Assists other agencies and businesses within the County with development of emergency operation plans and procedures.

Develops and directs emergency preparedness training programs.

Establishment of a Community Emergency Response Team and other programs to encourage volunteer support for the Office of Emergency Management

Responds and investigates hazardous substance incidents and ensures proper procedures are followed during clean-up phase in coordination with other agencies and County departments.

Serve as an advisor to the Emergency Management Coordinator, and, in the absence of the Coordinator, assume all of Coordinator's duties; and, as directed by the Emergency Management Coordinator, perform other duties as required for the efficient and effective operation of the department and the County.

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Janette Walker
<b>Position Title</b>	Sr. Planning Coordinator
<b>Description Prepared By</b>	Fort Bend County Human Resources
<b>Date Prepared</b>	1/24/07

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

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

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:** Planning Coordinator

**DEPARTMENT:** Emergency Management

**SUPERVISOR:** Emergency Management Coordinator

**JOB SUMMARY:** Provides specific focus on activities designed to minimize the effects of emergencies and disasters. Provides professional support and planning to assist in mitigation, preparedness, response and recovery from emergencies and disasters resulting from natural, technological and man-made hazards by developing and maintaining comprehensive emergency management plans and providing assistance and coordination for implementation of the plans.

### **ESSENTIAL DUTIES & RESPONSIBILITIES:**

Evaluates, develops, maintains and revises comprehensive emergency management plans, in areas such as, but not limited to, all hazards mitigation, preparedness, disaster response, debris management, volunteer recruitment, recovery response, and homeland security.

Provides assistance and coordination for the integration between and among local, state and federal agencies and other organizations and groups as may be required, including providing specific recommendations for planning of OEM projects and assisting in damage assessment and recovery operations in the event of a disaster.

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.

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.

Prepares press releases and statements to the public and media as needed.

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.

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	Theresa Lamensky
<b>Position Title</b>	Administrative Manager
<b>Description Prepared By</b>	Fort Bend County Human Resources
<b>Date Prepared</b>	1/24/07

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

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

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 Coordinator

**DEPARTMENT:** Emergency Management

**SUPERVISOR:** Emergency Management Coordinator

**JOB SUMMARY:** Performs a variety of administrative and clerical duties to facilitate effective coordination and operation of the Office of Emergency Management. Provides professional administrative support to the Coordinator and other staff.

### **ESSENTIAL DUTIES & RESPONSIBILITIES:**

Acts as the Office Manager for the office, provides administrative support to the staff of the Office of Emergency Management and for OEM related committees including scheduling staff meetings, coordinating schedules and office calendars, maintaining office supplies and scheduling maintenance of office equipment. Manages daily administrative workflow and activities of the office by establishing work procedures and standards to improve efficiency and effectiveness of assigned operations, including, but not limited to, preparation of correspondence and reports, collecting/processing of bi-weekly payroll, reconciling financial statements and monitoring the office budget, preparation/processing of purchase requisitions, and maintenance of office files and records, improvements of OEM operations.

Responsible for processing all procurement paperwork for the OEM

Performs administrative/clerical support tasks, including providing consistent office communications (with telephone, e-mail, fax, radio, etc...) 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.

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.

## EMPG STAFF JOB DESCRIPTION

<b>Jurisdiction Name</b>	Fort Bend County
<b>Staff Member Name</b>	April Redix
<b>Position Title</b>	Clerk II
<b>Description Prepared By</b>	Fort Bend County Human Resources
<b>Date Prepared</b>	1/24/07

### JOB DESCRIPTION

☒ Current Job Description Attached

☐ See Below

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

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 II

**DEPARTMENT:** Emergency Management

**SUPERVISOR:** Administrative Coordinator

**JOB SUMMARY:** Provides administrative support to the Office of Emergency Management and assists the department during emergency activations.

### **ESSENTIAL DUTIES & 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 assists in preparing scenarios and coordinates schedule for annual exercises.

Prepares and distributes mail.

Maintains files and records for the department, including databases and hard files and plans. Maintains emergency contact database.

Acts as back up for the Administrative Coordinator.

Assists in tracking department inventory and supplies.

Assists with purchasing activities including processing requisitions and maintaining a purchase order tracking spreadsheet.

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.

Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.



U.S. Department of Homeland Security  
SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS

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

FOR  
FY

CA FOR (Name of Applicant)

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 E. Hebert

County Judge

Typed Name of Authorized Representative

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.

U.S. DEPARTMENT OF HOMELAND SECURITY  
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.

**U.S. DEPARTMENT OF HOMELAND SECURITY  
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.

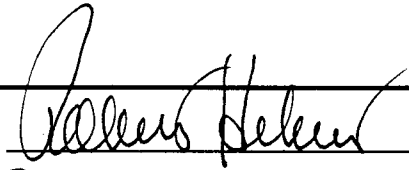
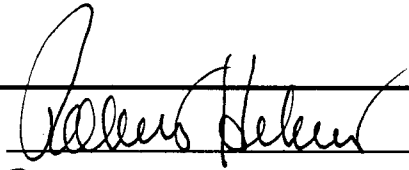
# DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure)

<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: _____  Congressional District, if known: _____			<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known: _____		
<b>6. Federal Department/Agency:</b>  Fort Bend County			<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):  N/A			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  		
<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> Robert Hebert <b>Title:</b> County Judge <b>Telephone No.:</b> 281-341-8608 <b>Date:</b> 1-5-10		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

**U.S. DEPARTMENT OF HOMELAND SECURITY**  
**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)

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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.

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## TRAVEL POLICY CERTIFICATION

<b>Jurisdiction Name:</b>	Ft. Bend County
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***Check one of the two blocks below***

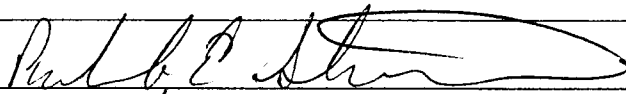
☐

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. State travel regulations are available at <https://fmx.cpa.state.tx.us/fmx/travel/texttravel/index.php>

**OR**

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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 E. Sturdivant
<b>Original Signature of Grant Financial Officer</b>	
<b>Date Signed</b>	12/29/09