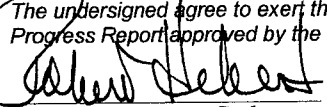
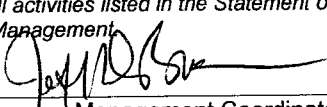


FISCAL YEAR 2011 EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION

1. APPLICANT NAME (Jurisdiction): Fort Bend County		3. DISASTER DISTRICT: Sub 2c	
2. COUNTY: Fort Bend			
4. EMPG STATUS: <input checked="" type="checkbox"/> Current EMPG Program participant <input type="checkbox"/> New EMPG Program applicant			
5. PROGRAM PARTICIPANTS: (List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have joined or withdrawn from your program in the last year) Fort Bend County, Arcola, Beasley, Fairchilds, Fulshear, Kendleton, Meadows Place, Missouri City, Needville, Orchard, Pleak, Richmond, Rosenberg, Simonton, Stafford, Thompsons and Weston Lakes			
6. CHECKLIST OF APPLICATION ATTACHMENTS: (See the FY 2011 <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 current job description is required for each staff member listed in the FY 2011 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 required only if the applicant performs lobbying to influence federal actions <input checked="" type="checkbox"/> Direct Deposit Authorization (form 74-146) or 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			
7. CERTIFICATION: 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 Robert Hebert (Original Signature) County Judge		 Emergency Management Coordinator (Original Signature)	
Date 1-11-2011		Date 1/6/11	
TDEM USE ONLY			
8. APPROVAL: The attached Fiscal Year 2011 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
11/10

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

1-12-11 copy received

FISCAL YEAR 2011 DESIGNATION OF EMPG GRANT OFFICIALS

APPLICANT NAME (Jurisdiction): Fort Bend County	
EMERGENCY MANAGEMENT COORDINATOR*	
NAME	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Jeff D. Braun *If newly appointed attach form DEM-147
Official Mailing Address	307 Fort Street Richmond, TX 77469
Daytime Phone Number	(281) 342-6185
Fax Number	(281) 342-4798
E-mail Address	Jeff.braun@co.fort-bend.tx.us
GRANT FINANCIAL OFFICER (CANNOT BE EMC)	
NAME	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Robert Sturdivant
Title	County Auditor
Official Mailing Address	309 South 4 th Street #533 Richmond, TX 77469
Daytime Phone Number	(281) 341-3760
Fax Number	(281-) 341-3774
E-mail Address	sturdrob@co.fort-bend.tx.us
AUTHORIZED OFFICIAL (MAYOR, COUNTY JUDGE, CITY MANAGER)	
NAME	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Robert Hebert
Title	County Judge
Official Mailing Address	309 South 4 th Street #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 2011

EMPG STATEMENT OF WORK & CUMULATIVE PROGRESS REPORT

APPLICANT NAME (Jurisdiction): Fort Bend County				
Document	Submitted By	Date	TDEM Review By	Date
Statement of Work	JDB			
Progress Report #1				
Progress Report #2				
TASK 1—WORK PLAN & SEMIANNUAL PROGRESS REPORT				
<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 TDEM Preparedness Section <input type="checkbox"/> First & Second Quarter Financial Reports have been submitted to TDEM Support Services			
<input type="checkbox"/> Progress Report #2	<input type="checkbox"/> This Progress Report # 2 is being submitted to the TDEM Preparedness Section <input type="checkbox"/> Third & Fourth Quarter Financial Reports have been submitted to TDEM Support Services			
TASK 2—LEGAL AUTHORITIES FOR EMERGENCY MANAGEMENT PROGRAM				
<input checked="" type="checkbox"/> Work Plan	Our jurisdiction will maintain current legal documents establishing our emergency management program <input checked="" type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input checked="" type="checkbox"/> Our TRRN registration completed and resources entered <input checked="" type="checkbox"/> Our legal documents are current & on file with TDEM; no additional action is required <input type="checkbox"/> Our 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"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input type="checkbox"/> Our TRRN registration completed and resources entered <input type="checkbox"/> Our legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Our 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"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input type="checkbox"/> Our TRRN registration completed and resources entered <input type="checkbox"/> Our legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Our 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: Our jurisdiction will conduct 30 hours of hazard awareness activities for local citizens OR <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, describe the materials to be distributed:
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness or public education/information activities:
<input type="checkbox"/> Progress Report #2 April 1 – September 30	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness or public education/information activities:
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 type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input checked="" type="checkbox"/> We will develop, update, or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input checked="" type="checkbox"/> J <input checked="" type="checkbox"/> K <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> Q <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: NOTE: Plans & annexes dated prior to September 30, 2005, must be revised or updated this year. All Plans and Annexes must be NIMS compliant.
<input type="checkbox"/> Progress Report #1 October 1 – March 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 April 1 – September 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 5—EXERCISE PARTICIPATION & SCHEDULE

<input checked="" type="checkbox"/> Work Plan	Our required three-year exercise schedule is listed below Our jurisdiction 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 <input type="checkbox"/> Our required exercise schedule includes make up exercises from FY _____ NOTE: A Full-Scale exercise must be conducted every three (3) years.
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REQUIRED EXERCISE SCHEDULE

Period	Exercise Type	Exercise Scenario*	Quarter of Year
Fiscal Year 2010 (October 1, 2009 - September 30, 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 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 2011 (October 1, 2010 - September 30, 2011)	<input checked="" type="checkbox"/> Tabletop	<input type="checkbox"/> NH <input checked="" 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 checked="" type="checkbox"/> Functional	<input type="checkbox"/> NH <input checked="" 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 (October 1, 2011 - September 30, 2012)	<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 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Our last Full-Scale exercise was conducted on (date): _____ Scenario*: _____
 *Scenarios: NH=Natural Hazard, TH=Technological Hazard, NS=National Security, TR=Terrorism, HM=Public Health or Medical

<input type="checkbox"/> Progress Report #1 October 1 – March 31	We conducted the following exercises and provided documentation to TDEM: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Exercise</th><th style="width: 20%;">Date</th><th style="width: 20%;"># of Participants</th><th style="width: 20%;"># of Jurisdictions</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Tabletop</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Functional</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Full-Scale</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Tabletop</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Functional</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Full-Scale</td><td></td><td></td><td></td></tr> </tbody> </table> <p> <input type="checkbox"/> Our jurisdiction completed NO exercise and did not request 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 </p>	Exercise	Date	# of Participants	# of Jurisdictions	<input type="checkbox"/> Tabletop				<input type="checkbox"/> Functional				<input type="checkbox"/> Full-Scale				<input type="checkbox"/> Tabletop				<input type="checkbox"/> Functional				<input type="checkbox"/> Full-Scale			
Exercise	Date	# of Participants	# of Jurisdictions																										
<input type="checkbox"/> Tabletop																													
<input type="checkbox"/> Functional																													
<input type="checkbox"/> Full-Scale																													
<input type="checkbox"/> Tabletop																													
<input type="checkbox"/> Functional																													
<input type="checkbox"/> Full-Scale																													
<input type="checkbox"/> Progress Report #2 April 1 – September 30	We conducted the following exercises and provided documentation to TDEM: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Exercise</th><th style="width: 20%;">Date</th><th style="width: 20%;"># of Participants</th><th style="width: 20%;"># of Jurisdictions</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Tabletop</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Functional</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Full-Scale</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Tabletop</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Functional</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Full-Scale</td><td></td><td></td><td></td></tr> </tbody> </table> <p> <input type="checkbox"/> Our jurisdiction completed NO exercise and did not request 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 </p>	Exercise	Date	# of Participants	# of Jurisdictions	<input type="checkbox"/> Tabletop				<input type="checkbox"/> Functional				<input type="checkbox"/> Full-Scale				<input type="checkbox"/> Tabletop				<input type="checkbox"/> Functional				<input type="checkbox"/> Full-Scale			
Exercise	Date	# of Participants	# of Jurisdictions																										
<input type="checkbox"/> Tabletop																													
<input type="checkbox"/> Functional																													
<input type="checkbox"/> Full-Scale																													
<input type="checkbox"/> Tabletop																													
<input type="checkbox"/> Functional																													
<input type="checkbox"/> Full-Scale																													

TASK 6—TRAINING FOR EMERGENCY MANAGEMENT PERSONNEL

	EMPG-funded emergency management personnel will participate in the following training during FY 2010:		
	Position/Name	Course Name or Number	
	EMC/Jeff Braun	L236-Rapid Needs Assessment G324-HURREVAC	
	Deputy EMC/Alan Spears	G627-Residential Damage Assessment G202-Debris Management	
	Sr. Planning Coord/Miles Tollison	MGT314-Enhanced Incident Mgmt/Unified Command G202-Debris Management	
	Admin. Manager/April Redix Clerk III/Valerie Regalado	G386-Mass Fatality Incident Response G627-Residential Damage Assessment ICS300-Advanced ICS Training	
<input checked="" type="checkbox"/> Work Plan			
	Emergency management personnel completed the following training and documentation is attached:		
	Position/Name	Course Name or Number	Date Completed
<input type="checkbox"/> Progress Report #1			
October 1 – March 31			
	Emergency management personnel completed the following training and documentation is attached:		
	Position/Name	Course Name or Number	Date Completed
<input type="checkbox"/> Progress Report #2			
April 1 – September 30			

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 October 1 – March 31		The following formal training courses were taught or contracted:			
		Date	Course Title	Class Description	# Trained
<input type="checkbox"/> Progress Report #2 April 1 – September 30		The following formal training courses were taught or contracted:			
		Date	Course Title	Class Description	# Trained
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), 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 October 1 – March 31		Our jurisdiction completed the following staff development activities:			
<input type="checkbox"/> Progress Report #2 April 1 – September 30		Our jurisdiction completed the following staff development activities:			

APPLICANT NAME:

REMARKS
(Use an Additional Sheet if Necessary)

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS

O.M.B. No. 1660-0025
Expires July 31, 2007

FOR

FY 2011

CA FOR (Name of Recipient)

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

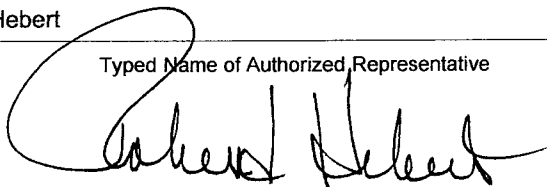
Part III ☒ FEMA Form 20-16C, Certification Regarding Lobbying;
Debarment, Suspension, and Other Responsibility
Matters; and Drug-Free Workplace Requirements

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



Signature of Authorized Representative

County Judge

Title

1-11-2011

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. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing, and maintaining the data needed, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472. You are not required to complete this form unless a valid OMB control number is displayed in the upper corner on this form. **Please do not send your completed form to the above address.**

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
ASSURANCES-NONCONSTRUCTION PROGRAMS

O.M.B. No. 1660-0025
Expires July 31, 2007

Paperwork Burden Disclosure Notice

Paperwork reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing, and submitting the form. 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. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden estimate to: Information Collection Management, U. S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. **NOTE: Do not send your completed form to the above address.**

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 4727-4763) 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 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 IV 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 provision 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 Uniformed Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provides 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.
8. Will comply with provisions of Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328) which limit the political activities of employees whose principle 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 102a 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. Sections 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176 (c) of the Clear Air Act of 1955, as amended (42 U.S.C. Section et seq.); (g) protection underground sources of drinking water under 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. Sections 1271 et seq.) related to protecting components of the national wild and scenic rivers systems.
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-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. Sections 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
FEDERAL EMERGENCY MANAGEMENT AGENCY
**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND
OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

O.M.B. No. 1660-0025
Expires July 31, 2007

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions and searching existing data sources, gathering and maintaining the data needed and completing, and submitting the form. 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. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0001). **NOTE: Do not send your completed form to this address.**

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 of 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 transaction, grant, or cooperative agreement.

1. LOBBYING

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 cooperating 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 other 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 Stand 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 subcontracts) 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 a 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 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 of default; and

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

**3. DRUG-FREE WORKPLACE
(GRANTEE 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 17.615 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, distributions
- (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 term of the statement; and

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

(e) Notifying the agency, in writing, with 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 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 an 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).

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

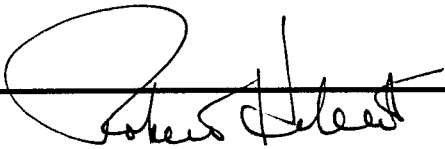
Place of Performance (Street address, City, County, State, Zip code)

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

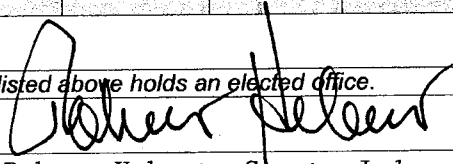
Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a state wide certification.

Approved by OMB

0348-0046

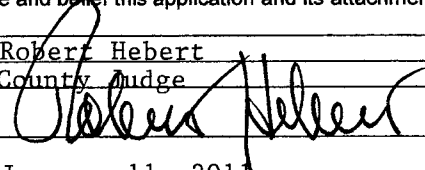
1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award		3. Report Type: <input checked="" type="checkbox"/> a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known : Congressional District, if known : _____			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known : _____		
6. Federal Department/Agency: Fort Bend County			7. Federal Program Name/Description: CFDA Number, if applicable : _____		
8. Federal Action Number, if known :			9. Award Amount, if known : \$ _____		
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>			b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> <div style="text-align: right;">  Signature: _____ Print Name: <u>Robert Hebert</u> Title: <u>County Judge</u> Telephone No.: <u>281-341-8608</u> Date: <u>1-11-2011</u> </div>		
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.					
Federal Use Only:			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

FISCAL YEAR 2011 EMPG STAFFING PATTERN

1. APPLICANT NAME (as it appears on EMPG Application): Fort Bend County				2. COUNTY: Fort Bend			
3. FULL-TIME EMPLOYEES (including those who work all or only a portion of their time in emergency management duties)		4. Gross Annual Salary	5. Gross Annual Benefits	6. Gross Salary & Benefits (4+5)	7. % Work in EM Duties	8. Salary & Benefits for EM (6x7)	9. Est. EM Travel Costs
Name: Jeff Braun Position: EMC		\$89,659	\$27,473	\$117,132	100%	\$117,132	
Name: Alan Spears Position: Deputy EMC		\$76,254	\$24,495	\$100,749	100%	\$100,749	
Name: Miles Tollison Position: Sr. Planning Coordinator		\$76,254	\$24,369	\$100,623	100%	\$100,623	
Name: April Redix Position: Administrative Manager		\$33,554	\$16,318	\$49,872	100%	\$49,872	
Name: Valerie Regalado Position: Clerk III		\$27,081	\$14,841	\$41,922	100%	\$41,922	
Name: Position:							
A. SUBTOTAL		\$302,802	\$104,496	\$410,298		\$410,298	
10. PART-TIME EMPLOYEES	11. % of Full Time	12. Gross Annual Salary	13. Gross Annual Benefits	14. Gross Salary & Benefits (12+13)	15. % Work in EM Duties	16. Salary & Benefits For EM (14x15)	17. Est. EM Travel Costs
Name:							
Position:							
Name:							
Position:							
Name:							
Position:							
Name:							
Position:							
Name:							
Position:							
B. SUBTOTAL							
TOTAL Add Subtotals in A & B above						18. \$410,298	19.
CERTIFICATION: I certify that no individual listed above holds an elected office.							
Signature of Authorized Official:							
Date Signed:				Robert Hebert, County Judge January 11, 2011			

2-18-11 copy received

FISCAL YEAR 2011
APPLICATION FOR FEDERAL ASSISTANCE
(Instructions on Reverse)

NAME OF PROGRAM/ ASSISTANCE: EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	1. CFDA NUMBER: <p style="text-align: center;">97.042</p>	2. APPLICANT STATUS: New Applicant <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>				
3. FEDERAL FISCAL YEAR: FY 2011	4. START DATE: OCTOBER 1, 2010	5. END DATE: SEPTEMBER 30, 2011				
6. APPLICANT INFORMATION						
a. Legal Name of Applicant Organization (as it appears on the EMPG Application (TDEM-17): Fort Bend County		b. Name & Telephone Number of Emergency Management Coordinator: Jeff D. Braun 281-342-6185				
c. Mailing Address: 307 Fort Street Richmond, TX 77469 Employer Identification Number/Tax ID# <u>746001969</u>		d. Physical Address (if different from Mailing Address):				
7. EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds):						
a. Number of EMPG Staff & Percentage of Time Worked in Emergency Management Duties:						
	# Staff	Percent	# Staff	Percent	# Staff	Percent
1) Full Time:	5	100%				
2) Part Time						
b. Total Number of EMPG-Funded Personnel -5						
8. ESTIMATED EXPENSES:						
a. Salary & Benefits (from line 18, form TDEM-66)					\$410,298	
b. Travel Expenses (from line 19 form TDEM-66)						
c. Other Expenses (from section 11 on reverse)						
d. Total Expenses (A + B + C)						
e. Federal Share (D x .50)					\$205,149	
9. CERTIFICATION: 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 Hebert			
b. Title of Authorized Official:			County Judge			
c. Original Signature of Authorized Official:						
d. Date Signed:			January 11, 2011			