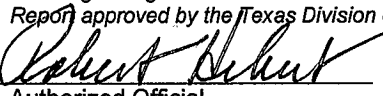

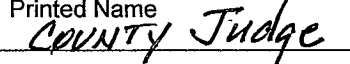
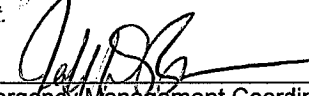
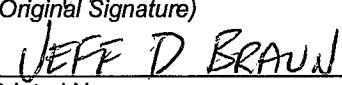
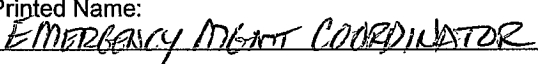


FISCAL YEAR 2014 EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION

1. APPLICANT NAME (Jurisdiction): FORT BEND COUNTY	
2. COUNTY: FORT BEND	3. DISASTER DISTRICT: SUN 2C
4. EMPG STATUS: <input checked="" type="checkbox"/> Current EMPG Program participant <input type="checkbox"/> New EMPG Program applicant	
5. PROGRAM PARTICIPANTS: <i>(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 Identify any jurisdictions that have joined or withdrawn from your program in the last year.)</i> 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: <i>(See the FY 2014 Emergency Management Performance Grant (EMPG) Guide for information on completing these forms.)</i>	
<input checked="" type="checkbox"/> Designation of Grant Officials (TDEM-17B) <input checked="" type="checkbox"/> Statement of Work & Cumulative Progress Report (TDEM-17A) - This form shall be signed by the EMC <input checked="" type="checkbox"/> EMPG Staffing Pattern (TDEM-66) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> Application for Federal Assistance (TDEM-67) - The Authorized Official shall sign this form <input checked="" type="checkbox"/> EMPG Staff Job Description (TDEM-68) - A current job description is required for each staff member listed in the FY 2014 EMPG Staffing Pattern (TDEM-66) <input checked="" type="checkbox"/> FEMA Form 20-16 Summary Sheet for Assurances & Certifications - Shall be signed by an Authorized Official Attached: <input checked="" type="checkbox"/> FEMA Form 20-16A, Assurances – Non-Construction Programs <input checked="" type="checkbox"/> FEMA Form 20-16C, Certifications Regarding Lobbying, Debarment, Suspension, & Other Responsibility Matters; and Drug-Free Workplace Requirements <input checked="" type="checkbox"/> FEMA Form SF LLL, Disclosure of Lobbying Activities - Signed by the Authorized Official 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: <i>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.</i>	
 _____ Authorized Official (Original Signature)  Printed Name 	 _____ Emergency Management Coordinator (Original Signature)  Printed Name: 

TDEM-17
10/13

Page 1 of 1

Mail completed forms and application materials to:

Grant Coordinator
Office of Management and Budget
Texas Division of Emergency Management
Texas Department of Public Safety
PO Box 4087
Austin, TX 78773-0223

FISCAL YEAR 2014

EMPG STATEMENT OF WORK & CUMULATIVE PROGRESS REPORT

APPLICANT NAME (Jurisdiction): FORT BEND COUNTY				
Document	Number	Active Date	TDEM Review By	Date
Jurisdiction DUN/SAM #	081497075			
Jurisdiction Congressional District	22ND			
Document	Submitter	Date	TDEM Review By	Date
Statement of Work	Jeff Braun, EMC	01/31/2014		
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, four Quarterly FEMA Training matrices, and four Quarterly Financial Reports			
<input type="checkbox"/> Progress Report #1	<input type="checkbox"/> This Progress Report # 1 is being submitted to TDEM OMB <input type="checkbox"/> First Financial Report has been submitted to TDEM OMB			
<input type="checkbox"/> Progress Report #2	<input type="checkbox"/> This Progress Report # 2 is being submitted to the TDEM OMB <input type="checkbox"/> Second & Third Quarter Financial Reports have been submitted to TDEM OMB <input type="checkbox"/> Fourth Quarter Financial Report has been submitted to TDEM OMB			
TASK 2—LEGAL AUTHORITIES FOR EMERGENCY MANAGEMENT PROGRAM				
<input checked="" type="checkbox"/> Work Plan	Our jurisdiction will maintain current legal documents establishing our emergency management program <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 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 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 <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: <p style="text-align: center;">**You may provide a combination of both options.</p>
<input type="checkbox"/> Progress Report #1 October 1 – March 31	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness and/or public education/information activities: <input type="checkbox"/> No Task 3 progress was made this report period.
<input type="checkbox"/> Progress Report #2 April 1 – September 30	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness and/or public education/information activities: <input type="checkbox"/> No Task 3 progress was made this report period.
TASK 4—EMERGENCY MANAGEMENT PLANNING DOCUMENTS	
<input checked="" type="checkbox"/> Work Plan	<input checked="" type="checkbox"/> 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 & annexes dated prior to September 30, 2009 must be revised or updated this year. All Plans and Annexes must be NIMS compliant.</p>
<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"/> No Task 4 progress was made this report period.
<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: <input type="checkbox"/> No Task 4 progress was made this report period.

TASK 5— TEP, NOTIFICATION AND INDIVIDUAL EXERCISE PARTICIPATION																
<input checked="" type="checkbox"/> Work Plan <input checked="" type="checkbox"/> TEP Date Submitted: October 31, 2013	Training and Exercise Plan Each jurisdiction must develop and submit a multi-year Training and Exercise Plan (TEP), not less than three years, to the TDEM Exercise Unit @ TDEM.EXERCISES@dps.texas.gov . Each jurisdiction must submit the Pre-Exercise Notification Form to the TDEM Exercise Unit not less than 45 days prior to a planned exercise event. Each jurisdiction must submit an After Action Report (AAR) and Improvement Plan (IP) for a minimum of two (2) discussion-based exercises and one (1) operations-based exercise. All AARs/IPs all exercise activities to the TDEM Exercise unit not more than 45 days after the conclusion of the exercise. <u>One real world event is currently allowed per fiscal year.</u> NOTE: A Full-Scale exercise must be conducted every three (3) years. **Each EMPG-funded person must complete and submit Individual Exercise Participation forms. All EMPG funded personnel must participate in at least three exercises per year.															
REQUIRED EXERCISE SCHEDULE																
Performance Period	Exercise Type	Exercise Name & Exercise Date	Quarter of Year													
Fiscal Year 2014 (October 1, 2013 - September 30, 2014)	<input checked="" type="checkbox"/> Discussion Based	Emergency Preparedness Workshop 5/31/2014	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4													
	<input checked="" type="checkbox"/> Discussion Based	LID TTX 8/1/2014	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4													
	<input checked="" type="checkbox"/> Operational Based	Hurricane FE 6/1/2014	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4													
	<input type="checkbox"/> Real World Event		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4													
	<input type="checkbox"/> Full Scale		<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): 3/3/12																
<input type="checkbox"/> Progress Report #1 October 1 – March 31 <input type="checkbox"/> TEP Date Submitted:	We conducted the following exercises and provided documentation to TDEM:															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Exercise Type</th> <th style="width: 30%;">Exercise Name</th> <th style="width: 20%;">Exercise Date</th> <th style="width: 30%;">EMPG Funded Y/N</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> Discussion</td> <td colspan="3" rowspan="5"></td> </tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Discussion</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Operation</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Real World Event</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Full Scale</td></tr> </tbody> </table>	Exercise Type	Exercise Name	Exercise Date	EMPG Funded Y/N	<input type="checkbox"/> Discussion				<input type="checkbox"/> Discussion	<input type="checkbox"/> Operation	<input type="checkbox"/> Real World Event	<input type="checkbox"/> Full Scale			
	Exercise Type	Exercise Name	Exercise Date	EMPG Funded Y/N												
<input type="checkbox"/> Discussion																
<input type="checkbox"/> Discussion																
<input type="checkbox"/> Operation																
<input type="checkbox"/> Real World Event																
<input type="checkbox"/> Full Scale																
<input type="checkbox"/> Our jurisdiction completed NO exercise and did not request credit for a real world event <input type="checkbox"/> Exercise approved documentation attached																
<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;"> <thead> <tr> <th style="width: 20%;">Exercise Type</th> <th style="width: 30%;">Exercise Name</th> <th style="width: 20%;">Exercise Date</th> <th style="width: 30%;">EMPG Funded Y/N</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> Discussion</td> <td colspan="3" rowspan="5"></td> </tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Discussion</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Operation</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Real World Event</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Full Scale</td></tr> </tbody> </table>	Exercise Type	Exercise Name	Exercise Date	EMPG Funded Y/N	<input type="checkbox"/> Discussion				<input type="checkbox"/> Discussion	<input type="checkbox"/> Operation	<input type="checkbox"/> Real World Event	<input type="checkbox"/> Full Scale			
	Exercise Type	Exercise Name	Exercise Date	EMPG Funded Y/N												
<input type="checkbox"/> Discussion																
<input type="checkbox"/> Discussion																
<input type="checkbox"/> Operation																
<input type="checkbox"/> Real World Event																
<input type="checkbox"/> Full Scale																
<input type="checkbox"/> Our jurisdiction completed NO exercise and did not request credit for a real world event <input type="checkbox"/> Exercise approved documentation attached																

TASK 6—TRAINING FOR EMERGENCY MANAGEMENT PERSONNEL		
<input checked="" type="checkbox"/> Work Plan	ALL EMPG-funded emergency management personnel will participate in the following training during FY 2014:	
	Position & Name	Course Name or Number
	EMC-Jeff D. Braun	EL 952 NIMS ICS All Hazards PIO E0948 SA/Common Operating Picture
	Deputy EMC-Alan Spears	Mgt 346 EOC Operations and Planning for All Hazards G-290 Basic Public Information Officer
	Sr. Planning Coord.-Doug Barnes	G-386 Mass Fatalities Incident Response G-620 Texas Disaster Recovery Course G-975 EOC Operations and ICS interface
	Admin Manager-Colleena Payne	Mgt 346 EOC Operations and Planning for All Hazards IS 107 FEMA Travel Rules
	Clerk III- Delencia Mccoy	Mgt 346 EOC Operations and Planning for All Hazards IS 107 FEMA Travel Rules
<input type="checkbox"/> Progress Report #1 October 1 – March 31	Emergency management personnel completed the following training <i>and documentation is attached</i> :	
	Position & Name	Course Name or Number Date Completed
<input type="checkbox"/> Progress Report #2 April 1 – September 30		
	<input type="checkbox"/> No training took place this report period.	
	Emergency management personnel completed the following training <i>and documentation is attached</i> :	
	Position & Name	Course Name or Number Date Completed
	<input type="checkbox"/> No training took place this progress report period.	

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"/> No training took place this progress report period.				
<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
<input type="checkbox"/> No training took place this progress report period.				
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), TGCROAD 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:			

JURISDICTION NAME: FORT BEND COUNTY

REMARKS
(Use an Additional Sheet if Necessary)

**FISCAL YEAR 2014
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 Please include mail stop code	307 FORT STREET RICHMOND, TX 77469
Daytime Phone Number	(281) 342-6185
Fax Number	(281) 342-4798
E-mail Address	JEFF.BRAUN@FORTBENDCOUNTYTX.GOV
POINT OF CONTACT (RESPONSIBLE FOR APPLICATION)	
NAME	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. COLLEENA PAYNE
Title	ADMINISTRATIVE MANAGER
Official Mailing Address Please include mail stop code.	307 FORT STREET RICHMOND, TX 77469
Daytime Phone Number	(281) 342-6185
Fax Number	(281) 342-4798
E-mail Address	COLLEENA.PAYNE@FORTBENDCOUNTYTX.GOV
GRANT FINANCIAL OFFICER (CANNOT BE EMC)	
NAME	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. ROBERT STURDIVANT
Title	COUNTY AUDITOR
Official Mailing Address Please include mail stop code.	301 JACKSON STREET #533 RICHMOND, TX 77469
Daytime Phone Number	(281) 341-3760
Fax Number	(281) 341-3774
E-mail Address	ED.STURDIVANT@FORTBENDCOUNTYTX.GOV
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 Please include mail stop code.	301 JACKSON STREET #719 RICHMOND, TX 77469
Daytime Phone Number	(281) 341-8608
Fax Number	(281) 341-8609
E-mail Address	ROBERT.HEBERT@FORTBENDCOUNTYTX.GOV