

# North Carolina Emergency Management

## Preparedness Grants Application

Fiscal Year 2021

All fields are mandatory. Responses should be limited to the spaces allocated. Clear, complete, and concise information is required for the review panel to make fair and equitable decisions.

<b>Grants selection</b> <i>Select answer "Yes" or "No" for each grant.</i>	
Are you applying for:	
- Emergency Management Performance Grant (EMPG)?	Yes
- Hazardous Materials Emergency Preparedness (HMEP)?	No
- North Carolina Tier II Competitive?	No
- North Carolina Tier II Noncompetitive?	Yes

### Contacts

Enter requested information for all contacts listed below.

#### Applicant

<b>Applicant</b> <i>This is the agency applying for grants.</i>			
Applying agency	Rowan County Emergency Services		
Street address	2727 Old Concord Rd, Suite D		
City	Salisbury	ZIP + 4	28146-8388
Email	tj.brown@rowancountync.gov		
EIN/Tax ID number	56-6000336		
DUNS number	074494014		
SAM registered	Yes	Expiration date	6/12/2021
Your name	TJ Brown		
Are you authorized to apply for grants on behalf of the applying agency?			Yes

### Field help

#### Grants point of contact

<b>Grants point of contact</b> <i>This is the focal point for any ongoing communications regarding the grants. There is an opportunity to override this contact for any specific grant.</i>			
Name	TJ Brown		
Agency	Rowan County Emergency Services		
Title	EM Division Chief		
Phone (work)	704-216-8918	Phone (mobile)	704-798-3881
Street address	2727 Old Concord Rd, Suite D		
City	Salisbury	ZIP + 4	28146-8388
Email	tj.brown@rowancountync.gov		

### Field help

#### EM program manager

<b>EM program manager</b> <i>This is the local EM grants manager.</i>			
Name	TJ Brown		
Email	tj.brown@rowancountync.gov		

[Field help](#)

### Grants MOA signatory

<b>Grants MOA signatory</b> <i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appends" section. There is an opportunity to override this contact for any specific grant.</i>			
Name	TJ Brown		
Agency	Rowan County Emergency Services		
Title	EM Division Chief		
Street address (not PO Box)	2727 Old Concord Rd, Suite D		
City	Salisbury	ZIP + 4	28146-8388
Email	tj.brown@rowancountync.gov		
Name	James Howden		
Agency	Rowan County Finance Department		
Title	Finance Director		
Street address (not PO Box)	130 W Innes St		
City	Salisbury	ZIP + 4	
Email	james.howden@rowancountync.gov		
Name	Aaron Church		
Agency	Rowan County		
Title	County Manager		
Street address (not PO box)	130 W Innes St		
City	Salisbury	ZIP + 4	28144-4365
Email	aaron.church@rowancountync.gov		

[Field help](#)

### Projects

Enter requested project information for each grant checked under **Grants selection**.

#### EMPG

*Point of contact (complete only if different from point of contact in [Contacts](#) section.)*

<b>Point of contact</b> <i>Complete only if the point of contact for this project is different from the identified "Grants point of contact".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Phone (work)	Click or tap here to enter text.	Phone (mobile)	Click or tap here to enter text.
Street address	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

[Field help](#)

*MOA signatory (complete only if different from MOA signatory in **Contacts** section.)*

<b>MOA signatory</b> <i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appends" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

**Field help**

- Name** The individual who signs the memorandum of agreement on behalf of the applicant.
- Agency** The agency name of the signatory.
- Title** The title within the agency of the signatory.
- Street address, City, ZIP + 4, email** The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

*Finance director*

<b>Finance director</b> <i>The signature of the finance director of the agency is required for the memorandum of agreement.</i>	
Name	James Howden
Email	james.howden@rowancountync.gov

**Field help**

*Project information*

<b>General information</b> <i>Enter information describing the project.</i>	
Title	Rowan County EMPG
Description	Funding used for EM Salary Support
Goal	Funding to support portions of the salary, benefits, and program costs for the EM Program
Construction/renovation required	No
Structural attachment required	No
<b>Core capabilities addressed</b> <i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>	
Primary	Operational Coordination
Secondary	Planning
<b>Project timeline milestones</b> <i>List the major project events and their completion dates.</i>	
Milestone	Completion Date
MOA & Cost Report Distribution	9/2021
Quarterly Progress Report	10/2021
Quarterly Progress Report	1/2022
Quarterly Progress Report	4/2022
Quarterly Progress Report	7/2022
Universal Award Distributed	10/2021
Optional Award Distributed	3/2022
Period of Performance Completion	8/2022

[Field help](#)

*Budget*

Complete **Organization details** if any personnel is funded by this grant, then complete the **Planning/Organization/Equipment/Training/Exercises costs** section.

### Organization details

Enter the requested information if any personnel are funded by this grant.

<b>EM program manager</b> <i>Complete for EM program manager activity only.</i>	
Time allotted for EM	90%
Salary	\$82,919.70
Date of employment in current position	8/5/2019
Have courses required by FEMA been completed? See Field help.	Yes
<b>All personnel</b> <i>Complete for all personnel supported by funds from this project.</i>	
All EMPG program funds (federal and match) allocated towards local emergency management personnel	\$139,336.70
All EMPG Program funds (federal and match) allocated towards non-local emergency management personnel	0
Number of local emergency management personnel	2
Number of local emergency management personnel supported (fully or partially) by the EMPG Program	1
Number of local emergency management FTE personnel supported (fully or partially) by the EMPG Program	1
Names of all EMPG-supported personnel	TJ Brown
Have each of the named EMPG-supported personnel completed courses as required by FEMA? See Field help.	Yes

Field help

### Planning/Organization/Equipment /Training/Exercises (POETE) costs

<b>Estimated Costs</b> <i>For each cost item select an activity area and then enter a description and the cost amounts. Enter the total.</i>				
Activity area	Description	AEL# (if equipment)	Federal funding	Total amount (federal + match)
Planning	All Emergency Management Activities related to universal and optional activity selection		\$69,668.35	\$139,336.70
Choose an item.	Click or tap here to enter text.	Enter cost.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter cost.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter AEL#	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter AEL#	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter AEL#	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter AEL#	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter AEL#	Enter amount.	Enter total.
Total estimated costs			\$69,668.35	\$139,336.70

Field help

### Additional information (if needed)

Add any information not accommodated by the application form here.

<b>Project information</b> <i>Enter additional project information in the space below.</i>

HMEP  
North Carolina Tier II Competitive  
North Carolina Tier II Noncompetitive  
Certification

<b>Certification</b> <i>Review each certification item and check where appropriate.</i>	
I certify that:	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> This application includes complete and accurate information.</li><li><input checked="" type="checkbox"/> No project (supported through federal and/or matching funds) having the potential to impact Environmental or Historical Preservation (EHP) can be started without the prior approval of FEMA, including but not limited to communications towers, physical security enhancements, new construction, and modifications to buildings, structures and objects that are 50 years old or greater. Applicant must comply with all conditions placed on the project as the result of the EHP review. Any change to the approved project scope of work requires re-evaluation for compliance with these EHP requirements. Any activities that have been initiated without the necessary EHP review and approval will result in a non-compliance finding and will not be eligible for FEMA funding.</li><li><input checked="" type="checkbox"/> In accordance with HSPD-5, the adoption of the National Incident Management System (NIMS) is a requirement to receive federal preparedness assistance through grants, contracts, and other activities. By submitting this grant application, you and all participating entities are certifying that your locality/state agency is NIMS compliant.</li><li><input checked="" type="checkbox"/> Submission of the project proposal does not guarantee funding.</li><li><input checked="" type="checkbox"/> Projects with funds allocated for equipment are required to check all equipment purchases against the Allowable Equipment List. (<a href="https://www.fema.gov/authorized-equipment-list">https://www.fema.gov/authorized-equipment-list</a>).</li><li><input checked="" type="checkbox"/> Any changes made to this grant application after the submission deadline must be approved by the NCEM Grants Branch Manager, and an updated application must be submitted.</li><li><input checked="" type="checkbox"/> (EMPG only) Positions that are classified as sworn law enforcement officers may not be funded through EMPG.</li></ul>