

**EMPG COVID-19 Supplemental Sub-grant Application**

**Application Cover Sheet**

<b>Jurisdiction</b>		<b>Submittal Date</b>	
<b>Emergency Manager Contact Information</b>			
<b>Primary Point of Contact</b>			
<b>Office Phone</b>		<b>Cellular Phone</b>	
<b>Office E-Mail</b>			
<b>Physical Address</b>		<b>Zip Code</b>	
<b>Mailing Address</b>		<b>Zip Code</b>	
<b>E-Mail Address</b>			
<b>Primary EOC Address</b>		<b>EOC Phone #</b>	
<b>Alternate EOC Address</b>		<b>Alt. EOC Phone#</b>	
<b>Dispatch #</b>		<b>Other Contact #</b>	
<b>Adoption of National Incident Management System NIMS</b>		<i>Attach a copy of your NIMS Resolution</i>	
<b>SHARE Vendor Number:</b>	<b>SAM Number:</b>	<b>DUNS Number:</b>	
<b>Authorized Official for the Agency:</b>			
<b>Signature of Authorized Official:</b>			
<b>Date Signed:</b>			

Through this funding opportunity, DHSEM will award up to \$100,000 in federal funding to no more than four applicants for COVID-19. The intent is to provide \$25,000 to each of the four selected applicants. EMPG-S selection methodology will be needs based, providing funding to those communities with the most urgent unfunded demand for COVID-19 mitigation, preparedness, response and recovery.

All questions must be answered on the following pages to be eligible for consideration of EMPG-S funding. Page 5 of the application is the blank Scoring Sheet that DHSEM will utilize for each application received.

**Application Checklist**

- \_\_\_\_\_ Signed Application Cover Sheet
- \_\_\_\_\_ NIMS Resolution
- \_\_\_\_\_ Supporting data for needs assessment, current capability and gap analysis
- \_\_\_\_\_ Budget Worksheet
- \_\_\_\_\_ Attach additional sheets as needed. Please label each sheet.

## EMPG COVID-19 Supplemental Sub-grant Application

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<b>Project/Activity Description</b>
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<b>Project, Task and Timeline Description</b>
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*Describe the proposed project/activity. Include the tasks and timeline that will be implemented. The Federal NOFO encourages activities that integrate the needs of people with disabilities and with limited English proficiency. Additional points will be added for projects that include vulnerable populations.*

<b>Needs Assessment</b>
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*This can be a formal or informal narrative description. Supporting data will strengthen the ranking. Consider demographics of your community and the impact of COVID-19.*

<b>Current Capacity</b>
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*This can be a formal or informal narrative description. Supporting data will strengthen the ranking. Include human capital, funding and other available resources. If CARES Act funding was received, include the amount expended and budgeted, in addition to the activities funded.*

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### Gap Analysis

*This can be a formal or informal narrative description. Describe in detail the specific gaps that will be filled in your jurisdiction by implementing the projects/activities being proposed.*

### Detailed Budget and Matching Funds

*EMPG-S is a 50% cost match program; participating jurisdictions are required to provide at least 50% in matching funds. For every dollar of federal EMPG-S grant funding provided, jurisdictions must provide an equal amount of match. Cash ('hard' match) and non-cash ('soft' match) or a combination is allowable. CARES Act funding can be used as the local/tribal share. Back-up documentation is required for all expenses, including match.*

*Describe in detail how the jurisdiction will meet the match requirement and complete the budget worksheet. An example Excel worksheet is attached.*