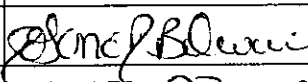


**FISCAL YEAR 2020  
APPLICATION FOR FEDERAL ASSISTANCE**

(Instructions on Reverse)

<b>NAME OF PROGRAM/ ASSISTANCE:</b> EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	<b>1. CFDA NUMBER:</b>  97.042	<b>2. APPLICANT STATUS:</b> New Applicant <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>				
<b>3. FEDERAL FISCAL YEAR:</b> FY 2020	<b>4. START DATE:</b> OCTOBER 1, 2019	<b>5. END DATE:</b> SEPTEMBER 30, 2020				
<b>APPLICANT INFORMATION</b>						
<b>a. Legal Name of Applicant Organization (as it appears on the EMPG Application (TDEM-17):</b>  CLAY COUNTY	<b>b. Name &amp; Telephone Number(s) of Emergency Management Coordinator:</b>  KEITH BURCH OFFICE:940-538-4052 CELL:					
<b>c. Mailing Address:</b> 214 N MAIN STREET HENRIETTA TEXAS 76365  Employer Identification Number/Tax ID# 7560000861	<b>d. Physical Address (if different from Mailing Address):</b> 101 N MAIN STREET HENRIETTA, TEXAS 76365					
<b>EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds)</b>						
<b>e. Number of EMPG Staff &amp; Percentage of Time Worked in Emergency Management Duties</b>						
	<b># Staff</b>	<b>Percent</b>	<b># Staff</b>	<b>Percent</b>	<b># Staff</b>	<b>Percent</b>
1) Full Time:	ONE	100				
2) Part Time						
<b>Total Number of EMPG-Funded Personnel:</b>						
<b>ESTIMATED EXPENSES</b>						
<b>f. Salary &amp; Benefits (from line 18, form TDEM-66)</b>					\$66,700.00	
<b>g. Travel Expenses (from line 19 form TDEM-66)</b>					\$ 2,000.00	
<b>h. Other Expenses (from section on reverse)</b>					\$ 12,526.00	
<b>i. Total Expenses (F + G + H)</b>					\$ 81,226.00	
<b>j. Federal Share (I x .50)</b>					\$ 40,613.00	
<b>Note:</b> If you cannot meet the cash match requirement, check the box below and attach a match proposal as specified in Section 2 of the <i>Local Emergency Management Performance Grant Guide</i> . TDEM must review and approve any exceptions made to the cash match requirement at the time of application. <input type="checkbox"/> Cash Match Exception Requested						
<b>CERTIFICATION:</b> I certify that to the best of my knowledge and belief this application and its attachments are true and correct.						
<b>k. Typed Name of Authorized Official:</b>			GINA BLEVINS			
<b>l. Title of Authorized Official:</b>			COUNTY AUDITOR			
<b>m. Original Signature of Authorized Official:</b>						
<b>n. Date Signed:</b>			DECEMBER 23 2020			

**INSTRUCTIONS**

1. Except as indicated below, entries are self-explanatory.
2. Item A: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the EMPG Program Application (TDEM-17).
3. Item E: indicate both the number of full-time and part-time employees who work specific percentages of time in emergency management duties. Example 1: 1- staff @ 100 percent, 2- staff @ 50 percent. Example 2: indicate the number of part-time employees. Include only staff members whose salary and benefits are supported by EMPG funding. The data in this section should agree with the information included on the EMPG Staffing Pattern (TDEM-66). Item K, L, & M: This form must be signed by the Authorized Official indicated on the TDEM 17B. Authorized Officials are County Judges, Mayors, and City Managers- NOT Emergency Management Coordinators.

**OTHER ALLOWABLE EXPENSES:**

Describe the other allowable expenses of your emergency management program that you are requesting be supported by EMPG funding and provide an estimate of the amount of those expenses. These costs must comply with 2 CFR, Part 225, Cost Principles for State, Local, and Indian Tribe Governments. Salaries and expenses for elected officials are not allowable under the EMPG grant. Continue on a separate sheet if necessary. Transfer the Total calculated below to line 9c on the front of this form. To determine if an expense is allowable under the EMPG program, refer to the Authorized Equipment List (AEL) at <https://www.fema.gov/authorized-equipment-list#>

Please reference the appropriate Authorized Equipment List (AEL) for expenses listed below:

AEL Code	Specific Description of Expense (Descriptions must be specific – do not use broad or general categories, such as operating or administrative expenses)	Estimated Amount
04-HW-01-HHCD	CELL PHONE	\$ 600.00
04-AP-CASDS	COMPUTER PROGRAMS/IT/PHONE/INTERNET/FAX	\$ 8,276.00
21-GN-00-OCED	OFFICE SUPPLIES	\$ 500.00
21-GN-00-MAIN	VEHICLE MAINTENCE	\$ 3,150.00
<b>Total</b>		<b>\$ 12,526.00</b>

**FISCAL YEAR 2020  
EMPG STAFFING PATTERN**

<b>1. APPLICANT NAME</b> (as is appears on EMPG application) Keith Burch				<b>2. COUNTY</b> Clay		
<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: Keith Burch	43,050.00	23,650.00	66,700.00	100%	66,700.00	2,000.00
Position:						
Name:						
Position:						
Name:						
Position:						
Name:						
Position:						
Name:						
Position:						
<b>A. SUBTOTAL:</b>					66,700.00	2,000.00

<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:				0.00		0.00	
Position:				0.00		0.00	
Name:				0.00		0.00	
Position:				0.00		0.00	
Name:				0.00		0.00	
Position:				0.00		0.00	
Name:				0.00		0.00	
Position:				0.00		0.00	
Name:				0.00		0.00	
Position:				0.00		0.00	
<b>B. SUBTOTAL:</b>						0.00	0.00
<b>TOTAL:</b>						66,700.00	2,000.00

**CERTIFICATION:** I certify that no individual listed above holds an elected office.

Signature of Authorized Official: *[Signature]*

Printed name of Authorized Official: Gina R. Blouin, County Auditor

Date Signed: 12/23/19