



# North Carolina Department of Public Safety

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## Emergency Management

Roy Cooper, Governor  
Eddie M. Buffaloe, Jr., Secretary

William C. Ray, Director

### NC Tier II Competitive Grant Fiscal Year 2022

### Memorandum of Agreement (MOA)

between

**Grantor:**

State of North Carolina  
Department of Public Safety  
Emergency Management  
1636 Gold Star Dr  
Raleigh, NC 27607

**Recipient:**

Alamance County  
124 West Elm Street  
Graham, NC 27253-  
Tax ID/EIN #: 016002923  
Unique Entity ID (from SAM): F5VHYUU13NC5

**MOA #:** 2271004-1

**NCAS cost center:** 1506-8064

**Award amount:** \$10,000.00

**Period of performance:** January 1, 2022 to February 28, 2023

1. **Purpose**

This grant award supports the hazardous material preparedness activities of [Local Emergency Planning Committees \(LEPCs\)](#) as defined in the Emergency Planning and Community Right-to-Know Act (EPCRA). These funds are to be used by your county's or region's LEPC for hazardous materials emergency response planning, training, and related exercises. See Attachment 1 for a description of the approved scope of work for this grant. The scope of work is the approved Application as submitted by the RECIPIENT with any amendments approved by the GRANTOR.

2. **Authority**

In accordance with the provisions of N.C.G.S. §166A-29.1, North Carolina Emergency Management hereby awards to the RECIPIENT a grant in the amount shown above. Tier II grants are funded by NC annual hazardous materials facility fees collected each year per [N.C.G.S. 166A-29.1\(f\)\(3\)](#). The funds awarded under this grant must be used in compliance with all applicable federal, state, local and tribal laws and regulations, including N.C.G.S. §§ 143C-6-21, 143C-6-22, 143C-6-23 and 09 NCAC 03M. By accepting this award, RECIPIENT agrees to use these funds in a manner consistent with all applicable laws and regulations.

3. **Compensation**

GRANTOR agrees that it will pay the RECIPIENT complete and total compensation for the services to be rendered by the RECIPIENT. Payment to the RECIPIENT for expenditures under this Memorandum of Agreement (MOA) will be reimbursed after the RECIPIENT's cost report, detailed invoices, and proof of payment are submitted and approved for eligible expenses. These documents must be submitted no later than March 31, 2023. The original signed copy of this MOA must be signed by the Official(s) authorized to sign below and returned to North Carolina Emergency Management no later than 45 days after the MOA has been submitted for execution.

This MOA shall be effective upon return of execution from RECIPIENT and final approval by GRANTOR. Upon final approval of this MOA by GRANTOR, the period of performance (POP) for this grant is January 1, 2022 – February 28, 2023. Grant funds will be disbursed upon receipt of evidence that funds have been invoiced, products or services received, and proof of payment is provided.

- A. RECIPIENT understands and acknowledges that total funding level available under this MOA will not exceed the awarded amount \$10,000.00 . RECIPIENT acknowledges that they are further prohibited from sub-granting these funds. Attachment 1 provides scope of work and payment amounts to be paid to RECIPIENT.
- B. Pursuant to N.C.G.S 143C-1-1, RECIPIENT understands and agrees that funding shall be subject to the availability of appropriated funds. However, in the event of MOA termination due to lack of adequate appropriated funds, GRANTOR will ensure that it will pay for services and goods acquired and obligated on or before the end of POP.
- C. RECIPIENT must meet all funding requirements contained herein. Non-compliance may result in denial of reimbursement request(s) or suspension/revocation of grant funds awarded for this project. See also paragraph 5 below regarding compliance.

4. **Conditions**

The funds awarded under this grant must only be used by your county’s or region’s LEPC for the purposes of hazardous materials emergency response planning, training and exercises, as mandated in N.C.G.S.§ 166A-29.1. Furthermore, the use of these funds must meet one or more of the follow criteria:

- A. Support costs incurred facilitating LEPC meetings (e.g. printing, general office supplies, food and non-alcoholic beverages)
- B. Support regional LEPC meetings and collaboration
- C. Enhance LEPC outreach efforts or produce promotional materials
- D. Host or support local and regional LEPC conferences
- E. Create or update hazardous material emergency response plans
- F. Support local or regional hazardous materials response exercises
- G. Support purchases of items for use in hazardous materials emergency response planning, training and exercises.

**Purchases of items must be pre-approved in writing by the NCEM Hazardous Materials Group (NCEM hazardous materials group).**

- H. Under no circumstances are the following items eligible for funding under this grant:
  - Salaries or benefits for any employee
  - Unmanned vehicles
  - Support for programs not focused on hazardous materials preparedness

Funding is contingent upon completion of all funding requirements. Grant funds must be used to supplement existing federal, state and local funds for program activities and must not replace (supplant) those funds that have been appropriated for the same purpose. Jurisdictions must provide assurances and certifications as to non-supplanting and the existence of proper administrative/financial procedures as requested. The following conditions must be adhered to during the entire duration of the grant program:

I. RECIPIENT must:

- i. RECIPIENT is required to have and maintain a current Unique Entity Identifier created in the System for Award Management (SAM). Current SAM registrants have already been assigned their Unique Entity Identifier and can view it within SAM.
- ii. Ensure their organization is registered with SAM. Every applicant is required to have their name, address and EIN up to date in SAM. SAM information can be found at <http://www.sam.gov>. After April 4, 2022, the Unique Entity Identifier in SAM becomes the official identifier for doing business with the U.S. Government.
- iii. Complete any procurements, expenditures, and receipt of goods or services within the POP.
- iv. No Match Requirement. RECIPIENT is not required to provide matching funds in cash or in-kind for this award.
- v. RECIPIENT must submit requests for reimbursement with all required documentation attached. Once GRANTOR is satisfied that RECIPIENT has provided all required documentation, the requested distributions can be processed for payment. The distributions of funds will be coded to cost center 1506-8064 in the North Carolina Accounting System (NCAS).

J. Required Documents/Forms. RECIPIENT must submit the following [documents](#) to GRANTOR ([ncemgrants1@ncdps.gov](mailto:ncemgrants1@ncdps.gov)) upon execution of this MOA:

- i. [W-9](#) (09 NCAC 03M .0202)
- ii. [Electronic Payment / Vendor Verification Form](#) (09 NCAC 03M .0202)
- iii. Conflict of Interest Policy (G.S. 143C-6-23.(b))
- iv. [Sworn \(Notarized\) No Overdue Tax Debt Certification](#) (G.S. 143C-6-23.(c))

**5. Compliance**

RECIPIENT shall comply with applicable federal, state, local and/or tribal statutes, regulations, ordinances, licensing requirements, policies, guidelines, reporting requirements, certifications and other regulatory matters for the conduct of its business and purchase requirements performed under this MOA. RECIPIENT shall be wholly responsible for the purchases made under this MOA and for the supervision of its employees and assistants.

Failure to comply with the specified terms and conditions of this MOA may result in the return of funds and any other remedy for noncompliance specified in 2 CFR 200.339 (incorporated by reference in this MOA), and/or termination of the award per 09 NCAC 03M.0801 and 2 CFR 200.340 (incorporated by reference in this MOA). Additional conditions may also be placed on RECIPIENT for noncompliance with the specified terms and conditions of this MOA, including (but not limited to) additional monitoring and possible placement of RECIPIENT on the Suspension of Funding List ([SOFL](#)) maintained by the State Office of State Budget & Management ([OSBM](#)).

**6. Responsibilities**

GRANTOR:

- A. GRANTOR shall provide funding to RECIPIENT to perform the activities as described herein.
- B. GRANTOR shall conduct a review of the project to ensure that it is in accordance with all grant requirements.

RECIPIENT:

- A. This MOA must be signed and returned to GRANTOR within 45 days after RECIPIENT receives notice of this award.
- B. RECIPIENT understands and acknowledges required compliance with all statutory provisions outlined in N.C.G.S. 143C-6-23 (State grant funds: administration; oversight and

reporting requirements) and 09 NCAC 03M .0205 (MINIMUM REPORTING REQUIREMENTS FOR RECIPIENTS).

- C. Requests for Reimbursement (RFR). GRANTOR will reimburse RECIPIENT for eligible costs as discussed in **Attachment 2: Allowable expenditures**. RECIPIENT must take possession of all purchased items and receive any grant-eligible service prior to seeking reimbursement from the GRANTOR. RECIPIENT must submit request for reimbursement within 60 days of payment of invoice. RFR submitted more than 30 days after RECIPIENT payment of invoice may be denied. RFR must include sufficient documentation that approved expenditures have been properly invoiced and paid by RECIPIENT, and that the products and/or services have in fact been received by RECIPIENT. RFRs must also include a cost report form (supplied by the GRANTOR) and a summary listing of invoices completed by RECIPIENT.
- D. Funds Management. RECIPIENT agrees that funds paid through this grant shall be accounted for in a separate fund and accounting structure within the RECIPIENT's central accounting and grant management system. RECIPIENT agrees to manage all accounts payable disbursements, check register disbursements and related transactions in a detailed manner that supports fully transparent accounting of all financial transactions associated with the funding for this grant.
- i. Expenditures for travel mileage, meals, lodging and other travel expenses incurred in the performance of this grant shall be reasonable and supported by documentation. State rates should be used as guidelines. International travel shall not be eligible under this MOA.
  - ii. If eligible, RECIPIENT shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this grant, pursuant to N.C.G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reported expenditures.
- E. Closeout Reporting Requirements. Following the principles of 2 CFR 200.344, RECIPIENT must submit to GRANTOR, no later than 30 calendar days after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the grant award and this MOA. This includes, but is not limited to, copies of after-action reports, including class roster, from any training or exercises funded by this grant. It also includes copies of any deliverables purchased with these grant funds such as plan rewrites, commodity flow studies, and HazMat risk assessments. GRANTOR notifies RECIPIENT upon completion of grant closeout.

This includes, at a minimum:

- i. A complete accounting of how all grant funds were used;
- ii. A Certification stating the funds were used for the purpose appropriated.
- iii. A closeout letter indicating that the approved scope of work is complete .
- iv. Any other closeout documentation requested by GRANTOR.
- v. RECIPIENT agrees that all program activity results information reported shall be subject to review and authentication and RECIPIENT will provide access to work papers, receipts, invoices and reporting records, if requested by GRANTOR, as the GRANTOR executes any audit internal audit responsibilities.

- vi. Once the complete final performance and financial status report package has been received and evaluated by GRANTOR, the RECIPIENT will receive official notification of MOA close-out from GRANTOR.
- vii. The notification will inform RECIPIENT that GRANTOR is officially closing the MOA and retaining all MOA files and related material for a period of five (5) years or until all audit exceptions have been resolved, whichever is longer.

- F. Procurement. RECIPIENT shall utilize State of North Carolina and/or local procurement policies and procedures for the expenditure of funds, and conform to applicable state standards identified in [N.C.G.S. Chapter 143, Article 3, Purchases & Contracts](#).

If RECIPIENT utilizes local procurement policies, RECIPIENT is required to submit a copy of the applicable policies they followed and demonstrate that they complied with those policies, including competition as required.

RECIPIENT is required to check the federal System for Awards Management (SAM), <https://sam.gov/content/exclusions> and the State Debarred Vendors Listing, <https://ncadmin.nc.gov/documents/nc-debarred-vendors>, to verify that all vendors and contractors have not been suspended or debarred from doing business with the federal or state government.

Per 09 NCAC 03M, agencies shall not disburse any state financial assistance to an entity that is on the [Suspension of Funding List](#) (SOFL). OSBM maintains the SOFL for non-compliant grant RECIPIENTS. The SOFL is updated on a weekly basis. RECIPIENT is prohibited under this MOA from procurement, and/or contracting with any entity listed on the SOFL using these grant funds.

- G. To request reimbursement RECIPIENT must submit all required documentation to NCEM Grants Management Branch ([ncemgrants1@ncdps.gov](mailto:ncemgrants1@ncdps.gov)) or designated grants manager. GRANTOR will reimburse RECIPIENT for eligible costs as determined by GRANTOR. RECIPIENT must take possession of all purchased items and receive any grant-eligible service prior to seeking reimbursement from GRANTOR.
- H. RECIPIENT shall have sole responsibility for the ownership, maintenance, insurance, upkeep, and replacement of any items procured pursuant to this MOA. Unless otherwise directed by GRANTOR, RECIPIENT may keep or dispose of any items purchased with grant funds when the items are no longer needed by RECIPIENT.
- I. Property and Equipment. Property and equipment purchased with these grant funds shall be titled to RECIPIENT, and RECIPIENT shall be responsible for the custody and care of any property and equipment purchased with grant funds furnished for use in connection with this MOA. GRANTOR will not be held responsible for any property purchased under this MOA. RECIPIENT must utilize all property and equipment as intended in their project application to GRANTOR.
- J. Indirect Costs. No indirect costs will be charged to this award.
- K. The purchase or acquisition of any additional materials, equipment, accessories or supplies, or the provision of any training, exercise or work activities beyond that identified in this

MOA, shall be the sole responsibility of RECIPIENT and shall not be reimbursed under this MOA.

- L. Conflict of Interest. Per [N.C.G.S. § 143C-6-23\(b\)](#), RECIPIENT is required to file with GRANTOR a copy of RECIPIENT's policy addressing conflicts of interest that may arise involving the grantee's management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the grantee's employees or members of its board or other governing body, from the grantee's disbursing of State funds, and shall include actions to be taken by the grantee or the individual, or both, to avoid conflicts of interest and the appearance of impropriety. **The policy shall be filed before GRANTOR may disburse any grant funds.**

In conjunction with providing the conflict-of-interest policy to GRANTOR, RECIPIENT must disclose in writing to GRANTOR, and attempt to avoid, any real or potential conflict of interest that may arise during the administration of this grant award.

This includes RECIPIENT's responsibility to maintain written standards of conduct covering conflicts of interest and governing the actions of their employees engaged in the selection, award, and administration of contracts or subgrants. No employee, officer, or agent may participate in the selection, award, or administration of a contract or subgrant supported by this grant award if he or she has a real or apparent conflict of interest. Such conflicts of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract or subgrant. The officers, employees, and agents of the RECIPIENT may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts or subgrants. RECIPIENT may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value.

The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the RECIPIENT. All RECIPIENTs must disclose in writing to GRANTOR, and attempt to avoid, any real or potential conflicts of interest with respect to procurement, contracting, and subcontracting with funds provided under this grant award. Upon request, RECIPIENT must also provide a copy of their standards of conduct policy covering conflicts of interest with respect to procurement, contracting and subcontracting with funds provided under this grant award.

- M. Travel. RECIPIENT must have an acceptable local travel regulation plan or accept the state travel regulations.
- N. Records Retention for Auditing & Monitoring. RECIPIENT acknowledges and agrees that, from and after the date of execution of this MOA and for five (5) years following its termination, the books, records, documents and facilities of the RECIPIENT are subject to being audited, inspected and monitored at any time by GRANTOR upon its request (whether in writing or otherwise). RECIPIENT further agrees to provide GRANTOR staff and staff of the Office of State Auditor with access to financial and accounting records to support internal audit, financial reporting and related requirements.



O. Advertising. RECIPIENT agrees not to use the existence of this grant award or the name of GRANTOR as part of any commercial advertising, without prior written approval of GRANTOR.

7. **Regulation**

The funds awarded under this grant must be used in compliance with all applicable state and federal laws to include compliance with N.C.G.S. §§ 143C-6-22, 143C-6-23 and 09 NCAC 03M. By accepting this payment, the RECIPIENT agrees to use these funds in a manner consistent with state and federal laws and regulations.

8. **Taxes**

RECIPIENT shall be considered to be an independent RECIPIENT and as such shall be responsible for ALL taxes. There shall be no reimbursement for taxes incurred by the RECIPIENT under this grant.

9. **Warranty**

As an independent RECIPIENT, the RECIPIENT will hold the GRANTOR harmless for any liability and personal injury that may occur from or in connection with the performance of this MOA to the extent permitted by the North Carolina Tort Claims Act. Nothing in this MOA, express or implied, is intended to confer on any other person any rights or remedies in or by reason of this MOA. This MOA does not give any person or entity other than the parties hereto any legal or equitable claim, right or remedy. This MOA is intended for the sole and exclusive benefit of the parties hereto. This MOA is not made for the benefit of any third person or persons. No third party may enforce any part of this MOA or shall have any rights hereunder. This MOA does not create, and shall not be construed as creating, any rights enforceable by any person not a party to this MOA. Nothing herein shall be construed as a waiver of the sovereign immunity of the State of North Carolina. Nothing in this MOA is intended to conflict with current laws or regulations of the State of North Carolina, Department of Public Safety, North Carolina Emergency Management, or the RECIPIENT. If a term of this MOA is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this MOA shall remain in full force and effect.

10. **Audit requirements**

Per 09 NCAC 03M.0205, a non-state entity that is not exempt from the requirements of SUBCHAPTER 03M – UNIFORM ADMINISTRATION OF STATE AWARDS OF FINANCIAL ASSISTANCE per 09 NCAC 03M.0201, that receives a combined **\$500,000** or more in **North Carolina state funding or federal funding passed through a state agency** must within 9 months of the non-state entity's fiscal year end submit to DPS Internal Audit ([AuditGrantsReport@ncdps.gov](mailto:AuditGrantsReport@ncdps.gov)) a single audit prepared and completed in accordance with Generally Accepted Government Auditing Standards (GAGAS): <https://www.gao.gov/yellowbook>.

If RECIPIENT is a unit of local government in North Carolina, RECIPIENT may be subject to the audit and reporting requirements in [N.C.G.S. 159-34](#), Local Government Finance Act – Annual Independent Audit, rules and regulations. Such audit and reporting requirements are set by the Local Government Commission (*see* [Local Government Commission](#) for more information). See also [20 NCAC 03](#) (Local Government Commission).

11. **Points of contact**

To provide consistent and effective communication between the GRANTOR and RECIPIENT, each party shall appoint a Principal Representative(s) to serve as its central point of contact responsible for coordinating and implementing this MOA. The Department of Public Safety,

North Carolina Emergency Management contacts shall be State Hazardous Materials Manager, Grants Management Branch staff, and NCEM Field Branch staff. The RECIPIENT's contact shall be the person(s) designated by the RECIPIENT.

**12. Public record access**

This MOA may be subject to the North Carolina Public Records Act, Chapter 132 of the North Carolina General Statutes.

**13. Contracting/subcontracting**

If RECIPIENT contracts/subcontracts any or all purchases or services under this MOA, then RECIPIENT agrees to include in the contract/subcontract agreement that the contractor/subcontractor is bound by the terms and conditions of this MOA. RECIPIENT and any contractor/subcontractor agree to include in the contract/subcontract that the contractor/subcontractor shall hold GRANTOR harmless against all claims of whatever nature arising out of the contractor/subcontractor performance of work under this MOA. **If RECIPIENT contracts/subcontracts any or all purchases or services required under this MOA, a copy of the executed contract/subcontract agreement must be forwarded to GRANTOR.** A contractual arrangement shall in no way relieve RECIPIENT of its responsibilities to ensure that all funds issued pursuant to this grant be administered in accordance with all state and federal requirements.

RECIPIENT shall remain an independent RECIPIENT and as such shall be wholly responsible for the scope of work to be performed under this MOA and for the supervision of their employees and assistants.

RECIPIENT represents that it has, or will secure at its own expense, all personnel required in performing the services under this MOA. Such employees shall not be employees of, or have any individual contractual relationship with, GRANTOR. RECIPIENT shall be responsible for compliance with all laws, ordinances, codes, rules, regulations, licensing requirements and other regulatory matters that are applicable to the conduct of his business and work performance under this MOA, including those of Federal, State, and local agencies having appropriate jurisdiction.

RECIPIENT acknowledges and agrees that, in its conduct under this Contract and in connection with any and all expenditures of grant funds made by it, it shall comply with the cost principles enunciated in the Code of Federal Regulations, 2 CFR, Part 200.

**14. Situs**

All information maintained by GRANTOR in connection with this MOA and grant award is subject to the [North Carolina Public Records Act](#), Chapter 132 of the North Carolina General Statutes and is subject to [public records requests](#) through NCDPS.

**15. Antitrust laws**

All signatories of this MOA will comply with all applicable state and federal antitrust laws.

**16. Other provisions/severability**

Nothing in this MOA is intended to conflict with current federal, state, local, or tribal laws or regulations. If a term of this MOA is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this MOA shall remain in full force and effect.

**17. Entire agreement**



This MOA and any annexes, exhibits and amendments annexed hereto and any documents incorporated specifically by reference represent the entire agreement between the parties and supersede all prior oral and written statements or agreements.

**18. Modification**

This MOA may be amended only by written amendments duly executed by RECIPIENT and GRANTOR.

**19. Termination**

The terms of this MOA, as modified with the consent of all parties, will remain in effect until the end of the POP. Any grant funds not expended by the end of the POP will be automatically deobligated. Prior to the end of the POP, either party may terminate this MOA upon thirty (30) days advance written notice to the other party.

The POP may only be extended upon approval by NCEM Hazardous Materials Group and the issuance of the Grant Adjustment Notice.

**20. Execution and effective date**

This grant shall become effective upon return of this original MOA, properly executed on behalf of the RECIPIENT, to North Carolina Emergency Management and will become binding upon execution of all parties to the MOA. The terms of this MOA will become effective January 1, 2022. The last signature shall be that of Secretary for the North Carolina Department of Public Safety.

**21. Certification of eligibility - Under the Iran Divestment Act**

Pursuant to N.C.G.S. §147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. § 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State. The Iran Divestment Act of 2015, N.C.G.S. § 147-86.55 et seq.\* requires that each vendor, prior to contracting with the State certifies, and the undersigned on behalf of the Vendor does hereby certify, to the following:

- A. That the vendor is not identified on the Final Divestment List of entities that the State Treasurer has determined engages in investment activities in Iran
- B. That the vendor shall not utilize on any contract with the State agency any subcontractor that is identified on the Final Divestment List
- C. That the undersigned is authorized by the Vendor to make this Certification.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address: <https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-divestment-Act-resources.aspx> and will be updated every 180 days. For questions about the Department of State Treasurer's Iran Divestment Policy, direct questions to (919) 814-3852.

**22. Attachments**

All attachments to this MOA are incorporated as if set out fully herein.

In the event of any inconsistency or conflict between the language of this MOA and the attachment hereto, the language of the MOA shall be controlling, but only to the extent of such conflict or inconsistency.

This MOA includes the following attachments:

- Approved application as **Attachment 1**.

- Allowable expenditures as **Attachment 2**.

**AUTHORIZED SIGNATURE WARRANTY**

THE UNDERSIGNED REPRESENT AND WARRANT THAT THEY ARE AUTHORIZED TO BIND THEIR PRINCIPALS TO THE TERMS OF THIS MOA. IN WITNESS WHEREOF, RECIPIENT AND GRANTOR HAVE EACH EXECUTED THIS MOA AND THE PARTIES AGREE THAT THE MOA IS EFFECTIVE AS OF THE POP START DATE, EVEN IF THIS MOA IS SIGNED BY ANY PARTIES AFTER THAT DATE.

**For GRANTOR:**

**Approved as to Form**

By: Will Polk  
**William Polk, Deputy General Counsel  
Reviewed for the North Carolina  
Department of Public Safety to fulfill the  
purposes of the North Carolina Tier II  
Competitive Grant Program**

Date: 8/10/2022 | 15:54:20 EDT

**Approved**

By: William C. Ray  
**William C. Ray, Director & Deputy  
Homeland Security Advisor  
North Carolina Department of Public Safety  
Division of Emergency Management**

Date: 8/10/2022 | 15:58:12 EDT

**For RECIPIENT:**

**Approved**

By: Vay Kio

Date: 8/10/2022 | 16:46:35 EDT

By: Susan R. Evans

Date: 8/10/2022 | 19:04:12 EDT

By: Heidi York

Date: 8/10/2022 | 20:25:11 EDT

# Attachment 1

# North Carolina Emergency Management

## Preparedness Grants Application

Fiscal Year 2022

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?	Yes
- 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	Alamance County		
Street address	124 West Elm Street		
City	Graham NC	ZIP + 4	27253
Email	Yancy.king@alamance-nc.com		
EIN/Tax ID number	566000271A		
DUNS number	071572986		
SAM registered	Yes	Expiration date	1/4/2022
Your name	Yancy King		
Are you authorized to apply for grants on behalf of the applying agency?			Yes

#### Field help

<b>Applying agency</b>	The name of the agency applying for the grant.
<b>Street address, City, ZIP + 4, Email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the applying agency.
<b>EIN/Tax ID number</b>	The unique nine-digit identification number of the agency. Your Financial personnel should be able to provide this number.
<b>DUNS number</b>	The unique eight-digit identification number of the agency. Your financial personnel should be able to provide this number.
<b>SAM registered</b>	Each applicant must be registered in the federal System for Award Management (SAM) annually in order to be eligible to receive EMPG monies. The URL is <a href="https://www.sam.gov/">https://www.sam.gov/</a> .
<b>Expiration date</b>	The expiration date of the SAM account.
<b>Your name</b>	The name of the individual completing this application.

## 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	Yancy King		
Agency	Alamance County Emergency Management		
Title	Emergency Management Director		
Phone (work)	336-570-4080	Phone (mobile)	336-380-6933
Street address	1950 Martin St.		
City	Burlington	ZIP + 4	27217
Email	Yancy.King@alamance-nc.com		

## Field help

<b>Name</b>	The name of the contact.
<b>Agency</b>	The name of the agency of the contact.
<b>Title</b>	The title within the agency of the contact.
<b>Phone, Street address, City, ZIP + 4, email</b>	The phone number, street address (not PO Box), city, nine-digit zip code, and email of the contact.

## EM program manager

<b>EM program manager</b>	
<i>This is the local EM grants manager.</i>	
Name	Yancy King
Email	Yancy.King@alamance-nc.com

## Field help

<b>Name</b>	The name of the program manager.
<b>Email</b>	The email address of the program manager.

## 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	Yancy King		
Agency	Alamance County Emergency Management		
Title	Director		
Street address (not PO Box)	1950 Martin Street		
City	Burlington	ZIP + 4	27217
Email	Yancy.king@alamance-nc.com		
Name	Bryan Hagood		
Agency	Alamance County		
Title	County Manager		
Street address (not PO box)	124 West Elm St		
City	Graham	ZIP + 4	27253
Email	Yancy.king@alamance-nc.com		

## Field help

<b>Name</b>	The individual who signs the memorandum of agreement on behalf of the applicant.
<b>Agency</b>	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.

## 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	Yancy King		
Agency	Alamance County Emergency Management		
Title	Director		
Phone (work)	336-570-4080	Phone (mobile)	336-380-6933
Street address	1950 Martin Street		
City	Burlington	ZIP + 4	27217
Email	Yancy.King@alamance-nc.com		

### Field help

**Name** The name of the contact.

**Agency** The name of the agency of the contact.

**Title** The title within the agency of the contact.

**Phone, Street address, City, ZIP + 4, email** The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*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	Yancy King		
Agency	Alamance County Emergency Management		
Title	Director		
Street address (not PO Box)	1950 Martin Street		
City	Burlington	ZIP + 4	27217
Email	Yanay.King@alamance-nc.com		
Name	Bryan Hagood		
Agency	Alamance County		
Title	County Manager		
Street address (not PO box)	124 Weat Elm St		
City	Graham	ZIP + 4	27253
Email	Bryan.Hagood@alamance-nc.com		

### 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	Susan Evens
Email	Susn.Evens@alamance-nc.com

#### Field help

**Name** The name of the finance director.

**Email** The email of the finance director.

### Project information

<b>General information</b>	
<i>Enter information describing the project.</i>	
Title	<b>EMPG Salary Support</b>
Description	<b>Supplement EM Staff Salary</b>
Goal	<b>To Support and Enhance all phases of emergency management program in Alamance County</b>
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	Planning
Secondary	Public Information and Warning
<b>Project timeline milestones</b>	
<i>List the major project events and their completion dates.</i>	
Milestone	Completion Date
<b>WebEOC Activity Selection</b>	11/2021
<b>Award Acceptance</b>	10/2022
<b>Activity Completion</b>	<b>10/2022</b>
<b>POP Closeout</b>	<b>9/2023</b>
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

#### Field help

**Title** The name of the project. The title can be a maximum of 30 characters.

**Description** A detailed description of the project in terms of the activity area being addressed

- Planning* When describing the project answer the following:
- Equipment*
- Training*
- Exercises*
- What is the activity area (one of “Planning”, “Equipment”, “Training”, “Exercises”)?
  - Why is this project needed?
  - How will capabilities gaps be addressed?
  - How will this project help you to become better prepared to respond to terrorist or CBRNE events?
  - What is the importance of this project?
  - What happens if this application is denied?

[Example: “We need a prime mover to respond to various types of events. This project will provide us with a resource to prepare for, respond to, and recover from terrorist attacks and CBRNE type incidents. This project will help us respond to incidents that require critical transportation and operational coordination, which are the primary and secondary core capabilities that we have identified.”]

In addition:

- For *Training*, identify the course number and title of each course.
- For *Exercises*, identify the name, location, and scope of each exercise.

*Organization* A general description of how the grant’s funds are to be used to pay salaries. Include how the award is matched, such as through salary match, in-kind services, or county funds. [Example: “The funds will contribute toward the emergency manager’s salary, and will be matched with county funds.”]

Also, include details of:

- Any structural attachments. [Example: “These monitors will be permanently mounted to the walls of our EOC by a contractor, and hardwired into the electrical wiring along with any network connections.”]
- Any construction or reconstruction. [Example: “We would like to install a security screening station that requires widening the entryway and installing permanent barriers in load bearing walls to harden the facility against terrorist attacks.”]

<b>Goal</b>	How the project supports saving life and protecting property. [Example: “Our goal is to help us be more resilient to move equipment as needed in response to various events.”]
<b>Construction/renovation required</b>	The project requires either new construction or renovation, retrofitting, or modification of existing structures.
<b>Structural attachment required</b>	The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.
<b>Primary</b>	Select the capability that best aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Secondary</b>	Select a capability that aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Milestone</b>	Steps that help structure the project’s schedule. [Examples: “Receive award”, “Pay salary”, “Purchase supplies”, “Close out grant”]
<b>Completion date</b>	Month and year when the corresponding milestone is expected to be completed.

*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	<b>100% of time employee is in EM</b>															
Salary	<b>\$84,000</b>															
Date of employment in current position	4/1/2021															
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	<b>\$84,000</b>															
All EMPG Program funds (federal and match) allocated towards non-local emergency management personnel	<b>\$161,883.00</b>															
<table border="1"> <thead> <tr> <th colspan="3">FY22 Application Budgets</th> </tr> <tr> <th>Count y</th> <th>Federal Share</th> <th>Federal + Match</th> </tr> </thead> <tbody> <tr> <td>Cat.1</td> <td>\$ 50,312.94</td> <td>&gt; \$ 100,625.88</td> </tr> <tr> <td>Cat.2</td> <td>\$ 69,658.57</td> <td>&gt; \$ 139,317.14</td> </tr> <tr> <td>Cat.3</td> <td>\$ 107,116.19</td> <td>&gt; \$ 214,232.38</td> </tr> </tbody> </table>		FY22 Application Budgets			Count y	Federal Share	Federal + Match	Cat.1	\$ 50,312.94	> \$ 100,625.88	Cat.2	\$ 69,658.57	> \$ 139,317.14	Cat.3	\$ 107,116.19	> \$ 214,232.38
FY22 Application Budgets																
Count y	Federal Share	Federal + Match														
Cat.1	\$ 50,312.94	> \$ 100,625.88														
Cat.2	\$ 69,658.57	> \$ 139,317.14														
Cat.3	\$ 107,116.19	> \$ 214,232.38														
Number of local emergency management personnel	4.															
Number of local emergency management personnel supported (fully or partially) by the EMPG Program	<b>1</b>															
Number of local emergency management FTE personnel supported (fully or partially) by the EMPG Program	<b>1</b>															
Names of all EMPG-supported personnel	Yancy King EMPG \$'s must have req'd courses. IS-100, IS-200, IS-700, IS-800, IS-120, IS-230, IS-235, IS 240, IS-241, IS-242, IS-244 (Reference: FEMA Preparedness Grants Manual, Feb 2020, pg. H-16 & H-17)															
Have each of the named EMPG-supported personnel completed courses as required by FEMA? See Field help.	Yes															

Field help

**Time allotted for EM**

Percentage of time spent in EM program manager role.

**Salary**

Yearly salary of the EM program manager.

**Date of employment in current position**    Date hired into current job.

**Courses required by FEMA been completed**                      IS-100, IS-200, IS-700, IS-800, IS-120, IS-230, IS-235, IS 240, IS-241, IS-242, IS-244 (Reference: FEMA Preparedness Grants Manual, Feb 2020, pg. H-16 & H-17)

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	EM program development and support	Enter AEL#	\$84,000.00	\$161,883.00
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.
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.
<b>Total estimated costs</b>			\$84,000.00	\$161,883.00

Field help

<b>Activity area</b>	A selection of either Planning, Organization, Equipment, Training, or Exercise (POETE).
<b>Description</b>	A description of the cost item.
<b>AEL#</b>	Equipment must include eligible AEL #. ( <a href="https://www.fema.gov/authorized-equipment-list">https://www.fema.gov/authorized-equipment-list</a> ).
<b>Federal funding</b>	Grant amount applied to the cost item.
<b>Total amount</b>	Federal funding amount + local match amount.
<b>Total estimated costs</b>	Totals of each of the "amount" columns.

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

Enter requested information in the sections listed below.



*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

<b>Name</b>	The name of the contact.
<b>Agency</b>	The name of the agency of the contact.
<b>Title</b>	The title within the agency of the contact.
<b>Phone, Street address, City, ZIP + 4, email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*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

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

*Project information*

<b>General information</b>	
<i>Enter information describing the project.</i>	
Title	Click or tap here to enter text.
Description	
Goal	Click or tap here to enter text.
Scope	Choose an item.
Request RRT participation	Choose an item.
<b>Core capabilities addressed</b>	
<i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>	
Primary	Choose an item.
Secondary	Choose an item.
<b>Project timeline milestones</b>	
<i>List the major project events and their completion dates.</i>	
Milestone	Completion Date
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

## Field help

- Title** The name of the project. The title can be a maximum of 30 characters.
- Description** A detailed description of the project in terms of the activity areas being addressed:
- Planning* When describing the project answer the following:
- Exercise*
- What is the activity area (one of “Planning”, “Equipment”, “Training”, “Exercises”)?
- Training*
- Why is this project needed?
  - How will capabilities gaps be addressed?
  - How will this project help you to become better prepared to respond to terrorist or CBRNE events?
  - What is the importance of this project?
  - What happens if this application is denied?
- [Example: “We need a prime mover to respond to various types of events. This project will provide us with a resource to prepare for, respond to, and recover from terrorist attacks and CBRNE type incidents. This project will help us respond to incidents that require critical transportation and operational coordination, which are the primary and secondary core capabilities that we have identified.”]
- Equipment*
- In addition:
- For *Training*, identify the course number and title of each course.
  - For *Exercises*, identify the name, location, and scope of each exercise.

Also, include details of:

- Any structural attachments. [Example: “These monitors will be permanently mounted to the walls of our EOC by a contractor, and hardwired into the electrical wiring along with any network connections.”]
- Any construction or reconstruction. [Example: “We would like to install a security screening station that requires widening the entryway and installing permanent barriers in load bearing walls to harden the facility against terrorist attacks.”]Any joint or regional aspects.
- Any joint or regional aspects. [Example1: “This project will be regional in nature, as we have committed to providing this resource to every community within DPR 2.”]  
[Example2: This project will allow us to fill a capability gap within the region through mutual aid agreements, and per guidance from NCEM this equipment will be deployable and shareable by other jurisdictions.]
- Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.

**Goal** How the project supports saving life and protecting property. [Example: “Our goal is to help us be more resilient to move equipment as needed in response to various events.”]

**Scope** A selection as to whether the project is state, local, or joint/regional in nature.

**Request RRT participation** Request that the State Hazardous Materials Regional Response Team (RRT) participate in your project.

**Primary** Select the capability that best aligns with this project. See <https://www.fema.gov/core-capabilities> for core capability descriptions.

**Secondary** Select a capability that aligns with this project. See <https://www.fema.gov/core-capabilities> for core capability descriptions.

**Milestone** Steps that help structure the project’s schedule. [Examples: “Receive award notification”, “Arrange course offerings”, “Initial planning meeting”, “Execute exercise”, “After-action report completed”, “Conduct courses”, “Close out grant”]

**Completion date** Month and year when the corresponding milestone is expected to be completed.

*Budget*

<b>Costs</b>		
<i>For each cost item select an activity area and then enter a description and the cost amount.</i>		
Activity area	Description	Amount
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
<b>Total cost</b>		Enter total.

Field help

**Activity area** A selection of either Planning, Equipment, Training, or Exercise. Reimbursement for equipment requires purchase pre-approval from NCEM Grants Branch.

- Description**            A description of the cost item.
- Amount**                The cost of the item.
- Total cost**            The sum of all of the amounts.

[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>

North Carolina Tier II Competitive

Enter requested information in the sections listed below.

*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](#)

- Name**                            The name of the contact.
- Agency**                        The name of the agency of the contact.
- Title**                             The title within the agency of the contact.
- Phone, Street address, City, ZIP + 4, email**    The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*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	Yancy King		
Agency	Alamance County Emergency Management		
Title	Director		
Street address (not PO Box)	1950 Martin Street		
City	Burlington	ZIP + 4	27217
Email	Yancy.king@alamance-nc.com		
Name	Bryan Hagood		
Agency	Alamance County		
Title	County Manager		
Street address (not PO box)	124 West Elm St		
City	Graham	ZIP + 4	27253
Email	Bryan.haygood@alamance-nc.com		

**Field help**

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

*Project information*

<b>General information</b>	
<i>Enter information describing the project.</i>	
Title	<b>Tier II hazmat training grant</b>
Description	<b>Hazardous materials spill / fire exercise</b>
Goal	<b>Build interoperable capabilities for county agencies</b>
Scope	Joint/regional
Request RRT participation	Yes
<b>Project timeline milestones</b>	
<i>List the major project events and their completion dates.</i>	
Milestone	Completion Date
<b>Completion of 2022-2023 EMPG cycle</b>	<b>9/2022</b>
<b>Initial Planning meeting</b>	<b>7/2022</b>
<b>Exercise</b>	<b>10/2022</b>
<b>AAR</b>	<b>12/2022</b>
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

**Field help**

<b>Title</b>	The name of the project. The title can be a maximum of 30 characters.
--------------	---

- Description** A detailed description of the project:
  - Break down activities into clear actions.
  - Identify personnel providing services.
  - Identify measurable and tangible deliverables or results.

Also, include details of Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.
- Goal** How the project supports saving life and protecting property.
- Scope** A selection as to whether the project is joint or regional in nature.
- Request RRT participation** Request that the State Hazardous Materials Regional Response Team (RRT) participate in your project.
- Milestone** Steps that help structure the project’s schedule.
- Completion date** Month and year when the corresponding milestone is expected to be completed.

*Budget*

<b>Costs</b>		
<i>Enter a description and cost for each budget item.</i>		
Activity area	Description	Amount
Exercises	<b>Full scale training exercise</b>	\$15,000
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
<b>Total cost</b>		<b>\$15,000.00</b>

Field help

- Activity area** A selection of either Planning, Organization, Equipment, Training, or Exercise.
- Description** A description of the budget item.
- Amount** The cost of the item.
- Total cost** The total of the amounts.

*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>

North Carolina Tier II Noncompetitive

Enter requested information in the sections listed below.



*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

<b>Name</b>	The name of the contact.
<b>Agency</b>	The name of the agency of the contact.
<b>Title</b>	The title within the agency of the contact.
<b>Phone, Street address, City, ZIP + 4, email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*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	Yancy King		
Agency	Alamance County Emergency Management		
Title	Director		
Street address (not PO Box)	1950 Martin St.		
City	Burlington	ZIP + 4	27127
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

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

*Project information*

<b>General information</b>	
<i>Enter information describing the project.</i>	
Title	<b>TIER II Community Education</b>
Description	<b>LEPC Community Awareness</b>
Goal	<b>Communication of Hazardous awareness to the community and responders</b>
Scope	Local
Request RRT participation	No

*Field help*

<b>Title</b>	The name of the project. The title can be a maximum of 30 characters.
<b>Description</b>	<p>A detailed description of the project:</p> <ul style="list-style-type: none"> <li>• Break down activities into clear actions.</li> <li>• Identify personnel providing services.</li> <li>• Identify measurable and tangible deliverables or results.</li> </ul> <p>Also, include details of Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.</p>
<b>Goal</b>	How the project supports saving life and protecting property.
<b>Scope</b>	A selection as to whether the project is joint or regional in nature.
<b>Request RRT participation</b>	Request that the State Hazardous Materials Regional Response Team (RRT) participate in your project.

*Budget*

<b>Costs</b>		
<i>Enter a description and cost for each budget item.</i>		
Activity area	Description	Amount
Planning	<b>Tier II hazmat public Education</b>	\$1,000.00
Equipment	<b>Training Materials.</b>	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
<b>Total cost</b>		<b>\$1,000.00</b>

*Field help*

<b>Activity area</b>	A selection of either Planning, Organization, Equipment, Training, or Exercise.
<b>Description</b>	A description of the cost item.
<b>Amount</b>	The cost of the item.
<b>Total cost</b>	The total of the costs.

*Additional information (if needed)*

Add any information not accommodated by the application form here.

**Project information***Enter additional project information in the space below.*

## Certification

**Certification***Review each certification item and check where appropriate.*

I certify that:

- This application includes complete and accurate information.
- 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.
- 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.
- Submission of the project proposal does not guarantee funding.
- Projects with funds allocated for equipment are required to check all equipment purchases against the Allowable Equipment List. (<https://www.fema.gov/authorized-equipment-list>).
- 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.
- (EMPG only) Positions that are classified as sworn law enforcement officers may not be funded through EMPG.

## Attachment 2



## **FY 2022 Tier II Competitive Grant Program (Tier II NC)**

### **Purpose:**

Tier II competitive grants provide Local Emergency Planning Committees (LEPCs) funding to expand the scope of their hazardous materials emergency preparedness programs through response planning, training and related exercises. All active LEPCs awarded under this program receive competitive grant funds from the hazardous materials facility fees collected during the Tier II reporting period. The Tier II competitive grants must be used for hazardous materials emergency response planning, training and related exercises, with some conditions and limitations in accordance with the provisions of N.C.G.S. §166A-29.1. Operational equipment is currently ineligible for this grant.

### **Grant Amount Estimate:**

\$10,000.00 maximum per award; total of \$60,000.00 available statewide. Amounts may vary due to requests processed.

### **Associated Deadlines:**

- |   |   |
|---|---|
| 1. Application period (90 days):              | October 1, 2021- December 31, 2021          |
| 2. Period of Performance                      | January 1, 2022- December 31, 2022          |
| 3. Award letter and MOA distributed:          | June, 2022 (retroactive to January 1, 2022) |
| 4. Period of Performance Completion Reminder: | November 30, 2022                           |
| 5. Final cost report due:                     | January 30, 2023                            |

### **Grant Point of Contacts:**

Mr. Joshua Langdon, *State Hazardous Materials Coordinator*  
North Carolina Emergency Management  
hazmat@ncdps.gov  
984-328-0923

Erik A. Miller, *Grants Management Branch Manager*  
Division of Emergency Management  
erik.miller@ncdps.gov  
919-825-2332

**Eligible Project Activities:**

The funds awarded under this grant may only be used by your county LEPC or regional LEPC and must fall under one or more of the following categories:

1. Supporting costs incurred facilitating LEPC meetings.
2. Enhancing LEPC outreach efforts or produce promotional materials through printing or general office supplies.
3. Supporting LEPC meetings and collaboration with food and non-alcoholic beverages.
4. Hosting or supporting local and regional LEPC conferences.
5. Creating or updating hazardous material emergency response plans.
6. Supporting local or regional hazardous materials response exercises.
7. Supporting purchases of equipment necessary to support the LEPC and its mission.
8. Supporting hazardous material risk assessments.
9. Subscriptions to hazardous materials related web services (ex: MSDS online, Chemtrac)
10. Non-operational equipment to support the LEPC. Please note that all equipment purchases must receive pre-approval from the grant point of contact.

**Ineligible Project Activities:**

Tier II grants funds may not be used for any of the following items:

1. Salaries or benefits for any employee.
2. Drone aircraft or unmanned aerial vehicles.
3. Items intended as gifts.
4. Other support for programs not focused on hazardous materials preparedness and response.
5. Operational response equipment.