

**ANNUAL STATEMENT OF WORK CHECKLIST (FFY2022)**

**EMERGENCY MANAGEMENT PERFORMANCE GRANT PROGRAM (EMPG)**

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| --- | --- |
| **COUNTY / MUNICIPALITY:**Choose an item. | **DATE of REVIEW:**Click or tap here to enter text. |
| **EM COORDINATOR:**Click or tap here to enter text. | **PEMA REVIEWER:**Click or tap here to enter text. |
| **AREA DIRECTOR:**Choose an item. | **PERIOD:** |
| **EMPG PROGRAM PRIORITIES:** | **Select C (complete), P (progress), or NP****(no progress) in each box for respective quarter.** |
| **PLANNING***(**The following deliverables represent 25% of the EMPG funding allocated to the county)* |
| Action Item(s) | Complete? | 1st Quarter | 2nd Quarter | 3rd Quarter | 4thQuarter |
| 1. The Emergency Operations Plan (EOP) and checklists are updated at least once every two years.

\*See attached Guidance section | [ ] Yes [ ]  No EOP Date: Click or tap to enter a date.Review/Update Date: Click or tap to enter a date.Is plan available via CEM Planner? [ ]  Yes [ ]  No | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |
| 2. The Hazard Mitigation Plan is current. | [ ]  Yes [ ]  No Expiration Date: Click or tap to enter a date.\*Have all municipalities adopted the county plan or written their own?  [ ]  Yes [ ]  No  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |
| 3. Has the Distribution Management (DM) annex to the EOP been updated at least once every two years.  .\*See attached Guidance section4. The 2021 Nationwide Cybersecurity Review (NCSR) was completed by the end of February 2022. | [ ]  Yes [ ]  No Review/Update Date: Click or tap to enter a date.[ ]  Yes [ ]  No Submission Date: Click or tap to enter a date. | Choose an item.Choose an item. | Choose an item.Choose an item. | Choose an item.Choose an item. | Choose an item.Choose an item. |
| 5. Has the EMPG recipient THIRA/SPR been submitted. \*See attached Guidance section | [ ]  Yes [ ]  No Submission Date:Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |
| **NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)***(The following deliverables represent 25% of the EMPG funding allocated to the county)* |
| Action Item(s) | Complete? | 1st Quarter | 2nd Quarter | 3rd Quarter | 4thQuarter |
| 1. Are you NIMS compliant?

\*See attached Guidance section | [ ]  Yes [ ]  No  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |
| 1. The annual NIMS Survey has been completed and submitted.

\*See attached Guidance section | [ ]  Yes [ ]  NoSubmission Date: Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |
| 1. All EMPG funded personnel have completed the NIMS Independent Study (IS) training requirements:
* IS 100, IS-200, IS-700, & IS-800

Funded Employees: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \*See attached Guidance section | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **TRAINING***(The following deliverables represent 25% of the EMPG funding allocated to the county)* |
| Action Item(s) | Complete? | 1st Quarter | 2nd Quarter | 3rd Quarter | 4thQuarter |
| 1. The EMC attended two of the three PEMA EMC in-service training sessions within this 12-month reporting period.

\*See attached Guidance section | [ ]  Yes [ ]  No  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 1. All EMPG funded personnel have completed the required FEMA IS Courses:
* IS120.c, IS230.e, IS235.c, IS240.c, IS241.c, IS 242.c, IS244.b

Funded Employees: Click or tap here to enter text. Click or tap here to enter text.Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.Click or tap here to enter text.\*See attached Guidance section | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ] No  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 1. The Coordinator has met all requirements for Basic and Advanced certification within the time requirements outlined in Title 35.
 | [ ]  Yes [ ]  NoBasic Date: Click or tap to enter a date.Advanced Date: Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 1. The County EMC conducted a minimum of three in-service professional development training sessions, during this reporting period, for municipal emergency management coordinators.

\*See attached Guidance section | [ ]  Yes [ ]  No* Provide Training schedule.
 | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 5. A multi-year Training/Significant Event  schedule was developed and submitted during the 1st Quarter. -Submit quarterly updates. (template attached)\*See attached Guidance section | [ ]  Yes [ ]  No* Submit NLT first Quarter.
 | Choose an item. | N/A | N/A | N/A |
| **EXERCISE PROGRAM***(The following deliverables represent 25% of the EMPG funding allocated to the county)* |
| Action Item(s) | Complete? | 1st Quarter | 2nd Quarter | 3rd Quarter | 4thQuarter |
| 1. All EMPG funded individuals have participated in a functional exercise within this 12-month reporting period.

Funded Employees: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.\*See attached Guidance section | [ ]  Yes [ ]  No Date: Click or tap to enter a date.[ ]  Yes [ ]  No Date: Click or tap to enter a date.[ ]  Yes [ ]  No Date: Click or tap to enter a date.[ ]  Yes [ ]  No Date: Click or tap to enter a date.[ ]  Yes [ ]  No Date: Click or tap to enter a date.[ ]  Yes [ ]  No Date: Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |
| 1. All EMPG funded personnel have participated in no fewer than three exercises within this 12-month reporting period.

Funded Employees: Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |
| 1. A multi-year exercise schedule was developed and submitted during the 1st Quarter.

-Submit quarterly updates. (template attached).\*See attached Guidance section | [ ]  Yes [ ]  No | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |
| **COUNTY PRIORITY PROGRAMS/INITIATIVES:** |
| Action Item(s) | Complete? | 1st Quarter | 2nd Quarter | 3rd Quarter | 4thQuarter |
| 1. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 2. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 3. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 4. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 5. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 6. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 7. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 8. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 9. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 10. Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

**COMMENTS:** Click or tap here to enter text.

**GUIDANCE**

**PLANNING:**

1. All EMPG Program recipients (county/municipality) shall maintain, or revise as necessary, jurisdiction-wide, all threats and hazards EOPs consistent with the current CPG 101, which serves as the foundation for state, local, tribal, and territory emergency planning.

*\*Has the EOP been loaded in the CEM Planner software? This is not mandatory. Having the EOP in the CEM Planner allows for sharing in development, updating and viewing of the plan. If not fully uploaded, what percentage of your EOP is in the CEM Planner?*

1. County Hazard Mitigation (HazMit) Plans must be updated and approved by FEMA every five (5) years. To be eligible for federal hazard mitigation grants municipalities must have a hazard mitigation plan or have adopted the county HazMit plan. Have all county municipalities adopted the county HazMit plan? Provide status/explanation in Comments section.
2. All EMPG recipients are required to develop and maintain a Distribution Management (DM) plan as an annex to their existing Emergency Operations Plan (EOP). The DM plan should be updated by recipients on an annual basis.

The DM plan should focus on the distribution of commodities and supplies such as food, water, generators and tarps to survivors following a disaster

• The DM plan should address strategies/plans for the following:

o Requirements Defining

o Resource Ordering

o Distribution Methods

o Inventory Management

o Transportation

o Staging

o Demobilization

PEMA has provided a DM Plan template to ensure all recipients have effective distribution management plans capable of integrating with the Commonwealth DM Plan, as well as other municipal, county, Federal, NGOs, and private sector partners during major disasters. This project was delayed from previous year due to COVID 19 priorities. Counties/municipalities should have a current DM Plan based on their specific needs to distribute commodities.

1. The NCSR is open annually from October 1 to February 28.
2. During this reporting period counties will be able to utilize available EMPG funding that they receive on training and exercise related projects once they meet the salary cap threshold. Training and exercise reimbursement requests should be identified through the THIRA and SPR process in line with FEMA’s requirement to “prioritize grant funding to demonstrate how EMPG Program-funded investments support closing capability gaps or sustaining capabilities identified through the THIRA/SPR process and other relevant sources” (FEMA Preparedness Grants Manual, page H-1). As a result, beginning in Calendar Year 2022 (2nd quarter of FFY2022), EMPG recipients receiving EMPG funding will be required to complete an SPR that identifies gaps and sustainment needs in training and exercise, which can then be closed using available EMPG funding that the county receives.

Although optional during this ASOW reporting period, we recommend working toward the completion of your THIRA/SPR, which will be used to assist you in the development of your future multi-year training program and multi-year exercise program schedules. You can use the same workbook that Regional Task Forces are provided by PEMA to complete their THIRA/SPR. PEMA receives THIRA/SPR guidance from FEMA in the April to May timeframe. That guidance will be provided to EMPG grant recipients. Your THIRA/SPR will be required for submission on October 30, 2022.

**NIMS:**

1. EMPG recipient (county/municipality) is considered compliant when NIMS is formally adopted by elected officials via the NIMS Adoption Resolution form or other motion in a formal meeting.
2. Recipients (county/municipality) that receive EMPG funding are required to implement NIMS.
3. Incident management refers to how incidents are managed across all homeland security activities, including prevention, protection, response, mitigation and recovery. EMPG recipients must use standardized resource management concepts for resource deployment, tracking, and recovery of resources.
4. NIMS Survey form is provided to the county by PEMA. Completed form is submitted on-line to PEMA. SurveyMonkey questionnaire form emailed to counties.
5. In addition to training activities aligned to and addressed in the IPP, all EMPG Program, funded personnel shall complete the following training requirements and record proof of completion of Independent Study courses IS-100, IS-200, IS-700, and IS-800 (any version). Provide names of funded employees and completion status of each.

**TRAINING:**

1. The three PEMA EMC training sessions consist of the two annual Area Office In-Service Training (IST) events and the PEMA Annual Emergency Management Conference/Summit. *The KEMA Conference is acceptable as a substitute for one of the required PEMA in-service-training sessions*.
2. EMPG funded personnel shall complete these Independent Study courses. These are also the courses identified in the Professional Development Series.
3. Professional Development Series courses include:
	1. IS-120.c An Introduction to Exercises
	2. IS-230.e Fundamentals of Emergency Management
	3. IS-235.c Emergency Planning
	4. IS-240.c Leadership and Influence
	5. IS-241.c Decision Making and Problem Solving
	6. IS-242.c Effective Communication
	7. IS-244.b Developing and Managing Volunteers

1. Provide names of funded employees and completion status of each.
2. Conduct a minimum of three in-service training sessions for local coordinators during this grant period. Identify dates of training on the attached Training Template.
3. Submit a training schedule, during 1st Quarter, that encompasses the next three years of training. Some of the training may address priorities identified in the IPPW and builds from gaps identified through the THIRA/SPR process. If possible, provide month and day*.* *Also, please identify those courses in which you plan to seek EMPG funding.* *See attached template. Quarterly updates required.*

**EXERCISE PROGRAM**:

1. Items 1 & 2 – Provide names of funded employees and completion status of each.
2. Items 1, 2 & 3 – EMPG-funded personnel must participate in at least one functional exercise and at least two more exercises that can be of any type (discussion-based or operations-based) during this 12-month reporting period. The AAR and participant roster must be provided to verify participation. Recipients are encouraged to use the HSEEP AAR/IP template.
3. Submit an exercise schedule, during 1st Quarter, that encompasses the next three years of planned exercises. Some of the exercises may address priorities identified in the IPPW and builds from gaps identified through the THIRA/SPR process. If possible, provide month and day.  *Also, please identify those exercises in which you plan to seek EMPG funding.* *See attached template. Quarterly updates required.*

TYPES OF EXERCISES:

*Discussion-Based:*To familiarize players with current plans, policies, agreements, and procedures; develop

new plans, policies, agreements, and procedures

* Seminar - provides an overview of new or current plans, resources, strategies, concepts, or ideas.
* Workshop - Achieves a specific goal or builds a product (e.g., exercise objectives, SOPs, policies, or plans).
* Tabletop Exercise - Assist senior officials in the ability to understand and assess plans, policies, procedures, and concepts.

*Operations-Based:*Test and validate plans, policies, agreements, and procedures; clarify roles and

 responsibilities; identify resource gaps

* Drill:Test a single operation or function.
* Functional Exercise:Test and evaluate capabilities, functions, plans, and staffs of Incident Command, Unified Command, Intel centers, or other command/operations centers. i.e. Command staff actions are actual; movement of other personnel, equipment, or adversaries is simulated.
* Full-Scale Exercise:Test and evaluate capabilities, functions, plans, and staffs of Incident Command, Unified Command, Intel centers, or other command/operations centers.

1, 2, & 3: If a county/local EMPG recipient jurisdiction has experienced a major disaster and would like to request exemptions for a scheduled exercise, the recipient should provide this request, with accompanied AAR/IP, during the quarterly performance review. Please associate disaster response and recovery strengths and areas for improvement with HSEEP identified core capabilities. Exemptions will be reviewed on a case-by-case basis.

1, 2, & 3: After-Action Report (AAR) and Improvement Plan (IP) must be provided to PEMA for exercises in which EMPG-funded personnel participated? Participants should be listed on the exercise participant roster.

**COUNTY PRIORITY PROGRAMS/INITIATIVES:**

EMPG recipients are encouraged to identify their organization’s reporting period priorities. This assists PEMA in supporting your initiatives.

**Site Visit/Documentation Verification Signatures**

|  |  |  |
| --- | --- | --- |
|  | EMPG Recipient | Area Office Reviewer |
| 1st Quarter |  |  |
| 2nd Quarter |  |  |
| 3rd Quarter |  |  |
| 4th Quarter |  |  |