

Halifax County Board of Commissioners

Vernon J. Bryant, Chairman
J. Rives Manning, Jr., Vice-Chairman
Carolyn C. Johnson
Linda A. Brewer
Marcelle O. Smith
T. Patrick W. Qualls



Tony N. Brown
County Manager
Andrea H. Wiggins
Clerk to the Board
M. Glynn Rollins, Jr.
County Attorney

Monday November 19, 2018 Regular Meeting 5:30 PM

Halifax County Historic Courthouse
10 North King Street, Post Office Box 38, Halifax, North Carolina 27839
252-583-1131/Fax: 252-583-9921
www.halifaxnc.com

The mission of the Halifax County Board of Commissioners is to provide leadership and support for an effective county government that seeks to enhance the quality of life for the people of Halifax County.

Call to Order

Chairman Vernon J. Bryant

Invocation and Pledge of Allegiance

Adoption of the Agenda

Conflict of Interest

Chairman Vernon J. Bryant

In accordance with the Halifax County Board of Commissioners Rules of Procedures and N. C. G. S. Sec.153A-44, it is the duty of every member present to vote on all matters coming before the Board, unless there is a conflict of interest as determined by the Board or by law. Does any Board member have any known conflict of interest with respect to any matters coming before the Board today? If so, please identify the conflict and the remaining Board members will vote to consider the requested excuse.

1. Consent Agenda

County Commissioners

- A. Emergency Management Performance and Tier II Grant

2. Agenda Items

- A. Halifax Community College FY 2018-2019 Budget
- B. Annual Sheriff's Report
- C. NCACC 2019 Legislative Goals Conference Voting Delegate

**David L. Forester, CPA, Vice
President of Administrative Services**
S. Wes Tripp, Sheriff
Tony N. Brown, County Manager

3. Other Business

County Commissioners

4. Closed Session

County Commissioners

5. Adjourn

County Commissioners

*Accommodations for individuals with disabilities may be arranged by contacting
the County Manager's office at 252-583-1131 at least 48 hours prior to the meeting.*



AGENDA
Halifax County Board of Commissioners
Regular Meeting

TO: Halifax County Board of Commissioners

FROM: Buddy Wrenn, Emergency Management Coordinator

SUBJECT: Emergency Management Performance and Tier II Grant

DATE: November 19, 2018 Regular Meeting

SUPPORTING INFORMATION:

Attached, please find a copy of the FY 2019 EMPG and Tier II noncompetitive grants application. This is a new format combining all grant applications into one.

The EMPG grant has a total program amount of \$41,250. This amount is generated from a formula based on the County's population. The County's in kind match is one half of the total program amount of \$20,625. This grant has optional work activities to earn additional money. This has historically been \$15,000 to \$17,000 in additional funding.

The Tier II noncompetitive grant is a grant opportunity through our LEPC (Local Emergency Planning Committee). The grant allows for up to \$1000 to be reimbursed from the state in support of our local emergency planning committee.

ATTACHMENTS:

Description

- ▢ State_Local FFY 2019 EMPG Agreement
- ▢ NCEM 2019 EMPG Application
- ▢ EMPG Email

TOTAL COST:\$42,250

COUNTY COST:\$20,625 in kind

REQUEST: Approve the submission of the EMPG and Tier II grant applications, the receipt of funds, if awarded, and authorize the appropriate staff to execute the documents.



North Carolina Department of Public Safety

Emergency Management

Roy Cooper, Governor
Erik A. Hooks, Secretary

Michael A. Sprayberry, Director

October 4, 2018

State/Local FFY 2019 EMPG Agreement

County of Halifax

This is to certify that the above named agency agrees to successfully complete activities in full partnership with North Carolina Emergency Management and the U.S. Department of Homeland Security. The appropriate Branch Manager and/or Area Coordinator will review the progress of this agreement quarterly with the local Emergency Management Program Manager. This report will also be the basis for continued funding during this fiscal year.

All universal and optional activity deliverables must be completed by **September 30, 2019**. To receive credit for any deliverables you complete, an electronic copy for each deliverable must be uploaded into WebEOC by the deadline above and approved by state personnel. Failure to complete universal and optional activities will result in a penalty of funds awarded that will be reflected on the FFY 2019 EMPG awards to the county.

Optional Activities

To be selected by the county.

NOTE: To be eligible to receive EMPG funding, applicants must meet NIMS compliance requirements. The THIRA/SPR/NIMS is the required tool to report annual NIMS compliance for EMPG funds.

Compliance Requirements

1. NIMS Training: IS 100; IS 200; IS 700; and IS 800.
2. FEMA Professional Development Series: IS 120; IS 230a; IS 230b; IS 235a; IS 235b; IS 240a; IS 241a; IS 242a; and IS 244a.

EMPG Program funds used for training should support the nationwide implementation of NIMS. Recipients are encouraged to place emphasis on the core competencies as defined in the NIMS Training Program. The NIMS Training Program can be accessed [here](#).

The NIMS *Guideline for Credentialing of Personnel* provides guidance on the national credentialing standards. The NIMS Guidelines for Credentialing can be accessed [here](#).

Each prime and sub-award recipient must be registered and renewed annually in the System for Award Management (SAM) to continue to be eligible for EMPG funds.

MAILING ADDRESS:
4236 Mail Service Center
Raleigh, NC 27699-4236
www.ncdps.gov/ncem/



OFFICE LOCATION:
1636 Gold Star Drive
Raleigh, NC 27607
Telephone: (919) 825-2500
Fax: (919) 825-2685

An Equal Opportunity Employer

This Agreement becomes effective upon execution of all parties to the Agreement. The date of execution shall be the date of the last signature.

EXECUTED THIS THE 29th DAY OF October

Buddy Wren
Signature of Local EM Program Manager

29 October 2018
Date

I do hereby certify that the EM Program Manager position is currently being filled by either a permanent or acting county employee.

Signature of Local Finance Officer

Date

Signature of Local Chief Executive Officer

Date

North Carolina Emergency Management

Preparedness Grants Application

Fiscal Year 2019

Grants selection

Please select all grants to be considered for this fiscal year. Grants not selected will be treated as a decline of those funds.

Grants	<input checked="" type="checkbox"/> Emergency Management Performance Grant (EMPG) <input type="checkbox"/> Hazardous Materials Emergency Preparedness (HMEP) <input type="checkbox"/> Homeland Security Grant Program (HSGP) <input type="checkbox"/> North Carolina Tier II competitive <input checked="" type="checkbox"/> North Carolina Tier II noncompetitive
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Contacts

Enter requested information for all contacts listed below.

Applicant

Applicant <i>This is the agency applying for grants.</i>			
Applying agency	Halifax County Emergency Management		
Street address	10 N. King Street		
City	Halifax	ZIP + 4	27839-9753
Email	wrennb@halifaxnc.com		
EIN/Tax ID number	56-6001836		
DUNS number	014305957		
SAM registered	Yes	Expiration date	12/20/2018
Is the agency applying as a nonprofit with 501(c)(3) status?			No
Your name	Buddy Wrenn		
Are you authorized to apply for grants on behalf of the applying agency?			Yes

Field help

Applying agency	The name of the agency applying for the grant.
Street address, City, ZIP + 4, Email	The phone, street address (not PO Box), city, nine-digit zip code, and email of the applying agency.
EIN/Tax ID number	The unique nine-digit identification number of the agency. Your Financial personnel should be able to provide this number.
DUNS number	The unique eight-digit identification number of the agency. Your financial personnel should be able to provide this number.
SAM registered	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 https://www.sam.gov/ .

Expiration date The expiration date of the SAM account.

Is the agency applying as a nonprofit with 501(c)(3) status? See <https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-section-501c3-organizations> .

Your name The name of the individual completing this application.

Grants point of contact

Grants point of contact <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	Buddy Wrenn		
Agency	Halifax County Emergency Management		
Title	Emergency Management Coordinator		
Phone (work)	252-583-2031	Phone (mobile)	252-308-7617
Street address	10 North King Street		
City	Halifax	ZIP + 4	27839-9753
Email	wrennb@halifaxnc.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 number, street address (not PO Box), city, nine-digit zip code, and email of the contact.

EM program manager

EM program manager <i>This is the local EM grants manager.</i>	
Name	Buddy Wrenn
Email	wrennb@halifaxnc.com

Field help

Name The name of the program manager.

Email The email address of the program manager.

Grants MOA signatory

Grants MOA signatory			
<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 "Appendix" section. There is an opportunity to override this contact for any specific grant.</i>			
Name	Vernon Bryant		
Agency	Halifax County Board of Commissioners		
Title	Chairman, Halifax County Board of Commissioners		
Street address (not PO Box)	10 North King Street		
City	Halifax	ZIP + 4	27839-9753
Email	bryantv@halifaxnc.com		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

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

Projects

Enter requested project information for each grant checked under **Grants selection**. Completions of the **Point of contact** and **MOA signatory** sections are only required if the individuals are different from the **Grants point of contact** or **Grants MOA signatory**.

EMPG

Point of contact

Point of contact			
<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

MOA signatory <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 "Appendix" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

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

Finance director

Finance director <i>The signature of the finance director of the agency is required for the memorandum of agreement.</i>	
Name	Mary Duncan
Email	duncanm@halifaxnc.com

Field help

Name	The name of the finance director.
Email	The email of the finance director.

Project information

General information	
<i>Enter information describing the project.</i>	
Title	Local Emergency Management Project
Description	Maintain emergency operations plan, support mass care services and sheltering, mass notification system, maintenance of equipment as authorized under EMPG, develop training opportunities
Goal	Our goal is to be more prepared as a county for emergencies.
Construction/renovation required	No
Structural attachment required	No
Core capabilities addressed	
<i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>	
Primary	Planning
Secondary	Public Information and Warning
Project timeline milestones	
<i>List the major project events and their completion dates.</i>	
Milestone	Completion Date
Receive Grant Award	1/2019
Supplies/Equipment purchases	3/2019
Training and Exercise projects	5/2019
Complete project activity	9/2019
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*
- 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."]

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."]

Construction/renovation required The project requires either new construction or renovation, retrofitting, or modification of existing structures.

Structural attachment required The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.

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", "Pay salary", "Purchase supplies", "Close out grant"]

Completion date 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/Equipment/Organization/Training/Exercises costs** section.

Organization details

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

EM program manager <i>Complete for EM program manager activity only.</i>	
Time allotted for EM	100%
Salary	57494
Date of employment in current position	5/2/2016
All personnel <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	57494
All EMPG Program funds (federal and match) allocated towards non-local emergency management personnel	0
Total number of local emergency management full-time equivalent(FTE) personnel, including those supported and not supported by the EMPG Program	1
Number of local emergency management FTE personnel supported (fully or partially) by the EMPG Program	1
Number of local emergency management personnel supported (fully or partially) by the EMPG Program	1

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.

Planning/Equipment/Organization/Training/Exercises costs

Estimated Costs <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	Funding amount	Match amount	Total amount
Equipment	12TR-00-TEQP - Trailer, Equipment	12000	12000	24000
Training	Local training and travel to training	5000	5000	10000
Exercises	Functional or Full Scale	10000	10000	20000
Equipment	04AP-09-ALRT - Systems, Public Notification and Warning	8000	8000	16000
Equipment	04HW-01-MOBL - Computer, Mobile Data	5000	5000	5000
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Total estimated costs		40000	40000	80000

Field help

- Activity area** A selection of either Planning, Organization, Equipment, Training, or Exercise.
- Description** A description of the cost item. Equipment must be AEL-listed (<https://www.fema.gov/authorized-equipment-list>). [Example: AEL number, item description]
- Funding amount** Grant amount applied to the cost item.
- Match amount** Local match amount applied to the cost item.

Total amount Funding amount + Match amount.

Total estimated costs Totals of each of the “amount” columns.

HMEP

Enter requested information in the sections listed below.

Point of contact

Point of contact <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

MOA signatory <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 “Appendix” section. Complete only if the MOA signatory for this project is different from the identified “Grants MOA signatory”.</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

Name The individual who signs the memorandum of agreement on behalf of the applicant.

Agency The agency name of the signatory.

Title The title within the agency of the signatory.

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

Project information

General information	
<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.
Core capabilities addressed	
<i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>	
Primary	Choose an item.
Secondary	Choose an item.
Project timeline milestones	
<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:
- | | |
|------------------|---|
| <i>Planning</i> | When describing the project answer the following: |
| <i>Exercise</i> | <ul style="list-style-type: none"> What is the activity area (one of “Planning”, “Equipment”, “Training”, “Exercises”)? |
| <i>Training</i> | <ul style="list-style-type: none"> 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? |
| <i>Equipment</i> | <p>[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.”]</p> <p>In addition:</p> <ul style="list-style-type: none"> For <i>Training</i>, identify the course number and title of each course. For <i>Exercises</i>, 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

Costs		
<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.
Total cost		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.
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Description	A description of the cost item.
Amount	The cost of the item.
Total cost	The sum of all of the amounts.

HSGP

Complete information for up to three projects.

Project # 1

Enter requested information in the sections listed below.

Point of contact

Point of contact <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

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

Field help

Name	The individual who signs the memorandum of agreement on behalf of the applicant.
Agency	The agency name of the signatory.

Title	The title within the agency of the signatory.
Street address, City, ZIP + 4, email	The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

Title	The name of the project. The title can be a maximum of 30 characters.
Description	<p>A detailed description of the project in terms of the Activity areas being addressed:</p> <p><i>Planning</i> When describing the project answer the following:</p> <p><i>Equipment</i> • What is the activity area (one of “Planning”, “Equipment”, “Training”, “Exercises”)?</p> <p><i>Training</i> • Why is this project needed?</p> <p><i>Exercises</i> • How will capabilities gaps be addressed?</p> <p>• How will this project help you to become better prepared to respond to terrorist or CBRNE events?</p> <p>• What is the importance of this project?</p> <p>• What happens if this application is denied?</p> <p>[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.”]</p> <p>In addition:</p> <ul style="list-style-type: none"> • For <i>Training</i>, identify the course number and title of each course. • For <i>Exercises</i>, identify the name, location, and scope of each exercise. <p>Also, include details of:</p> <ul style="list-style-type: none"> • 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. [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.] • Contribution to the operation of the fusion center (if any). • Project management.
Goal	How the project supports saving life and protecting property.
Classification	<p>A selection of State, Local DPR, and Local non-DPR:</p> <p><i>State</i> Developed and managed by state agencies</p> <p><i>Local DPR</i> Developed and managed by local agencies</p> <p><i>Local non-DPR</i> Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.</p>
DPR number	The DPR number where the project is located.
Is project deployable?	The project can be deployed to other jurisdictions.
Is project shareable?	The asset cannot be moved, but can be shared with other jurisdictions.

Construction/renovation required	The project requires either new construction or renovation, retrofitting, or modification of existing structures.
Structural attachment required	The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.
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.
Capabilities building	Select whether the Primary and Secondary capabilities are new (build) or existing (sustain).
Milestone	Steps that help structure the project's schedule. [Examples: "Receive award notification", "Arrange course offerings", "Initial planning meeting", "Execute exercise", "Trailer received", "After-action report completed", "Conduct courses", "Close out grant"]
Completion date	Month and year when the corresponding milestone is expected to be completed.

Project information

General information <i>Enter information describing the project.</i>			
Title	Click or tap here to enter text.		
Description			
Goal	Click or tap here to enter text.		
Classification	Choose an item.	DPR number (if Local DPR)	Choose an item.
Is project deployable?			Choose an item.
Is project shareable?			Choose an item.
Does the project contribute to the development or operation of the fusion center?			Choose an item.
Does this project support a previously awarded investment?			Choose an item.
Construction/renovation required	Choose an item.		
Structural attachment required	Choose an item.		
Core capabilities addressed <i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>			
Primary	Choose an item.		
Secondary	Choose an item.		
Capabilities building	Choose an item.		
Project timeline milestones <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.		

[Field help](#)

Budget

Costs		
<i>For each cost item select an activity area and then enter the amount funded and any funds allocated for Law Enforcement Terrorism Prevention (LETP).</i>		
Activity area	Funding amount	Funds dedicated to LETP
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Total funding	Enter total.	Enter total.

Field help

- Activity area** A selection of either Planning, Organization, Equipment, Training, or Exercise.
- Funding amount** Grant amount applied to the cost item.
- Funds dedicated to LETP** Funding amount spent on Law Enforcement Terrorism Prevention (LETP).
- Total funding** Funding totals.

Project # 2

Enter requested information in the sections listed below.

Point of contact

Point of contact			
<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

MOA signatory			
<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 "Append" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

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

Project information

General information			
Enter information describing the project.			
Title	Click or tap here to enter text.		
Description			
Goal	Click or tap here to enter text.		
Classification	Choose an item.	DPR number (if Local DPR)	Choose an item.
Is project deployable?			Choose an item.
Is project shareable?			Choose an item.
Does the project contribute to the development or operation of the fusion center?			Choose an item.
Does this project support a previously awarded investment?			Choose an item.
Construction/renovation required	Choose an item.		
Structural attachment required	Choose an item.		
Core capabilities addressed			
Select primary and secondary (if applicable) core capabilities addressed by this project.			
Primary	Choose an item.		
Secondary	Choose an item.		
Capabilities building	Choose an item.		
Project timeline milestones			
List the major project events and their completion dates.			
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.		

Field help

Title	The name of the project. The title can be a maximum of 30 characters.
Description	<p>A detailed description of the project in terms of the activity areas being addressed:</p> <p><i>Planning</i> A description of the planning activity.</p> <p><i>Equipment</i> A general description of how the equipment will be used.</p> <p><i>Training</i> The course number and title of each course.</p> <p><i>Exercises</i> The name, location, and scope of each exercise.</p> <p>Also, include details of:</p> <ul style="list-style-type: none"> Any construction/renovation or structural attachments required. Any joint or regional aspects. Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning. Contribution to the operation of the fusion center (if any) Project management.
Goal	How the project supports saving life and protecting property.

Classification	A selection of State, Local DPR, and Local non-DPR. <div> <div>State</div> <div>Local DPR</div> <div>Local non-DPR</div> </div> <div> <div>Developed and managed by state agencies</div> <div>Developed and managed by local agencies</div> <div>Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.</div> </div>
DPR number	The DPR number where the project is located.
Is project deployable?	The project can be deployed to other jurisdictions.
Is project shareable?	The asset cannot be moved, but can be shared with other jurisdictions.
Construction/renovation required	The project requires either new construction or renovation, retrofitting, or modification of existing structures.
Structural attachment required	The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.
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.
Capabilities building	Select whether the Primary and Secondary capabilities are new (build) or existing (sustain).
Milestone	Steps that help structure the project's schedule.
Completion date	Month and year when the corresponding milestone is expected to be completed.

Budget

Costs		
For each cost item select an activity area and then enter the amount funded and any funds allocated for Law Enforcement Terrorism Prevention (LETP).		
Activity area	Funding amount	Funds dedicated to LETP
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Total funding	Enter total.	Enter total.

Field help

Activity area	A selection of either Planning, Organization, Equipment, Training, or Exercise.
Funding amount	Grant amount applied to the cost item.
Funds dedicated to LETP	Funding amount spent on Law Enforcement Terrorism Prevention (LETP).
Total funding	Funding totals.

Project # 3

Enter requested information in the sections listed below.

Point of contact

Point of contact <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

MOA signatory <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 "Appendix" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

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

Project information

General information			
<i>Enter information describing the project.</i>			
Title	Click or tap here to enter text.		
Description			
Goal	Click or tap here to enter text.		
Classification	Choose an item.	DPR number (if Local DPR)	Choose an item.
Is project deployable?			Choose an item.
Is project shareable?			Choose an item.
Does the project contribute to the development or operation of the fusion center?			Choose an item.
Does this project support a previously awarded investment?			Choose an item.
Construction/renovation required	Choose an item.		
Structural attachment required	Choose an item.		
Core capabilities addressed			
<i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>			
Primary	Choose an item.		
Secondary	Choose an item.		
Capabilities building	Choose an item.		
Project timeline milestones			
<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.		

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 A description of the planning activity.

Equipment A general description of how the equipment will be used.

Training The course number and title of each course.

Exercises The name, location, and scope of each exercise.

Also, include details of:

- Any construction/renovation or structural attachments required.
- Any joint or regional aspects.
- Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.

- Contribution to the operation of the fusion center (if any)
- Project management.

Goal	How the project supports saving life and protecting property.						
Classification	A selection of State, Local DPR, and Local non-DPR.						
	<table> <tr> <td><i>State</i></td><td>Developed and managed by state agencies</td></tr> <tr> <td><i>Local DPR</i></td><td>Developed and managed by local agencies</td></tr> <tr> <td><i>Local non-DPR</i></td><td>Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.</td></tr> </table>	<i>State</i>	Developed and managed by state agencies	<i>Local DPR</i>	Developed and managed by local agencies	<i>Local non-DPR</i>	Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.
<i>State</i>	Developed and managed by state agencies						
<i>Local DPR</i>	Developed and managed by local agencies						
<i>Local non-DPR</i>	Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.						
DPR number	The DPR number where the project is located.						
Is project deployable?	The project can be deployed to other jurisdictions.						
Is project shareable?	The asset cannot be moved, but can be shared with other jurisdictions.						
Construction/renovation required	The project requires either new construction or renovation, retrofitting, or modification of existing structures.						
Structural attachment required	The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.						
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.						
Capabilities building	Select whether the Primary and Secondary capabilities are new (build) or existing (sustain).						
Milestone	Steps that help structure the project's schedule.						
Completion date	Month and year when the corresponding milestone is expected to be completed.						

Budget

Costs		
<i>For each cost item select an activity area and then enter the amount funded and any funds allocated for Law Enforcement Terrorism Prevention (LETP).</i>		
Activity area	Funding amount	Funds dedicated to LETP
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Total funding	Enter total.	Enter total.

Field help

Activity area A selection of either Planning, Organization, Equipment, Training, or Exercise.

Funding amount Grant amount applied to the cost item.

Funds dedicated to LETP Funding amount spent on Law Enforcement Terrorism Prevention (LETP).

Total funding Funding totals.

North Carolina Tier II competitive

Enter requested information in the sections listed below.

Point of contact

Point of contact			
<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

MOA signatory <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 "Appendix" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

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

Project information

General information <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.
Project timeline milestones <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.

Field help

- Title** 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

Costs		
Enter a description and cost for each budget item.		
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.
Total cost		Enter total.

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.

North Carolina Tier II noncompetitive

Enter requested information in the sections listed below.

Point of contact

Point of contact <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

MOA signatory <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 "Appendix" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

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

Project information

General information	
Enter information describing the project.	
Title	Halifax County Tier II LEPC Grant
Description	Support Halifax County's Local Emergency Planning Committee by hosting meetings and providing outreach and collaborations with public and private partners. Support any hazardous materials exercises or responses. Support LEPC purchase of any pre-approved equipment. Deliverables will be enhanced public and private preparedness for hazardous materials response. This will include first responders, support, and private partners.
Goal	Be more prepared for local hazmat incident
Scope	Local
Request RRT participation	No

Field help

Title	The name of the project. The title can be a maximum of 30 characters.
Description	<p>A detailed description of the project:</p> <ul style="list-style-type: none">• Break down activities into clear actions.• Identify personnel providing services.• Identify measurable and tangible deliverables or results. <p>Also, include details of Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.</p>
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.

Budget

Costs		
<i>Enter a description and cost for each budget item.</i>		
Activity area	Description	Amount
Equipment	Promotional Materials	200
Equipment	Office Supplies	150
Planning	Support meetings, food, beverages	200
Equipment	Pre-approved equipment that supports LEPC mission	500
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.
Total cost		1050

Field help

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

Certification

Certification <i>Review each certification item and check where appropriate.</i>	
I certify that:	<ul style="list-style-type: none"><input checked="" type="checkbox"/> This application includes complete and accurate information.<input checked="" type="checkbox"/> No project (supported through federal and/or matching funds) having the potential to impact Environmental or Historical Preservation (EHP) can be started without the prior approval of FEMA, including but not limited to communications towers, physical security enhancements, new construction, and modifications to buildings, structures and objects that are 50 years old or greater. Applicant must comply with all conditions placed on the project as the result of the EHP review. Any change to the approved project scope of work requires re-evaluation for compliance with these EHP requirements. Any activities that have been initiated without the necessary EHP review and approval will result in a non-compliance finding and will not be eligible for FEMA funding.<input checked="" type="checkbox"/> In accordance with HSPD-5, the adoption of the National Incident Management System (NIMS) is a requirement to receive federal preparedness assistance through grants, contracts, and other activities. By submitting this grant application, you and all participating entities are certifying that your locality/state agency is NIMS compliant.<input checked="" type="checkbox"/> Submission of the project proposal does not guarantee funding.<input checked="" type="checkbox"/> 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).<input checked="" type="checkbox"/> Any changes made to this grant application after the submission deadline must be approved by the Planning and Homeland Security Section Grants Branch Manager and an updated application must be submitted.<input type="checkbox"/> If applying as a nonprofit agency you must have a 501(c)(3) status. A copy of that certification must be submitted with your application.<input checked="" type="checkbox"/> (EMPG only) Positions that are classified as sworn law enforcement officers may not be funded through EMPG.

Appendix

Add any information not accommodated by the application form here.

EMPG

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

HMEP

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

HSGP

Project # 1

Project information

Enter additional project information in the space below.

Project # 2

Project information

Enter additional project information in the space below.

North Carolina Tier II competitive

Project information

Enter additional project information in the space below.

North Carolina Tier II noncompetitive

Project information

Enter additional project information in the space below.

Buddy Wrenn

From: Byers, Tim <Tim.Byers@ncdps.gov>
Sent: Friday, October 05, 2018 2:10 PM
To: Ronnie Storey; Buddy Wrenn; Lewis, Jeff; Paschall, Dennis; karen.solomon@warrencountync.gov; Short, Brian; Reavis, Jason; Logan, Doug; Edwards, Robin; Young, Doug; jteasley@personcounty.net
Cc: Byers, Tim
Subject: 2019 EMPG application DUE BACK TO ME BY DEC 18
Attachments: EMPG Certification Letter2019.doc; NCEM 2019 EMPG Application.docx; Tier II Competitive FINAL.pdf; HMEP FINAL.pdf

Follow Up Flag: Follow up
Due By: Monday, October 15, 2018 9:00 AM
Flag Status: Flagged

All,

Please find the attached information for the 2019 EMPG application and certification. This is the new streamline format that MUST be completed and returned to ME by Dec. 18, 2018.

I will be glad to schedule a time to visit with you to help you complete this. The 2019 EMPG activity section will open soon in WEBEOC, where you can choose the activities for the 2019 year.

Also I will advise you when the new NIMSCAST is open and available to complete.

Please let me know if you have any questions, as this application covers multiple grants, you may have some questions that arise when you are working on this.
Have a great weekend.

Thanks,
Tim Byers
Area 6 Coordinator
DPR 4 Executive Director
NCEM/NCDPS
252-676-5240



AGENDA
Halifax County Board of Commissioners
Regular Meeting

TO: Halifax County Board of Commissioners

FROM: David L. Forester, CPA, Vice President of Administrative Services

PRESENTER: David L. Forester, CPA, Vice President of Administrative Services

SUBJECT: Halifax Community College FY 2018-2019 Budget

DATE: November 19, 2018 Regular Meeting

SUPPORTING INFORMATION:

Attached, please find the Halifax Community College FY 2018-2019 Budget for your review and approval.

ATTACHMENTS:

Description

- ▢ Halifax Community College FY 2018-2019 Budget

TOTAL COST:

COUNTY COST:

REQUEST: Approve the Halifax Community College FY 2018-2019 Budget.



October 9, 2018

The Honorable Vernon Bryant
Chairman of the Halifax County Board of Commissioners
10 N. King St.
Halifax, NC 27839

Dear Mr. Bryant:

I am writing to request that the Halifax County Board of Commissioners approve the 2018-2019 Budget for Halifax Community College shown on the enclosed DCC 2-1 Form and that you sign the Required Budget Request Sign-Off Form to be sent to the North Carolina Community College System Office.

There is \$14,839,202 of total budget for operations and \$2,712,842 of capital improvements funds in the 2018-19 budget for a total budget of \$17,552,044. The North Carolina Community College System asks that county board of commissioners in service areas approve colleges' budgets annually. The Board of Trustees at Halifax Community College already approved the 2018-2019 budget on October 2, 2018 which you are being presented based on the DCC 2-1 Form, and the Chairman Felt has already signed the Required Budget Request Sign-Off Form. You are being asked to do the same to show approval of the budget for Halifax Community College. Budget revenues for State, County, and Federal funding sources are based upon approved allocations given to Halifax Community College. Budget revenues for Institutional funds are based on prior history and projected revenues. Operating expenses are based on existing employment contracts, recurring expenditures, and projected expenditures. Dr. Elam will be at the November 5, 2018 to discuss this topic and answer any questions that exist at that time. I appreciate greatly the continued support of the Halifax County Board of Commissioners!

Best regards,

David Forester, CPA

Enclosures

**NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
COLLEGE BUDGET: FY 2018-19**

REQUIRED BUDGET REQUEST SIGN-OFF

The attached College Budget has been reviewed and approved on

October 2, 2018 by the Board of Trustees of Halifax Community College

_____, Chairman.

The attached College Budget has been reviewed and approved in

the amount of \$17,552,044 (Operations 14,839,202 and Capital 2,712,842) on

_____, 20____ by the County Commissioners of Halifax County.

_____, Chairman.

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
COLLEGE FY 2018-19 BUDGET
(EXCLUDING CAPITAL IMPROVEMENT PROJECTS)

College Name: Halifax CC
Institution Number: 840

	1	2	3	4
	State Budget	County Budget	Institutional Budget	Total Budget
Summary of Revenues (excluding capital improvement projects)				
State*	\$ 9,319,494			\$ 9,319,494
County Funds		\$ 1,275,601		\$ 1,275,601
Institutional Funds			\$ 4,244,107	\$ 4,244,107
Operating Revenue Subtotal	\$ 9,319,494	\$ 1,275,601	\$ 4,244,107	\$ 14,839,202
Fund Balance Appropriated		\$ -	\$ -	\$ -
Total Funds Available	\$ 9,319,494	\$ 1,275,601	\$ 4,244,107	\$ 14,839,202
Summary of Expenditures (excluding capital improvement projects)				
1XX Institutional Support	\$ 2,729,581	\$ 130,139	\$ 12,000	\$ 2,871,720
2XX Curriculum Instruction	\$ 3,832,719	\$ -	\$ 975,000	\$ 4,807,719
3XX Continuing Education	\$ 1,037,940	\$ -	\$ 100	\$ 1,038,040
4XX Academic Support	\$ 760,881	\$ -	\$ -	\$ 760,881
5XX Student Support	\$ 761,811	\$ -	\$ 539,007	\$ 1,300,818
6XX Plant Operations & Maint.	\$ -	\$ 1,145,462	\$ -	\$ 1,145,462
7XX Proprietary/Other	\$ -	\$ -	\$ 228,000	\$ 228,000
8XX Student Aid	\$ -	\$ -	\$ 2,490,000	\$ 2,490,000
9XX Capital Outlay (excluding capital improvements)	\$ 196,562	\$ -	\$ -	\$ 196,562
Total Budgeted Expenditures	\$ 9,319,494	\$ 1,275,601	\$ 4,244,107	\$ 14,839,202
Net (Est. Revenues - Expenditures)	\$ -	\$ -	\$ -	\$ -

*Includes Federal funds that are allocated to colleges by the State Board and are processed through the 112.

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
COLLEGE FY 2018-19 CAPITAL IMPROVEMENTS BUDGET

Capital Improvements

College Name:	Halifax CC			
Institution Number:	840			
	1	2	3	4
	State	County	Institutional	Total
Capital Improvement Revenues				
State Funds (funds reimbursed by System Office)*	\$ 1,785,565			\$ 1,785,565
County Funds				
County Appropriation for CI Projects				\$ -
County GO Bond Funds				\$ -
Other County Revenue/Financing		\$ 427,277		\$ 427,277
Fund Balance for CI Projects				\$ -
County Subtotal		\$ 427,277		\$ 427,277
Institutional Funds				
Federal Grant				\$ -
Private Gift/Donation				\$ -
Private Grant(s) and Other Sources (list below):				\$ -
EDA Grant			\$ 500,000	\$ 500,000
				\$ -
				\$ -
				\$ -
				\$ -
(If necessary, add lines above)				\$ -
Institutional Subtotal			\$ 500,000	\$ 500,000
Total Capital Improvement Project Revenues	\$ 1,785,565	\$ 427,277	\$ 500,000	\$ 2,712,842
Capital Improvement Expenditures				
910 Buildings and Grounds	\$ 1,785,565		\$ 500,000	\$ 2,285,565
Repairs and Renovations/New Construction		\$ 427,277		\$ 427,277
Total Expenditures	\$ 1,785,565	\$ 427,277	\$ 500,000	\$ 2,712,842
NET (Est. Revenues - Expenditures)	\$ -	\$ -	\$ -	\$ -



AGENDA
Halifax County Board of Commissioners
Regular Meeting

TO: Halifax County Board of Commissioners

FROM: S. Wes Tripp, Sheriff

PRESENTER: S. Wes Tripp, Sheriff

SUBJECT: Annual Sheriff's Report

DATE: November 19, 2018 Regular Meeting

SUPPORTING INFORMATION:

The annual Sheriff's Report will be provided.

ATTACHMENTS:

Description

No Attachments Available

TOTAL COST:

COUNTY COST:

REQUEST: Accept the annual Sheriff's Report.



AGENDA
Halifax County Board of Commissioners
Regular Meeting

TO: Halifax County Board of Commissioners

FROM: Tony N. Brown, County Manager

PRESENTER: Tony N. Brown, County Manager

SUBJECT: NCACC 2019 Legislative Goals Conference Voting Delegate

DATE: November 19, 2018 Regular Meeting

SUPPORTING INFORMATION:

The North Carolina Association of County Commissioners is requesting that each Board of County Commissioners designate a commissioner or other official as a voting delegate for the 2019 Legislative Goals Conference. The Voting Delegate Designation Form is attached for your review.

ATTACHMENTS:

Description

- ▢ NCACC 2019 Legislative Goals Conference Voting Delegate Form

TOTAL COST:

COUNTY COST:

REQUEST: Designate a commissioner or other official as a voting delegate for the 2019 Legislative Goals Conference.



Voting Delegate Designation Form
Legislative Goals Conference
January 10-11, 2019 (Thursday – Friday)
Raleigh Marriott Crabtree Valley – Wake County

NOTE: Please place this action on your board meeting agenda.

Each Board of County Commissioners is hereby requested to designate a commissioner or other official as a voting delegate for the 2019 Legislative Goals Conference. Each voting delegate should complete and sign the following statement and **return it to the Association no later than Friday, December 28, 2018.**

Please return form to Alisa Cobb, Executive Assistant, by email at alisa.cobb@ncacc.org or by fax at 919-733-1065.

I, _____, hereby certify that I am the duly designated voting delegate for _____ County at the North Carolina Association of County Commissioners 2019 Legislative Goals Conference.

Signed: _____

Title: _____

Article VI, Section of the Association's Constitution provides:

"On all questions, including the election of officers, each county represented shall be entitled to one vote, which shall be the majority expression of the delegates of that county. The vote of any county in good standing may be cast by any one of its County Commissioners who is present at the time the vote is taken; provided, if no commissioner be present, such vote may be cast by another county official, elected or appointed, who holds elective office or an appointed position in the county whose vote is being cast and who is formally designated by the Board of County Commissioners. These provisions shall likewise govern district meetings of the Association. A county in good standing is defined as one which has paid the current year's dues."