



Pre-Grant Form

Department: Emergency Medical Services (Emergency Management)	Date: December 8, 2015
Document Title (i.e. Resolution, Agreement, etc.): Emergency Management Performance (EMPG) / Local Emergency Management Support (LEMS) Grant	Year of commencement: 01/01/2015 – 12/31/2016
Source of Funding:	
 General Fund Revenue <input type="checkbox"/> R & B Fund Revenue <input type="checkbox"/> EMS Fund Revenue <input type="checkbox"/> Social Services Fund <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
If other, please indicate: <u>The maximum amount payable under this Grant Agreement to Ouray County is \$33,100. This grant reimburses the County for 50% of its expenditures in an amount not to exceed \$33,100.</u>	
Reporting Requirements (if any):	
Quarterly financial status and progress reports to the State are required along with submittals for payment to Ouray County.	
Description/Purpose:	
For emergency management services within Ouray County.	

Submission/Review/Approval or Denial:

Department Head / Elected Official: Glenn Boyd, Emergency Manager Date: 11 - 18 - 2015

County Administrator: *Cornie J Hunt* Date: 11 - 18 - 2015

Comments: _____

Board of County Commissioners, Chair: _____ Date: 11 - 18 - 2015

Approve Deny



COLORADO

Division of Homeland Security & Emergency Management

Department of Public Safety

2016 EMPG-LEMS Annual Program Paper

Part II Jurisdiction Information and Signatures (v.110714)

Note: This document serves to meet the requirements of §24-33.5-707(7), C.R.S.

Jurisdiction Name: OURAY COUNTY

Emergency Program Manager

Name: **Glenn Boyd**

Job Title: **Emergency Manager**

Mailing Address: **P.O. Box C, Ouray, Colorado 81427**

Physical Address (if different): **541 4th Street, Ouray, Colorado 81427**

Phone Contact Information

Office Phone number: **970-325-7275**

24 Hour Emergency Line: **970-318-1271**

Office Fax: **970-325-0452**

Cellular: **970-318-1271**

Pager: **N/A**

E-Mail Address: **gboyd@ouraycountyco.gov**

Employment Status (Please indicate how many)

Paid Full Time: **X** Paid Part Time: Volunteer: Other:

Jurisdiction Job Title Program Manager Reports to: **County Administrator and County Sheriff**

Hours worked per week for jurisdiction in all job titles:

Hours worked per week devoted to Emergency Management: **36**

Additional Emergency Management Staff

Type of Employment	How many?	Total staff hours/week	Total E.M. hours/week
Paid full time professional	N/A		
Paid full time clerical	N/A		
Paid part time professional	N/A		
Paid part time clerical	N/A		
Volunteer	N/A		
Other personnel	N/A		

Senior Elected Official (Name and Title): Don Batchelder, Board of County Commissioners, Chair

Chief Executive Officer (if different from above) : Connie I. Hunt, Ouray County Administrator

Signature/Chief Executive: *Connie I. Hunt*

Signature/Emergency Manager/Coordinator: Glenn Boyd *Glenn Boyd* Date 11-24-15

Signature/DHSEM Regional Field Manager: Drew Petersen Date _____



COLORADO
 Division of Homeland Security
 & Emergency Management
 Department of Public Safety

**Emergency Management Program Grant (EMPG)
 Local Emergency Manager Support (LEMS)
 Program Funding Application: Part III (v.110714)**

Staffing Pattern and Program Funding for Calendar Year 2016

Note: This for MUST be resubmitted whenever the jurisdiction has personnel changes.

JURISDICTION: OURAY COUNTY

Salaries & Benefits

A	LEMS Eligible Salary (Staffing Report Block 10 Total):	\$	52,996.32
B	LEMS Eligible Benefits (Staffing Report Block 11 Total):	\$	16,238.03
C	Total Salary and Benefits (a+b): \$		\$69,234

Travel Expenses

D	Local Travel (mileage, fleet expense, or other):	\$	1,800.00
E	Out of State Travel:	\$	-
F	Conference & Seminars (Registration Fees, Hotels, etc.):	\$	-
G	Training (Registration Fees, hotels, etc.):	\$	800.00
H	Per Diem:	\$	500.00
I	Other (Dues, Certifications and Membership Fees):	\$	100.00
J	Total Travel Expenses (D+E+F+G+H+I): \$		\$ 3,200.00

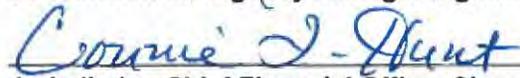
Office Support Expenses (more than \$200 for year)

K	Office Supplies and Materials:	\$	327.00
L	Equipment Purchase:	\$	1,400.00
M	Equipment Lease:	\$	840.00
N	Rent, Utilities, etc.:	\$	4,620.00
O	Printing & Copying:	\$	315.00
P	Postage:	\$	-
Q	Other (Advertising, Cell Phones, Aircards, WENS, etc.):	\$	5,000.00
R	Total Office Support Expenses (K+L+M+N+O+P+Q): \$		\$ 12,502.00

S	Total Request (C+J+R):		\$	84,936.35
T	Federal (Eligible for Reimbursement) Amount (One half of S):		\$	42,468.18


 Jurisdiction Emergency Manager Signature

11-24-15 Date


 Jurisdiction Chief Financial Officer Signature

11-24-15 Date

COEM Regional Field Manager Signature

_____ Date



COLORADO

Division of Homeland Security
& Emergency Management

Department of Public Safety

Emergency Management Program Grant (EMPG) Local Emergency Manager Support (LEMS) Program Funding Application: Part III (v.110714)

Staffing Pattern for Calendar Year 2015

Note: This for MUST be resubmitted *whenever the jurisdiction has personnel changes.*

JURISDICTION: Ouray County

1a) Employee Name	2) Classification Specification/Full Position Title	3) Date of Appointment or Date Hired	4) Employee Status- Type of Appointment SEE INSTRUCTIONS
Glenn Boyd	Emergency Manager	1/1/2013	Full-time Non-exempt

1b) PAID Employee Name	5) Jurisdiction Gross Annual salary (All job titles)	6) Gross Annual Employer- Provided Benefits	7) Total Hours/ Week	8) LEM Hours/ Week	9) Percent LEM Hours/ Week	10) LEMS Eligible Salary	11) LEMS Eligible Benefits
Glenn Boyd	\$52,996	\$16,238	36	36	100%	\$52,996	\$16,238
					0%	\$0	\$0
					0%	\$0	\$0
					0%	\$0	\$0
					0%	\$0	\$0
					0%	\$0	\$0
					0%	\$0	\$0
					0%	\$0	\$0
					0%	\$0	\$0
					0%	\$0	\$0
Totals	\$ 52,996.32	\$ 16,238.03				\$52,996	\$16,238

Enter in Slot A On Funding Request	Enter in Slot B On Funding Request
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2016 FFATA/FSRS Data Report

Due to the implementation of the FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA), the COEM must enter the information for each subaward into the SUB-AWARD REPORTING SYSTEM (FSRS). This information is required by the Office of Management and Budget (OMB) and must be submitted by the COEM within 30 days of making the subaward, so is being collected at the time of each grant application.

Unless otherwise indicated, all fields must be completed in order to be an eligible subgrant recipient.

Information Field	Field Description	Response
Agency or Jurisdiction DUNS #	DUNS number assigned to your jurisdiction or specifically to your agency	Dunns # 014851620
Parent Organization DUNS number, if applicable	If the Jurisdiction has a DUNS number and the Agency has one as well, insert the Jurisdiction's DUNS here.	N/A
Name of Entity Receiving Award	Jurisdiction or Agency Name to which the DUNS number is assigned	Ouray County
Location of Entity Receiving Award	Full Street Address of the Recipient Agency	541 4 th Street P.O. Box C Ouray, Co 81427
Primary Location of Performance of the Award	Include City, State and Congressional District	Ouray County Congressional District 3
The Information Below MAY be Required – See Determining “and” statements		
Names and Total Compensation of the Five (5) most highly compensated officers	If all of the Conditions Below are true then the names and compensation information is required – otherwise mark Box 1 as “Not Required”	Information if Required
The entity in the preceding fiscal year received 80% or more of its annual gross revenues in federal awards, and;		1.
The entity received \$25,000,000 or more in annual gross revenues from Federal awards, and;		2.
The public does not have access to this information through periodic reports filed with the IRS or SEC		3.
		4.
		5.

Signature: *Coranne J. Akint* Date: 11-24-15
 Agency's Authorized Representative (usually the Grant Administrator named in the application and the grant contract)

By signing above, I certify that the information contained in this FFATA data report is complete and accurate to the best of my knowledge.