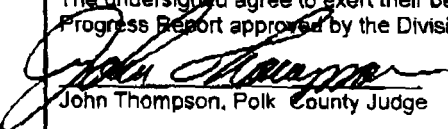
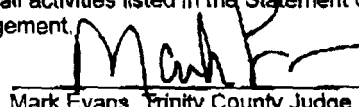
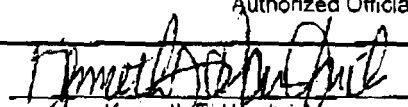


#5(I)

### FISCAL YEAR 2008 EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION

1. APPLICANT NAME (Jurisdiction): Polk / Trinity County, Office of Emergency Management	
2. COUNTY: POLK/TRINITY	3. DISASTER DISTRICT: SUB 2B
4. EMPG STATUS: <input checked="" type="checkbox"/> Current EMPG Program participant <input type="checkbox"/> New EMPG Program applicant	
5. PROGRAM PARTICIPANTS: (List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have joined or withdrawn from your program in the last year.) a. County of Polk b. Cities of Corrigan, Goodrich, Livingston, Onalaska and Seven Oaks c. County of Trinity d. Cities of Trinity and Groveton	
6. CHECKLIST OF APPLICATION ATTACHMENTS: (See the FY 2008 Local Emergency Management Program Guide for information on completing these forms.) <input checked="" type="checkbox"/> Designation of Grant Officials (DEM-17B) <input checked="" type="checkbox"/> Statement of Work & Cumulative Progress Report (DEM-17A). This form must be signed by the EMC. <input checked="" type="checkbox"/> Application for Federal Assistance (DEM-67). The Authorized Official must sign this form. <input checked="" type="checkbox"/> EMPG Staffing Pattern (DEM-66). <input checked="" type="checkbox"/> EMPG Staff Job Description (DEM-68). A current job description must be provided for each staff member listed in the FY 2008 EMPG Staffing Pattern (DEM-66). <input checked="" type="checkbox"/> FEMA Form 20-16, Summary Sheet for Assurances & Certifications must be signed by an Authorized Official. Attached <input type="checkbox"/> FEMA Form 20-16A, Assurances – Non-Construction Programs <input type="checkbox"/> FEMA Form 20-16C, Certifications Regarding Lobbying, Debarment, Suspension, & Other Responsibility Matters; and Drug-Free Workplace Requirements. <input type="checkbox"/> FEMA Form SF LLL, Disclosure of Lobbying Activities signed by the Authorized Official required only if the applicant performs lobbying to influence federal actions <input checked="" type="checkbox"/> Direct Deposit Authorization (form 74-146). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> Travel Policy Certification (DEM-69). The Grant Financial Officer must sign this form.	
7. CERTIFICATION: This Application, together with the approved EMPG Statement of Work & Cumulative Progress Report (DEM-17A), constitutes the annual work plan for the emergency management program whose participants are listed above. The undersigned agree to exert their best efforts to accomplish all activities listed in the Statement of Work & Cumulative Progress Report approved by the Division of Emergency Management.	
 John Thompson, Polk County Judge	<u>12/11/07</u> Date
 Mark Evans, Trinity County Judge	<u>12-10-07</u> Date
Authorized Official (Signature)	
 Kenneth F. Hambrick Emergency Management Coordinator (Original Signature)	<u>12-10-07</u> Date
<b>GDEM USE ONLY</b>	
8. APPROVAL: The attached Fiscal Year 2008 Statement of Work & Cumulative Progress Report is approved.	
<input type="checkbox"/> Chief	Date
<input type="checkbox"/> State Coordinator of Preparedness and Operations	

DEM-17  
11/07

Mail completed forms and application materials to:

EMPG Program Administrator  
Preparedness Section  
Governor's Division of Emergency Management  
Texas Department of Public Safety  
PO Box 4087  
Austin, TX 78773-0223

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