

# FISCAL YEAR 2016 APPLICATION FOR FEDERAL ASSISTANCE

(Instructions on Reverse)

<b>NAME OF PROGRAM/ ASSISTANCE:</b> EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	<b>1. CFDA NUMBER:</b>  <div style="text-align: center;"><b>97.042</b></div>	<b>2. APPLICANT STATUS:</b> New Applicant <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
<b>3. FEDERAL FISCAL YEAR:</b> <div style="text-align: center;">FY 2016</div>	<b>4. START DATE:</b> <div style="text-align: center;">OCTOBER 1, 2015</div>	<b>5. END DATE:</b> <div style="text-align: center;">SEPTEMBER 30, 2016</div>

### APPLICANT INFORMATION

<b>a. Legal Name of Applicant Organization (as it appears on the EMPG Application (TDEM-17):</b>  Collin County	<b>b. Name &amp; Telephone Number(s) of Emergency Management Coordinator:</b>  Jason Lane (972) 548 4708
<b>c. Mailing Address:</b> 4300 Community Ave McKinney, TX 75071  Employer Identification Number/Tax ID# 75-60008736	<b>d. Physical Address (if different from Mailing Address):</b>

### EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds)

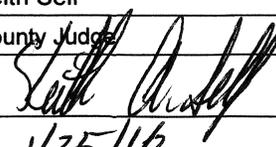
<b>e. Number of EMPG Staff &amp; Percentage of Time Worked in Emergency Management Duties</b>						
	<b># Staff</b>	<b>Percent</b>	<b># Staff</b>	<b>Percent</b>	<b># Staff</b>	<b>Percent</b>
1) Full Time:	1	100				
2) Part Time						

**Total Number of EMPG-Funded Personnel:**

<b>f. Salary &amp; Benefits (from line 18, form TDEM-66)</b>	\$100,775.00
<b>g. Travel Expenses (from line 19 form TDEM-66)</b>	\$ 2,000.00
<b>h. Other Expenses (from section 11 on reverse)</b>	
<b>i. Total Expenses (F + G + H)</b>	\$ 102,775.00
<b>j. Federal Share (I x .50)</b>	\$ 51,387.50

**Note:** If you cannot meet the cash match requirement, check the box below and attach a match proposal as specified in Section 2 of the *Local Emergency Management Performance Grant Guide*. TDEM must review and approve any exceptions made to the cash match requirement at the time of application.  Cash Match Exception Requested

### CERTIFICATION: I certify that to the best of my knowledge and belief this application and its attachments are true and correct.

<b>k. Typed Name of Authorized Official:</b>	Keith Self
<b>l. Title of Authorized Official:</b>	County Judge
<b>m. Original Signature of Authorized Official:</b>	
<b>n. Date Signed:</b>	1/25/16