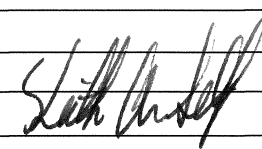


FISCAL YEAR 2014
APPLICATION FOR FEDERAL ASSISTANCE
(Instructions on Reverse)

NAME OF PROGRAM/ ASSISTANCE: EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)	1. CFDA NUMBER: <p style="text-align: center;">97.042</p>	2. APPLICANT STATUS: New Applicant <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>				
3. FEDERAL FISCAL YEAR: FY 2014	4. START DATE: OCTOBER 1, 2013	5. END DATE: SEPTEMBER 30, 2014				
6. APPLICANT INFORMATION						
a. Legal Name of Applicant Organization (as it appears on the EMPG Application (TDEM-17): Collin County	b. Name & Telephone Number of Emergency Management Coordinator: Dr. Kelley Stone (972) 548-5537					
c. Mailing Address: 4300 Community Avenue, McKinney, TX 75071 Employer Identification Number/Tax ID# <u>75-6000873</u>	d. Physical Address (if different from Mailing Address):					
7. EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds):						
a. Number of EMPG Staff & Percentage of Time Worked in Emergency Management Duties:						
	# Staff	Percent	# Staff	Percent	# Staff	Percent
1) Full Time:	1	100				
2) Part Time						
b. Total Number of EMPG-Funded Personnel: <u>1</u>						
8. ESTIMATED EXPENSES:						
a. Salary & Benefits (from line 18, form TDEM-66)					\$90,481.38	
b. Travel Expenses (from line 19 form TDEM-66)					\$2,000	
c. Other Expenses (from section 11 on reverse)					N/A	
d. Total Expenses (A + B + C)					\$92,481.38	
e. Federal Share (D x .50)					\$46,240.69	
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 <i>Local Emergency Management Performance Grant Guide</i> . TDEM must review and approve any exceptions made to the cash match requirement at the time of application. <input type="checkbox"/> Cash Match Exception Requested						
9. CERTIFICATION: I certify that to the best of my knowledge and belief this application and its attachments are true and correct.						
a. Typed Name of Authorized Official:			Keith Self			
b. Title of Authorized Official:			County Judge			
c. Original Signature of Authorized Official:						
d. Date Signed:			1/28/14			

