

LOCAL BUDGET FOR EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)


AUTHORITY: 1976 PA 390, as amended, MCL 30.407a; COMPLIANCE: Voluntary.

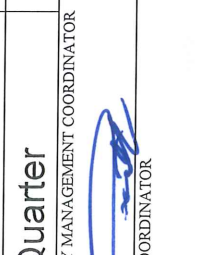

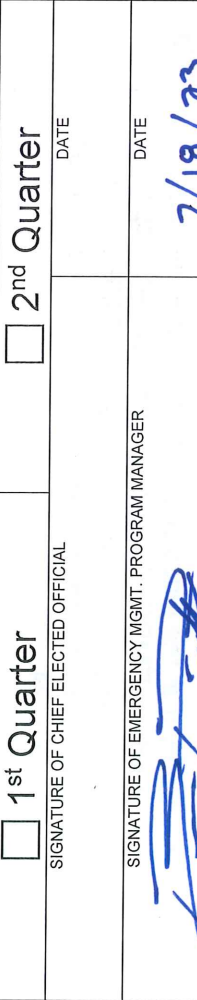
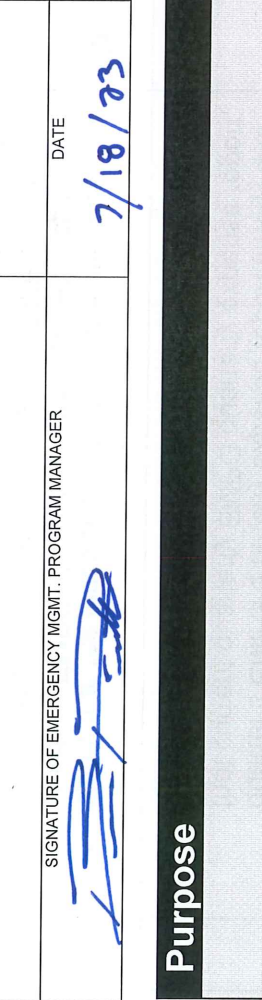
Emergency Manager Annual Salary/Fringes: October 1, 2023 through September 30, 2024

This request is for participation in the matching funds EMPG Program for projected expenses for emergency management. Submit electronically to the appropriate Michigan State Police, Emergency Management and Homeland Security Division district coordinator. Retain a copy for your records.

Jurisdiction Washtenaw	District 2S
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I. Personnel Costs		
Emergency Program Manager's Full Name Benjamin C. Pinette	Gross Annual Salary (GS) \$109,692.00	Portion of GS Dedicated to EMPG Program \$109,692.00
Total Hours Worked per Week 40	Gross Annual Fringe Benefits (GFB) \$60,976.00	Portion of GFB Dedicated to EMPG Program \$60,976.00
Total Hours per Week Dedicated to EMPG Program 40	* Total Salary/Fringes Dedicated to EMPG Program \$176,692.00	
* Note: Salary and fringes are only allowable for one emergency manager/program manager under the EMPG Program. Fringe benefits are limited to holiday pay, vacation leave, sick leave, Social Security, Medicare, unemployment, workers compensation, retirement, and health and life insurance benefits.		

II. Certification		
<input checked="" type="checkbox"/> I hereby certify that the salary and fringe benefits reported on this document represent an accurate budget for the EMPG Program.		
Signature of Emergency Program Manager 	Title Emergency Operations Manager	Date 9/1/23
Signature of Financial Officer	Title County Administrator	Date
Review Completed by District Coordinator	Title	Date

EMHSD-31 Michigan State Police Emergency Management and Homeland Security Division	Washtenaw County Emergency Management Fiscal Year 2024 Emergency Management Performance Grant (EMPG) Work Agreement/Quarterly Report				<input checked="" type="checkbox"/> Initial Work Agreement
<input type="checkbox"/> 1 st Quarter <small>SIGNATURE OF CHIEF ELECTED OFFICIAL</small> 	<input type="checkbox"/> 2 nd Quarter <small>DATE</small> 7/18/23	<input type="checkbox"/> 3 rd Quarter <small>SIGNATURE OF EMERGENCY MANAGEMENT COORDINATOR</small> 	<input type="checkbox"/> 4 th Quarter <small>DATE</small> 7/18/23		
<input type="checkbox"/> 1 st Quarter <small>SIGNATURE OF EMERGENCY MGMT. PROGRAM MANAGER</small> 	<small>DATE</small> 7/18/23	<small>SIGNATURE OF DISTRICT COORDINATOR</small> 	<small>DATE</small> 7/18/23		

Purpose

This survey functions as the 2024 EMPG work agreement/quarterly report. The objectives of this work agreement are based upon standards identified in the Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD) Publication 206 - Local Emergency Management Program Standards Workbook. Activities for each objective have been determined by a group of local and state emergency management subject matter experts who maintain a baseline set of standards for emergency management programs in the state of Michigan. Survey responses will assist in the assessment of emergency management programs, determine how EMPG funds are utilized and help validate the importance of these emergency management activities to all levels of government.

(1) ADMINISTRATION AND FINANCE

The Emergency Management Coordinator (EMC) shall ensure that the jurisdiction promulgates laws, ordinances, resolutions, policies, and procedures to carry out emergency financial and administrative responsibilities. The EMPG funded emergency manager shall provide a copy of their job description(s) that incorporate their Emergency Management (EM) activities. Emergency Management activities of the EMC and other response personnel shall be identified in the EM ordinance, resolution, and county plans.

Planned Activities

- 1st
 - Submit documents for 2024 EMPG work agreement to EMHSD financial staff by 10/1/23.

Action Taken (Local EM Status Report)

Position Description Submitted: Yes/No
 EMHSD-17 Form Submitted: Yes/No
 EMHSD-31 Form Submitted: Yes/No

	<ul style="list-style-type: none"> ▪ Complete FY 24 Executive Compensation form and submit by 10/1/23. ▪ Verify that the jurisdiction submitted the previous quarter's EMPG work agreement/quarterly report timely, and that the current quarterly EMPG work agreement/report, with signatures, will be submitted by 1/10/24. ▪ Verify that the jurisdiction submitted the previous quarter's EMPG quarterly expense report timely, and that current quarterly EMPG quarterly expense report, with signatures, will be submitted by 1/20/24. 	<p>Executive Compensation form was submitted: Yes/No</p> <p>EMPG work agreement/quarterly report was submitted: Yes/No</p> <p>EMPG quarterly expense report was submitted: Yes/No</p>
2 nd	<ul style="list-style-type: none"> ▪ Verify that the jurisdiction submitted the previous quarter's EMPG work agreement/quarterly report timely, and that the current quarterly EMPG work agreement/report, with signatures, will be submitted by 4/10/24. ▪ Verify that the jurisdiction submitted the previous quarter's EMPG quarterly expense report timely, and that current quarterly EMPG quarterly expense report, with signatures, will be submitted by 4/20/24. 	<p>EMPG work agreement/quarterly report was submitted: Yes/No</p> <p>EMPG quarterly expense report was submitted: Yes/No</p>
3 rd	<ul style="list-style-type: none"> ▪ Verify that the jurisdiction submitted the previous quarter's EMPG work agreement/quarterly report timely, and that the current quarterly EMPG work agreement/report, with signatures, will be submitted by 7/10/24. ▪ Verify that the jurisdiction submitted the previous quarter's EMPG quarterly expense report timely, and that current quarterly EMPG quarterly expense report, with signatures, will be submitted by 7/20/24. 	<p>EMPG work agreement/quarterly report was submitted: Yes/No</p> <p>EMPG quarterly expense report was submitted: Yes/No</p>

4 th	<ul style="list-style-type: none"> ▪ Submit documents for 2025 EMPG work agreement to EMHSD financial staff by 10/1/24. ▪ Complete FY 25 Executive Compensation form and submit by 10/1/2024. ▪ Verify that the jurisdiction submitted the previous quarter's EMPG work agreement/quarterly report timely, and that the current quarterly EMPG work agreement/report, with signatures, will be submitted by 10/10/24. ▪ Verify that the jurisdiction submitted the previous quarter's EMPG quarterly expense report timely, and that current quarterly EMPG quarterly expense report, with signatures, will be submitted 10/20/24. 	<p>Position Description Submitted: Yes/No EMHSD-17 Form Submitted: Yes/No EMHSD-31 Form Submitted: Yes/No</p> <p>Executive Compensation form was submitted: Yes/No</p> <p>EMPG work agreement/quarterly report was submitted: Yes/No</p> <p>EMPG quarterly expense report was submitted: Yes/No</p>
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(2) LAWS AND AUTHORITIES

The Emergency Management Program (EMP) shall comply with the Michigan Emergency Management Act (P.A. 390 of 1976 as amended) and applicable laws and regulations and have a local EM resolution.

	Planned Activities	Action Taken (Local EMC Status Report)
1 st	<ul style="list-style-type: none"> ▪ Attend quarterly district EM meetings held between 10/1/23-12/31/23. ▪ Report attendance at other EM related meetings held between 10/1/23-12/31/23. 	<p>Quarterly meeting attended: Yes/No</p> <p><i>Meeting Type/Number of Meetings</i> Emergency Support Function (ESF) #1 - Transportation #_____</p> <p>ESF #2 - Communications #_____</p> <p>ESF #3 - Public Works and Engineering #_____</p>

		<p>ESF #4 - Firefighting # _____</p> <p>ESF #5 - Information and Planning # _____</p> <p>ESF #6 - Mass Care, Emergency Assistance, Temporary Housing and Human Services # _____</p> <p>ESF #7 - Logistics # _____</p> <p>ESF #8 - Public Health and Medical Services # _____</p> <p>ESF #9 - Search and Rescue # _____</p> <p>ESF #10 - Oil and Hazardous Materials # _____</p> <p>ESF #11 - Agriculture and Natural Resources # _____</p> <p>ESF #12 - Energy # _____</p> <p>ESF #13 - Public Safety and Security # _____</p> <p>ESF #14 - Cross-Sector Business and Infrastructure # _____</p> <p>ESF #15 - External Affairs # _____</p> <p>Local # _____</p> <p>District # _____</p> <p>Regional # _____</p> <p>State # _____</p> <p>Federal # _____</p>
<p>2nd</p>	<ul style="list-style-type: none"> ▪ Attend quarterly district EM meetings held between 1/1/24-3/31/24. ▪ Report attendance at other EM related meetings held between 1/1/24-3/31/24. 	<p>Quarterly meeting attended: Yes/No</p> <p><i>Meeting Type/Number of Meetings</i></p> <p>ESF #1 - Transportation # _____</p> <p>ESF #2 - Communications # _____</p> <p>ESF #3 - Public Works and Engineering # _____</p> <p>ESF #4 - Firefighting # _____</p> <p>ESF #5 - Information and Planning # _____</p> <p>ESF #6 - Mass Care, Emergency Assistance, Temporary Housing and Human Services # _____</p> <p>ESF #7 - Logistics # _____</p> <p>ESF #8 - Public Health and Medical Services # _____</p>

		<p>ESF #9 - Search and Rescue # _____ ESF #10 - Oil and Hazardous Materials # _____ ESF #11 - Agriculture and Natural Resources # _____ ESF #12 - Energy # _____ ESF #13 - Public Safety and Security # _____ ESF #14 - Cross-Sector Business and Infrastructure # _____ ESF #15 - External Affairs # _____ Local # _____ District # _____ Regional # _____ State # _____ Federal # _____</p>
<p>3rd</p>	<ul style="list-style-type: none"> ▪ Attend quarterly district EM meetings held between 4/1/24-6/30/24. ▪ Report attendance at other EM related meetings held between 4/1/24-6/30/24. 	<p>Quarterly meeting attended: Yes/No</p> <p><i>Meeting Type/Number of Meetings</i></p> <p>ESF #1 - Transportation # _____ ESF #2 - Communications # _____ ESF #3 - Public Works and Engineering # _____ ESF #4 - Firefighting # _____ ESF #5 - Information and Planning # _____ ESF #6 - Mass Care, Emergency Assistance, Temporary Housing and Human Services # _____ ESF #7 - Logistics # _____ ESF #8 - Public Health and Medical Services # _____ ESF #9 - Search and Rescue # _____ ESF #10 - Oil and Hazardous Materials # _____ ESF #11 - Agriculture and Natural Resources # _____ ESF #12 - Energy # _____ ESF #13 - Public Safety and Security # _____ ESF #14 - Cross-Sector Business and Infrastructure # _____</p>

		ESF #15 - External Affairs # _____ Local # _____ District # _____ Regional # _____ State # _____ Federal # _____
4 th	<ul style="list-style-type: none"> ▪ Attend quarterly district EM meetings held between 7/1/24-9/30/24. ▪ Report attendance at other EM related meetings held between 7/1/24-9/30/24. 	Quarterly meeting attended: Yes/No <i>Meeting Type/Number of Meetings</i> ESF #1 - Transportation # _____ ESF #2 - Communications # _____ ESF #3 - Public Works and Engineering # _____ ESF #4 - Firefighting # _____ ESF #5 - Information and Planning # _____ ESF #6 - Mass Care, Emergency Assistance, Temporary Housing and Human Services # _____ ESF #7 - Logistics # _____ ESF #8 - Public Health and Medical Services # _____ ESF #9 - Search and Rescue # _____ ESF #10 - Oil and Hazardous Materials # _____ ESF #11 - Agriculture and Natural Resources # _____ ESF #12 - Energy # _____ ESF #13 - Public Safety and Security # _____ ESF #14 - Cross-Sector Business and Infrastructure # _____ ESF #15 - External Affairs # _____ Local # _____ District # _____ Regional # _____ State # _____ Federal # _____

(3) HAZARD IDENTIFICATION, RISK ASSESSMENT, AND CONSEQUENCE ANALYSIS

The jurisdiction shall continually identify natural and human-caused hazards that potentially impact the jurisdiction. The jurisdiction shall also assess the risk and vulnerability of people, property, the environment, and its own operations from these hazards. The jurisdiction should also conduct a consequence analysis for significant hazards, to consider their impact on the public, responders, continuity of operations that include the delivery of services; property, facilities, and infrastructure; the environment; the economic condition of the jurisdiction, and public confidence in the jurisdiction's governance.

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> ▪ Document any hazard identification, risk assessment, or consequence analysis activities performed between 10/1/23-12/31/23. ▪ Did you utilize the Cybersecurity and Infrastructure Security Agency's (CISA) Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 10/1/23-12/31/23. 	<p><i>Type of Risk Assessment/Number Completed:</i> County: #____ Municipal: #____ Facilities: #____ Special Events: #____</p> <p>CISA Gateway tool utilized: Yes/No</p>
2 nd	<ul style="list-style-type: none"> ▪ Document any hazard identification, risk assessment, or consequence analysis activities performed between 1/1/24-3/31/24. ▪ Did you utilize the CISA Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 1/1/24-3/31/24? 	<p><i>Type of Risk Assessment/Number Completed:</i> County: #____ Municipal: #____ Facilities: #____ Special Events: #____</p> <p>CISA Gateway tool utilized: Yes/No</p>

<p>3rd</p>	<ul style="list-style-type: none"> ▪ Document any hazard identification, risk assessment, or consequence analysis activities performed between 4/1/24-6/30/24. ▪ Did you utilize the CISA Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 4/1/24-6/30/24. 	<p><i>Type of Risk Assessment/Number Completed:</i> County: # ____ Municipal: # ____ Facilities: # ____ Special Events: # ____</p> <p>CISA Gateway tool utilized: Yes/No</p>
<p>4th</p>	<ul style="list-style-type: none"> ▪ Document any hazard identification, risk assessment, or consequence analysis activities performed between 7/1/24-9/30/24. ▪ Did you utilize the CISA Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 7/1/24-9/30/24. 	<p><i>Type of Risk Assessment/Number Completed:</i> County: # ____ Municipal: # ____ Facilities: # ____ Special Events: # ____</p> <p>CISA Gateway tool utilized: Yes/No</p>

(4) HAZARD MITIGATION

The EMC should participate in activities to eliminate hazards or mitigate the effects of hazards that cannot be reasonably prevented. If the jurisdiction intends to receive mitigation funds, then the EMC shall ensure that the jurisdiction’s hazard mitigation (HM) plan is developed and updated every five years.

	Planned Activities	Action Taken (Local EM Status Report)
<p>1st</p>	<ul style="list-style-type: none"> • Document whether your community has developed a HM plan. 	<p>HM plan: Yes/No/Adopted County Plan</p>

	<ul style="list-style-type: none"> • Confirm the date of the jurisdiction’s HM plan. • Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 10/1/23-12/31/23. ▪ Report how many action items listed in the HM plan have been completed between 10/1/23-12/31/23. 	<p>Plan is expired: Yes/No Expiration Date: ___/___/___</p> <p>Check appropriate steps.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assemble a local planning team. <input type="checkbox"/> Collect information about local hazard impacts. <input type="checkbox"/> Identify vulnerabilities. <input type="checkbox"/> Edit the document. <input type="checkbox"/> Offer the document for stakeholder and public review. <input type="checkbox"/> Meeting(s) to identify or select hazard mitigation actions. <input type="checkbox"/> Describe the details of action item implementation. <input type="checkbox"/> Official plan adoption by participating jurisdictions. <p>Total action items: # _____ Action items completed: # _____</p>
<p>2nd</p>	<ul style="list-style-type: none"> ▪ Report how many action items listed in the HM plan have been completed between 1/1/24-3/31/24. ▪ Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 1/1/24-3/31/24. 	<p>Total action items: # _____ Action items completed: # _____</p> <p>Check appropriate steps.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assemble a local planning team. <input type="checkbox"/> Collect information about local hazard impacts. <input type="checkbox"/> Identify vulnerabilities. <input type="checkbox"/> Edit the document. <input type="checkbox"/> Offer the document for stakeholder or public review. <input type="checkbox"/> Meeting(s) to identify or select hazard mitigation actions. <input type="checkbox"/> Describe the details of action item implementation. <input type="checkbox"/> Official plan adoption by participating jurisdictions.

<p>3rd</p>	<ul style="list-style-type: none"> ▪ Report how many action items listed in the HM plan have been completed between 4/1/24-6/30/24. ▪ Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 4/1/24-6/30/24. 	<p>Total action items: # _____ Action items completed: # _____</p> <p>Check appropriate steps.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assemble a local planning team. <input type="checkbox"/> Collect information about local hazard impacts. <input type="checkbox"/> Identify vulnerabilities. <input type="checkbox"/> Edit the document. <input type="checkbox"/> Offer the document for stakeholder and public review. <input type="checkbox"/> Meeting(s) to identify or select hazard mitigation actions. <input type="checkbox"/> Describe the details of action item implementation. <input type="checkbox"/> Official plan adoption by participating jurisdictions.
<p>4th</p>	<ul style="list-style-type: none"> ▪ Report how many action items listed in the HM plan have been completed between 7/1/24-9/30/24. ▪ Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 7/1/24-9/30/24. ▪ Disseminate EMHSD HM information announcements and notices of funding availability for Hazard Mitigation Assistance to all local jurisdictions within your EMP. 	<p>Total action items: # _____ Action items completed: # _____</p> <p>Check appropriate steps.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assemble a local planning team. <input type="checkbox"/> Collect information about local hazard impacts. <input type="checkbox"/> Identify vulnerabilities. <input type="checkbox"/> Edit the document. <input type="checkbox"/> Offer the document for stakeholder and public review. <input type="checkbox"/> Meeting(s) to identify or select hazard mitigation actions. <input type="checkbox"/> Describe the details of action item implementation. <input type="checkbox"/> Official plan adoption by participating jurisdictions. <p>Information Was Disseminated: Yes/No Does not apply: _____</p>

(5) PREVENTION

The EMP has a strategy among disciplines to coordinate prevention activities, to monitor the identified threats and hazards, and adjust the level of prevention activity commensurate with the risk and has procedures for exchanging information between internal and external stakeholders to prevent incidents.

Planned Activities	Action Taken (Local EM Status Report)
<ul style="list-style-type: none">▪ Identify prevention activities that the jurisdiction participated in between 10/1/23-9/30/24.	<p><i>Check all that apply.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Assigning prevention activities to each agency identified in the jurisdiction's basic plan portion of the emergency plan.<input type="checkbox"/> Establishing a jurisdiction-wide prevention activities coordinator to coordinate with all agencies in prevention activities.<input type="checkbox"/> Participating in the Homeland Security Information Network (HSIN).<input type="checkbox"/> Developing a Critical Infrastructure Protection Plan and identifying roles and responsibilities.<input type="checkbox"/> Utilizing the Michigan Critical Incident Management System (MI CIMS) or another monitoring system to identify and coordinate prevention activities within the EOC.<input type="checkbox"/> Establishing procedures that coordinate reporting with the Regional Michigan Intelligence Operations Center (MIOC) liaison and State MIOC.<input type="checkbox"/> Conducting information sharing procedures.<input type="checkbox"/> Other: _____

(6) OPERATIONAL PLANNING

The EMC shall ensure the jurisdiction is compliant with P.A. 390 of 1976, as amended, by maintaining a current Emergency Operation Plan (EOP) or Emergency Action Guidelines (EAG) that meets the criteria in the MSP/EMHSD Publication (Pub) 201a. The EMC shall verify that each jurisdiction whose population exceeds 10,000 also complies with P.A. 390 of 1976, as amended, by maintaining an emergency support plan. The local emergency manager must verify that the EOP (or EAG), and supplemental emergency support plans are updated every four years. The EMC will ensure that the jurisdiction's current Chief Elected Official (CEO) has signed the updated/revised EOP, EAG, and emergency support plans.

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> ▪ Report the number of Local Planning Team (LPT) meetings that occurred between 10/1/23-12/31/23. ▪ Host four Local Emergency Planning Committee (LEPC) meetings by 9/30/2024. ▪ Confirm the date of the jurisdiction's EOP/EAG and verify if the plan will expire between 10/1/23 - 9/30/24. ▪ Identify EOP/EAG annexes that were reviewed and/or updated between 10/1/23 - 12/31/23. Ensure that any section/annex updates are still in compliance with Pub 201a. ▪ Report participation in EM activities with school officials that took place between 10/1/23-12/31/23. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, identified by MSP/EMHSD between 10/1/23-12/31/23. Ensure that the plan is signed by the current CEO. Emergency Management programs are encouraged to submit new or updated support plans to the District Coordinator (DC). 	<p>Attended/Hosted # _____ LPT meetings.</p> <p>Hosted # _____ LEPC meetings.</p> <p>EOP/EAG is current: Yes/No Expiration Date: ___/___/___</p> <p>Reviewed Annexes: # _____ Total Annexes: # _____ Annexes Updated: # _____</p> <p><i>School Activities/Number of Activities:</i> Planning: # _____ Seminars: # _____ Outreach: # _____ Special Events: # _____</p> <p>Total Support Plans: # _____ Current plans: # _____ Does Not Apply: _____</p>

<p>2nd</p>	<ul style="list-style-type: none"> ▪ Report the number of LPT meetings that occurred between 1/1/24-3/31/24. ▪ Host four LEPC meetings by 9/30/2024. ▪ Verify that the CEO original signature is current in the EOP/EAG, if new CEO, forward contact information to the DC. ▪ Identify EOP/EAG annexes that were reviewed and/or updated between 1/1/24 - 3/31/24. Ensure that any section/annex updates are still in compliance with Pub 201a. ▪ Report participation in EM activities with school officials that took place between 1/1/24-3/31/24. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, between 1/1/24-3/31/24. Ensure that the plan is signed by the current CEO. Emergency Management programs are encouraged to submit new or updated support plans to the DC. 	<p>Attended/Hosted # _____ LPT meetings.</p> <p>Hosted # _____ LEPC meetings.</p> <p>EOP/EAG CEO signature is current: Yes/No Current CEO contact information was sent to DC: Yes/No Does not apply _____</p> <p>Reviewed Annexes: # _____ Total Annexes: # _____ Annexes Updated: # _____</p> <p><i>School Activities/Number of Activities:</i> Planning: # _____ Seminars: # _____ Outreach: # _____ Special Events: # _____</p> <p>Total Support Plans: # _____ Current plans: # _____ Does Not Apply: _____</p>
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<p>3rd</p>	<ul style="list-style-type: none"> ▪ Report the number of LPT meetings that occurred between 4/1/24-6/30/24. ▪ Host four LEPC meetings by 9/30/2024. ▪ Identify EOP/EAG annexes that were reviewed and/or updated between 4/1/24 - 6/30/24. Ensure that any section/annex updates are still in compliance with Pub 201a. ▪ Report participation in EM activities with school officials that took place between 4/1/24-6/30/24. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, between 4/1/24-6/30/24. Ensure that the plan is signed by the current CEO. Emergency Management programs are encouraged to submit new or updated support plans to the DC. ▪ Report the status of SARA Title III plans and report any problem areas. 	<p>Attended/Hosted # _____ LPT meetings.</p> <p>Hosted # _____ LEPC meetings.</p> <p>Reviewed Annexes: # _____ Total Annexes: # _____ Annexes Updated: # _____</p> <p><i>School Activities/Number of Activities:</i> Planning: # _____ Seminars: # _____ Outreach: # _____ Special Events: # _____</p> <p>Total Support Plans: # _____ Current plans: # _____ Does Not Apply: _____</p> <p>Total Sites: # _____ Total Plans: # _____ Problem Areas: _____ Does not apply: _____</p>
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<p>4th</p>	<ul style="list-style-type: none"> ▪ Report the number of LPT meetings that occurred between 7/1/24-9/30/24. ▪ Host four LEPC meetings by 9/30/24. ▪ Identify EOP/EAG annexes that were that were reviewed and/or updated between 7/1/24 - 9/30/24. Ensure that any section/annex updates are still in compliance with Pub 201a. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, between 7/1/24-9/30/24. Ensure that the plan is signed by the current CEO. Emergency Management programs are encouraged to submit new or updated support plans to the DC. ▪ Report participation in EM activities with school officials that took place between 7/1/24-9/30/24 and supply any planning guidance/templates that are available. ▪ Verify receipt by 9/15/24 and distribution of scheduled drill days for school buildings operated by the school, school district, intermediate school district, or public academy, for the 2023-2024 school year. 	<p>Attended/Hosted # ____ LPT meetings.</p> <p>Hosted # ____ LEPC meetings.</p> <p>Reviewed Annexes: # ____ Total Annexes: # ____ Annexes Updated: # ____</p> <p>Total Support Plans: # ____ Current plans: # ____ Does Not Apply: ____</p> <p><i>School Activities/Number of Activities:</i> Planning: # ____ Seminars: # ____ Outreach: # ____ Special Events: # ____</p> <p>Drill distribution was received: Yes/No Drill distribution was distributed: Yes/No</p>
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(7) INCIDENT MANAGEMENT

The EMP shall comply with Homeland Security Presidential Directive/HSGP-5, and Executive Directive 2005-09 by formally adopting the National Incident Management System (NIMS) to provide for efficient and effective emergency response operations amongst multiple agencies and jurisdictions. The program shall establish a means of interfacing on-scene incident management with the jurisdiction's Emergency Operations Center (EOC).

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> Update EOC call list, including the CEO, and submit a copy to the DC by 12/31/23. 	EOC call list is updated: Yes/No EOC call list has been sent to the DC: Yes/No
2 nd	<ul style="list-style-type: none"> Update EOC call list and submit a copy to the DC by 3/31/24, only if changes have been made. 	Changes have been made: Yes/No Changes have been sent to the DC: Yes/No
3 rd	<ul style="list-style-type: none"> Update EOC call list and submit a copy to the DC by 6/30/24, only if changes have been made. 	Changes have been made: Yes/No Changes have been sent to the DC: Yes/No
4 th	<ul style="list-style-type: none"> Perform an EOC call-out for a drill or an actual event between 10/1/23 and 9/30/24. Update EOC call list and submit a copy to the DC by 9/30/24, only if changes have been made. Conduct EOC orientation session between 10/1/23 and 9/30/24. Submit the EMHSD-71 NIMS Implementation, Training Progress and Resource Inventory Certification by 9/30/24. 	EOC call-out drill has been performed: Yes/No EOC call-out for an actual event has been performed: Yes/No Changes have been made: Yes/No Changes have been sent to the DC: Yes/No EOC orientation was conducted: Yes/No EMHSD-71 NIMS Implementation, Training Progress and Resource Inventory Certification submitted by 9/30/24: Yes/No

(8) RESOURCE MANAGEMENT, LOGISTICS, AND MUTUAL AID

The EMC shall ensure that the jurisdiction is compliant with the NIMS resource management requirements including identification, location, acquisition, storage, maintenance, distribution, and accounting for services and materials, to address hazards identified in the jurisdiction. The jurisdiction shall use the MI CIMS to manage their NIMS-typed resources. The EMC should also develop Mutual Aid Agreements (MAA) and promote memberships in the Michigan Emergency Management Assistance Compact (MEMAC) to address resource shortfalls and reduce resource gaps in the jurisdiction.

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> Train and track EMPG-funded personnel in accordance with the National Qualification System (NQS). 	EMPG-funded personnel are trained and tracked in accordance with the NQS? Yes/No
2 nd		
3 rd		
4 th	<ul style="list-style-type: none"> Report new, updated, or current MAA/MOUs within the emergency management program. Report any MEMAC membership additions that occurred between 10/1/23 and 9/30/24. Verify that the jurisdiction's NIMS-typed resources are current in the MI CIMS Resource Inventory Board and complete the resource portion of form EMHSD-071 NIMS Implementation, Training Progress and Resource Inventory Certification by 9/30/24. Train and track EMPG-funded personnel in accordance with the Nations Qualification System (NQS). 	<p>New MAA/MOUs: # _____ Updated MAA/MOUs: # _____ Current MAA/MOUs: # _____</p> <p>MEMAC Member Name:</p> <p>EMHSD-071 NIMS Implementation, Training Progress and Resource Inventory Certification Report submitted: Yes/No</p> <p>EMPG-funded personnel are trained and tracked in accordance with the NQS? Yes/No</p>

(9) COMMUNICATIONS AND WARNING

The EMC shall ensure that the jurisdiction communicates both internally and externally with all EMP stakeholders and emergency personnel. The local emergency manager shall disseminate disaster related information, and emergency alerts and warnings to response personnel, EOC staff, state and federal government officials, and the public. The system should be interoperable with other communication systems.

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> ▪ Identify the primary and backup public alerting system used in the jurisdiction. (i.e., Emergency Alert System (EAS) & Wireless Emergency Alerts (WEA), sirens, weather radio, etc.). ▪ Identify the primary and backup public opt-in mass notification systems used in the jurisdiction. ▪ Verify if the jurisdiction is an Integrated Public Alert & Warning System (IPAWS) alerting authority. ▪ If jurisdiction is not IPAWS compliant, document if your jurisdiction is in the process of becoming an IPAWS alerting authority. ▪ If jurisdiction is not working towards becoming an IPAWS alerting authority; indicate reason. ▪ Participated in monthly IPAWS proficiency demonstrations with the IPAWS Test Lab between 10/1/23-12/31/-23. ▪ Participated in district and/or statewide radio testing between 10/1/23-12/31/23. ▪ Participated in district and/or statewide MI CIMS drills/exercises between 10/1/23-12/31/23. 	<p>Primary Public Alerting System: _____ Backup Public Alerting System: _____</p> <p>Primary Mass Notification System: _____ Backup Mass Notification System: _____</p> <p>Jurisdiction is an IPAWS alerting authority: Yes/No/IPAWS alerting authority is at the County Level.</p> <p>Jurisdiction is in the process of becoming an IPAWS alerting authority: Yes/No/IPAWS alerting authority is at the County level.</p> <p>Reason why jurisdiction is not working towards becoming an IPAWs alerting authority: _____</p> <p>IPAWS Proficiency Demonstrations Completed: # _____</p> <p><i>Radio Test Type/Number:</i> District: # _____ State: # _____ Other: # _____</p> <p><i>MI CIMS Drill/Exercise Type/Number:</i> District: # _____</p>

	<ul style="list-style-type: none"> Document the jurisdiction's participation in any additional communication tests between 10/1/23-12/31/23. 	<p>State: # _____</p> <p><i>Communication Tests Type/Number:</i> Communication Tests: _____, # _____</p>
<p>2nd</p>	<ul style="list-style-type: none"> Participated in monthly IPAWS proficiency demonstrations with the IPAWS Test Lab between 1/1/24-3/31/24. Participated in district and/or statewide radio testing between 1/1/24-3/31/24. Participated in district and/or statewide MI CIMS drills/exercises between 1/1/24-3/31/24. Document the jurisdiction's participation in any additional communication tests between 1/1/24-3/31/24. 	<p><i>IPAWS Proficiency Demonstrations Completed:</i> # _____</p> <p><i>Radio Test Type/Number:</i> District: # _____ State: # _____ Other: # _____</p> <p><i>MI CIMS Drill/Exercise Type/Number:</i> District: # _____ State: # _____</p> <p><i>Communication Tests Type/Number:</i> Communication Tests: _____, # _____</p>
<p>3rd</p>	<ul style="list-style-type: none"> Participated in monthly IPAWS proficiency demonstrations with the IPAWS Test Lab between 4/1/24-6/30/24. Participated in district and/or statewide radio testing between 4/1/24-6/30/24. Participated in district and/or statewide MI CIMS drills/exercises between 4/1/24-6/30/24. 	<p><i>IPAWS Proficiency Demonstrations Completed:</i> # _____</p> <p><i>Radio Test Type/Number:</i> District: # _____ State: # _____ Other: # _____</p> <p><i>MI CIMS Drill/Exercise Type/Number:</i> District: # _____ State: # _____</p>

	<ul style="list-style-type: none"> Document the jurisdiction's participation in any additional communication tests between 4/1/24-6/30/24. 	<i>Communication Tests Type/Number:</i> Communication Tests: _____, # _____
4 th	<ul style="list-style-type: none"> Participated in monthly IPAWS proficiency demonstrations with the IPAWS Test Lab between 7/1/24-9/30/24. Participated in district and/or statewide radio testing between 7/1/24-9/30/24. Participated in district and/or statewide MI CIMS drills/exercises between 7/1/24-9/30/24. Document the jurisdiction's participation in any additional communication tests between 7/1/24-9/30/24. Meet with Local Emergency Communications Committee (LECC)/Michigan Association of Broadcasters (MAB) area representatives between 10/1/23-9/30/24. Review and compare your jurisdiction's alert and warning plan for compliancy with regional EAS plan by 9/30/24. 	<i>IPAWS Proficiency Demonstrations Completed:</i> # _____ <i>Radio Test Type/Number of Radio Tests:</i> District: # _____ State: # _____ Other: # _____ <i>MI CIMS Drill/Exercise Type/Number:</i> District: # _____ State: # _____ <i>Communication Tests Type/Number:</i> Communication Tests: _____, # _____ LECC/MAB regional meetings were held – Yes/No Attended: # _____ Regional LECC/MAB Meeting. Jurisdiction has an alert and warning plan: Yes/No Jurisdiction's plan was compared with regional EAS Plan: Yes/No

(10) OPERATIONS, PROCEDURES, AND FACILITIES

The EMC shall develop procedures that reflect operational priorities including life, safety, health, property protection, environmental protection, restoration of essential utilities, and restoration of essential functions and coordination among all levels of government. Procedures shall also be developed to guide situation and Damage Assessment (DA), situation reporting, and incident action planning. The EMP shall have a primary facility EOC capable of coordinating and supporting response and recovery operations. The EOC shall have activation, operation, and deactivation procedures that are updated regularly.

Planned Activities	Action Taken (Local EM Status Report)
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<p>1st</p>	<ul style="list-style-type: none"> ▪ Verify that the procedures for Requesting a Governor’s Emergency or Disaster Declaration and State Assistance are up to date in the jurisdiction’s plans or procedures by 12/31/23. ▪ Report updates to EOC activation procedures for the jurisdiction’s EOC, provide a copy to the DC by 12/31/23. ▪ Report any update working with EMHSD and the Public Service Commission on the statewide energy assurance initiative to develop and maintain local energy assurance plans. 	<p>Procedures are up to date in plans or procedures: Yes/No</p> <p>EOC activation, operation, and deactivation procedures are current: Yes/No Procedures have been sent to DC: Yes/No</p> <p>Actions were taken on energy assurance initiative to develop and maintain local energy assurance plans: Yes/No</p>
<p>2nd</p>	<ul style="list-style-type: none"> ▪ Ensure that procedures for declaring a local “State of Emergency” and requesting a Governor’s Emergency or disaster declaration, and state assistance are reviewed with the jurisdiction’s public officials by 3/31/24. ▪ Report any major updates to EOC activation, operation, and deactivation procedures between 1/1/24 and 3/31/24. ▪ Report any update working with EMHSD and the Public Service Commission on the statewide energy assurance initiative to develop and maintain local energy assurance plans. 	<p>Procedures have been reviewed with public officials: Yes/No</p> <p>Major updates have been made: Yes/No Major updates have been sent to DC: Yes/No</p> <p>Actions were taken on energy assurance initiative to develop and maintain local energy assurance plans: Yes/No</p>
<p>3rd</p>	<ul style="list-style-type: none"> ▪ Report any major updates to EOC activation, operation, and deactivation procedures between 4/1/24 and 6/30/24. ▪ Report any update working with EMHSD and the Public Service Commission on the statewide energy assurance initiative to develop and maintain local energy assurance plans. 	<p>Major updates have been made: Yes/No Major updates have been sent to DC: Yes/No</p> <p>Actions were taken on energy assurance initiative to develop and maintain local energy assurance plans: Yes/No</p>

4 th	<ul style="list-style-type: none"> ▪ Report any major updates to EOC activation, operation, and deactivation procedures between 7/1/24 and 9/30/24. ▪ Report any update working with EMHSD and the Public Service Commission on the statewide energy assurance initiative to develop and maintain local energy assurance plans. 	<p>Major updates have been made: Yes/No Major updates have been sent to DC: Yes/No</p> <p>Actions were taken on energy assurance initiative to develop and maintain local energy assurance plans: Yes/No</p>
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(11) TRAINING

The EMC shall have a formal, documented training program composed of training needs, assessment, curriculum, course evaluation, and records of training. Necessary training includes: Professional Development Series (PDS), MI CIMS, DA, and NIMS training courses. The local emergency manager shall submit the Quarterly Training and Exercise Reporting Worksheet (EMD-65) and promote available EM training for all personnel, including EOC staff, specific to their responsibilities.

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> ▪ Promote emergency management courses between 10/1/23-12/31/23. 	Emergency management course schedule has been promoted: Yes/No
2 nd	<ul style="list-style-type: none"> ▪ Promote emergency management courses between 1/1/24-3/31/24. 	Emergency management course schedule has been promoted: Yes/No
3 rd	<ul style="list-style-type: none"> ▪ Promote emergency management courses between 4/1/24-6/30/24. 	Emergency management course schedule has been promoted: Yes/No
4 th	<ul style="list-style-type: none"> ▪ Promote emergency management courses between 7/1/24-9/30/24. 	Emergency management course schedule has been promoted: Yes/No

(12) EXERCISES, EVALUATIONS, AND CORRECTIVE ACTIONS

The EMP shall have a documented exercise program that regularly tests the skills, abilities, and experience of emergency personnel, as well as plans, policies, procedures, equipment, and facilities. Exercises will comply with local, state, and federal requirements, including the Homeland Security Exercise and Evaluation Program (HSEEP). The local emergency manager shall track all exercises on the Quarterly Training and Exercise Reporting Worksheet (EMD-065) including the type, hazards, grant funding, and number of participants, and submit this form.

All EMPG funded personnel receiving funding for any portion of their salary, benefits, or other expenditures must participate in no fewer than three exercises in the 12-month fiscal year grant period. Participation includes roles as exercise director, player, evaluator, controller, and assisting as a player in a simulation cell. Observation of an exercise will not count as participation.

One of the exercises must be conducted within the funded jurisdiction and test the local program EOP. By authority conferred on the director of the department of state police by section 19 of 1976 PA 390, as amended, MCL 30.419). Per R 30.51 (Admin Code) each program shall have "(D) An exercise that tests the emergency operations plan at least once each fiscal year (October 1 to September 30)."

At least one After Action Report and Improvement Plan (AAR/IP) for an exercise which tests the local jurisdiction or programs EOP must be submitted to EMHSD each fiscal year via the District Coordinator.

Effort shall be made to submit the AAR/IP within 90 days of the exercise conclusion. It is requested that all AAR/IPs be submitted to EMHSD for tracking purposes.

	Planned Activities	Action Taken (Local EM Status Report)
1st	<ul style="list-style-type: none"> ▪ Submit EMD-065 – Quarter Training and Exercise Report by 1/10/24. 	EMD-065 has been submitted: Yes/No
2nd	<ul style="list-style-type: none"> ▪ Submit EMD-065 – Quarter Training and Exercise Report by 4/10/24. 	EMD-065 has been submitted: Yes/No
3rd	<ul style="list-style-type: none"> ▪ Submit EMD-065 – Quarter Training and Exercise Report by 7/10/24. 	EMD-065 has been submitted: Yes/No

4 th	<ul style="list-style-type: none"> ▪ Submit EMD-065 – Quarter Training and Exercise Report by 10/10/24. ▪ Develop and submit the EMD-006 – Annual Training and Exercise Plan Worksheet for FY2024– FY2026 by 9/30/24. 	<p>EMD-065 has been submitted: Yes/No</p> <p>EMD-006 has been submitted: Yes/No</p>
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(13) CRISIS COMMUNICATIONS, PUBLIC EDUCATION, AND INFORMATION

The EMP provides preparedness information and education to the public concerning threats to life, safety, and property. These activities include information about specific threats, appropriate preparedness measures, actions to mitigate the threats, including protective actions, updating the public website, and promoting hazard awareness weeks and MIREADY campaigns.

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> ▪ Document the number of each activity performed to educate the public about preparedness activities occurring between 10/1/23-12/31/23. Report the data presented and the media by which this was accomplished. ▪ Document any Citizen Corps activity that occurred between 10/1/23-12/31/23. 	<p><i>Data Presented/Type of Media:</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No: Media: _____ Signs of terrorism: Yes/No: Media: _____ Ok2Say: Yes/No, Media: _____ Social Media Campaigns: _____ Media: _____ Other: _____, Media: _____</p> <p><i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____</p>
2 nd	<ul style="list-style-type: none"> ▪ Document efforts to educate the public about preparedness activities occurring between 1/1/24-3/31/24. Report the data presented and the media by which this was accomplished. 	<p><i>Data Presented/Type of Media:</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media: _____ Signs of terrorism: Yes/No, Media: _____ Ok2Say: Yes/No, Media: _____ Social Media Campaigns: _____ Other: _____, Media: _____</p>

	<ul style="list-style-type: none"> Document any Citizen Corps activity that occurred between 1/1/24-3/31/24. 	<i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____
3rd	<ul style="list-style-type: none"> Document efforts to educate the public about preparedness activities occurring between 4/1/24-6/30/24. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 4/1/24-6/30/24. 	<i>Data Presented/Type of Media</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media: _____ Signs of terrorism: Yes/No, Media: _____ Ok2Say: Yes/No, Media: _____ Social Media Campaigns: _____ Other: _____, Media: _____ <i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____
4th	<ul style="list-style-type: none"> Document efforts to educate the public about preparedness activities occurring between 7/1/24-9/30/24. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 7/1/24-9/30/24. 	<i>Data Presented/Type of Media</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media: _____ Signs of terrorism: Yes/No, Media: _____ Ok2Say: Yes/No, Media: _____ Social Media Campaigns: _____ Other: _____, Media: _____ <i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____

(14) OTHER - Unscheduled EMERGENCY MANAGEMENT ACTIVITIES

List other emergency management work items not included in the preceding 13 EM Objectives.

	Activities	Action Taken
1st		
2nd		
3rd		
4th		

CONTACTS FOR ASSISTANCE

The following is a list Subject Matter Experts (SME) to assist with the information required on this report.

	Name of SME	Contact Information	Specialty
	Lt. Jeff Yonker	yonkerj@michigan.gov 517-719-9767	District 1 Coordinator
	Lt. Timothy Ketvirtis	KetvirtisT@michigan.gov 517-202-5597	District 2N Coordinator
	Lt. Lamarr Johnson	JohnsonL30@michigan.gov 248-508-9171	District 2S Coordinator
	Lt. Charles Barker	BarkerC@michigan.gov 810-233-8466	District 3 Coordinator
	Lt. Josh Collins	CollinsJ1@michigan.gov 517-202-5545	District 5 Coordinator
	Lt. Orville Theaker	TheakerO@michigan.gov 269-953-6099	District 6 Coordinator
	Lt. Michael DeCastro	DecastroM@michigan.gov 231-499-8266	District 7 Coordinator
	Lt. Steven Derusha	DerushaS1@michigan.gov 517-898-5055	District 8 Coordinator
	F/Lt. Gabe Covey	CoveyG@michigan.gov 517-927-5362	State and Local Support Section Manager
	Penny Burger	BurgerP@michigan.gov 517-898-0551	Risk Reduction and Recovery Section Manager
	Lynn Wisley	WisleyL@Michigan.gov 517-216-0646	Financial Management and Audit Section Manager
	Amanda Lung	LungA@michigan.gov 517-388-8569	Financial Analyst
	Kim Richmond	RichmondK@michigan.gov 517-204-0221	Preparedness Grants Unit Manager
	Marie Douville	DouvilleM@michigan.gov 517-230-0011	Emergency Management Performance Grant Coordinator
	Matt Schnepf	SchnepfM1@michigan.gov 517-256-1512	Mitigation Unit Manager

	Tiffany Vedder	VedderT@michigan.gov 517-284-3944	Recovery Unit Manager
	Mike Sobocinski	SobocinskiM@michigan.gov 517-881-2512	Local Mitigation Planner
	Henrik Hollaender	HollaenderH@michigan.gov 517-898-4235	Local Planner/NIMS
	Vacant		HMEP/LEPC/ SARA Title III
	Brianna Briggs	BriggsB3@michigan.gov 517-230-2949	Operations Management Section Manager
	Larry St. George	StGeorgeL@michigan.gov 517-449-0470	Emergency Operations Unit Manager
	Matt Cook	CookM1@michigan.gov 517-730-1689	MI CIMS Coordinator
	Jaclyn Barcroft	BarcroftJ@michigan.gov 517-230-2379	Emergency Communications Specialist
	Brenna Roos	RoosB@michigan.gov 517-582-2846	Training and Exercise Section Manager
	Danica Frederick	FrederickD3@michigan.gov 517-285-9714	Training, Exercise, and Radiological Unit Manager
	Jack Calhoun III	CalhounJ1@michigan.gov 517-897-6120	Training Officer
	Deanna Johnston	JohnstonD3@michigan.gov 517-648-8689	Exercise Officer
	Deborah Bracy	BracyD@michigan.gov 517-388-1244	Auditor
	Insp. Michele Sosinski	SosinskiM1@michigan.gov 517-388-6726	MSP/EMHSD Assistant Commander
	Capt. Kevin Sweeney	SweeneyK@michigan.gov 517-719-1195	MSP/EMHSD Commander