

**SOUTHEAST NEBRASKA EM REGIONAL GOVERNANCE BOARD
HOMELAND SECURITY GRANT PROGRAMS**

~ REQUEST FOR FUNDING ~

County: Nemaha

Date Submitted: 08/10/2015

Jurisdiction/Agency: Nemaha County EMA

Contact Person: Renee Critser

Contact Information — Phone: 402-274-2552 Email: nemahaema@windstream.net

Project Area (check one) Communications Planning Training Exercise

PET-Related Projects: DHS-Approved Non-DHS Approved

DHS Course Name/Reference No. (i.e., AWR-140, etc.): ICS 300 /400

If Training, Names of Persons Attending:

****NOTE:** If PET funding is being requested, this form and the NEMA PET spreadsheet form must be submitted to the Region 14 days before the next scheduled meeting AND at least 45 days prior to the event. **Non- PET**

Project Name:

Project Description (Equipment/Personnel/Supplies/Etc.): 300/400 Advanced ICS courses

AEL Numbers/Costs: 120.HF.01.FPCC

How/why project/request supports approved regional

objectives (at least 3-4 sentences; be specific): NIMS ICS 300/400 classes will help the counties in the region meet the national preparedness goals and also the objectives of the national incident management system. Classes will be opened to the region and then statewide if necessary to procure the required number of students.

Total Funding Request (itemize by category): \$ 1160 instructors / up to 628.40 mileage / up to 300 supplies = \$2100 per class total request of \$ 4200.00

Grant Year: FY2014 **Additional**

Comments:

I, the undersigned contact person, understand that the above-noted funds, if approved by the Governance Board, will be the total amount of funds allocated for allowable expenses only (for allowable lodging & travel costs, see www.gsa.gov/perdiem). Any additional costs associated with this request in excess of the approved amount will be the responsibility of the requesting agency/department or those attending. I also understand that it is my responsibility to determine expenses eligible under DHS & NEMA guidelines.

Renee Critser

Name

Signature

*** INVOICES/RECEIPTS MUST BE PROVIDED BEFORE ANY CLAIM IS PAID ***

****Submit form to the Emergency Manager who will forward to the Secretary 14 days before the meeting****

— FOR REGIONAL BOARD USE ONLY —

Grant Year: FY2014 FY2015 _____

Date Request Received: 8-26-15

Board Action Approved Denied Amount Authorized: _____ Date: _____

Signatures: _____ (chairman) _____ (Executive Board)