

**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.):** Incident Command/ All Hazards Command

**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.):** Incident Command /All Hazards Command

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

**How/why project/request supports approved regional**

**objectives (at least 3-4 sentences; be specific):** Incident Command / All Hazards Command class 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):** \$ 7,000

**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](http://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)