2022-2023 EMPG Workplan and Status Reporting Workbook

DES Montana Disaster & Emergency Services

Instructions:

A requirement for the Emergency Management Performance Grant (EMPG) program is to have a workplan. During the application process applicants need to fill out section's 1 and 2 information of the workplan. Applicants have an opportunity to note up to 4 priorities to work on which may be multi-year goals. Subrecipients don't have to complete the priorities within that first year, but there should be demonstrated progress. Quarterly reporting requires updating sections 1 and 2 and filling out the corresponding reports in sections 3 and 4.

It is best practice to first save the workplan document to your computer and then fill out the needed information, save again, and then upload this to AmpliFund. Always keep a backup of the workplan and quarterly reporting. MT DES only has a copy of the most recently submitted version.

Table of Hyperlinked Contents

Section 1: Jurisdiction Details:

What jurisdiction is being reported?   What district is the reporting jurisdiction in?

For Status Reporting Period:

Application Workplan   Updated Workplan

Quarter 1: Due October 10   Quarter 2: Due January 10, 2022

2022 Quarter 3: Due April 10   Quarter 4: Due July 10, 2023

Primary Contact and Organization

Organization Name:

Primary Contact Name:	Alternate Contact Name:
Work Phone Number:	Work Phone Number:
Cell/Other Phone Number:	Cell/Other Phone Number:
Email:	Email:

Primary/Alternate Emergency Operations Center Location
If one is not identified, please write "Not Identified" in the space below

Primary EOC Street Address (no PO BOX)	Alternate EOC Street Address (no PO BOX)

Procurement Policy

Does your jurisdiction have an approved written local procurement policy?

If no, when do you plan on having the policy approved?

Professional Development Progress

Have all EMPG funded personnel completed the required basic NIMS training (IS100, IS200, IS700, IS800)

If "No" please provide a narrative of the plan to accomplish these courses. Include which EMPG funded personnel still need to complete the missing courses.

Have all EMPG funded personnel completed the required Professional Development Series Training or the National Emergency Basic Academy? (IS120, IS230, IS235, IS240, IS241, IS242, IS244)

If "No" please provide a narrative of the plan to accomplish these courses, include which EMPG funded personnel still need to complete the missing courses.

Public Information & Warning

Do you use EMPG funds to pay for all or part of your jurisdictions public information & warning system?

If yes, what system or systems do you use?

If yes, what testing and/or training have you performed on the system(s)? Briefly explain the testing and training program including frequency of training and testing schedule.

SECTION 2: EMPG WORKPLAN

EMPG WORKPLAN

Identify the priorities for the EMPG program. For each priority provide the rational on how this priority was determined and the supporting activities for each. If you have a date or deadline for completion for each activity, add it to the table. It can be a specific date, month or quarter.

Program Priorities Workplan *See 1.2 in the 2022–2023 EMPG Program Guidance*	
List your highest priorities that your jurisdiction will focus on in the next 1-3 years.	

Priority 1	
Rational	
Expected Outcome	

Planned Activities	**Goal Completion Dates**
Planned Activity	
Planned Activity	
Planned Activity	
Planned Activity	

Priority 2	
Rational	
Expected Outcome	

Planned Activities	**Goal Completion Dates**
Planned Activity	
Planned Activity	
Planned Activity	
Planned Activity	

Priority 3	
Rational	
Expected Outcome	

Planned Activities	**Goal Completion Dates**
Planned Activity	
Planned Activity	
Planned Activity	
Planned Activity	

Priority 4	
Rational	
Expected Outcome	

Planned Activities	**Goal Completion Dates**
Planned Activity	
Planned Activity	
Planned Activity	
Planned Activity	

Other EMPG Activities *May include training, exercises or other program development activities not identified in the priorities.*	

Planned Activities	**Goal Completion Dates**
Planned Activity	
Planned Activity	
Planned Activity	
Planned Activity	
Planned Activity	
Planned Activity	

SECTION 3: Quarterly Performance and Reporting

Organizational Assessment Information

National Incident Management System (NIMS) *See 3.1.1 in the 2022–2023 EMPG Program Guidance*

Threat Hazard Identification Risk Assessment (THIRA) *See 3.1.2 in the 2022–2023 EMPG Program Guidance*

Local Emergency Planning Committee Reporting – *See 3.1.3 in the 2022–2023 EMPG Program Guidance*

Did you attend a MT DES sponsored event this quarter? *See 3.4 in the 2022–2023 EMPG Program Guidance*

Provide Name of the Event(s)	**Provide Date of the Event(s)**
Quarter 1	
Quarter 2	
Quarter 3	
Quarter 4	

Planning

Has all or part of your jurisdictions Emergency Operation Plan (EOP) been reviewed/revised this quarter?
See 3.3 in the 2022–2023 EMPG Program Guidance

If Yes please describe what portions of the EOP were reviewed and revised

Date County EOP was last approved?

Have you coordinated with your partners or worked on any other plans or annexes?
If yes, which ones?

Briefly describe the work done with each plan identified above.

Section 4: Quarterly Priority Narratives

Quarter 1: July - September   Quarter 2: October - December   Quarter 3: January - March   Quarter 4: April - June

Priority #1		
Planning:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Organization:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Equipment:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Training:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Exercise:	Qtr. 1	Description of exercise planning or other activity: Was an exercise completed in this quarter? *If yes: Must submit AAR to DFO within 90 days.* If Yes, enter the date of the exercise: If Yes, enter the date the AAR/IP was or is expected to be submitted to the DFO:
	Qtr. 2	Description of exercise planning or other activity: Was an exercise completed in this quarter? *If yes: Must submit AAR to DFO within 90 days.* If Yes, enter the date of the exercise: If Yes, enter the date the AAR/IP was or is expected to be submitted to the DFO:
	Qtr. 3	Description of exercise planning or other activity: Was an exercise completed in this quarter? *If yes: Must submit AAR to DFO within 90 days.* If Yes, enter the date of the exercise: If Yes, enter the date the AAR/IP was or is expected to be submitted to the DFO:
	Qtr. 4	Description of exercise planning or other activity: Was an exercise completed in this quarter? *If yes: Must submit AAR to DFO within 90 days.* If Yes, enter the date of the exercise: If Yes, enter the date the AAR/IP was or is expected to be submitted to the DFO:

Priority #2		
Planning:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Organization:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Equipment:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Training:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Exercise:	Qtr. 1	Description of exercise planning or other activity: Was an exercise completed in this quarter? *If yes: Must submit AAR to DFO within 90 days.* If Yes, enter the date of the exercise: If Yes, enter the date the AAR/IP was or is expected to be submitted to the DFO:
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Priority #3		
Planning:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Organization:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Equipment:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Training:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Exercise:	Qtr. 1	Description of exercise planning or other activity: Was an exercise completed in this quarter? *If yes: Must submit AAR to DFO within 90 days.* If Yes, enter the date of the exercise: If Yes, enter the date the AAR/IP was or is expected to be submitted to the DFO:
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Priority #4		
Planning:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Organization:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Equipment:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Training:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Exercise:	Qtr. 1	Description of exercise planning or other activity: Was an exercise completed in this quarter? *If yes: Must submit AAR to DFO within 90 days.* If Yes, enter the date of the exercise: If Yes, enter the date the AAR/IP was or is expected to be submitted to the DFO:
	Qtr. 2	Description of exercise planning or other activity: Was an exercise completed in this quarter? *If yes: Must submit AAR to DFO within 90 days.* If Yes, enter the date of the exercise: If Yes, enter the date the AAR/IP was or is expected to be submitted to the DFO:
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Other EMPG Activities *May include training or exercises, or other activities not identified in the priorities.*		
Planning:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Organization:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Equipment:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	
Training:	Qtr. 1	
	Qtr. 2	
	Qtr. 3	
	Qtr. 4	

EMPG Funded Response Activities	
QTR. 1	
QTR. 2	
QTR. 3	
QTR. 4	

EMPG Funded Recovery Activities	
QTR. 1	
QTR. 2	
QTR. 3	
QTR. 4	

EMPG Funded Mitigation Activities	
QTR. 1	
QTR. 2	
QTR. 3	
QTR. 4	