

# Montana Disaster and Emergency Services FY 2024 Emergency Management Performance Grant Workplan

## 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.*

*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.*

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## SECTION 1: JURISDICTION DETAILS:

What jurisdiction is being reported?

What district is the reporting jurisdiction in?

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### Reporting Period (Select one)

Initial Workplan

Quarter 1: Due October 10, 2024

Quarter 3: Due April 10, 2025

Updated Workplan

Quarter 2: Due January 10, 2025

Quarter 4: Due July 10, 2025

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### Primary & Secondary Contact Information

Organization's Name:

Primary Contact Name:

Secondary Contact Name:

Work Phone Number:

Secondary Work Phone Number:

Cell/Other Phone:

Secondary Cell/Other Phone:

Email:

Secondary Email:

Primary EOC Street Addresses

Secondary EOC Street Address

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

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, including 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 jurisdiction's 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.

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## SECTION 2: WORKPLAN PRIORITIES:

Identify the priorities for the EMPG program. For each priority provide the rationale 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.

### **Priority 1**

#### **Rational**

Please describe the activities you will take to complete priority 1.

### **Priority 2**

#### **Rational**

Please describe the activities you will take to complete priority 2.

**Priority 3**

Rational

Please describe the activities you will take to complete priority 3.

**Priority 4**

Rational

Please describe the activities you will take to complete priority 4.

**Other EMPG Activities**

Please describe the activities you will take to complete other EMPG activities.

## SECTION 3: QUARTERLY PERFORMANCE AND REPORTING

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### Quarterly Priority Narratives

#### **PRIORITY #1**

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**Quarter 1 Narrative:**

**Quarter 2 Narrative:**

**Quarter 3 Narrative:**

**Quarter 4 Narrative:**

## **PRIORITY #2**

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**Quarter 1 Narrative:**

**Quarter 2 Narrative:**

**Quarter 3 Narrative:**

**Quarter 4 Narrative:**

## **PRIORITY #3**

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**Quarter 1 Narrative:**

**Quarter 2 Narrative:**

**Quarter 3 Narrative:**

**Quarter 4 Narrative:**

## **PRIORITY #4**

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**Quarter 1 Narrative:**

**Quarter 2 Narrative:**

**Quarter 3 Narrative:**

**Quarter 4 Narrative:**

## EXERCISE ACTIVITIES

Submit Exercise After Actions Reports (AAR) with Corrective Action Plans to your DFO and to [mtdesprep@mt.gov](mailto:mtdesprep@mt.gov)

Was an AAR Submitted to MT DES this quarter?

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**Quarter 1 Narrative:**

**Quarter 2 Narrative:**

**Quarter 3 Narrative:**

**Quarter 4 Narrative:**

## RESPONSE ACTIVITIES

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**Quarter 1 Narrative:**

**Quarter 2 Narrative:**

**Quarter 3 Narrative:**

**Quarter 4 Narrative:**

RECOVERY ACTIVITIES

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**Quarter 1 Narrative:**

**Quarter 2 Narrative:**

**Quarter 3 Narrative:**

**Quarter 4 Narrative:**

MITIGATION ACTIVITIES

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**Quarter 1 Narrative:**

**Quarter 2 Narrative:**

**Quarter 3 Narrative:**

**Quarter 4 Narrative:**

## ASSESSMENTS

All assessment requirements identified in the EMPG Guidance must be completed by the identified due dates and instructions to include:

- National Incident Management System - FY 2024 EMPG Program Guidance, 3.1.1
- Threat Hazard Identification Risk Assessment - FY 2024 EMPG Program Guidance, 3.1.2
- Local Emergency Planning Committee Reporting - FY 2024 EMPG Program Guidance, See 3.1.3
- After Action Reporting

**Identify if you have attended a MT DES sponsored event during the quarter:**

*See 3.4 in the FY 2024 EMPG Program Guidance. A "MT DES Sponsored Event" is defined as an event organized and hosted by MT DES.*

Provide Name of the Event	Date of Event
Quarter 1	
Quarter 2	
Quarter 3	
Quarter 4	

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## EMERGENCY OPERATION PLAN

Has your jurisdictions Emergency Operation Plan (EOP) been reviewed/revised this quarter?

If yes, please describe what portions of the EOP were reviewed and revised.