

Staff Report

TO: Criminal Justice Committee
Board of Commissioners

FROM: McCarther A. Griffis, Director P.E.M.
Central Dispatch & Emergency Management

DATE: Thursday, October 05, 2017

RE: Emergency Management's Request to sign the EMPG Work Agreement 2018
For the Work Session Agenda -October 10th, 2017

BACKGROUND

The Emergency Management Director is requesting that the annual EMPG (Emergency Management Performance Grant) Work Agreement be signed by the Chairperson of the Board of Commissioners. This grant helps pay for the Emergency Management Director's salary. The grant award is determined at the end of the grant period and is usually about 30-36% of the director's dedicated time to working on Emergency Management. This grant is accomplished by the Emergency Management Director negotiating with the Michigan State Police Emergency Management Division to accomplish specific tasks during the grant period. The performance of the grant is carefully monitored by the 6th District Coordinator for MSP/EMD.

ALTERNATIVES

1. Authorize the signing of the work agreement.
2. Do not grant authorization.

FINANCIAL IMPACT

1. If the county chooses not to sign this agreement this money will need to be allocated from some other source. Currently this grant is counted on annually.

OTHER CONSIDERATIONS

1. None

RECOMMENDATIONS

Consider approving the signing of the FY 2018 EMPG Work Agreement and authorize the board chair to sign the same.

ATTACHMENTS

Work Agreement Forms

Michigan State Police Emergency Management and Homeland Security Division	Isabella County Emergency Management Fiscal Year 2018 Emergency Management Performance Grant (EMPG) Work Agreement/Quarterly Report		<input type="checkbox"/> Initial Work Agreement
<input type="checkbox"/> 1 st Quarter	<input type="checkbox"/> 2 nd Quarter	<input type="checkbox"/> 3 rd Quarter	<input type="checkbox"/> 4 th Quarter
SIGNATURE OF CHIEF ELECTED OFFICIAL	DATE	SIGNATURE OF EMERGENCY MANAGEMENT COORDINATOR	DATE
SIGNATURE OF EMERGENCY MGMT. PROGRAM MANAGER	DATE	SIGNATURE OF DISTRICT COORDINATOR	DATE

Purpose

This survey functions as the 2018 EMPG work agreement/quarterly report. The objectives of this work agreement are based upon standards identified in the Emergency Management and Homeland Security Division (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. EM activities of the EMC and other response personnel shall be identified in the EM ordinance, resolution, and county plans.

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> Verify that the jurisdiction has submitted the quarterly EMPG reports and financial documentation with original signatures by 1/12/18. 	EMPG reports were submitted: Yes/No Financial documents were submitted: Yes/No

2 nd	<ul style="list-style-type: none"> Verify that the jurisdiction has submitted the quarterly EMPG reports and financial documentation with original signatures by 4/13/18. 	EMPG reports were submitted: Yes/No Financial documents were submitted: Yes/No
3 rd	<ul style="list-style-type: none"> Verify that the jurisdiction has submitted the quarterly EMPG reports and financial documentation with original signatures by 7/13/18. 	EMPG reports were submitted: Yes/No Financial documents were submitted: Yes/No
4 th	<ul style="list-style-type: none"> Verify that the jurisdiction has submitted the quarterly EMPG reports and financial documentation with original signatures by 10/12/18. Submit documents for 2018 EMPG work agreement to EMHSD financial staff by 9/28/18. 	EMPG reports were submitted: Yes/No Financial documents were submitted: Yes/No Position Description Submitted: Yes/No EMD-17 Form Submitted: Yes/No EMD-31 Form Submitted: Yes/No

(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 Emergency Management (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 10/1/17-12/31/17. Report attendance at other EM related meetings held between 10/1/17-12/31/17. 	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 - Long Term Recovery #_____ ESF #15 - External Affairs #_____ Local #_____ District #_____ Regional #_____ State #_____ Federal #_____
2 nd	<ul style="list-style-type: none"> Attend quarterly district EM meetings held between 1/1/18-3/31/18. Report attendance at other EM related meetings held between 1/1/18-3/31/18. 	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 - Long Term Recovery #_____ ESF #15 - External Affairs #_____ Local #_____ District #_____ Regional #_____ State #_____ Federal #_____
3 rd	<ul style="list-style-type: none"> Attend quarterly district EM meetings held between 4/1/18-6/30/18. Report attendance at other EM related meetings held between 4/1/18-6/30/18. 	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 - Long Term Recovery #_____ ESF #15 - External Affairs #_____ Local #_____ District #_____ Regional #_____ State #_____ Federal #_____

<p>4th</p>	<ul style="list-style-type: none"> ▪ Attend quarterly district EM meetings held between 7/1/18-9/30/18. ▪ Report attendance at other EM related meetings held between 7/1/18-9/30/18. 	<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 #_____</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 - Long Term Recovery #_____</p> <p>ESF #15 - External Affairs #_____</p> <p>Local #_____</p> <p>District #_____</p> <p>Regional #_____</p> <p>State #_____</p> <p>Federal # _____</p>
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(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 jurisdictions 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 10/1/17-12/31/17. Did you utilize the I.P. Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 10/1/17-12/31/17? 	<p><i>Type of Risk Assessment/Number Completed:</i> County: #____ Municipal: #____ Facilities: #____ Special Events: #____</p> <p>I.P. 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 1/1/18-3/31/18. Did you utilize the I.P. Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 1/1/18-3/31/18? 	<p><i>Type of Risk Assessment/Number Completed:</i> County: #____ Municipal: #____ Facilities: #____ Special Events: #____</p> <p>I.P. Gateway tool utilized: Yes/No</p>
3 rd	<ul style="list-style-type: none"> Document any hazard identification, risk assessment, or consequence analysis activities performed between 4/1/18-6/30/18. 	<p><i>Type of Risk Assessment/Number Completed:</i> County: #____ Municipal: #____ Facilities: #____ Special Events: #____</p>

	<ul style="list-style-type: none"> Did you utilize the I.P. Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 4/1/18-6/30/18? 	I.P. Gateway tool utilized: Yes/No
4 th	<ul style="list-style-type: none"> Document any hazard identification, risk assessment, or consequence analysis activities performed between 7/1/18-9/30/18. Did you utilize the I.P. Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 7/1/18-9/30/18? 	<p><i>Type of Risk Assessment/Number Completed:</i> County: #____ Municipal: #____ Facilities: #____ Special Events: #____</p> <p>I.P. Gateway tool utilized: Yes/No</p>

(4) HAZARD MITIGATION

The Emergency Management Coordinator (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)
1 st	<ul style="list-style-type: none"> Document whether your community has developed a hazard mitigation plan. Confirm the date of the jurisdiction's hazard mitigation plan. 	<p>HM plan: Yes/No/Adopted County Plan</p> <p>Plan is expired: Yes/No Expiration Date: ____/____/____</p>

	<ul style="list-style-type: none"> • Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 10/1/17-12/31/17. ▪ Report how many action items listed in the hazard mitigation plan have been completed between 10/1/17-12/31/17. 	<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>
2 nd	<ul style="list-style-type: none"> ▪ Report how many action items listed in the hazard mitigation plan have been completed between 1/1/18-3/31/18. ▪ Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 1/1/18-3/31/18. 	<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
3 rd	<ul style="list-style-type: none"> ▪ Report how many action items listed in the hazard mitigation plan have been completed between 4/1/18-6/30/18. ▪ Document appropriate steps taken by your jurisdiction to 	<p>Total action items: # _____ Action items completed: # _____</p>

	<p>create a new or update an expired plan between 4/1/18-6/30/18.</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 hazard mitigation plan have been completed between 7/1/18-9/30/18. ▪ Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 7/1/18-9/30/18. ▪ Disseminate EMHSD hazard mitigation 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 Emergency Management Program (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 10/1/17-9/30/18.	<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 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 MIOC liaison and State MIOC.<input type="checkbox"/> Conducting information sharing procedures.

(6) OPERATIONAL PLANNING

The Emergency Management Coordinator (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 10/1/17-12/31/17. Attend or host four LEPC meetings by 9/30/2018. Confirm the date of the jurisdiction's EOP/EAG and verify if the plan will expire between 10/1/17 - 9/30/18. Identify EOP/EAG annexes that were updated between 10/1/17 - 12/31/17. 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 10/1/17-12/31/17. Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, identified by Michigan State Police/Emergency Management and Homeland Security Division (MSP/EMHSD) between 10/1/17-12/31/17. 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>#_____ LPT meetings.</p> <p>Attend/Hosted #_____ LEPC meetings.</p> <p>EOP/EAG is current: Yes/No Expiration Date: ____/____/____</p> <p>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 Local Planning Team (LPT) meetings that occurred between 1/1/18-3/31/18. ▪ Attend or host four LEPC meetings by 9/30/2018. ▪ 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 updated between 1/1/18 - 3/31/18. 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 1/1/18-3/31/18. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, identified by MSP/EMHSD between 1/1/18-3/31/18. 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. 	<p>Attended/Hosted #_____ LPT meetings.</p> <p>Attend/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>Total Annexes: #_____</p> <p>Annexes Updated: # _____</p> <p><i>School Activities/Number of Activities:</i> Planning: #_____</p> <p>Seminars: #_____</p> <p>Outreach: #_____</p> <p>Special Events: #_____</p> <p>Total Support Plans: #_____</p> <p>Current plans: #_____</p> <p>Does Not Apply: _____</p>
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<p>3rd</p>	<ul style="list-style-type: none"> ▪ Report the number of Local Planning Team (LPT) meetings that occurred between 4/1/18-6/30/18. ▪ Attend or host four LEPC meetings by 9/30/2018. ▪ Identify EOP/EAG annexes that were updated between 4/1/18 - 6/30/18. 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 4/1/18-6/30/18. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, identified by MSP/EMHSD between 4/1/18-6/30/18. 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. ▪ Report the status of SARA Title III plans Report any problem areas. 	<p>#_____ LPT meetings.</p> <p>Attend/Hosted #_____ LEPC meetings.</p> <p>Total Annexes: #_____</p> <p>Annexes Updated: # _____</p> <p><i>School Activities/Number of Activities:</i></p> <p>Planning: # _____</p> <p>Seminars: # _____</p> <p>Outreach: # _____</p> <p>Special Events: # _____</p> <p>Total Support Plans: # _____</p> <p>Current plans: # _____</p> <p>Does Not Apply: _____</p> <p>Total Sites: # _____</p> <p>Total Plans: # _____</p> <p>Problem Areas: _____</p> <p>Does not apply: _____</p>
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<p>4th</p>	<ul style="list-style-type: none"> ▪ Report the number of Local Planning Team (LPT) meetings that occurred between 7/1/18-9/30/18 ▪ Attend or host four LEPC meetings by 9/30/2018. ▪ Identify EOP/EAG annexes that were updated between 7/1/18 - 9/30/18. 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, identified by MSP/EMHSD between 7/1/18-9/30/18. 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. ▪ Report participation in EM activities with school officials that took place between 7/1/18-9/30/18 and supply any planning guidance/templates that are available. ▪ Verify receipt by 9/15/18 and distribution of scheduled drill days for school buildings operated by the school, school district, intermediate school district, or public academy, for the 2018-2019 school year. 	<p>#____LPT meetings</p> <p>Attend/Hosted #_____ LEPC meetings.</p> <p>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 Emergency Management Program (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 12/31/17. 	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 3/31/18, 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 6/30/18, 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 10/1/17 and 9/30/18. Update EOC call list and submit a copy to the DC by 9/30/18, only if changes have been made. Conduct EOC orientation session between 10/1/17 and 9/30/18. Submit the EMD-70 NIMS Training Progress report by 9/30/18. Submit the EMD-71 NIMS Certification Form by 9/30/18. 	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 EMD-70 has been Submitted: Yes/No EMD-71 has been submitted: Yes/No

(8) RESOURCE MANAGEMENT, LOGISTICS, AND MUTUAL AID

The Emergency Management Coordinator (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 Michigan Critical Incident Management System (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		
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 10/1/17 and 9/30/18. Verify that the jurisdiction's NIMS-typed resources are current in the MI CIMS and submit the EMD-003 Resource Certification form by 9/30/18. Does your Emergency Management program maintain Logistics plans and procedures that can be activated during incident response, e.g. donations management, establishment of Points of Distribution, management of warehouses, activation of Mutual Aid Agreements, etc.? 	<p>New MAA/MOUs: # _____ Updated MAA/MOUs: # _____ Current MAA/MOUs: # _____</p> <p>MEMAC Member Name:</p> <p>EMD-003 has been submitted: Yes/No</p> <p>Emergency Management program maintains Logistics procedures: Yes/No</p>

(9) COMMUNICATIONS AND WARNING

The Emergency Management Coordinator (EMC) shall ensure that the jurisdiction communicates both internally and externally with all Emergency Management Program (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 secondary public alerting and notification systems used in the jurisdiction function as designed. Verify if the jurisdiction is IPAWS compliant. If jurisdiction is not IPAWS compliant, document if your jurisdiction is in the process of becoming IPAWS compliant. If jurisdiction is not working towards IPAWS compliancy; indicate reason. Participate in district and/or statewide radio testing between 10/1/17-12/31/17. Participate in district and/or statewide MI CIMS drills between 10/1/17-12/31/17. Document the jurisdiction's participation in any additional communication tests between 10/1/17-12/31/17. 	<p>Primary Notification: _____ Secondary Notification: _____</p> <p>Jurisdiction is IPAWS compliant: Yes/No/IPAWS is on a County Level.</p> <p>Jurisdiction is in the process of becoming IPAWS compliant: Yes/No/IPAWS is on a County level.</p> <p>Reason why jurisdiction is not working towards IPAWS compliancy: _____</p> <p><i>Radio Test Type/Number of Radio Tests:</i> District: # _____ State: # _____ Other: # _____</p> <p><i>MI CIMS Drill Type/Number of MI CIMS Drills:</i> District: # _____ State: # _____</p> <p><i>Communication tests Type/Number of Communication tests:</i> Communication tests: _____, # _____</p>
2 nd	<ul style="list-style-type: none"> Participate in district and/or statewide radio testing between 1/1/18-3/31/18. 	<p><i>Radio Test Type/Number of Radio Tests:</i> District: # _____ State: # _____ Other: # _____</p>

	<ul style="list-style-type: none"> Participate in district and/or statewide MI CIMS drills between 1/1/18-3/31/18. Document the jurisdiction's participation in any additional communication tests between 1/1/18-3/31/18. 	<i>MI CIMS Drill Type/Number of MI CIMS Drills:</i> District: # _____ State: # _____ <i>Communication tests Type/Number of Communication tests:</i> Communication tests: _____, # _____
3 rd	<ul style="list-style-type: none"> Participate in district and/or statewide radio testing between 4/1/18-6/30/18. Participate in district and/or statewide MI CIMS drills between 4/1/18-6/30/18. Document the jurisdiction's participation in any additional communication tests between 4/1/18-6/30/18. 	<i>Radio Test Type/Number of Radio Tests:</i> District: # _____ State: # _____ Other: # _____ <i>MI CIMS Drill Type/Number of MI CIMS Drills:</i> District: # _____ State: # _____ <i>Communication tests Type/Number of Communication tests:</i> Communication tests: _____, # _____
4 th	<ul style="list-style-type: none"> Participate in district and/or statewide radio testing between 7/1/18-9/30/18. Participate in district and/or statewide MI CIMS drills between 7/1/18-9/30/18. Document the jurisdiction's participation in any additional communication tests between 7/1/18-9/30/18. Meet with local EAS/MAB region representatives between 10/1/17-9/30/18. Review and compare your jurisdiction's warning capabilities with the regional MAB, EAS plan by 9/30/18. 	<i>Radio Test Type/Number of Radio Tests:</i> District: # _____ State: # _____ Other: # _____ <i>MI CIMS Drill Type/Number of MI CIMS Drills:</i> District: # _____ State: # _____ <i>Communication tests Type/Number of Communication tests:</i> Communication tests: _____, # _____ Attended: # _____ Regional MAB/EAS Meeting. Capabilities were compared with regional MAB/EAS Plan: Yes/No

(10) OPERATIONS, PROCEDURES, AND FACILITIES

The Emergency Management Coordinator (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 Emergency Management Program (EMP) shall have a primary facility Emergency Operations Center (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)
1 st	<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 12/31/17. Ensure jurisdiction has current EOC activation, operation, and deactivation procedures for the jurisdiction's EOC, provide a copy to the District Coordinator (DC) by 12/31/17. 	<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>
2 nd	<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 3/31/18. Report any major updates to EOC activation, operation, and deactivation procedures between 1/1/18 and 3/31/18. 	<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>
3 rd	<ul style="list-style-type: none"> Report any major updates to EOC activation, operation, and deactivation procedures between 4/1/18 and 6/30/18. 	<p>Major updates have been made: Yes/No Major updates have been sent to DC: Yes/No</p>
4 th	<ul style="list-style-type: none"> Report any major updates to EOC activation, operation, and deactivation procedures between 7/1/18 and 9/30/18. 	<p>Major updates have been made: Yes/No Major updates have been sent to DC: Yes/No</p>

(11) TRAINING

The Emergency Management Coordinator (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, Damage Assessment and NIMS training courses. The local emergency manager shall submit the Quarterly Training and Exercise Reporting Worksheet (EMD-65) and promote available Emergency Management (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 10/1/17-12/31/17.	Emergency management course schedule has been promoted: Yes/No
2 nd	<ul style="list-style-type: none">Promote emergency management courses between 1/1/18-3/31/18.	Emergency management course schedule has been promoted: Yes/No
3 rd	<ul style="list-style-type: none">Promote emergency management courses between 4/1/18-6/30/18.	Emergency management course schedule has been promoted: Yes/No
4 th	<ul style="list-style-type: none">Promote emergency management courses between 7/1/18-9/30/18.	Emergency management course schedule has been promoted: Yes/No

(12) EXERCISES, EVALUATIONS, AND CORRECTIVE ACTIONS

The Emergency Management Program (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.

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none">▪ Submit EMD-065 – Quarter Training and Exercise Report by 1/12/18.	EMD-065 has been submitted: Yes/No
2 nd	<ul style="list-style-type: none">▪ Submit EMD-065 – Quarter Training and Exercise Report by 4/13/18.▪	EMD-065 has been submitted: Yes/No
3 rd	<ul style="list-style-type: none">▪ Submit EMD-065 – Quarter Training and Exercise Report by 7/13/18.	EMD-065 has been submitted: Yes/No
4 th	<ul style="list-style-type: none">▪ Submit EMD-065 – Quarter Training and Exercise Report by 10/12/18.▪ Develop and submit multi-year training and exercise plan for FY2019 – FY2021 by 9/30/18.	<p>EMD-065 has been submitted: Yes/No</p> <p>Multi-year training and exercise plan has been submitted: Yes/No</p>

(13) CRISIS COMMUNICATIONS, PUBLIC EDUCATION, AND INFORMATION

The Emergency Management Program (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 campaigns such as "Do 1 Thing."

	Planned Activities	Action Taken (Local EM Status Report)
1 st	<ul style="list-style-type: none"> Document efforts to educate the public about preparedness activities occurring between 10/1/17-12/31/17. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 10/1/17-12/31/17. 	<p><i>Data Presented/Type of Media:</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media _____ 7 signs of terrorism : Yes/No, 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 1/1/18-3/31/18. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 1/1/18-3/31/18. 	<p><i>Data Presented/Type of Media:</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media _____ 7 signs of terrorism : Yes/No, Media _____ Other: _____, Media: _____</p> <p><i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____</p>
3 rd	<ul style="list-style-type: none"> Document efforts to educate the public about preparedness activities occurring between 4/1/18-6/30/18. 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 _____ 7 signs of terrorism : Yes/No, Media _____ Other: _____, Media: _____</p>

	<ul style="list-style-type: none"> Document any Citizen Corps activity that occurred between 4/1/18-6/30/18. 	<i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____
4 th	<ul style="list-style-type: none"> Document efforts to educate the public about preparedness activities occurring between 7/1/18-9/30/18. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 7/1/18-9/30/18. 	<i>Data Presented/Type of Media</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media _____ 7 signs of terrorism : Yes/No, Media _____ 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
1 st		
2 nd		
3 rd		
4 th		

MSP/EMHSD CONTACT INFORMATION FOR ASSISTANCE

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

	Name of SME	Contact Information	Specialty
	Lt. Richard Martin	MartinR13@michigan.gov 517-322-1918 (office), 989-245-3154 (cell)	District 1 Coordinator
	Lt. Timothy Ketvirtis	KetvirtisT@michigan.gov 586-726-6709 (office), 517-202-5597 (cell)	District 2N Coordinator
	Lt. Nate McQueen	McQueenN@michigan.gov 734-287-5044 (office), 248-210-0672 (cell)	District 2S Coordinator
	Lt. Billie Jo Roach	RoachB@michigan.gov 989-777-0650 (office), 517-819-0841 (cell)	District 3 Coordinator
	Lt. Kenneth High	HighK@michigan.gov 269-657-6081 (office), 269-332-3475 (cell)	District 5 Coordinator
	Lt. Mark Russo	RussoM3@michigan.gov 616-866-6665 (office), 616-299-9312 (cell)	District 6 Coordinator
	Lt. Michael DeCastro	DecastroM@michigan.gov 231-946-3005 (office), 231-499-8266 (cell)	District 7 Coordinator
	Lt. Steven Derusha	DerushaS1@michigan.gov 906-293-8061 (office Newberry); 906-227-7504 (office Marquette); 517-898-5055 (cell)	District 8 Coordinator
	F/Lt. Gabe Covey	CoveyG@michigan.gov 517-284-3989 (office), 517-927-5362 (cell)	State and Local Support Section Manager
	Penny Burger	BurgerP@michigan.gov 517-284-3991 (office)	Grants and Financial Management Section Manager
	Kim Richmond	RichmondK@michigan.gov 517-284-3952 (office)	Grants Unit Manager
	Renee Tober	Toberr2@michigan.gov 517-284-3943 (office)	Emergency Management Performance Grant Coordinator
	Amanda VanKoevering	VanKoeveringA@michigan.gov 517-284-3959 (office)	Financial Administration/EMPG
	Mike Sobocinski	SobocinskiM@michigan.gov 517-284-3947 (office)	Hazard Mitigation Planning
	Joel Pepper	PepperJ@michigan.gov 517-284-3955 (office)	Hazard Mitigation Project Grants
	Matt Schnepf	SchnepfM1@michigan.gov 517-284-3950 (office)	Hazard Mitigation Project Grants

	Henrik Hollaender	HollaenderH@michigan.gov 517-284-3970 (office), 517-898-4225 (cell)	Local Planning/NIMS
	Michelle Kuzera	KuzeraM@michigan.gov 517-284-3965 (office)	Technical Support and Mapping Section Manager
	Vacant		HMEP/LEPC/ SARA Title III/MEMAC
	Brianna Briggs	BriggsB3@michigan.gov 517-284-3992 (office)	Technical Support Unit Manager
	Jaclyn Barcroft	BarcroftJ@michigan.gov 517-284-3996 (office)	MI CIMS Coordinator
	Don Bouffard	BouffardD@michigan.gov 517-284-3995 (office)	Communication Specialist
	Jackie Hampton	HamptonJ@michigan.gov 517-284-3973 (office)	Preparedness and Training Section Manager
	Carly Georgopoulos	GeorgopoulosC@michigan.gov 517-284-3993 (office)	Exercise Officer/HSEEP
	Alex Abdun-Nabi	Abdun-NabiA@michigan.gov 517-284-3957 (office)	Training Officer
	Sherrie Loader	LoaderS@michigan.gov 517-284-3656 (office)	Audit
	Dale George	GeorgeD5@michigan.gov 517-284-3962 (office)	Public Information Officer
	Insp. Chris Bush	BushC3@michigan.gov 517-284-3967 (office)	MSP/EMHSD Assistant Commander
	Capt. Chris Kelenske	KelenskeC@michigan.gov 517-284-3966 (office)	MSP/EMHSD Commander