

EMHSD-31 Michigan State Police Emergency Management and Homeland Security Division	(Enter Jurisdiction Name) Emergency Management Fiscal Year 2020 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		SIGNATURE OF EMERGENCY MANAGEMENT COORDINATOR	
SIGNATURE OF EMERGENCY MGMT. PROGRAM MANAGER		SIGNATURE OF DISTRICT COORDINATOR	
DATE		DATE	
DATE		DATE	

Purpose

This survey functions as the 2020 EMPG work agreement/quarterly report. The objectives of this work agreement are based upon standards identified in the Michigan State Police, Emergency Management and Homeland Security Division (MSP/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	
<p>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.</p>	
	Planned Activities
1 st	Action Taken (Local EM Status Report) EMPG reports were submitted: Yes/No Financial documents were submitted: Yes/No
	<ul style="list-style-type: none"> ▪ Verify that the jurisdiction submitted the previous quarter's EMPG reports and financial documentation timely, and that current quarterly EMPG reports and financial documentation, with original signatures, will be submitted by 1/20/20.

2 nd	<ul style="list-style-type: none"> Verify that the jurisdiction submitted the previous quarter's EMPG reports and financial documentation timely, and that current quarterly EMPG reports and financial documentation, with original signatures, will be submitted by 1/20/20. 	<p>EMPG reports were submitted: Yes/No</p> <p>Financial documents were submitted: Yes/No</p>
3 rd	<ul style="list-style-type: none"> Verify that the jurisdiction submitted the previous quarter's EMPG reports and financial documentation timely, and that current quarterly EMPG reports and financial documentation, with original signatures, will be submitted by 1/20/20. 	<p>EMPG reports were submitted: Yes/No</p> <p>Financial documents were submitted: Yes/No</p>
4 th	<ul style="list-style-type: none"> Verify that the jurisdiction submitted the previous quarter's EMPG reports and financial documentation timely, and that current quarterly EMPG reports and financial documentation, with original signatures, will be submitted by 1/20/20. Submit documents for 2020 EMPG work agreement to EMHSD financial staff by 9/20/20. 	<p>EMPG reports were submitted: Yes/No</p> <p>Financial documents were submitted: Yes/No</p> <p>Position Description Submitted: Yes/No</p> <p>EMD-17 Form Submitted: Yes/No</p> <p>EMHSD-31 Form Submitted: Yes/No</p>

(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 10/1/19-12/31/19. 	<p>Quarterly meeting attended: Yes/No</p> <p><i>Meeting Type/Number of Meetings</i></p>

	<ul style="list-style-type: none"> Report attendance at other EM related meetings held between 10/1/19-12/31/19. 	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 1/1/20-3/31/20. Report attendance at other EM related meetings held between 1/1/20-3/31/20. 	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 # _____

		<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>
<p>3rd</p>	<ul style="list-style-type: none"> ▪ Attend quarterly district EM meetings held between 4/1/20-6/30/20. ▪ Report attendance at other EM related meetings held between 4/1/20-6/30/20. 	<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>

		ESF #14 - Long Term Recovery # _____ ESF #15 - External Affairs # _____ Local # _____ District # _____ Regional # _____ State # _____ Federal # _____
4 th	<ul style="list-style-type: none"> ▪ Attend quarterly district EM meetings held between 7/1/20-9/30/20. ▪ Report attendance at other EM related meetings held between 7/1/20-9/30/20. 	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) 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 10/1/19-12/31/19. ▪ Did you utilize the I.P. Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 10/1/19-12/31/19? 	<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 1/1/20-3/31/20. ▪ Did you utilize the I.P. Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 1/1/20-3/31/20? 	<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 4/1/20-6/30/20. 	<p><i>Type of Risk Assessment/Number Completed:</i> County: #____ Municipal: #____</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 4/1/20-6/30/20? 	Facilities: # ____ Special Events: # ____ 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 7/1/20-9/30/20. ▪ Did you utilize the I.P. Gateway tool for any of the performed hazard identification, risk assessment, or consequence analysis activities performed between 7/1/20-9/30/20? 	<i>Type of Risk Assessment/Number Completed:</i> County: # ____ Municipal: # ____ Facilities: # ____ Special Events: # ____ I.P. Gateway tool utilized: Yes/No

(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. • Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 10/1/19-12/31/19. ▪ Report how many action items listed in the hazard mitigation plan have been completed between 10/1/19-12/31/19. 	<p>HM plan: Yes/No/Adopted County Plan</p> <p>Plan is expired: Yes/No Expiration Date: ___/___/___</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>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 1/1/20-3/31/20. 	<p>Total action items: # _____ Action items completed: # _____</p>

	<ul style="list-style-type: none"> ▪ Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 1/1/20-3/31/20. 	<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
<p>3rd</p>	<ul style="list-style-type: none"> ▪ Report how many action items listed in the hazard mitigation plan have been completed between 4/1/20-6/30/20. ▪ Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 4/1/20-6/30/20. 	<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>4th</p>	<ul style="list-style-type: none"> ▪ Report how many action items listed in the hazard mitigation plan have been completed between 7/1/20-9/30/20. ▪ Document appropriate steps taken by your jurisdiction to create a new or update an expired plan between 7/1/20-9/30/20. 	<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

<ul style="list-style-type: none"> ▪ Disseminate EMHSD hazard mitigation information announcements and notices of funding availability for Hazard Mitigation Assistance to all local jurisdictions within your EMP. 	<ul style="list-style-type: none"> <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>
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(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 10/1/19-9/30/20. 	<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. <input type="checkbox"/> Other: _____
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(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)
1st	<ul style="list-style-type: none"> ▪ Report the number of Local Planning Team (LPT) meetings that occurred between 10/1/19-12/31/19. ▪ Host four LEPC meetings by 9/30/2020. ▪ Confirm the date of the jurisdiction's EOP/EAG and verify if the plan will expire between 10/1/19 - 9/30/20. ▪ Identify EOP/EAG annexes that were reviewed and/or updated between 10/1/19 - 12/31/19. Ensure that any section/annex updates are still in compliance with Pub 201a. 	#_____ LPT meetings. Hosted #_____ LEPC meetings. EOP/EAG is current: Yes/No Expiration Date: ___/___/_____ Reviewed Annexes: #_____ Total Annexes: #_____ Annexes Updated: #_____

<ul style="list-style-type: none"> ▪ Report participation in EM activities with school officials that took place between 10/1/19-12/31/19. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, identified by MSP/EMHSD between 10/1/19-12/31/19. 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><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>
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<p>2nd</p>	<ul style="list-style-type: none"> ▪ Report the number of Local Planning Team (LPT) meetings that occurred between 1/1/20-3/31/20. ▪ Host four LEPC meetings by 9/30/2020. ▪ 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 reviewed and/or updated between 1/1/20 - 3/31/20. 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 1/1/20-3/31/20. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, identified by MSP/EMHSD between 1/1/20-3/31/20. Ensure that the plan is signed by the current CEO. Emergency Management programs are encouraged to submit new or updated support plans to the DC. 	<p>Attended/Hosted # _____ LPT meetings.</p> <p>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>Reviewed Annexes: # _____ 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>
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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 4/1/20-6/30/20. ▪ Host four LEPC meetings by 9/30/2020. ▪ Identify EOP/EAG annexes that were reviewed and/or updated between 4/1/20 - 6/30/20. 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 4/1/20-6/30/20. ▪ Verify the status of emergency support plans for jurisdictions with a population of 10,000 or more, identified by MSP/EMHSD between 4/1/20-6/30/20. Ensure that the plan is signed by the current CEO. Emergency Management programs are encouraged to submit new or updated support plans to the DC. ▪ Report the status of SARA Title III plans and report any problem areas. 	<p>#_____ LPT meetings.</p> <p>Hosted #_____ LEPC meetings.</p> <p>Reviewed Annexes: #_____</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 7/1/20-9/30/20. ▪ Host four LEPC meetings by 9/30/20. ▪ Identify EOP/EAG annexes that were that were reviewed and/or updated between 7/1/20 - 9/30/20. 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 7/1/20-9/30/20. Ensure that the plan is signed by the current CEO. Emergency Management programs are encouraged to submit new or updated support plans to the DC. ▪ Report participation in EM activities with school officials that took place between 7/1/20-9/30/20 and supply any planning guidance/templates that are available. ▪ Verify receipt by 9/15/20 and distribution of scheduled drill days for school buildings operated by the school, school district, intermediate school district, or public academy, for the 2020-2021 school year. 	<p>#____LPT meetings</p> <p>Hosted #_____ LEPC meetings.</p> <p>Reviewed Annexes: #_____ Total Annexes: #_____ Annexes Updated: #_____ 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 12/31/19. 	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 3/31/20, 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 6/30/20, 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 10/1/19 and 9/30/20. Update EOC call list and submit a copy to the DC by 9/30/20, only if changes have been made. Conduct EOC orientation session between 10/1/19 and 9/30/20. Submit the EMHSD-071 NIMS Implementation, Training Progress and Resource Inventory Certification by 9/30/20. 	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 EMHSD-071 NIMS Implementation, Training Progress and Resource Inventory Certification submitted by 9/30/20: 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. <p>Report any MEMAC membership additions that occurred between 10/1/19 and 9/30/20.</p> <ul style="list-style-type: none"> ▪ Verify that the jurisdiction's NIMS-typed resources are current in the MI CIMS and complete the resource portion of form EMHSD-071 NIMS Implementation, Training Progress and Resource Inventory Certification by 9/30/20. 	<p>New MAA/MOUs: # _____ Updated MAA/MOUs: # _____ Current MAA/MOUs: # _____</p> <p>MEMAC Member Name:</p> <p>EMHSD-071 NIMS Implementation, Training Progress and Resource Inventory Certification Report submitted: 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 (i.e. Emergency Alert System (EAS) & Wireless Emergency Alerts (WEA), sirens, weather radio, etc.) systems used in the jurisdiction. ▪ Identify the primary and secondary public opt-in mass notification systems used in the jurisdiction. ▪ Verify if the jurisdiction is Integrated Public Alert & Warning System (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 monthly IPAWS proficiency demonstration with the IPAWS Test Lab between 10/1/19-12-31-19. (New requirement from FEMA starting 10/1/19). ▪ Participate in district and/or statewide radio testing between 10/1/19-12/31/19 ▪ Participate in district and/or statewide MI CIMS drills/exercises between 10/1/19-12/31/19. 	<p>Primary Public Alerting System: _____ Secondary Public Alerting System: _____</p> <p>Primary Mass Notification System: _____ Secondary Mass Notification System: _____</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 on County level.</p> <p>Reason why jurisdiction is not working towards IPAWs compliancy: _____</p> <p>IPAWS Proficiency Demonstrations Completed: # _____</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/Exercises:</i></p>

	<ul style="list-style-type: none"> Document the jurisdiction's participation in any additional communication tests between 10/1/19-12/31/19. 	District: # _____ State: # _____ <i>Communication tests Type/Number of Communication tests:</i> Communication tests: _____, # _____
2 nd	<ul style="list-style-type: none"> Participate in monthly IPAWS proficiency demonstration with the IPAWS Test Lab between 10/1/19-12-31-19. (New requirement from FEMA starting 10/1/19). Participate in district and/or statewide radio testing between 1/1/20-3/31/20. Participate in district and/or statewide MI CIMS drills/exercises between 1/1/20-3/31/20. Document the jurisdiction's participation in any additional communication tests between 1/1/20-3/31/20. 	<i>IPAWS Proficiency Demonstrations Completed:</i> # _____ <i>Radio Test Type/Number of Radio Tests:</i> District: # _____ State: # _____ Other: # _____ <i>MI CIMS Drill Type/Number of MI CIMS Drills/Exercises:</i> District: # _____ State: # _____ <i>Communication tests Type/Number of Communication tests:</i> Communication tests: _____, # _____
3 rd	<ul style="list-style-type: none"> Participate in monthly IPAWS proficiency demonstration with the IPAWS Test Lab between 10/1/19-12-31-19. (New requirement from FEMA starting 10/1/19). Participate in district and/or statewide radio testing between 4/1/20-6/30/20. Participate in district and/or statewide MI CIMS drills/exercises between 4/1/20-6/30/20. Document the jurisdiction's participation in any additional communication tests between 4/1/20-6/30/20. 	<i>IPAWS Proficiency Demonstrations Completed:</i> # _____ <i>Radio Test Type/Number of Radio Tests:</i> District: # _____ State: # _____ Other: # _____ <i>MI CIMS Drill Type/Number of MI CIMS Drills/Exercises:</i> District: # _____ State: # _____ <i>Communication tests Type/Number of Communication tests:</i> Communication tests: _____, # _____
4 th		<i>IPAWS Proficiency Demonstrations Completed:</i>

<ul style="list-style-type: none"> ▪ Participate in monthly IPAWS proficiency demonstration with the IPAWS Test Lab between 10/1/19-12-31-19. (New requirement from FEMA starting 10/1/19). ▪ Participate in district and/or statewide radio testing between 7/1/20-9/30/20. ▪ Participate in district and/or statewide MI CIMS drills/exercises between 7/1/20-9/30/20. ▪ Document the jurisdiction’s participation in any additional communication tests between 7/1/20-9/30/20. ▪ Meet with local EAS/MAB region representatives between 10/1/19-9/30/20. ▪ Review and compare your jurisdiction’s warning capabilities are compliant with the regional MAB, EAS plan by 9/30/20. 	<p># _____</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/Exercises:</i> District: # _____ State: # _____</p> <p><i>Communication tests Type/Number of Communication tests:</i> Communication tests: _____, # _____</p> <p>EAS/MAB regional meetings were held – Yes/No Attended: # _____ Regional MAB/EAS Meeting.</p> <p>Capabilities were compared with regional MAB/EAS Plan: Yes/No</p>
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(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 12/31/19. 	<p>Procedures are up to date in plans or procedures: Yes/No</p> <p>EOC activation, operation, and deactivation procedures are current: Yes/No</p>

	<ul style="list-style-type: none"> ▪ Report updates to EOC activation for the jurisdiction's EOC, provide a copy to the DC by 12/31/19. ▪ Report any update working with EMHSD and the Public Service Commission on the statewide energy assurance initiative to develop and maintain local energy assurance plans. 	<p>Procedures have been sent to DC: Yes/No</p> <p>Actions were taken on energy assurance initiative to develop and maintain local energy assurance plans: 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 3/31/20. ▪ Report any major updates to EOC activation, operation, and deactivation procedures between 1/1/20 and 3/31/20. ▪ Report any update working with EMHSD and the Public Service Commission on the statewide energy assurance initiative to develop and maintain local energy assurance plans. 	<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> <p>Actions were taken on energy assurance initiative to develop and maintain local energy assurance plans: Yes/No</p>
3 rd	<ul style="list-style-type: none"> ▪ Report any major updates to EOC activation, operation, and deactivation procedures between 4/1/20 and 6/30/20. ▪ Report any update working with EMHSD and the Public Service Commission on the statewide energy assurance initiative to develop and maintain local energy assurance plans. 	<p>Major updates have been made: Yes/No Major updates have been sent to DC: Yes/No</p> <p>Actions were taken on energy assurance initiative to develop and maintain local energy assurance plans: Yes/No</p>

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)
1st	<ul style="list-style-type: none"> ▪ Promote emergency management courses between 10/1/19-12/31/19. 	Emergency management course schedule has been promoted: Yes/No
2nd	<ul style="list-style-type: none"> ▪ Promote emergency management courses between 1/1/20-3/31/20. 	Emergency management course schedule has been promoted: Yes/No
3rd	<ul style="list-style-type: none"> ▪ Promote emergency management courses between 4/1/20-6/30/20. 	Emergency management course schedule has been promoted: Yes/No
4th	<ul style="list-style-type: none"> ▪ Promote emergency management courses between 7/1/20-9/30/20. 	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.

All EMPG funded personnel receiving funding for any portion of their salary, benefits, or other expenditures must participate in no fewer than three exercises in the 12-month fiscal year grant period. Participation includes roles as exercise director, player, evaluator, controller, and assisting as a player in a simulation cell. Observation of an exercise will not count as participation.

One of the exercises must be conducted within the funded jurisdiction and test the local program Emergency Operations Plan (EOP). By authority conferred on the director of the department of state police by section 19 of 1976 PA 390, as amended, MCL 30.419) Per R 30.51 (Admin Code) each program shall have "(D) An exercise that tests the emergency operations plan at least once each fiscal year (October 1 to September 30)."

At least one After Action Report and Improvement Plan (AAR/IP) for an exercise which tests the local jurisdiction or programs EOP must be submitted to EMHSD each fiscal year via the District Coordinator.

Effort shall be made to submit the AAR/IP within 90 days of the exercise conclusion. It is requested that all AAR/IPs be submitted to EMHSD for tracking purposes.

	Planned Activities	Action Taken (Local EM Status Report)
1st	<ul style="list-style-type: none"> ▪ Submit EMD-065 – Quarter Training and Exercise Report by 1/10/20. 	EMD-065 has been submitted: Yes/No
2nd	<ul style="list-style-type: none"> ▪ Submit EMD-065 – Quarter Training and Exercise Report by 4/10/20. ▪ 	EMD-065 has been submitted: Yes/No
3rd	<ul style="list-style-type: none"> ▪ Submit EMD-065 – Quarter Training and Exercise Report by 7/10/20. 	EMD-065 has been submitted: Yes/No
4th	<ul style="list-style-type: none"> ▪ Submit EMD-065 – Quarter Training and Exercise Report by 10/10/20. 	EMD-065 has been submitted: Yes/No

<ul style="list-style-type: none"> Develop and submit multi-year training and exercise plan for FY2021 – FY2023 by 9/30/20. 	Multi-year training and exercise plan has been submitted: Yes/No
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(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)
1st	<ul style="list-style-type: none"> Document efforts to educate the public about preparedness activities occurring between 10/1/19-12/31/19. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 10/1/19-12/31/19. 	<p><i>Data Presented/Type of Media:</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No: Media: _____ 8 signs of terrorism: Yes/No: Media: _____ Ok2Say: Yes/No, Media: _____ Other: _____, Media: _____</p> <p><i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____</p>
2nd	<ul style="list-style-type: none"> Document efforts to educate the public about preparedness activities occurring between 1/1/20-3/31/20. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 1/1/20-3/31/20. 	<p><i>Data Presented/Type of Media:</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media: _____ 8 signs of terrorism: Yes/No, Media: _____ Ok2Say: 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 4/1/20-6/30/20. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 4/1/20-6/30/20. 	<p><i>Data Presented/Type of Media</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media: _____ 8 signs of terrorism: Yes/No, Media: _____ Ok2Say: Yes/No, Media: _____ Other: _____, Media: _____</p> <p><i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____</p>
4 th	<ul style="list-style-type: none"> Document efforts to educate the public about preparedness activities occurring between 7/1/20-9/30/20. Report the data presented and the media by which this was accomplished. Document any Citizen Corps activity that occurred between 7/1/20-9/30/20. 	<p><i>Data Presented/Type of Media</i> Awareness Weeks: _____, Media: _____ Speaking Engagement: _____, Media: _____ See Something/Say Something: Yes/No, Media: _____ 8 signs of terrorism: Yes/No, Media: _____ Ok2Say: Yes/No, Media: _____ Other: _____, Media: _____</p> <p><i>Citizen Corps Activity Type/Number of Citizen Corps Activities:</i> Training: # _____ Deployment/Activation: # _____</p>

(14) OTHER - Unscheduled EMERGENCY MANAGEMENT ACTIVITIES

List other emergency management work items not included in the preceding 13 EM Objectives.

Activities	Action Taken
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1st		
2nd		
3rd		
4th		

CONTACTS FOR ASSISTANCE

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

	Name of SME	Contact Information	Specialty
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		517-284-3843 (office), 517-719-9767 (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. Richard Martin	MartinR13@michigan.gov	517-322-1918 (office), 989-245-3154 (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
Amanda VanKoevering	VanKoeveringA@michigan.gov	517-284-3959 (office)	Financial Analyst
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Kristie Helms	HelmsK@michigan.gov	517-284-3987 (office)	Emergency Management Performance Grant Coordinator
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	Matt Cook	BouffardD@michigan.gov 517-284-3958 (office)	MI CIMS Coordinator
	Jackie Hampton	HamptonJ@michigan.gov 517-284-3973 (office)	Training and Exercise Section Manager
	Tonya Nobach	NobachT@michigan.gov 517-284-3956 (office)	Training, Exercise, and Radiological Unit Manager
	Danica Frederick	FrederickD3@michigan.gov 517-285-9714 (cell)	Training Officer
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	Dale George	GeorgeD5@michigan.gov 517-284-3962 (office)	Public Information Officer
	Insp. James Grady	gradyj@michigan.gov 517-284-3967 (office)	MSP/EMHSD Assistant Commander
	Capt. Emmitt McGowan	McGowanE1@michigan.gov 517-284-3966 (office)	MSP/EMHSD Commander