|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMHSD-31  Michigan State Police  Emergency Management and  Homeland Security Division | **(Enter Jurisdiction Name)**  **Emergency Management** Fiscal Year 2020 **Emergency Management Performance Grant Program COVID Supplemental (EMPG-S)** Work Agreement/Quarterly Report | | | RA- Initial Work Agreement (Covers all retroactive activities in first year) | |
| 1st Quarter | | | 2nd Quarter | | |
| SIGNATURE OF EMERGENCY MGMT. PROGRAM MANAGER | | DATE | SIGNATURE OF DISTRICT COORDINATOR | | DATE |

|  |
| --- |
| **Purpose** |
| This survey functions as the 2020 EMPG-S work agreement/quarterly report.  The objectives of this work agreement are based upon the Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD) published State Emergency Operation Center (SEOC) Incident Action Plans (IAP’s) throughout the COVID-19 Pandemic.  Actions, strategies and tactics for each objective were determined by State Emergency Management Coordinators (SEMC’s) and MSP/EMHSD subject matter experts coordinating within the SEOC.  Survey responses will assist in the assessment of emergency management programs, determine how EMPG-S funds are utilized and help validate the importance of these emergency management activities to all levels of government.  **Comments describing what was completed for all objectives are mandatory, however please keep them concise and not greater than 1500 characters.** |

|  |  |  |
| --- | --- | --- |
| **(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 an EMPG-S Attachment A form and reimbursement packet for all expenses seeking reimbursement under the EMPG-S. | | |
|  | **Planned Activities** | **Action Taken (Local EM Status Report)** |
| **RA** | Verify that the jurisdiction submitted the EMPG-S financial documentation by 4/10/21. | EMPG reports were submitted: Yes/No |
|  | **Comments** | |
|  |  | |
| **1st** | Verify that the jurisdiction submitted the EMPG-S financial documentation by 7/10/21. | EMPG reports were submitted: Yes/No  Attachment A submitted: Yes/No  Reimbursement Packet Submitted: Yes/No  EMHSD-31 Form Submitted: Yes/No  Closeout Report: Yes/No |
|  | **Comments** |  |
|  |  | |
| **2nd** | Verify that the jurisdiction submitted the EMPG-S financial documentation by 10/10/21. | EMPG reports were submitted: Yes/No  Attachment A: Yes/No  Reimbursement Packet Submitted: Yes/No  EMHSD-31 Form Submitted: Yes/No  Closeout Report: Yes/No |
|  | **Comments** |  |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **(2) Monitor and Create Common Operating Picture** | | |
|  | | |
|  | **Planned Activities** | **Action Taken (Local EMC Status Report)** |
| **RA** | Monitor situation and establish common operating picture among jurisdiction stakeholders. | Login and monitor/utilize MICIMS: Yes/No  Participate in SEOC Webinars and Conference Calls for COVID-19: Yes/No  Monitor media coverage and other data sources for COVID-19: Yes/No |
|  | **Comments** |  |
|  |  | |
| **1st** | Monitor situation and establish common operating picture among jurisdiction stakeholders. | Login and monitor/utilize MICIMS: Yes/No  Participate in SEOC Webinars and Conference Calls for COVID-19: Yes/No  Monitor media coverage and other data sources for COVID-19: Yes/No |
|  | **Comments** |  |
|  |  | |
| **2nd** | Monitor situation and establish common operating picture among jurisdiction stakeholders. | Login and monitor/utilize MICIMS: Yes/No  Participate in SEOC Webinars and Conference Calls for COVID-19: Yes/No  Monitor media coverage and other data sources for COVID-19: Yes/No |
|  | **Comments** |  |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **(3) Coordinate with State and Local Health Partners** | | |
|  | | |
|  | **Planned Activities** | **Action Taken (Local EM Status Report)** |
| **RA** | Ensure coordination between agencies and health partners. | Held scheduled meetings and briefings between key local and state health partners regarding COVID-19: Yes/No |
|  | **Comments** |  |
|  |  | |
| **1st** | Ensure coordination between agencies and health partners. | Held scheduled meetings and briefings between key local and state health partners regarding COVID-19: Yes/No |
|  | **Comments** |  |
|  |  | |
| **2nd** | Ensure coordination between agencies and health partners. | Held scheduled meetings and briefings between key local and state health partners regarding COVID-19: Yes/No |
|  | **Comments** |  |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **(4) Response and Recovery** | | |
|  | | |
|  | **Planned Activities** | **Action Taken (Local EM Status Report)** |
| **RA** | Support response and recovery needs of local health departments, and other agencies. | Coordinate with SEOC regarding fatality management capabilities as needed. Yes/No  Assist in logistical/supply chain planning and/or assistance to local agencies within the jurisdiction. Yes/No  Assist in vaccination planning and/or assistance to local agencies within the jurisdiction. Yes/No |
|  | **Comments** |  |
|  |  | |
| **1st** | Support response and recovery needs of local health departments, and other agencies. | Coordinate with SEOC regarding fatality management capabilities as needed. Yes/No  Assist in logistical/supply chain planning and/or assistance to local agencies within the jurisdiction. Yes/No  Assist in vaccination planning and/or assistance to local agencies within the jurisdiction. Yes/No |
|  | **Comments** |  |
|  |  | |
| **2nd** | Support response and recovery needs of local health departments, and other agencies. | Coordinate with SEOC regarding fatality management capabilities as needed. Yes/No  Assist in logistical/supply chain planning and/or assistance to local agencies within the jurisdiction. Yes/No  Assist in vaccination planning and/or assistance to local agencies within the jurisdiction. Yes/No |
|  | **Comments** |  |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **(5) Infection Control Measures** | | |
|  | | |
|  | **Planned Activities** | **Action Taken (Local EM Status Report)** |
| **RA** | Promoting or assisting to promote communication with control and community mitigation measures as needed. | Promote or assist in promoting control and community mitigation measures for public and/or specific audiences. Yes/No |
|  | **Comments** |  |
|  |  | |
| **1st** | Promoting or assisting to promote communication with control and community mitigation measures as needed. | Promote or assist in promoting control and community mitigation measures for public and/or specific audiences. Yes/No |
|  | **Comments** |  |
|  |  | |
| **2nd** | Promoting or assisting to promote communication with control and community mitigation measures as needed. | Promote or assist in promoting control and community mitigation measures for public and/or specific audiences. Yes/No |
|  | **Comments** |  |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **(6) Monitor and Facilitate Resource Needs** | | |
|  | | |
|  | **Planned Activities** | **Action Taken (Local EM Status Report)** |
| **RA** | Monitor jurisdictional resource needs and coordinate with SEOC for facilitating needed resources. | Create, update or review jurisdictions Resource Requests within MICIMS. Yes/No. |
|  | **Comments** |  |
|  |  | |
| **1st** | Monitor jurisdictional resource needs and coordinate with SEOC for facilitating needed resources. | Create, update or review jurisdictions Resource Requests within MICIMS. Yes/No. |
|  | **Comments** |  |
|  |  | |
| **2nd** | Monitor jurisdictional resource needs and coordinate with SEOC for facilitating needed resources. | Create, update or review jurisdictions Resource Requests within MICIMS. Yes/No. |
|  | **Comments** |  |
|  |  | |