## Federal Grant Kickoff

HMGP 4496-13 MITIGATION PLANNING GRANT

JANUARY 16, 2024

## What will we cover today?

- Contract Package
- Procurement
- Scope of Work
- Draft Plan Submission
- Quarterly Reporting
- Reimbursements and Cost Share
- Modifications



### Parties

FEMA	<ul> <li>Federal awarding agency means the Federal agency that provides a Federal award directly to a non-Federal entity.</li> </ul>
MEMA/State	•Recipient means a non-Federal entity that receives a Federal award directly from a Federal awarding agency to carry out an activity under a Federal program. The term recipient does not include subrecipients. See also §200.69 Non-Federal entity.
Community	•Subrecipient means a non-Federal entity that receives a subaward from a pass- through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.
Community's Vendor	•Contractor means an entity that receives a contract as defined in §200.22 Contract.

## More Terms...

•HMGP 4496 – This is the federal grant that is funding this planning work.

- •Grant or Award MEMA has received several federal grant awards to fund local hazard mitigation plans. MEMA manages these grants with FEMA and is responsible for all sub-grants.
- •Sub-Grants or Sub-Award MEMA breaks up our grants into subgrants. Each sub-grant is awarded to a sub-recipient.
- •State Contract The mechanism of legal agreement between the state and the community to allow for this sub-grant to be implemented by the community.
- •Vendor Contract or Agreements This is the community's agreement with the vendor they hire (such as an RPA, Engineering Firm, Independent Planner, etc.) to complete the scope of work.



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### Contractor

Is a vendor providing goods or services to directly benefit the subrecipient through a contract? Characteristics indicative of a procurement relationship between the non-Federal entity and a contractor are when the contractor:

(1) Provides the goods and services within normal business operations;

- (2) Provides similar goods or services to many different purchasers;
- (3) Normally operates in a competitive environment;

(4) Provides goods or services that are ancillary to the operation of the Federal program; and

(5) Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

## State Contract Package

- •The email that was sent outlines the instructions to complete the contract package.
- •Some of the included forms will need to be completed, signed, and returned to MEMA.
- •Contract includes: Terms and Conditions, Scope of Work, Budget Information, Work Schedule, and more.
- Designation of Project Manager a Project Manager must be assigned to this project; notify MEMA if this changes at any time during the project.

### State Contract Process

- Municipality signs and returns documents
- ✓ State executes contract
- ✓ State issues Notice to Proceed
- ✓ Start plan

## Federal Procurement

Facts:

You must follow the federal procurement standards when seeking to use federal funds.

It is your responsibility to ensure that this project was procured in accordance with local, state, <u>and</u> federal (2 CFR 200.318-327) regulations when you (as a sub-recipient) accept a federal award.

More information is available:

https://www.fema.gov/procurement-disaster-assistance-team



### Micro Purchase Procedures (2 CFR 200.320 a.1)

•The "Micro Purchase Procedures" category is for procurement of supplies and services at or below \$10,000.00.

- <u>NONE of the HMGP 4496 Planning Grants are eligible</u> for this type of procurement.
- Competitive solicitation is not required IF the federal awarding agency considers the price to be reasonable.
- •MUST still follow Local and State rules for Micro Purchase.
- Best Practice to conduct at least two solicitations.

### Small Purchase Procedures (2 CFR §200.320 a.2)

- All of the HMGP 4496 Planning Grants <u>must</u> use this (or a more stringent) form of procurement.
- "Small Purchase Procedures" Category is for procurement up to the simplified acquisition threshold of \$250,000.00.
- A non-state entity must obtain price or rate quotations from an adequate number of qualified sources (FEMA Region 1 recommends no less than 3).
- A non-state entity must document the procurement history as per 2 CFR § 200.318(i).

## Things to Remember:

Request quotations in writing or by email from an adequate number of qualified sources (at least 3) by sending the Not to Exceed Cost and the Scope of Work (document the request).

- Be sure to state that your town takes all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible (or say something similar).
- Your contracts must be awarded to the responsive and responsible firm whose proposal is most advantageous to the program, with price and other factors considered.

The non-Federal entity must maintain written standards of conduct covering conflict of interest and governing the performance of its employees engaged in the selection, award and administration of contracts.

The non-Federal entity must maintain records sufficient to detail the history of procurement.

## Vendor Contract Requirements

APPENDIX II TO PART 200—CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS

Your contract with your vendor needs to include the text from this section, including (for example):

- ✓ Termination Clause
- ✓ Equal Employment Opportunity
- ✓ Contract Work Hours and Safety Standards Act
- ✓ Debarment and Suspension
- ✓ Anti-Lobbying



## Tasks in Scope of Work:

Task 1. Grant Award and Contracting

Task 2. Select and Hire a Vendor

Task 3. Convene a Local Hazard Mitigation Planning Committee

Task 4. Revisit the Hazard Profiles for Each Hazard Impacting the Community

Task 5. Facility Inventory

Task 6: Vulnerability Assessment

Task 7. Mitigation Goals

Task 8. Actions

Task 9. Plan Review, Evaluation and Implementation

Task 10. Maintenance

Task 11. Public Review of Draft

Task 12. Review and Approval

\*\*\*ALL PLANS MUST MEET THE LOCAL MITIGATION PLANNING POLICY GUIDANCE THAT WENT INTO EFFECT ON 4/19/2023\*\*\*

# Summary of Changes Under the New Local Mitigation Planning Policy Guide:

- Defines who local governments must include in the planning process. This includes representatives from a broad range of sectors, community lifelines, the public and community-based organizations that support underserved communities.
- Requires local governments to include the effects of climate change and other future conditions in the risk assessment.
- Recognizes the important role of adopting and enforcing building codes and land use and development ordinances in the local government's ability to improve mitigation capabilities.
- Facilitates stronger alignment with other FEMA mitigation programs such as the National Flood Insurance Program (NFIP), Community Rating System and flood risk mapping program.
- Explains the need to right-size the scope of a plan update, consider both current and future risks, and complete the planning process with plan adoption.
- Includes existing mitigation plan requirements for the High Hazard Potential Dams (HHPD) grant program to include all dam risks. Removes the optional Repetitive Loss Strategy.
- Reorganized requirements for ease of use.

## How to Submit a Draft Plan:

### Plan Submission Process/Technical Requirements:

Submit all Hazard Mitigation Plan drafts with completed Plan Review Tool to the Mitigation Mailbox (<u>mitigation@mass.gov</u>) with a cc to Jeffrey Zukowski (<u>Jeffrey.zukowski@mass.gov</u>)

For direct questions please contact Jeffrey Zukowski:

Jeffrey Zukowski, Hazard Mitigation Planner

Massachusetts Emergency Management Agency

400 Worcester Road

Framingham MA 01702

Desk: 508-820-1422

Jeffrey.zukowski@mass.gov

https://www.mass.gov/doc/how-to-submit-a-hazard-mitigation-plan-to-mema-updated-february-2023/download

## **Planning Resources:**

https://www.mass.gov/service-details/local-hazard-mitigation-planning

A OFFERED BY Massachusetts Emergency Management Agency

### Local Hazard Mitigation Planning

Hazard Mitigation plans form the basis for a community's long-term strategy to reduce disaster losses. Hazard Mitigation breaks the cycle of disaster damage, reconstruction, and repeated damage.

### FEMA Hazard Mitigation Planning Policy Updates (2022)

On April 19, 2022, FEMA updated the State and Local Mitigation Planning Policy Guides (policies). The policies are the official interpretation of the mitigation planning requirements in the <u>Robert</u> **T. Stafford Disaster Relief and Emergency Assistance Act** (Stafford Act), as amended and other federal statutes as well as in federal regulations, specifically Title 44 CFR Part 201- Mitigation <u>Planning</u>. The policies become effective for all mitigation plan approvals starting on April 19, 2023. These updates advance FEMA's shared goals and objectives. They are also a crucial step in implementing the <u>FEMA Strategic Plan Objective 2.3 - Empower Risk-Informed Decision</u> Making.

### Additional Resources

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Local Mitigation Planning Policy Guide (FP-206-21-0002)

State Mitigation Planning Policy Guide (FP 302-094-2)

State and Local Mitigation Planning Policy Guides: Summary of Changes

### Visit our HM Planning Website

https://www.mass.gov/service-details/local-hazardmitigation-planning

### Contact Jeff Zukowski

508-820-1422 or jeffrey.zukowski@mass.gov



## **Quarterly Reporting**



Project #	Summary of Overall Scope	Status Code <sup>1</sup>	Approved Completion Date	Actual Completion Date	Cost Code <sup>2</sup>
HMGP 4496- 09xxx	Update the Hazard Mitigation Plan for the Town	1	2/1/2026		1
	cs/Accomplishments From Work Schedule	Task Start Date	Task Duration (In Months)	Estimated Task End Date	Percent Complete
Grant Award/S	tate Contracting	Feb 23	3	Apr 23	Assign %
Select and Hire	a Vendor	May 23	2	Jun 23	Assign %
Convene Local	Hazard Mitigation Planning Committee	Jul 23	2	Aug 23	Assign %
Update Hazard	Profiles (concurrent)	Sept 23	3	Nov 23	Assign %
Update Critical	Facility Inventory (concurrent)	Oct 23	3	Dec 23	Assign %
Update Hazard	Vulnerability (concurrent)	Oct 23	4	Jan 24	Assign %
Update Mitigat	ion Goals (concurrent)	Jan 24	6	Jun 24	Assign %
Update Actions	5	Mar 24	6	Aug 24	Assign %
Plan Review, E	valuation, and Implementation	Sept 24	3	Nov 24	Assign %
Plan Maintena	nce	Dec 24	2	Jan 25	Assign %
Public Review	of Draft	Feb 25	6	Jul 25	Assign %
Review and Ap	proval/Closeout	Aug 25	6	Feb 1, 2026	Assign %
		Total Perce	ntage of Projec	t Complete	Assign %

•Due on: January 1, April 1, July 1, & October 1

- 1<sup>st</sup> reports are due on April 1, 2024 for work completed as of March 30, 2024.
- •Completed report must be submitted via email.
- •Reminders are sent 15 days before due date to project manager.
- •Each quarter, adjust dates to show accurate progress for each task in the scope of work.
- •Each quarter, update estimate of % complete for each task AND for total project.
- •Provide a brief description of work accomplished during the quarter and identify delays.

\*WE HAVE EXPENDED FUNDS DURING THIS FISCAL YEAR, THAT MEET OR EXCEED THE THRESHOLD(5) REQUIRED BY THE SINGLE AUDIT ACT OF 1996 AND WILL CONDUCT ALL REQUIRED AUDITS. Yes No

<sup>1</sup>Status Code: 1. On Schedule; 2. Suspended; 3. Delayed; 4. Cancelled; 5. Completed <sup>2</sup>Cost Code: 1. Cost Unchanged; 2. Cost Overrun; 3. Cost Underrun UPDATED – FY2019

### MEMA MITIGATION PROGRAM QUARTERLY REPORT

Contact Name: <u>[Project Manager Name]</u> Project Name: <u>Hazard Mitigation Plan Update</u> Applicant: <u>Town of [Town Name]</u>

Period From: Jan. 1, 2023 To: Mar 30, 2023

Contact Email: [Project Manager email]

Project #	Summary of Overall Scope	Status Code <sup>1</sup>	Approved Completion Date	Actual Completion Date	Cost Code <sup>2</sup>
	Update the Hazard Mitigation Plan for the Town s/Accomplishments From Work Schedule	1 Task Start Date	2/1/2026 Task Duration (In Months)	Estimated Task End Date	1 Percent Complete
Grant Award/S	tate Contracting	Feb 23	3	Apr 23	Assign %
Select and Hire	a Vendor	May 23	2	Jun 23	Assign %
Convene Local	Hazard Mitigation Planning Committee	Jul 23	2	Aug 23	Assign %
Update Hazard	Profiles (concurrent)	Sept 23	3	Nov 23	Assign %
Update Critical	Facility Inventory (concurrent)	Oct 23	3	Dec 23	Assign %
Update Hazard	Vulnerability (concurrent)	Oct 23	4	Jan 24	Assign %
Update Mitigat	ion Goals (concurrent)	Jan 24	6	Jun 24	Assign %
Update Actions	5	Mar 24	6	Aug 24	Assign %
Plan Review, Ev	valuation, and Implementation	Sept 24	3	Nov 24	Assign %
Plan Maintena	nce	Dec 24	2	Jan 25	Assign %
Public Review of	of Draft	Feb 25	6	Jul 25	Assign %
Review and Ap	proval/Closeout	Aug 25	6	Feb 1, 2026	Assign %
		Total Perce	ntage of Projec	t Complete	Assign %

\*WE HAVE EXPENDED FUNDS DURING THIS FISCAL YEAR, THAT MEET OR EXCEED THE THRESHOLD(S) REQUIRED BY THE SINGLE AUDIT ACT OF 1996 AND WILL CONDUCT ALL REQUIRED AUDITS, Yes No <sup>1</sup>Status Code: 1. On Schedule; 2. Suspended; 3. Delayed; 4. Cancelled; 5. Completed <sup>2</sup>Cost Code: 1. Cost Unchanged; 2. Cost Overrun; 3. Cost Underrun UPDATED – FY2019

### Please describe significant activities and developments that have occurred, which show performance during this quarter, including a comparison of actual accomplishments to the objectives established in the application. [Maximum Characters allowed 700]

[For Example: Planning Committee prepared RFP to solicit vendors; received bids on 11/15/2022, signed contract with vendor on 12/1/2022. Held first planning committee meeting on 12/15/2022.]

2. Do you anticipate completion of work within the performance period? Yes No

If not, please describe any problems, delays or adverse conditions that will impair the ability to meet the stated objectives in the application.

### Do you anticipate:

3.	Cost underrun/overrun?	Yes	No	
4.	Request for change in Scope?	Yes	No	
5.	Request for extension of performance period?	Yes	No	

If you answer yes to any of the above, please provide comments in the section below. Should additional funds become available, this form will be used to track and evaluate if costs are eligible for consideration. This form will also be used to evaluate any requests for change in scope, or performance period extension.



## **Reimbursement Documentation**

Request for Funds Form

Invoice and Payment Summary

Back-up Documentation

Proof of Payment

Other Documents as required



### **REQUEST FOR FUNDS FORM**

			Request for	Funds			
	REQUEST FOR FUNDS- MIT	IGATION PROGRA	MS	DATE:		REQUEST #: 1	
NAME OF SUB-RECIPIENT:				GRANT PROGRAM #: HMGP 4496-13xxx			CFDA: 97.039
VE	NDOR CODE:	INVOICE REQUEST PERIOD: From			to	GRANT AMOUNT:	
	ACTIVITY / COST CLASSIFICATION	a. Total Budget Approved	b. Total of ALL costs PAID to date	c. Federal Share available (% of approved budget)	d. Federal share being requested (must have been paid)	e. Total of previous federal payments requested and/or paid	f. Balance of grant (c less d less e)
1	Grant Award and State Contracting	\$1,350.00	\$0.00	\$1,215.00	\$0.00	\$0.00	\$1,215.00
2	Select and Hire a Vendor	\$1,350.00	\$0.00	\$1,215.00	\$0.00	\$0.00	\$1,215.00
3	Convene LHMP Committee	\$3,950.00	\$0.00	\$3,555.00	\$0.00	\$0.00	\$3,555.00
4	Update Hazard Profiles	\$7,500.00	\$0.00	\$6,750.00	\$0.00	\$0.00	\$6,750.00
5	Update Critical Facility Inventory	\$2,400.00	\$0.00	\$2,160.00	\$0.00	\$0.00	\$2,160.00
6	Update Hazard Vulnerability	\$3,000.00	\$0.00	\$2,700.00	\$0.00	\$0.00	\$2,700.00
7	Update Mitigation Goals	\$3,750.00	\$0.00	\$3,375.00	\$0.00	\$0.00	\$3,375.00
8	Update Actions	\$5,250.00	\$0.00	\$4,725.00	\$0.00	\$0.00	\$4,725.00
9	Plan Review, Evaluation & Implementation	\$3,750.00	\$0.00	\$3,375.00	\$0.00	\$0.00	\$3,375.00
10	Plan Maintenance	\$1,500.00	\$0.00	\$1,350.00	\$0.00	\$0.00	\$1,350.00
11	Public Review of Draft	\$2,400.00	\$0.00	\$2,160.00	\$0.00	\$0.00	\$2,160.00
12	Review/Approval/MEMA Closeout	\$1,800.00	\$0.00	\$1,620.00	\$0.00	\$0.00	\$1,620.00
13	Subtotal	\$38,000.00	\$0.00	\$34,200.00	\$0.00	\$0.00	\$34,200.00
14	Less Project (Program) Income						
15	Total Project Costs	\$38,000.00	\$0.00	\$34,200.00	\$0.00	\$0.00	\$34,200.00
sign dist awa adn 372 TTT SIG	RTIFICATION BY AUTHORIZED AGENT/DES sing this report, I certify to the best of my knowledge an ursements and cash recepts are for the purposes and of re that any false, fictitious, or fraudulent information, c unistrative penalties for fraud, false statements, false ch 9-3730 and 3801-3812). LE: NATURE: MA MITGATION COORDINATOR REVIEWING PAYM	a reimbursement program so co	- COMMENTS get. Column b: Enter amounts pa Jumn b must always be a runnin of the approved budget available	g total. Column e: Federal share			
SIG	NATURE: MA DISASTER RECOVERY MANAGER APPROVING F		DATE:		75%) This column should rema Enter amount for reimbursemen	in the same, and the total should at. Column e: This is the total of Column f: Balance of grant (2	be grant amount. Column d: previous federal payments
SIG	NATURE:		DATE:			ME	MA RFF FORM REV: 1/2009

### **Request for Funds**

### **Back Up Documents**

### **Proof of Cost – What is Approved in the Scope of Work and Contract:**

- •Invoices from vendor/supplier that contains:
  - Dates of work, tasks completed, staff names, billing by task (if applicable)

### •Proof of Municipal Cost Share

- o Cash source (i.e. department budget, general appropriation)
- o Staff and/or volunteer hours
- o Sub-Recipient Cost Share Summary

### **Proof of Payment:**

- •Cancelled check for payment, or Municipal printout showing payment
- •Proof of payment to employee (i.e. payroll reports).



## **Cost Share**



•The cost share identified in the Letter of Intent must be adhered to. <u>Changes must be pre-approved</u>.

•Town Cash

In-kind services (Municipal employees assisting with the project)

Volunteer hours (non-paid volunteers assisting with the project)

•All of the above must be certified by Authorized Signatory.

### **COST SHARE:** In-Kind Services

### Sub-Recipient Payment Request Task Summary Time Period for Report:

Request #1		Sub-Recipient - Town/City of:	Grant #: HMGP 4496-	Dates	From		То	
Staff Nam o	Date	Task from Approved Budget	Work Performed	Hours	Salary	Fringe	Selery + Fringo	Total
								\$0.00
								\$0.00
			SUBTOTAL BY EMPLOYEE			NOTE1		\$0.00
	1			·				\$0.00
								\$0.00
								\$0.00
			TOTAL FOR REPORT					\$0.00

NOTE1 - Attach a statement/calculation for the fringe rate % that is used to calculate the \$ amount of fringe. Statement should be signed by Authorized Signatory (CFO/Finance Director/Town Accountant/etc).

Instructions for filling out the Sub-Recipient Payment Request Task Summay Form

Staff Name Include the name or position of staff member who completed task Date Date the task was conducted.

Task from

Approved Budget These tasks are derived from the approved budget

Work Performed Actual work performed according to scope of work

- Number of hours associated with completing this task. This should be consistent with your project budget. Hours Rate
- Hourly rate of pay for staff can include fringe rate, please note what the rate consists of on your report.

Total Hours x pay rate

### COST SHARE – CERTIFICATION OF MATCH

### SUB-RECIPIENT COST SHARE SUMMARY

**MUNICIPAL STAFF AND/OR VOLUNTEERS** 

PROJECT #	FOR PERIOD OF	то	_ MUNICIPALITY: _		
(A) NAME	(B) TITLE OR COMM		(D) S HRLY WAGE + FRINGE (if applicable)	(E) VOLUNTEER RATE USED	(F) TOTAL MATCH
1) Column Diapplies only to Municipa			TOTAL MATCH US PERIOD		\$

1) Column D applies only to Municipal Employees. Show the total of the hourly wage plus fringe (if including fringe). On an additional page, provide the fringe rate % and the calculation of the total rate shown.

2) Column E, Volunteer Rate. On an additional page, please provide a statement of the calculations used to obtain the volunteer rate.

3) For each person listed above, attach the meeting sign-in sheets showing date and time, meeting description, attendees name and title and number of hours.

4) For Municipal Employees listed, attach proof of payment (time sheets, payroll, etc.)

**MUNICIPAL CERTIFICATION:** I hereby certify that the Sub-Recipient Cost Share shown above is accurate. The above staff members are not paid by a federal source and are eligible to be used as cost share by my organization for a federal grant.

Authorized Signatory:

Date: \_\_\_\_\_

Printed Name and Title:

Rev. 10/2018, Sub-Recipient Cost Share Summary.xls

### Modifications

Budget/Cost Share SourcePeriod of Performance



