



**CHAMPAIGN COUNTY BOARD  
COMMITTEE OF THE WHOLE – ELUC/Highway/Justice Agenda**  
*County of Champaign, Urbana, Illinois*  
*Tuesday, August 2, 2011 – 6:00 p.m.*

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*Lyle Shields Meeting Room, Brookens Administrative Center  
1776 East Washington Street, Urbana, Illinois*

**Page Number**

**VIII. Justice & Social Services**

A. Emergency Management Agency

1. Request Approval Application for and, if Awarded, Acceptance of Annual Emergency Management Grant \*12-24

B. Monthly Reports - Reports are available on each department's webpage at:

<http://www.co.champaign.il.us/COUNTYBD/deptrpts.htm>

1. Animal Control – May 2011 & June 2011
2. Emergency Management Agency – June/July 2011
3. Head Start – June 2011 & July 2011
4. Probation & Court Services – May 2011 & June 2011
5. Public Defender – March 2011

C. Head Start Update Presentation

D. Other Business

E. Chair's Report

F. Designation of Items to be Placed on County Board Consent Agenda



## CHAMPAIGN COUNTY EMERGENCY MANAGEMENT AGENCY

1905 East Main  
URBANA, IL 61802  
(217) 384-3826

Bill Keller, Director  
e-mail: [bkeller@co.champaign.il.us](mailto:bkeller@co.champaign.il.us)

To: Michael Richards, Chair Justice Committee  
From: Bill Keller, Director  
Subject: Emergency Management Assistance Grant  
Date: July 26, 2011

EMA is requesting approval to apply for and accept when awarded our annual Emergency Management Assistance Grant as attached. This grant is to offset the administrative costs for the County EMA Program.

We are applying for up to 50% of our EMA total budget as listed on the front page of the application. The amount of the award over the last few years has been in the \$40,000.00 range however it is dependent on the allocation by the Federal Budget given to the Illinois Emergency Management for administration of the grant. We will advise the committee when we know our grant amount.

**CHAMPAIGN COUNTY  
APPLICATION FORM FOR  
GRANT CONSIDERATION, ACCEPTANCE, RENEWAL/EXTENSION**

Department: EMA EMERGENCY Management  
Grant Funding Agency: ILLINOIS EMERGENCY MANAGEMENT AGENCY  
Amount of Grant: \$ 50,000 Estimated  
Begin/End Dates for Grant Period: Oct 1, 2011 Sept 30, 2012  
Additional Staffing to be Provided by Grant: NO  
Application Deadline: Aug. 31, 2011  
Parent Committee Approval of Application: Justice  
Is this a new grant, or renewal or extension of an existing grant? renewal  
If renewal of existing grant, date grant was first obtained: N/A

Will the implementation of this grant have an effect of increased work loads for other departments? (i.e. increased caseloads, filings, etc.) \_\_\_\_\_ yes  no

If yes, please summarize the anticipated impact: \_\_\_\_\_  
\_\_\_\_\_

Does the implementation of this grant require additional office space for your department that is not provided by the grant? \_\_\_\_\_ yes  no

If yes, please summarize the anticipated space need: \_\_\_\_\_  
\_\_\_\_\_

Please check the following condition which applies to this grant application:  
 The activity or service provided can be terminated in the event the grant revenues are discontinued.  
 The activity should, or could be, assumed by County (or specific fund) general and recurring operating funds. Departments are encouraged to seek additional sources or revenue to support the services prior to expiration of grant funding.

This Grant Application Form must be accompanied by a Financial Impact Statement. (See back of form)  
All staff positions supported by these grant funds will exist only for the term award of grant, unless specific action is taken by the County Board to extend the position.

DATE: 7/26/11 SIGNED: Bill Keller  
Department Head

\*\*\*\*\*  
**Application for & Acceptance of Grant Approval:**  
Approved by Parent/Finance Committee: \_\_\_\_\_  
Approved by County Board: \_\_\_\_\_  
Approved by Grant Executive Committee: \_\_\_\_\_

**COUNTY OF CHAMPAIGN**

**FINANCIAL IMPACT STATEMENT**

*(To accompany Grant Applications or Appropriate Resolutions/Ordinances)*

**Current Year Annual Expenditure Estimate:**

Number of Positions \_\_\_\_\_ Personnel \$ 101,845  
Commodities: \$ 11,223  
Contractual: \$ \_\_\_\_\_  
Capital: \$ 0

**Long Term Expenditure Estimate:**

**Current Year Annual Revenue Estimate:**

**Long Term Revenue Estimate:**

**Approved by Parent Committee:**

Justice  
Name of Parent Committee

\_\_\_\_\_  
Date

**Approved by County Board:**

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

**JURISDICTION:**   
**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):**   
**D-U-N-S number (DUNS):**   
**ESDA/EMA COORDINATOR/DIRECTOR: First:**  **Last:**   
**MAILING ADDRESS:**   
**CITY AND ZIP CODE:**    
**OFFICE TELEPHONE:**   
**E-MAIL:**   
**CHECK ADDRESS:**   
**CITY AND ZIP CODE:**    
**IEMA REGION #:**    
**POPULATION - Year 2010 CENSUS:**   
**CHIEF ELECTED OFFICIALS NAME First:**  **Last:**   
**TITLE:**

<b>BUDGET INFORMATION</b>	
rounded to nearest dollar	
TOTAL Personnel & Benefits (Totals from Page 2 & Page 3)	\$145,341.74
TOTAL Travel (Total from Page 4)	\$900.00
TOTAL Organizational Expenses (Total from Page 5)	\$21,050.00
TOTAL Equipment Expenses (Total from Page 6)	
<b>EMA BUDGET - EXCLUDING Additional Program Needs Costs</b>	<b>\$167,291.74</b>
TOTAL Additional Program Needs (Total from Page 7)	
<b>TOTAL EMA BUDGET (Including Additional Program Needs)</b>	<b>\$167,291.74</b>
<b>FINAL ALLOCATION FOR GRANT AGREEMENT (IEMA USE ONLY)</b>	

Enter the number of people on ESDA staff for which reimbursement is being requested:

2

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % of Salary. \*STANDARD WORK WEEK means a 37.5 to 40 hour work week. The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary
Director	Bill Keller	100.000%	\$59,214.38	\$59,214.38	100.000%
Deputy Director	John Dwyer	100.000%	\$46,157.85	\$46,157.85	100.000%
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		

TOTAL SALARIES FOR ESDA WORK ONLY: **\$105,372.23**

Total of all pages for ESDA Salaries (Only) is listed at bottom of this page, and on first page.

Do any of the above named ESDA employees divide their work between the ESDA and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
	✓

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

Title	Name	Name of "Other Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: **\$105,372.23**

(Do NOT include Salaries from other departments.) Enter this amount on page 1.

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that represent an out of pocket expense to the local government grant recipient. Do not list benefits that are paid by the employee.

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the ESDA/EMA salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The ESDA % of Salary was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage % of Gross Paycheck	OR Total Annual Salary	Dollar Amount	Annual # of Pay Periods			
Bill Keller	S.S.	7.650%	\$59,214.38			\$4,529.90	100.000%	\$4,529.90
	IMRF	10.410%	\$59,214.38			\$6,164.22	100.000%	\$6,164.22
	Life Ins			\$2.40	12	\$28.80	100.000%	\$28.80
	Health			\$548.00	12	\$6,576.00	100.000%	\$6,576.00
	Work Comp	6.320%	\$59,214.38			\$3,742.35	100.000%	\$3,742.35
	Unemployment	4.200%	\$12,740.00			\$535.08	100.000%	\$535.08
John Dwyer						\$0.00		\$0.00
	S.S	7.650%	\$46,157.85			\$3,531.08	100.000%	\$3,531.08
	IMRF	10.410%	\$46,157.85			\$4,805.03	100.000%	\$4,805.03
	Life Ins			\$2.40	12	\$28.80	100.000%	\$28.80
	Health			\$548.00	12	\$6,576.00	100.000%	\$6,576.00
	Work Comp	6.320%	\$46,157.85			\$2,917.18	100.000%	\$2,917.18
	Unemployment	4.200%	\$12,740.00			\$535.08	100.000%	\$535.08
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00

TOTAL BENEFITS FOR ESDA WORK: **\$39,969.51**  
Enter this amount on page 1



**IEMA ATTACHMENT A: ORGANIZATIONAL EXPENSES**

**DIRECTIONS:** List the items that are necessary and essential for the day-to-day operations of the emergency management office, along with costs and other information requested in this form.

CATEGORY	ITEM DESCRIPTIONS				ANNUAL AMOUNT
TELEPHONES	PHONE NUMBER	PURPOSE		Annual Amount	
	(217) 384-3826	Admin		\$400.00	
	(217) 384-3827	Admin		\$400.00	
	(217) 384-3833	Admin		\$400.00	
	(217) 493-3826	Director's Cell & Air card		\$1,100.00	
	(217) 621-3828	Deputy Director's Cell		\$600.00	
	(800) 412-3826	Director's pager		\$200.00	
VEHICLE MAINTENANCE	MAKE	MODEL	YEAR	LICENSE#	Annual Amount
	LDV	Command Post	1999	M110377	\$450.00
	Ford	SUV	2004	M140931	\$350.00
OFFICE EQUIPMENT	TYPE OF EQUIPMENT	DESCRIPTION (IF APPLICABLE)			Annual Amount
	Copier	Admin			\$500.00
	Fax	Admin			\$300.00
SUPPLIES	ITEM	DESCRIPTION (IF APPLICABLE)			Annual Amount
	Paper	Admin			\$400.00
	Letterhead	Admin			\$250.00
	Postage	Admin			\$100.00
INFORMATION COPIED FROM FACILITIES MANAGEMENT FORM - SUBJECT TO IEMA APPROVAL	CATEGORY				Annual Amount
	RENT				
	GAS				\$4,000.00
	WATER				\$600.00
	ELECTRIC				\$10,000.00
	JANITORIAL AND/OR MAINTENANCE				
REIMBURSEMENT IN LIEU OF RENT, UTILITIES, JANITORIAL AND/OR MAINTENANCE					
<b>GRAND TOTAL OF ORGANIZATIONAL EXPENSES:</b>					<b>\$20,050.00</b>

Enter this total on Page 1

**IEMA ATTACHMENT A: ORGANIZATIONAL EXPENSES**

**DIRECTIONS:** List the items that are necessary and essential for the day-to-day operations of the emergency management office, along with costs and other information requested in this form.

CATEGORY	ITEM DESCRIPTIONS				ANNUAL AMOUNT
TELEPHONES	PHONE NUMBER		PURPOSE		Annual Amount
	(800) 412-3827 (800) 000-0000		Deputy Director's pager NWS alert/warning		\$200.00 \$600.00
VEHICLE MAINTENANCE	MAKE	MODEL	YEAR	LICENSE #	Annual Amount
	Ford	Pick-up	1992	M110392	\$200.00
OFFICE EQUIPMENT	TYPE OF EQUIPMENT		DESCRIPTION (IF APPLICABLE)		Annual Amount
SUPPLIES	ITEM		DESCRIPTION (IF APPLICABLE)		Annual Amount
INFORMATION COPIED FROM FACILITIES MANAGEMENT FORM - SUBJECT TO IEMA APPROVAL	CATEGORY				Annual Amount
	RENT				
	GAS				
	WATER				
	ELECTRIC				
	JANITORIAL AND/OR MAINTENANCE				
REIMBURSEMENT IN LIEU OF RENT, UTILITIES, JANITORIAL AND/OR MAINTENANCE					
<b>GRAND TOTAL OF ORGANIZATIONAL EXPENSES:</b>					\$1,000.00

Enter this total on Page 1

**Preparedness:** Report describes activities including exercises, plan updates, training, etc., planned for the coming Federal Fiscal Year, that fall into the category of emergency management "preparedness".

### 1st Quarter (Oct-Dec)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group Meeting
- Monthly Meeting with local EMA Liaisons
- Exercise with IL American Water and 1st responders
- Update Direction and Control Annex
- Host local media and Public Information Officer meeting

### 2nd Quarter (Jan-Mar)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group Meeting
- Monthly Meeting with local EMA Liaisons
- Participate in State/Regional Exercise
- Conduct severe weather training with the National Weather Service
- Conduct a local Interoperability table-top exercise
- Update Mass Care Annex with Functional Needs emphasis

### 3rd Quarter (Apr-Jun)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group Meeting
- Monthly Meeting with local EMA Liaisons
- Participate in State/Regional Exercise
- Update Public Health Annex

### 4th Quarter (Jul-Sep)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group Meeting
- Monthly Meeting with local EMA Liaisons
- Participate in Biohazard Detection System Exercise with the Postal Service and 1st Responders
- Complete crosswalk of EOP to meet CPG 101 Version 2
- Submit EOP for recertification

**Mitigation:** The working definition for mitigation, as reported in the Annual Work Plan, is "activities and planning with the intent of reducing the impacts of future disasters:. This section of the report describes activities including mitigation planning, mitigation projects, participation in mitigation programs, membership and/or attendance at mitigation meetings,

**Champaign County EMA will reprogram radios in the sirens for rebanding requirements.**

**Recovery:** (If applicable) - This section will not be included in the Annual Work Plan unless a disaster has recently occurred and the recovery process is ongoing. An example might be that a recent flood has caused the need for debris clearance and permanent restoration projects. A brief listing of projects planned for the recovery effort could be included in this section of the Annual Work Plan.

**Issues of Concern:** Any issues related to emergency management, that are of concern to the local ESDA/EMA organization, are reported in this section of the Annual Work Plan.

[Empty text area for reporting issues of concern]

Please save before submitting.

