

**Office of the Governor**

**Kentucky Office of Homeland Security**



**Subrecipient Grant Management  
Policies and Procedures**

November 30, 2011

# Subrecipient Grant Management Policy and Procedures

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# Kentucky Office of Homeland Security Grant File Checklist



A separate file folder is created for each grant project. Each federal grant year is assigned a unique color folder. The folder tabs are labeled as follows and each section contains the information listed.

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## MASTER AGREEMENT AND MODIFICATIONS

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## APPLICATION AND MODIFICATION REQUESTS/REVIEWS

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## SINGLE AUDIT

Single Audit Certification Form  
Single Audit Evaluation Form (if applicable)

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## APPROVALS

Kentucky Wireless Interoperable Executive Committee Assessment (KWIEC)  
NIMS Compliance                      Timeline                      Terms and Conditions  
Mutual Aid MOU                      Project Contacts  
Environmental                      Resolution

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## BUDGET INFORMATION

EFT Form                      Procurement Policy  
Signature Authorization Form  
Ledger

---

## PAYMENT PACKETS *Each packet will contain the following and be tabbed sequentially.*

eMARS Payment Documentation  
Signed Request for Reimbursement Checklist  
Signed Request for Reimbursement Form  
Invoices  
Cancelled Checks  
Procurement Documentation

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## QUARTERLY REPORTS

Quarterly Reports

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## CORRESPONDENCE *All correspondence filed in chronological order*

Award letter first document filed  
Emails  
Telephone calls documented by a memo to the file  
Close out checklist and close out letter on top

## Subrecipient Grant Management Policy and Procedures

### Subrecipient Grant Agreements

Master Agreements (PO2s) are created on each individual subrecipient via Kentucky's Enhanced Management Accounting and Reporting System (eMARS).

Clauses are written to include current state and federal regulations and conditions. Agreement clauses are reviewed and approved by KOHS Executive staff and legal counsel.

Scopes of Work (SOWs) are reviewed and approved by KOHS Executive staff.

Each legal agreement is:

- Created within eMARS as a Purchase Order (PO2)
- Reviewed by the Grant Director for programmatic and contractual accuracy
- Reviewed and initialed by the Grant Director
- Emailed by the Grant Manager to the Subrecipient for review and signature
- Returned to KOHS by the Subrecipient
- Reviewed and signed by Director or Deputy Director
- Forwarded to the Kentucky Finance Department for their Legal Counsel to review and approve
- Kentucky Finance Department has final approval. Finance signs the agreement making it a legal, executed agreement between the subrecipient and the Commonwealth of Kentucky
- The agreement is returned to KOHS. The original is placed in the file and a scanned copy is emailed to the subrecipient with detailed instructions concerning reimbursements and reporting requirements

**AGREEMENTS WILL NOT BE MADE FOR PROJECTS REQUIRING ENVIRONMENTAL REVIEW UNTIL KOHS RECEIVES APPROVAL FROM FEMA.**

## Subrecipient Grant Management Policy and Procedures

### Subrecipient Grant Agreements

FY 2011

**Agreements will not be created until the subrecipient has also submitted the following documents:**

- Signed Grant Terms and Conditions
- City/County Resolution
- Authorization for Electronic Deposit of Vendor Payment Form  
(Also called the Electronic Funds Transfer (EFT) form)
- Procurement Policy
- DUNS Number
- Project Timeline
- Project Contacts

**In addition, agreements will not be generated until grant managers ensure that subrecipient are in compliance with the following grant requirements:**

- KWIEC approval for communication projects
- NIMS Compliance
- Mutual Aid and Interoperability Memorandum of Understanding with KSP

**AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT**  
 (Please print or type all information)

1. Enter the following vendor information:

Vendor Information	
FEIN/SSN Number _____	Sfx (State use only) _____
Vendor Name _____	
TIN Name _____	
Street _____	
City _____	State _____ Zip _____
Telephone # _____	Contact _____

2. Complete Section A for new enrollments or for financial institution or account changes. NOTE: For new enrollments, this form is not required if the vendor has been previously enrolled by another state agency under the same account.
3. Complete Section B to cancel the electronic deposit authorization.

**Section A: Enrollment or Change Authorization**

Select One:  New Enrollment  Financial Institution or Account Change

Financial Institution Information	
Bank Name _____	
Branch or correspondent Bank (if applicable) _____	
City _____	State _____ Zip _____
Transit/ABA No. _____	
Account No. _____	
Account Type (select one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky receives written notice or cancellation from me.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name Printed \_\_\_\_\_ Job Title \_\_\_\_\_

**Section B: Cancellation**

I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the State of Kentucky has reasonable opportunity to act upon it.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name Printed \_\_\_\_\_ Job Title \_\_\_\_\_

c: Finance Cabinet Agency Vendor



## **Subrecipient Grant Management Policy and Procedures**

### **Subrecipient Grant Purchase Order Agreement Modifications**

- Subrecipients may request a modification to their agreement for minor changes in the scope of work or for a time extension.
- Modifications may also be required due to date issues associated with the grant awards and the state accounting system i.e., Purchase Order agreements may not cross the state biennium.
- Subrecipients should submit a “KOHS Modification Request” form which includes a written justification for any change before the expiration date of the PO2.
- Requests are reviewed by the Grant Manager, Grant Director and/or the Deputy Director.
- Modifications to existing PO2s are created upon approval of the Executive Director, Deputy Director or Grant Director.



Sub-Grantee \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Type of Modification Requested*

*Project Information*

\_\_\_\_\_ Change in Grant Award Period

Agreement # PO2-094- \_\_\_\_\_

\_\_\_\_\_ Budget Revision

Project # \_\_\_\_\_

\_\_\_\_\_ Modification to Scope of Work

Approved Grant Award \_\_\_\_\_

Balance of Grant Award \$ \_\_\_\_\_

*Approved Scope of Work:*

*Requested Change:*

*Justification for Request:*

	Authorizing Official	Project Director	Financial Officer
Signature	_____	_____	_____
Name (printed)	_____	_____	_____
Date	_____	_____	_____

KOHS ONLY      APPROVED \_\_\_\_\_      NOT APPROVED \_\_\_\_\_      Program Code \_\_\_\_\_

Comments:

KOHS Grant Manager	_____	Date	_____
KOHS Grant Director	_____	Date	_____
KOHS Deputy Director	_____	Date	_____

## Subrecipient Grant Management Policy and Procedures Subrecipient Grant Reimbursement

Subrecipient submits a “Request for Reimbursement” form signed and dated by the Second Party. If the signature is different than the Authorizing Officials on the original application, KOHS must have on file a “Legal Authorization of Signature” form identifying the signature on the “Request for Reimbursement”. The “Request for Reimbursement” form must have attached invoice(s), purchase order(s), timesheets, etc., identifying the goods or services purchased, cancelled checks or other official banking documentation verifying that payment has actually been made by the Second Party, and documentation that the local procurement process has been followed.

Documentation verifying that the local procurement process has been followed includes the following:

- If the local procurement policy is different from the state model procurement code, specific documents relating to the local policy must be provided.
- For local government agencies using the state model procurement code:
  - Purchases over \$20,000 must include the bid notice and official minutes from when the bid was accepted.
  - Purchases \$20,000 or less must include documentation of the local procedure (KRS 45A.385).
  - Purchases using State Price contract, documentation of the use of State Price contract.

Grant Managers, using the “Request for Reimbursement Checklist”, review and ensure that the Request for Reimbursement packet is complete and that the subrecipient has met all compliance requirements for reimbursement.

Each Request for Reimbursement is checked specifically for each of the following:

- Form complete
- Invoices within project period
- Procurement documentation
- Money spent appropriately
- Mathematical accuracy
- Total payment requests do not exceed agreement amount
- Mandatory approvals and requirements are met

**REIMBURSEMENT WILL NOT BE MADE UNTIL ALL PROJECT REQUIREMENTS  
HAVE BEEN MET.**

Kentucky Office of Homeland Security

Legal Signature Authorization



Date \_\_\_\_\_

Subrecipient \_\_\_\_\_

Project # \_\_\_\_\_

Agreement # PO2-094- \_\_\_\_\_

KOHS Only: Program Code \_\_\_\_\_

I hereby authorize the following person(s) to sign agency legal and invoice documents in accordance with the terms and conditions of this contract with the Kentucky Office of Homeland Security.

NAME *(please print)*

SIGNATURE

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

AUTHORIZED OFFICAL NAME *(please print)*

SIGNATURE

\_\_\_\_\_

\_\_\_\_\_



# Kentucky Office of Homeland Security FY 2011 Funding Ledger SUBRECIPIENT

Project # \_\_\_\_\_

Program Code \_\_\_\_\_

Agreement # PO2-094- \_\_\_\_\_

Award Amount

Authorizing Official  
*Name*

Project Manager  
*Name*

Treasurer  
*Name*

Additional Officials with Legal Signature Authority:

*Name*

*Name*

	Date of Invoice	Amount of Invoice	YTD Expenditures	Balance
Payment 1				
Payment 2				
Payment 3				
Payment 4				
Payment 5				
Payment 6				
Payment 7				
Payment 8				
Payment 9				
Payment 10				
Totals			\$0.00	



Request for Reimbursement Checklist

Subrecipient \_\_\_\_\_ Project # \_\_\_\_\_ Sequence# \_\_\_\_\_

Agreement # PO2-094- \_\_\_\_\_ PRC# \_\_\_\_\_

- \_\_\_\_\_ Request for Reimbursement Form complete
  - \_\_\_\_\_ Invoices listed
  - \_\_\_\_\_ Authorized Official Signature
  - \_\_\_\_\_ Complete documentation attached (*invoices, purchase orders etc.*) for each invoice listed
  - \_\_\_\_\_ Copy of Cancelled Check or Proof of Payment attached for each invoice listed
  - \_\_\_\_\_ Dollar amounts correct

\_\_\_\_\_ PO2 Project Period \_\_\_\_\_ to \_\_\_\_\_ Invoice Dates \_\_\_\_\_

- \_\_\_\_\_ Procurement Documentation attached
  - \_\_\_\_\_ Subrecipient provided written procurement code
  - \_\_\_\_\_ Procurement process attached
    - \_\_\_\_\_ Bid notice and Official minutes
    - \_\_\_\_\_ Verification of small purchases policy
    - \_\_\_\_\_ Verification of small purchases policy

\_\_\_\_\_ Agreement reviewed - money spent appropriately

\_\_\_\_\_ Total Payment Requests DO NOT exceed amount of Agreement

- \_\_\_\_\_ Mandatory Approvals and Requirements
  - \_\_\_\_\_ KWIEC
  - \_\_\_\_\_ Mutual Aid Agreement
  - \_\_\_\_\_ NIMS
  - \_\_\_\_\_ Quarterly Reports
  - \_\_\_\_\_ Environmental
  - \_\_\_\_\_ Single Audit Compliance
  - \_\_\_\_\_ Federal Excluded Parties List ([www.epls.gov](http://www.epls.gov))

**KOHS ONLY**

- \_\_\_\_\_ Grant File Funding Ledger Updated
  - \_\_\_\_\_ Master Ledger Updated
  - \_\_\_\_\_ Checklist must be filed with corresponding pay request
- Program Code \_\_\_\_\_

_____ Grant Manager Signature	_____ Grant Manager Reviewer Signature
_____ Date	_____ Date

## Subrecipient Grant Management Policy and Procedures

### Waiver for Cancelled Check Requirement

According to the previous grant reimbursement policy, reimbursements will be made to the subrecipient when KOHS receives a complete payment request packet which includes cancelled checks or banking documentation verifying that payment has been made.

An exception to the cancelled check policy shall be approved by the Executive Director or Deputy Director.

To request a check waiver, submit a packet containing the following documents:

- Request for Cancelled Check Waiver Form.
- A letter from the County Judge Executive, Mayor or other authorizing official explaining the hardship and need for a cash advancement.
- Proof that the County Fiscal Court or City Council or Board has already approved the expenditure.
- Invoice(s) from the vendor for goods or services.
- A letter or document from vendor verifying the date of delivery of the service or goods.

An entity that currently has a grant that is not in good standing is not eligible. Good standing indicates the Second Party is current on their quarterly reports, single audit, etc.

All Area Development Districts (ADDs) have an exemption to the cancelled check policy. Reimbursement may be made to the ADDs upon the submission of invoices.

**A copy of the cancelled check or other banking documents verifying payment to the vendor must be submitted to KOHS as soon as possible.**

**KOHS WILL NOT APPROVE FUTURE REQUESTS FOR REIMBURSEMENT UNTIL ANY OUTSTANDING CANCELLED CHECKS ARE RECEIVED.**



Request for Cancelled  
Check Waiver

Sub-Grantee \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Project Information*

Agreement # PO2-094- \_\_\_\_\_

Project # \_\_\_\_\_

Approved Grant Award \$ \_\_\_\_\_

*Approved Scope of Work:*

*Required Documents:*

- Signed letter form authorizing official
- Approval of expenditure
- Invoice
- Document with delivery date

KOHS ONLY      APPROVED \_\_\_\_\_      NOT APPROVED \_\_\_\_\_      Program Code \_\_\_\_\_

Comments:

KOHS Grant Manager \_\_\_\_\_ Date \_\_\_\_\_

KOHS Grant Director \_\_\_\_\_ Date \_\_\_\_\_

KOHS Deputy Director \_\_\_\_\_ Date \_\_\_\_\_

## Subrecipient Grant Management Policy and Procedures

### Subrecipient Grant Monitoring

- Grant Managers monitor all projects on a continual basis through emails, telephone calls, and site visits. Contacts with subrecipients are documented and filed.
- Subrecipients are monitored for compliance of the Purchase Order (PO2) agreement and include reviews for:
  - Accounting of receipts and expenditures*
  - Cash and financial management*
  - Scope of work as set forth in the PO2 agreement*
- Subrecipients are monitored for the need of technical assistance.
- All subrecipients receive a final closeout site visit.
- All citizen complaints and concerns on projects and/or project management will be followed up by the Grants Branch. A file with the complaint and the resolution will be maintained.

## **Subrecipient Grant Management Policy and Procedures**

### **Subrecipient Grant Reporting**

#### **Quarterly Report**

- A “Quarterly Report” form is made available for each subrecipient.
- Each subrecipient is reminded through email, with the form attached, to complete and submit to their grant manager by a specific date.
- Hard copies are sent to subrecipients for completion as needed.
- If not received, emails and/or phone calls are made until reports are received.

**REIMBURSEMENTS WILL NOT BE MADE IF A SUBRECIPIENT IS DELINQUENT WITH THEIR QUARTERLY REPORTS**

#### **Biannual Strategic Implementation Report (BSIR)**

- As necessary, subrecipients are asked to provide information to enable KOHS to submit complete federal reports.

#### **Data Calls**

- Subrecipients will furnish information as needed and requested by KOHS.



Kentucky Office of Homeland Security  
Quarterly Report

Subrecipient \_\_\_\_\_ Grant/Project # \_\_\_\_\_ Report Period \_\_\_\_\_

Award Amount \_\_\_\_\_ Amount Spent \_\_\_\_\_ **KOHS Only: Program Code** \_\_\_\_\_

**1. Please check the box that best describes the status of your project then complete any questions that follow.**

- Continuing - Work in progress      Percentage of project complete \_\_\_\_\_ Anticipated completion date \_\_\_\_\_  
 Project Complete - Documentation Pending      Anticipated date final documents will be sent to KOHS \_\_\_\_\_  
 Project Complete - All documentation submitted

**2. Briefly explain activities accomplished to implement your project. Explain how funds have been spent and the current status of your project.**

**3. Report any foreseeable delays or modifications that might affect timely completion of your project.**

**4. Describe any changes or alterations to your project (budget, quantities, specific items, etc.).**

**5. List any changes in authorized personnel for this grant. This would include the Authorizing Official (Judge Executive, Mayor, etc.) Project Director or Financial Officer. Include position, name and all contact information.**

**6. All subrecipients that expend \$500,000 or more in total federal awards during a fiscal year are required to obtain a single audit. Please check the appropriate box below that describes your county, city of lead agency (ADD, university, etc.).**

- We **expended \$500,000 or more** in federal awards from all sources in Fiscal Year 2011 and have met the federal audit requirement per OMB Circular A-133. The required single audit for Fiscal Year 2010 has been submitted.
- We **expended \$500,000 or more** in federal awards from all sources in Fiscal Year 2011 and have met the federal audit requirement per OMB Circular A-133. The required single audit for Fiscal Year 2011 is not complete. **Our required single audit will be comp**
- We **did not expend more than \$500,000 in federal awards** from all sources in Fiscal Year 2011 required for an OMB Circular A-133 audit to be performed. An audit is **NOT** required.

Name & Title of Project Manager \_\_\_\_\_

Signature of Project Manager \_\_\_\_\_ Date \_\_\_\_\_

## Subrecipient Grant Management Policy and Procedures

### Subrecipient Grant Closeout

- A close out site visit is conducted to assure compliance with program and financial grant activity and requirements.
- The KOHS project grant file is reviewed for completeness and accuracy.
- Financial activity is reviewed to ensure accuracy and that the project file is in agreement with the state accounting system.
- A close out site visit is scheduled with the project manager.
- The Grant Manager submits the “Site Visit Pre-Authorization List”, a preliminary closeout report, and travel documents to the Grant Director.
- At the final visit, the Grant Manager reviews the subrecipients’ grant file for completeness, ensures final expenditures are in agreement with KOHS, and takes pictures to verify the scope of work has been completed. Equipment is checked for required labeling.
- A project is not closed until KOHS receives a final inventory.
- A close out report is completed verifying that documents, scope of work, and financial activity are accurate and complete.
- An official close out letter is created and signed by the Executive Director or Deputy Director.
- The closeout documents are distributed as follows:
  - Original is sent to the County Judge, Mayor, or other authorizing official.
  - Copy is emailed to the project manager.
  - Copy is filed in the subrecipient file.
- A close out sticker, with the date of project closure, is attached to the folder tab.



**MONITORING REPORT**

**Subrecipient:**

**Site Visit Date:**

**Agreement #: PO2-094-**

**Project #:**

**Program Code:**

**Attendees**

Name/Title:

Name/Title:

Name/Title:

**KOHS Project File Reviewed:** The KOHS subrecipient file was reviewed and provides a clear audit trail.

Master Agreement/Modifications

Pay Documentation

Application/Mod Requests

Quarterly Reports

Approvals

Correspondence

Budget Information

Final Payment Verified

**Single Audit information Reviewed:** I discussed the OMB 133 Circular Single Audit requirements with the subrecipient and the *(Fill in name..... will send FY... Single Audit upon its completion.)* All current Single Audit information is on file with KOHS.

All Single Audit information on file with KOHS

Single Audit information not on file with KOHS, requested, and returned at site visit

Single Audit information not on file with KOHS, requested, and not returned at site visit

*Explain reason:*

**Local Project Files Reviewed:** I reviewed the subrecipient file and all documents were maintained properly and were in order for a clear audit trail.

Master Agreement/Modifications

Pay Documentation

Application/Modification Request

Quarterly Reports

Approvals

Correspondence

Budget Information

Final Payment

Item of equipment with a purchase price in excess of \$5,000 was purchased.

NO

YES (Briefly List)

Account Reconciled:

Grant Amount:	\$0.00
Total Spent per Sub-grantee:	\$0.00
Total Spent per Grant File:	\$0.00
Total Spent per eMARS:	\$0.00
Total Unspent Balance	\$0.00

**Trainings and Exercises Reviewed:** *Please list trainings and exercises in which subrecipient has participated. Equipment Training? Vendor? Local? Regional?*

**Inventory and KOHS/DHS label identification of equipment:** I explained to *(fill in name)* the requirement of labeling equipment with “purchased with KOHS funds” when applicable. I also explained the requirement of maintaining an inventory that included the equipment purchased, serial numbers and location of the equipment. *(State equipment was labeled, you provided labels on visit, inventory is on file, you picked up inventory, etc.)*

**Scope of Work**

*(Fill in name, Project #)* was awarded *(grant amount)* of FY *(grant year)* funds to *(copy specific scope of work from Agreement.)* *(Fill in name)* completed the scope of work as approved.

**Deliverables:**

*(Fill in name)* received this grant to *(copy deliverables from the agreement. Example: To enhance interoperable communications).* Discuss the difference this project has made to the community. Give examples if available.

*Suggested Questions:*

*How have you enhanced your Interoperable Communications (or the specific deliverable)?*

*What differences has this equipment made in your day to day operations?*

*"Tell me about your situation before this project and how is it different or better now?"*

*What are you now able to do that you couldn't do before?*

*What was your old equipment or old process?*

*What agencies have benefited from this grant? Indirect or direct*

*What surrounding counties or cities benefited from this grant?*

*Mutual Aid partners your county or city relies on?*

**Insert Pictures**

❖ Describe Pictures Here
--------------------------

**Attach list of former KOHS projects.** *Funded by County List*

**Visit at least one closed project that is at least two years old.**

**Project:** *Number, Name, Close date*

**Inventory verified:** *Yes, No; Comments*

KOHS Grant Manager: \_\_\_\_\_ Date: \_\_\_\_\_

KOHS Administrative Branch Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 11/09/11

# GRANT REQUIREMENTS

## Subrecipient Grant Management Policy and Procedures

### Single Audit Requirement

In order to comply with the Federal Office of Management and Budget (OMB) Circular A-133 Single Audit Act Requirement for Federal Funds, KOHS has developed the following process:

An “Audit Certification Form” is sent to the Chief Financial Officer, Business Manager, Treasurer or other person responsible for the financial records of the organization. Under normal circumstances this form should not be completed by the program manger.

The “Audit Certification Form” is to be returned to KOHS within 60 days indicating that the community is, or is not, subject to OMB Circular A-133.

A spreadsheet is developed indicating the status of each subrecipient’s single audit documentation. Follow-up with subrecipients not responding will include all or part of the following: phone calls, emails, letters, site visits. This follow-up will be documented to include the date and the Grant Manager who initiated it.

Quarterly Reports will include information concerning the status of the most current single audit report.

Upon the receipt of a payment request, the status of the most current single audit documentation will be determined. **PAYMENTS WILL NOT BE MADE TO SUBRECIPIENTS THAT HAVE NOT RESPONDED TO KOHS’ REQUEST FOR SINGLE AUDIT INFORMATION OR HAVE NOT PROVIDED AVAILABLE REQUIRED SINGLE AUDITS.**

Upon receipt of a required audit, it is reviewed for findings by the KOHS Financial Officer and Grant Director.

If a community has had findings, it is further reviewed by the Grant Director and/or KOHS Financial Officer for recommendations and corrective actions. KOHS will issue management decisions on audit findings within six months after receipt of the sub- recipient’s audit report. KOHS will ensure that the subrecipient took appropriate and timely corrective action on all audit findings.

The original “Audit Certification Form” and/or the “Audit Evaluation Form” with the subrecipient’s audit are filed in the single audit files and a copy of each applicable form in the project file.

**FAILURE OF A SUBRECIPIENT TO RETURN THE AUDIT CERTIFICATION FORM WITHIN 60 DAYS AND/OR FAILURE TO SUBMIT AN AUDIT WITHIN 9 MONTHS OF THE END OF THE SUBRECIPIENT’S AUDIT PERIOD WILL RESULT IN SUSPENSION OF FUNDING AND WILL AFFECT ELIGIBILITY OF FUTURE FUNDING.**

**Kentucky Office of Homeland Security  
Audit Certification Form  
Fiscal Year 2011**



Organization: \_\_\_\_\_

Audit Period: 7/1/2010 - 6/30/2011

All non-Federal entities that expend \$500,000 or more in federal awards during a sub-recipient's fiscal year are required to obtain a single audit in accordance with the Single Audit Act Amendments of 1996, Office of Management and Budget (OMB) Circular A-133 - Audits of State, Local Governments and Non-Profit Organizations, the OMB Circular A-133 Compliance Supplement and Government Auditing Standards.

This form must be completed by the Chief Financial Officer, Business Manager, Treasurer or other person responsible for the financial records of the organization. Under normal circumstances, it should not be completed by the program manager.

Failure to submit this certification form within 60 days after the end of the fiscal year or failure to submit a completed required single audit within 30 days after receipt of the final audit report as described in the audit requirements will result in suspension of funding and will affect eligibility of future funding.

Please check the appropriate box below and provide any required additional documentation.  
Return this signed certification within 60 days of end of audit period. Deadline: August 30, 2011

- We **expended more than \$500,000 in federal awards** from all sources in Fiscal Year 2011 and have met the Federal audit requirement per OMB Circular A-133. The required single audit for Fiscal Year 2011 is enclosed.  
Our required single audit will be complete and submitted to KOHS by \_\_\_\_\_
- We **expended more than \$500,000 in federal awards** from all sources in Fiscal Year 2011 and have met the Federal audit requirement per OMB Circular A-133. The required single audit for Fiscal Year 2011 is not complete.  
Our required single audit will be complete and submitted to KOHS by \_\_\_\_\_
- We **did not expend more than \$500,000 in federal awards** from all sources in Fiscal Year 2011 required for an OMB Circular A-133 audit to be performed. An audit is NOT required. Provide federal awards information in the section below.

This section must be complete if single audit is NOT required.			
Federal Grantor	Pass-Through Grantor	CFDA # & Federal Grant Program Name	Expenditures
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
<b>Total Federal Expenditures for Fiscal Year 2011</b>			<b>\$0.00</b>

I certify that the above information is correct and our organization has met the requirements of OMB Circular A-133.

Printed Name	Date	Signature	
Title	Phone Number	Email Address	
Address		City	Zip

Return Audit Certification Form with required documentation (if applicable) within 60 days of end of audit period.  
**Deadline: August 30, 2011**

Kentucky Office of Homeland Security  
Attn: Senior Financial Officer  
200 Mero Street  
Frankfort, Kentucky 40622

## Subrecipient Grant Management Policy and Procedures National Incident Management System (NIMS)

In accordance with HSPD-5, *Management of Domestic Incidents*, the adoption of the NIMS is a requirement to receive Federal preparedness assistance through grants, contracts, and other activities.

The NIMS provides a common approach to state and national response that enables responders at all levels to work together more effectively to manage domestic incidents. It includes a core set of guidelines, standards, and protocols for command and management, preparedness, and communications in emergency situations.

- NIMS information and the NIMS Compliance/Verification Forms may be found at the KOHS website:

[www.homelandsecurity.ky.gov](http://www.homelandsecurity.ky.gov)

- NIMS forms can be mailed or faxed to the Kentucky Office of Homeland Security. Please send to Tom Arnold's attention.

*KY Office of Homeland Security  
200 Mero Street  
Frankfort, KY 40622  
Fax (502) 564-7764*

- If you have any questions pertaining to NIMS, please feel free to contact:

Tom Arnold, NIMS Compliance Program Coordinator  
Office (502) 564-2081  
Cell (502) 229-9072  
Email: [tom.arnold@ky.gov](mailto:tom.arnold@ky.gov)

## Subrecipient Grant Management Policy and Procedures

### Kentucky Wireless Interoperability Executive Committee (KWIEC)

Local subrecipients must submit all project plans for primary wireless public safety voice or data communications systems for review and recommendation by the KWIEC.

#### KWIEC Review Process

- Local subrecipients must complete an assessment of project plans for primary wireless public safety voice and or data communications systems and submit to:

Chuck Miller  
Commonwealth Office of Technology  
(502) 564-5397 ex. 4416  
[CharlesR.Millet@ky.gov](mailto:CharlesR.Millet@ky.gov)

- You can access a copy of the KWIEC application at [www.KWIEC.ky.gov](http://www.KWIEC.ky.gov)
- KWIEC information concerning your specific project may be found at <https://gotsource.ky.gov/docushare/dsweb/Get/Document-331895/Blank%20KWIEC%20Assessment-rev03-010.xls>
- If your project is a continuation of a previous grant with the Kentucky Office of Homeland Security and you have already received approval from the KWIEC committee, you do not need to get another approval for this project. Please submit your original letter of approval to the Kentucky Office of Homeland Security.

## Subrecipient Grant Management Policy and Procedures

### Mutual Aid and Interoperability Memorandum of Understanding

The Kentucky Office of Homeland requires all agencies receiving KOHS funding or benefit from funding to have an executed Mutual Aid Memorandum of Understanding with the Kentucky State Police. This MOU allows first responders to utilize the Mutual Aid channel to communicate with one another.

#### Mutual Aid MOU Process

- To obtain a copy of the Mutual Aid MOU, go to:

<http://www.kwieg.ky.gov/interoperability/mutualaid.htm>

Click on the Mutual Aid and Interoperability – Memorandum of Understanding Link.

- The MOU should be submitted with all information requested to the following address:

**Kentucky State Police**  
Commander-Communications Branch  
1240 Airport Road  
Frankfort, KY 40601

- If you have any questions regarding the Mutual Aid MOU, please contact

Derek Nesselrode  
Chief Engineer  
Kentucky State Police  
Communications and Computer Technologies Branch  
1240 Airport Road  
Frankfort, KY 40601  
502-782-2064  
[Derek.nesselrode@ky.gov](mailto:Derek.nesselrode@ky.gov)

## Subrecipient Grant Management Policy and Procedures Equipment Disposition Policy

Subrecipients must comply with federal and state equipment disposition policies. When the subrecipient no longer needs the equipment purchased with Homeland Security funds, the KOHS Equipment Disposition Policy must be followed.

### ITEMS OF EQUIPMENT WITH A CURRENT PER UNIT FAIR MARKET VALUE IN EXCESS OF \$5,000

CFR 44 Part 13 “Items of equipment with a current per unit fair market value in excess of \$5,000 may be retained or sold and the awarding agency shall have a right to an amount calculated by multiplying the current market value or proceeds from sale by the awarding agency’s share of the equipment.”

*1. Notify KOHS of the need for disposition with the following information included:*

- Description of the property
- Serial number or other identification number
- Grant under which equipment was purchased
- Current per-unit fair market value
- Proposed method of disposition

*2. Provide KOHS documentation of the final equipment disposition, and if appropriate, attach a check for agency’s share.*

# ENVIRONMENTAL REQUIREMENTS

## Subrecipient Grant Management Policy and Procedures

### Environmental Packet - Checklist

Please submit the following items in this order to KOHS. This packet should be sent electronically to the appropriate grant manager.

- Statement of Work
- State Clearinghouse Letter with Comments
- Environmental and Historic Preservation Screening Memo (EHPSM)
- National Environmental Policy Act (NEPA) Compliance Checklist
- Labeled Photographs
  - Ground Level
  - Front
  - Sides
  - Back
  - Area/Access
  - Aerial with project boundaries outlined
- Labeled Maps
  - U.S. Geological Survey Topographical Map (required)
  - FEMA Flood Insurance Rate Map (required)
  - U.S. Fish and Wildlife Service National Wetlands Inventory (if available)
  - U.S. Army Corps of Engineers Wetland Map (if available)
  - U.S. Dept of Agriculture soil survey map (if available)
- Other
  - Study (if available)
  - Report (if available)
  - Survey (if available)
  - Plans (if available)
  - Any other relevant documents

## Subrecipient Grant Management Policy and Procedures Environmental Packet – Specific Checklist Information

### STATEMENT OF WORK LETTER

This is a formal letter signed by the Authorizing Official to KOHS requesting an environmental review. The letter must include a description of the project, including (as applicable):

- Basic project information (name of project, name of grant and grantee, grant award number, fiscal year, overall purpose and scope of the project, estimated cost, etc.).
- A description of the asset or facility, asset location including address and latitude/longitude, whether the infrastructure is publicly or privately owned, and the construction or renovation project.
- Dimensions/acreage/square footage of structure and/or land affected, with height and structural support information for all communication towers.
- Extent and depth of ground disturbance for new construction and structure modification, including trenching for utility lines, installation of fencing, light posts, tower footings, etc.
- Special elements of the project, including:
  - Special equipment that will be used, staging areas, access roads, easements, etc.
  - Extent of structural modification.
  - Year affected building/structure was built.
- Information about features, resources, and potential adverse impacts at or near the site:
  - Water bodies (rivers, lakes, streams, wetlands, etc.).
  - Floodplains.
  - Historic and cultural resources (historic districts, buildings, landscapes, bridges, piers, dams, archaeological sites, etc.).
  - Migratory birds.
  - Threatened and endangered species and/or critical habitat.
  - Vegetation, including general types of plants, trees, or lack thereof.
  - Geologic features.
  - Tribal cultural and religious sites.
  - Special areas (forests, wildlife refuges, reserves, etc.).
- Certification that a facility vulnerability assessment has been conducted for the facility.
- An outline addressing how the construction or renovation project will address the identified vulnerabilities from the assessment.
- Consequences of not implementing the construction or renovation project.
- Any recent or relevant studies, reports, or surveys that were prepared for other agencies or purposes and provide information on environmental resources and/or historic properties in the project area.

## **STATE CLEARINGHOUSE LETTER**

The first step in the environmental process is to get an approval or waiver of your project from the state clearinghouse. The clearinghouse process is electronic, so please follow the directions at the websites below. Your contact for questions about the clearinghouse process is Lee Nalley, 502-573-2382.

<http://www.dlg.ky.gov/clearinghouse/>

<https://eclearinghouse.ky.gov/>

## **ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING MEMO (EHPSM)**

(If you have more than one site, (example: multiple tower sites) copy and complete sections B-D for each site.)

- Section A) Grant Program Name and Grant Award Number are completed for the FFY funding of your grant project. Please select a check box for your project type and complete the rest of the section in the blanks.
- Section B) Please select a project type from the 8 choices.  
(Example: Project Type:  Communication towers, related equipment, and equipment shelters.) Complete the section accordingly.
- Section C) Repetitive information from the NEPA checklist.
- Section D) Also complete Section D. (copy and complete, if multiple sites).

## **NATIONAL ENVIRONMENTAL POLICY ACT (NEPA) COMPLIANCE CHECKLIST.**

Complete the NEPA Checklist using comments from the State Clearinghouse letter as appropriate.

## **LABELED PHOTOGRAPHS**

Provide site/structure photographs and aerial photographs. Complete a descriptive paragraph about each site and label each picture as demonstrated in the attached Aerial Photography Guidance.

## **LABELED MAPS**

- FEMA Flood Insurance Rate Map (FIRM) (required).
- U.S. Geological Survey topographical map (required).
- Wetlands maps as available.
- Soil maps as available.

## **MISCELLANEOUS DOCUMENTATION**

- Plans/drawings that define the size and precise location of proposed work.
- Any other relevant documents.

## KENTUCKY STATE CLEARINGHOUSE

Lee Nalley  
[Lee.Nalley@ky.gov](mailto:Lee.Nalley@ky.gov)  
502-573-2382

Kentucky Department for Local Government  
1024 Capital Center Drive, Suite 340  
Frankfort, Kentucky 40601

### Clearinghouse Application Process

- [www.dlg.ky.gov/clearinghouse](http://www.dlg.ky.gov/clearinghouse)
- Print out the Instructions for Applicants in the middle of the page.
- Request a User ID & Password to use the eclearinghouse system.
- Log into the system at <https://eclearinghouse.ky.gov>
- Enter and submit an application

Grant Programs Directorate



Homeland  
Security

OMB Control#: 1660-0115  
Expiration Date: 10/31/2013  
FEMA Form: 024-0-1

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING FORM**

**Paperwork Burden Disclosure Notice**

*Public reporting burden for this form is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660- 0115) NOTE: Do not send your completed form to this address.*

*This form must be attached to all project information sent to the Grant Programs Directorate (GPD) to initiate an environmental and historic preservation (EHP) regulatory compliance review. Complete sections A – D of this form, as applicable; completion of this form does not conclude the EHP review process and FEMA may need to go back to you for further information. When questions are not applicable to the project, leave the field blank. This form is intended to be completed electronically. Refer to Appendix B (page 10) for guidance on how to make an aerial map (if required for your project), and refer to Appendix C (page 11) for a list of online resources to help you provide visual documentation. Contact GPD-EHP for a version of this form that is suitable for printing and completing by hand. To check (X) a box, left double-click using your mouse and a Check Box Form Field Box will appear. On the Check Box Form Field Box, select the default value as Checked and press OK. To write in a text field (\_\_\_\_), select the text field with your mouse and begin typing.*

*Your completed screening form with necessary attachments must be submitted to the Centralized Scheduling and Information Desk (CSID) at [askcsid@dhs.gov](mailto:askcsid@dhs.gov) with the following information in the subject line of the e-mail: EHP Submission: Project Name, Subgrantee Name; Grant Award Number (i.e., EHP Submission: Camera Installation, Anytown Courthouse, 2010-AB-C1-2345).*

**A. PROJECT INFORMATION**

Grant Program Name: \_\_\_\_\_ DHS Grant Award Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Grant Fiscal Year: \_\_\_\_\_ (Provide, if no award number is available)

Project Type (*Check all that apply*):  Physical security enhancements (i.e., installation of fencing, cameras, TWIC readers, bollards, motion detection systems, x-ray machines, lighting, etc.)

New installation/construction/renovation (i.e., emergency operations centers, docks, piers, security guard buildings, etc.)

Renovations/upgrades/modifications to structures 50 years old or older

Communication towers, related equipment, and equipment shelters

Other ground disturbing activities (i.e., trenching, excavation, etc.)

Training and exercises (specify whether discussion-based or operations-based; operations-based only require further information below) \_\_\_\_\_

Purchase of equipment (specify type, and whether mobile/ portable, or installation will be required) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Grantee Name (SAA): \_\_\_\_\_ Sub grantee Name: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ Agency: \_\_\_\_\_

Dollar value of grant (optional): \_\_\_\_\_

**B. PROJECT DESCRIPTION/LOCATION**

*The following information will be required in order to complete a review for each project type. If multiple "project types" describe the same project, [i.e., physical security enhancements AND renovations of structures 50 years old or older AND other ground disturbing activities], it is not necessary to repeat information; please make a note to refer back to the previous entry.*

Enter Project Description: \_\_\_\_\_

The project description should contain a brief summary of what specific action is proposed, where it is proposed, and how it will be implemented. If this proposed project will be part of a larger project, please state the funding source. If the funding source is another GPD grant, please include the award number.

Project Type:  Physical security enhancements (i.e., installation of fencing, cameras, TWIC readers, bollards, motion detection systems, x-ray machines, lighting, etc.)

Project Location (*physical project address or latitude/longitude of project location*): \_\_\_\_\_

Year existing building(s) or structure(s) involved in the proposed project was built: \_\_\_\_\_

Color site photos attached?

Ground-level site photos (showing where installations are proposed):  Yes  No

Aerial photograph with project limits outlined and with the location of any proposed installations identified (refer to Appendix B for guidance):  Yes  No

Will ground disturbance be required?

Yes (provide total extent (*depth, length, and width*) \_\_\_\_\_  No

Has the ground been previously disturbed?  Yes  No

*If yes, please describe the current disturbed condition of the area (i.e., parking lot, commercial development, etc.):* \_\_\_\_\_

If no, include other visual documentation (*see Appendix C for a list of online mapping resources*):

*Technical drawings/site plans (if available)*  Yes  No

*FEMA Flood Insurance Rate Map (FIRM), with project limits outlined*  Yes  No

*U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map, with project limits outlined*  Yes  No

*U.S. Department of Agriculture (USDA) Soil Survey Map, with project limits outlined*  
 Yes  No

Will any equipment or structures need to be installed?  Yes  No

*If yes, please explain how and where this installation is proposed to be done (include site-specific photographs, and attach additional pages, if needed):* \_\_\_\_\_

Will the equipment use the existing infrastructure for electrical distribution systems?

Yes  No

Are there any known structures or buildings that are 50 years old or older in the project area or immediate vicinity? (*If yes, please provide the location of the structure(s), ground-level color photos of these structures, and identify their location(s) on the aerial map; see Appendix C for the web address of the National Register of Historic Places*)  Yes  No

Is there any *previously* completed environmental documentation for this project (i.e., environmental assessment, wetland delineation, archaeological study)?  Yes (*please attach documentation*)  No

Is there any *previously* completed agency coordination for this project (i.e., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

Yes (*please attach documentation*)  No

**Project Type:**  New installation/construction/renovation (i.e., emergency operations centers, docks, piers, security guardhouse, etc.)

Project Location (*physical project address or latitude/longitude of project location*): \_\_\_\_\_

Year existing building(s) or structure(s) involved in the proposed project was built: \_\_\_\_\_

Describe the setting of the area where the new installation/construction/renovation is proposed (i.e., urban, suburban, or rural; forested or open field): \_\_\_\_\_

Color site photos attached?

Ground-level site photos (showing where installations are proposed):  Yes  No

Aerial photograph with project limits outlined and with the location of any proposed installations identified (refer to Appendix B for guidance):  Yes  No

Will ground disturbance be required?

Yes (provide total extent (*depth, length, and width*) \_\_\_\_\_  No

Has the ground been previously disturbed?  Yes  No

*If yes, please describe the current disturbed condition of the area (i.e., parking lot, commercial development, etc.):* \_\_\_\_\_

If no, include other visual documentation (*see Appendix C for a list of online mapping resources*):

Technical drawings/site plans (if available)  Yes  No

FEMA Flood Insurance Rate Map (FIRM), with project limits outlined  Yes  No

U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map, with project limits outlined  Yes  No

U.S. Department of Agriculture (USDA) Soil Survey Map, with project limits outlined  Yes  No

Will any equipment or structures need to be installed?  Yes  No

If yes, please explain how and where this is proposed to be done (include site-specific photographs, and attach additional pages, if needed): \_\_\_\_\_

Are there any known structures or buildings that are 50 years old or older in the project area or immediate vicinity? (If yes, please provide the location of the structure(s), ground-level color photos of these structures, and identify their location(s) on the aerial map; see Appendix C for the web address of the National Register of Historic Places)?  Yes  No

Is there any previously completed environmental documentation for this project (i.e., environmental assessment, wetland delineation, archaeological study)?  Yes (please attach documentation)  No

Is there any previously completed agency coordination for this project (i.e., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

Yes (please attach documentation)  No

**Project Type:**  Renovations/upgrades/modifications to structures 50 years old or older

Is the building or structure listed in the National Register of Historic Places, or has it previously been determined eligible for listing in the National Register of Historic Places? (See Appendix C for the web address of the National Register of Historic Places)  Yes  No  Unknown

Project Location (physical project address or latitude/longitude of project location): \_\_\_\_\_

Year existing building(s) or structure(s) involved in the proposed project was built: \_\_\_\_\_

Color site photos attached?

Ground-level site photos (showing where installations are proposed):  Yes  No

Aerial photograph with project limits outlined and with the location of any proposed installations identified (refer to Appendix B for guidance):  Yes  No

Will ground disturbance be required?

Yes (provide total extent (depth, length, and width) \_\_\_\_\_)  No

Has the ground been previously disturbed?  Yes  No

If yes, please describe the current disturbed condition of the area (i.e., parking lot, commercial development, etc.): \_\_\_\_\_

If no, include other visual documentation (see Appendix C for a list of online mapping resources):

Technical drawings/site plans (if available)  Yes  No

FEMA Flood Insurance Rate Map (FIRM), with project limits outlined  Yes  No

U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map, with project limits outlined  Yes  No

U.S. Department of Agriculture (USDA) Soil Survey Map, with project limits outlined

Yes  No

Will any equipment or structures need to be installed?  Yes  No

If yes, please explain how and where this is proposed to be done (*include site-specific photographs, and attach additional pages, if needed*): \_\_\_\_\_

Are there any known structures or buildings that are 50 years old or older in the project area or immediate vicinity? (*If yes, please provide the location of the structure(s), ground-level color photos of these structures, and identify their location(s) on the aerial map; see Appendix C for the web address of the National Register of Historic Places*)  Yes  No

Is there any *previously* completed environmental documentation for this project (i.e., environmental assessment, wetland delineation, archaeological study)?  Yes (*please attach documentation*)?  No

Is there any *previously* completed agency coordination for this project (i.e., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

Yes (*please attach documentation*)  No

**Project Type:**  Communication towers, related equipment, and equipment shelters

Project Location (*physical project address or latitude/longitude and elevation above mean sea level of project location*): \_\_\_\_\_

Year existing building(s) or structure(s) involved in the proposed project was built: \_\_\_\_\_

Color site photos attached?

Ground-level site photos (showing where installations are proposed):  Yes  No

Aerial photograph with project limits outlined and with the location of any proposed installations identified (refer to Appendix B for guidance):  Yes  No

For projects involving antenna (e) installations on existing towers, provide the height of the existing tower \_\_\_\_\_ and the height of the tower following the installation of the new antenna (e) \_\_\_\_\_.

For new projects, state the total height (in feet) of the communication tower or structure, including any antennae to be mounted: \_\_\_\_\_

If the proposed tower height is greater than 199 feet above ground level, state why this is needed to meet the requirements of the project: \_\_\_\_\_

Will the tower be free-standing or require guy wires?  Free standing  Guy wires

If guy wires are required, state number of bands and how many: \_\_\_\_\_

State why a guyed tower is needed to meet the requirements of this project: \_\_\_\_\_

What kind of lighting will be installed, if any (e.g., white strobe, red strobe, or steady burning)? \_\_\_\_\_

Have measures been incorporated for minimizing impacts to migratory birds?  Yes  No

If yes, describe: \_\_\_\_\_

Has an FCC registration been obtained for this tower?  Yes  No Registration #: \_\_\_\_\_

Has the FCC E106 process been completed?  Yes  No

Has the FCC TCNS process been completed?  Yes  No If yes, attach all relevant environmental documentation submitted as part of the registration process, including use of the Tower Construction Notification System (TCNS), if applicable.

FRN# \_\_\_\_\_

Will ground disturbance be required?

Yes (provide total extent (*depth, length, and width*) \_\_\_\_\_)  No

Has the ground been previously disturbed?  Yes  No

If yes, please describe the current disturbed condition of the area (i.e., parking lot, commercial development, etc.): \_\_\_\_\_

If no, include other visual documentation (see Appendix C for a list of online mapping resources):

Technical drawings/site plans (if available)  Yes  No

FEMA Flood Insurance Rate Map (FIRM), with project limits outlined  Yes  No

U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map, with project limits outlined  Yes  No

U.S. Department of Agriculture (USDA) Soil Survey Map, with project limits outlined  Yes  No

Will any equipment or structures need to be installed?  Yes  No

If yes, explain how and where this is proposed to be done (include site-specific photographs, and attach additional pages, if needed): \_\_\_\_\_

Are there any known structures or buildings that are 50 years old or older in the project area or immediate vicinity? (If yes, provide the location of the structure(s), ground-level color photos of these structures, and identify their location(s) on the aerial map; see Appendix C for the web address of the National Register of Historic Places)  Yes  No

Is there any previously completed environmental documentation for this project (i.e., environmental assessment, wetland delineation, archaeological study)?  Yes (attach documentation)  No

Is there any previously completed agency coordination for this project (i.e., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

Yes (attach documentation)  No

Will equipment be co-located on existing FCC licensed tower or other structure?  Yes  No

If yes, type of structure: \_\_\_\_\_

If no, please complete Appendix A.

**Project Type:**  Other ground disturbing activities (i.e., trenching, excavation, fiber optics, etc.)

Project Location (physical project address or latitude/longitude of project location): \_\_\_\_\_

Year existing building(s) or structure(s) involved in the proposed project was built: \_\_\_\_\_

Color site photographs and maps attached?

Ground-level site photos (showing where ground disturbance are proposed):  Yes  No

Aerial photograph with project limits outlined and with the location of any proposed ground disturbance identified (refer to Appendix B for guidance):  Yes  No

What type of ground disturbance is needed and why (i.e., utility trenching, etc.)? \_\_\_\_\_

Provide the total extent of ground disturbance required (depth, length, and width): \_\_\_\_\_

Has the ground been previously disturbed?  Yes  No

If yes, please describe the current disturbed condition of the area (i.e., parking lot, commercial development, etc.): \_\_\_\_\_

If no, include other visual documentation (see Appendix C for a list of online mapping resources):

Technical drawings/site plans (if available)  Yes  No

FEMA Flood Insurance Rate Map (FIRM), with project limits outlined  Yes  No

U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map, with project limits outlined  Yes  No

U.S. Department of Agriculture (USDA) Soil Survey Map, with project limits outlined  Yes  No

Will any equipment or structures need to be installed?  Yes  No

If yes, please explain how and where this is proposed to be done (include site-specific photographs, and attach additional pages, if needed): \_\_\_\_\_

Are there any known structures or buildings that are 50 years old or older in the project area or immediate vicinity? (If yes, provide the location of the structure(s), ground-level color photos of these structures, and identify their location(s) on the aerial map; see Appendix C for the web address of the National Register of Historic Places)  Yes  No

Is there any previously completed environmental documentation for this project (i.e., environmental assessment, wetland delineation, archaeological study)?  Yes (please attach documentation)  No

Is there any previously completed agency coordination for this project (i.e., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

Yes (please attach documentation)  No

**Project Type:**  Training and Exercises (field-based only)

*If the training is discussion-based or an operations-based functional exercise, then no further information is required. If the training is operations-based, then provide the following:*

Will the operations-based training take place at an existing facility having established procedures for that particular proposed exercise, and that conform with existing land use designations (refer to Information Bulletin #329 Clarification for further information)?  Yes  No

If yes, please provide the name and location of the facility: \_\_\_\_\_

Does the training exercise differ in any way (frequency, amount of facilities/land used, materials or equipment used, number of participants, type of activities, etc.) from previously permitted training exercises and training practices?  Yes  No

If yes, explain any differences between the proposed activity and those that have been approved in the past, and the reason(s) for the change in scope. \_\_\_\_\_

*If yes, the operations-based training is taking place at an existing facility (as described above), no further information is required. If the operations-based training is not occurring at an existing facility, provide the following:*

Project Location (physical project address or latitude/longitude of project location): \_\_\_\_\_

Year existing building(s) or structure(s) involved in the proposed project was built: \_\_\_\_\_

Will ground disturbance be required to prepare the training site?  Yes  No

If yes, give total extent (depth, length, and width), and provide visual documentation: \_\_\_\_\_

Color site photos attached?

Ground-level site photos (showing where installations are proposed):  Yes  No

Aerial photograph with project limits outlined and with the location of any proposed installations identified (refer to Appendix B for guidance):  Yes  No

Has the ground been previously disturbed?  Yes  No

*If yes, please describe the current disturbed condition of the area (i.e., parking lot, commercial*

development, etc.): \_\_\_\_\_

If no, include other visual documentation (see Appendix C for a list of online mapping resources):

Technical drawings/site plans (if available)  Yes  No

FEMA Flood Insurance Rate Map (FIRM), with project limits outlined  Yes  No

U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map, with project limits outlined  Yes  No

U.S. Department of Agriculture (USDA) Soil Survey Map, with project limits outlined  Yes  No

Will any equipment or structures need to be installed to facilitate training?  Yes  No

If yes, explain how and where this is proposed to be done (include site-specific photographs, and attach additional pages, if needed): \_\_\_\_\_

Describe the scope of the proposed training (purpose, frequency, facilities/location needed, materials and equipment needed, number of participants, and type of activities required) (Attach additional pages, if needed): \_\_\_\_\_

Is there any *previously* completed environmental documentation for this project (i.e., environmental assessment, wetland delineation, archaeological study)?  Yes (please attach documentation)  No

Is there any *previously* completed agency coordination for this project (i.e., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

Yes (please attach relevant documentation)  No

Project Type:  Purchase of equipment (specify what equipment, and the quantity; for generators, please state the capacity) \_\_\_\_\_

Will any equipment need to be installed?  Yes  No

If yes, please explain how and where this is proposed to be done (include site-specific photographs, and attach additional pages, if needed): \_\_\_\_\_

Year existing building(s) or structure(s) involved in the proposed project was built: \_\_\_\_\_

### C. CONSIDERATION OF RESOURCE IMPACTS

When completing this section, state a specific reason [i.e., “there will be no impacts to geology and soils because this project will not involve any ground disturbance”] and cite a source [i.e., local master plan, previous environmental assessment, correspondence with US Fish and Wildlife Service, correspondence with State Historic Preservation Office, FEMA Floodplain Insurance Rate Map (FIRM), etc.] to support a response of “no impact” or “potential to impact.” *This section is not required for the purchase of mobile and portable equipment or classroom-based training, or field exercises to be conducted at an existing facility having established procedures for that particular proposed exercise.*

Identify potential impacts to the following resources	No Impact	Potential to Impact	Reason/ Data Source/Agency
Noise			
Air quality			
Water resources, including surface water, groundwater, wetlands, coastal areas, and floodplains			
Geology and soil resources, including prime and unique farmlands and hydric soils			
Biological resources, including general vegetation, wildlife, wildlife habitat, migratory birds, and wetland habitat			
Threatened and endangered species and critical habitat			
Cultural resources, including architectural resources, archaeological resources, and Traditional Cultural Properties			
Buildings or structures 50 years old or older			
Socioeconomic resources, including economic development, demographics, and demand for housing and public services			
Environmental justice (minority and low-income populations)			
Aesthetics and visual resources			
Human health and safety			
Infrastructure, utilities, transportation and waste mgt.			
Land use planning and zoning			
Hazardous waste/contamination			
Community facilities and services			

**D. OTHER INFORMATION** (*answer the following questions/provide requested information.*)

Are personnel preparing this form familiar with the site?  Yes  No

Did personnel visit site?  Yes  No

Is this project one component of a larger proposed project?  Yes  No

If yes, please provide a description of the entire project, including funding sources (i.e., state funds, fund from another Federal agency, etc.) and, the award number, if the funding source is another GPD grant program. \_\_\_\_\_

Is the project part of an approved plan such as a Master Plan or an Implementation Plan or any larger action with an accompanying National Environmental Policy Act (NEPA) document?

Yes (*provide the plan name, and include a copy of the NEPA document*)  No

Is the project still consistent with the approved plan?  Yes  No

(*If no, additional EHP compliance requirements may apply.*)

Is the environmental document accurate and up-to-date?  Yes  No

(*If no, additional EHP compliance requirements may apply.*)

What was the decision of the NEPA document? (*Check one, and please attach*):

Finding of No Significant Impact (FONSI) OR

Record of Decision (ROD)

Agency Name \_\_\_\_\_ Date approved \_\_\_\_\_

**Appendix A. Tower Impacts to Migratory Birds**

If proposed towers or antennae are not proposed to be co-located with an existing licensed FCC tower or structure, please provide the following information:

A general description of terrain – mountainous, rolling hills, flat to undulating, etc.: \_\_\_\_\_

Describe the frequency and seasonality of fog/low cloud cover: \_\_\_\_\_

Provide a list of habitat types and land use on and adjacent to the site (within 800 m), by acreage and percentage of total (e.g., woodland conifer forest, grassland, agriculture, waterbody, marsh): \_\_\_\_\_

Is there evidence of bird roosts or rookeries present within 800 m of the proposed site?  Yes  No

If yes, describe: \_\_\_\_\_

Distance to nearest wetland area (forested swamp, marsh, riparian, marine, etc.) and coastline, if applicable: \_\_\_\_\_

Distance to nearest telecommunication tower: \_\_\_\_\_

## Appendix B. Aerial Photography Guidance

1. Obtain aerial photo; there are multiple online sources for aerial photos that are either free or request a nominal fee.
2. Copy the aerial image.
3. Open Microsoft Paint, Power Point, or other graphics-oriented software and paste the aerial image on the canvas.
4. Using drawing tools such as line drawing, shapes, and fill colors, label exactly where facility security enhancements will be installed i.e. fencing, lighting, cameras.
5. Cut and paste completed drawing into Word document and explain details of the facility security enhancements.
6. An example of a completed product is provided below.



Applicant Name: X Bus Company  
Grant Program: FY 2008 Intercity Bus Security Grant Program  
Grant Number: 2008-XX-XX-0000

Project Description: Facility Security Enhancements was awarded to X Bus Company in January 2009. Above are the enhancements that we wish to make to our facility. One camera will be installed. The building that the camera will be mounted on was built in 1975. The installation will include 6,412 linear feet of chain link security fencing. A total of 4 light posts will be installed. The light posts holes will cause 12" in diameter and 36" deep of ground disturbance.

*If there are known historic resources (buildings, structures, districts, sites, etc.) within sight of the facility, indicate their location on the aerial photograph also. The National Register of Historic Places can be reviewed at: <http://nrhp.focus.nps.gov/natreghome.do?searchtype=natreghome>.*

## Appendix C. Online Mapping and Information Resources

National Register of Historic Places:

<http://nrhp.focus.nps.gov/natreghome.do?searchtype=natreghome>

FEMA's Flood Insurance Rate Maps (FIRMs):

<http://www.fema.gov/hazard/map/firm.shtml>

National Wetlands Inventory:

<http://www.fws.gov/wetlands/Data/Mapper.html>

USDA Soil Survey Map:

<http://websoilsurvey.nrcs.usda.gov/app/HomePage.htm>

**Office for Domestic Preparedness  
National Environmental Policy Act (NEPA)  
Compliance Checklist**

SUBGRANTEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT #: \_\_\_\_\_ GRANT FISCAL YEAR: \_\_\_\_\_

Questions	Yes	No
1. Is the project likely to have a significant impact on a district, site, highway, structure, or object that is listed in or eligible for listing in the National Registry of History Places, affects a historic or cultural resource or traditional and sacred sites, or the loss or destruction of a significant scientific, cultural, or historic resource?		
Answer and explanation for Question # 1:		
2. Is the project likely to have an effect on public health or public safety?		
Answer and explanation for Question # 2:		
3. Is the project likely to have a significant impact on species or habitats protected by the Endangered Species Act, Marine Mammal Protection Act, or Magnuson-Steven Fishery conservation and Management Act?		
Answer and explanation for Question # 3:		
4. Is the project likely to have a significant effect on a unique characteristic of the geographical area such as park land, prime farmland, wetland, floodplain, costal zone or a wild and scenic river, sole or principal drinking water aquifers, or an ecologically critical area?		
Answer and explanation for Question # 4:		
5. Is the project likely to violate a federal, state, or local law or administrative determination imposed for the protection of the environment? (e.g., local noise control ordinance, requirements for control of hazardous or toxic substances).		
Answer and explanation for Question # 5:		
6. Is the project likely to have an effect on the quality of the human environment that is likely to be highly controversial in terms of scientific validity, likely to be highly uncertain, likely to involve unique or unknown environmental risks?		

Answer and explanation for Question # 6:		
7. Does the project involve the employment of new or unproven technology that is likely to involve unique or unknown environmental risks, where the effect on the human environment is likely to be highly uncertain, or where the effect on the human environment is likely to be highly controversial in terms of scientific validity?		
Answer and explanation for Question # 7:		
8. Will the project set a precedent that forecloses future options that may have significant effects?		
Answer and explanation for Question # 8:		
9. Is the project of significantly greater scope or size than normally experienced for a particular category of action?		
Answer and explanation for Question # 9:		
10. Does the project have the potential for significant degradation of already existing poor environmental conditions? Also, does the project involve the initiation of a potentially significant environmental degrading influence, activity, or effect in areas not already significantly modified from their natural condition?		
Answer and explanation for Question # 10:		

# MISCELLANEOUS

## Subrecipient Grant Management Policy and Procedures Project Resources

Kentucky Office of Homeland Security  
200 Mero Street Room 125 ♦ Frankfort, KY 40622  
502-564-2081 Fax: 502-564-7764

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[Jason.Childers@ky.gov](mailto:Jason.Childers@ky.gov)

Holly Downey  
Grants Manager  
[Holly.Downey@ky.gov](mailto:Holly.Downey@ky.gov)

### Kentucky Websites

Kentucky Office of Homeland Security  
[www.homelandsecurity.ky.gov](http://www.homelandsecurity.ky.gov)

Kentucky Wireless Interoperability Wireless Committee  
[www.kwiec.ky.gov](http://www.kwiec.ky.gov)

Kentucky Wireless Interoperability Wireless Committee Application Link  
<https://gotsource.ky.gov/docushare/dsweb/Get/Document-331895/Blank%20KWIEC%20Assessment-rev03-10>

Kentucky State Clearinghouse  
<http://www.dlg.ky.gov/clearinghouse/>  
<https://eclearinghouse.ky.gov>

Kentucky State Price Contract  
<https://eprocurement.ky.gov/>  
<http://finance.ky.gov/business/procurementservices/>

Mutual Aid Agreement Page  
[www.kwiec.ky.gov/interoperability/mutualaid.htm](http://www.kwiec.ky.gov/interoperability/mutualaid.htm)

### **Other Helpful Websites**

Federal Emergency Management Agency (FEMA)  
[www.fema.gov](http://www.fema.gov)

United States Department of Homeland Security  
[www.dhs.gov](http://www.dhs.gov)

US Department of Homeland Security Grant Program (Preparedness – NonDisaster Grants)  
<http://www.fema.gov/government/grant>

Office of Management and Budget  
[www.whitehouse.gov/omb/circulars/](http://www.whitehouse.gov/omb/circulars/)

Firefighter Assistance Grant Program  
[www.fema.gov/firegrants](http://www.fema.gov/firegrants)

Authorized Equipment List (AEL)  
[www.rkb.us](http://www.rkb.us)

National Register of Historic Places:  
<http://nrhp.focus.nps.gov/natreghome.do?searchtype=natreghome>

FEMA's Flood Insurance Rate Maps (FIRMs):  
<http://www.fema.gov/hazard/map/firm.shtml>

National Wetlands Inventory:  
<http://www.fws.gov/wetlands/Data/Mapper.html>

USDA Soil Survey Map:  
<http://websoilsurvey.nrcs.usda.gov/app/HomePage.htm>

### **Contacts**

NIMS  
502-564-2081  
[tom.arnold@ky.gov](mailto:tom.arnold@ky.gov)

KWIEC  
502-564-5397 x 4416  
[CharlesR.Miller@ky.gov](mailto:CharlesR.Miller@ky.gov)

Mutual Aid  
502-782-2064  
[derck.nesselrode@ky.gov](mailto:derck.nesselrode@ky.gov)

Kentucky State Clearinghouse  
502-573-2382  
[Lee.Nalley@ky.gov](mailto:Lee.Nalley@ky.gov)

**Subrecipient Grant Management Policy and Procedures**  
***"Subrecipient Grant Management Policies and Procedures"***  
***Certification Form***

For all awarded grant projects, the authorizing official, project director and the financial officer are responsible for reading and understanding the contents of the "Subrecipient Grant Management Policies and Procedures".

The following certification form needs to be completed and signed with the original signature document sent to KOHS upon the grant award.



# *"Subrecipient Grant Management Policies and Procedures" Certification Form*

I understand that I am responsible for reading and understanding the contents of the "Subrecipient Grant Management Policies and Procedures" dated November 30, 2011.

I certify that I have reviewed the updated Kentucky Office of Homeland Security "Grants Management Procedures" referenced above.

Authorizing Official

Project Director/Contact

Financial Officer

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City, Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax #: \_\_\_\_\_

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\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original  
Signatures \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_