

Bob Dixon  
Presiding Commissioner

Rusty MacLachlan  
1<sup>st</sup> District Commissioner

John C. Russell  
2<sup>nd</sup> District Commissioner



Shane Schoeller  
Clerk of the Commission

Christopher J. Coulter, AICP  
County Administrator

Megan Applegate  
Executive Assistant

**COUNTY COMMISSION**  
**Greene County, Missouri**  
**(417) 868-4112**

**Greene County Commission**  
**Commission Briefing Minutes**

**Friday, June 30, 2023**  
9:30 AM  
Commission Conference Room  
1443 N. Robberson, 10<sup>th</sup> Floor

PLEASE CHECK & RETURN  
☒ PC *Emily*  
☒ CC1 *Emily*  
☐ CC2 *Absent*

**\*\*Meeting Information**

Meeting link: <https://gcmo.webex.com/join/mapplegate> Access code: 2499 501 7983

**More ways to join**

Join by phone: +1-415-655-0001 Access code: 2499 501 7983

**Attendees:** Bob Dixon, Rusty MacLachlan, Chris Coulter, Megan Applegate, Cindy Stein, Angie Crews, Larry Woods, Carla Nay, Kevin Barnes, Deiter Duff, Schuyler Crawford, and Franz Williams.

**Teleconference Attendees:** Mike Cagle, Jim Arnott, Jack McGee, Janell Westbrook, Jeff Scott, Jeff Bassham and Rob Rigdon.

**Informational Items**

**Resource Management-Kevin Barnes**

- Assessor's Office Project Update
- Campus Project Update
- Bid updates.
- Fantastic Caverns update.

**Medical Examiner-Deiter Duff**

- Update on additional possible expanding testing.
- Accreditation updating
- Possible vehicle donation update.

**Items for Consideration and Action by the Commission**

**Discussion and Possible Vote: Old Fuel Dispenser Surplus, Highway**

Commissioner Rusty MacLachlan moved to approve the disposal of the surplus property of the old fuel dispenser as presented. Commissioner Bob Dixon seconded the motion and it passed. Yes Dixon and MacLachlan. Absent: Russell.

**Discussion and Possible Vote: Monthly Transfers, Budget**

Commissioner Rusty MacLachlan moved to approve the monthly transfers presented. Commissioner Bob Dixon seconded the motion and it passed. Yes Dixon and MacLachlan. Absent: Russell.

Discussion and Possible Vote: Certification of Unaudited 12/31/22 Financial Statements, Auditor's Office  
Commissioner Rusty MacLachlan moved to approve the acceptance of the certification of the unaudited 12/31/22 financial statements as presented. Commissioner Bob Dixon seconded the motion and it passed. Yes Dixon and MacLachlan. Absent: Russell.

Discussion and Possible Vote: Historic Courthouse: Contract for Exterior Sealing of the Rotunda Dome, Resource Management

Commissioner Rusty MacLachlan moved to approve the contract for exterior sealing of the rotunda dome as presented. Commissioner Bob Dixon seconded the motion and it passed. Yes Dixon and MacLachlan. Absent: Russell.

Discussion and Possible Vote: Chiller Upgrade: Allen's Mechanical Contract (Public Safety Center), Resource Management

Commissioner Rusty MacLachlan moved to approve the contract for chiller upgrade Allen mechanical contract in the PSC as presented. Commissioner Bob Dixon seconded the motion and it passed. Yes Dixon and MacLachlan. Absent: Russell.

Discussion and Possible Vote: EMPG Grant Application, OEM

Commissioner Rusty MacLachlan moved to approve the EMPG grant application as presented. Commissioner Bob Dixon seconded the motion and it passed. Yes Dixon and MacLachlan. Absent: Russell.

Discussion and Possible Vote: Letter of Support for Center for Ozarks Poverty Research

Commissioner Rusty MacLachlan moved to approve the letter of support for center of Ozarks Poverty Research. Commissioner Dixon second the motion and it passed. Yes Dixon and MacLachlan. Absent: Russell.

Other:

With no other business the meeting was adjourned.

Bob Dixon  
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## **COUNTY COMMISSION**

### **Greene County, Missouri**

**(417) 868-4112**

#### **Greene County Commission Commission Briefing Agenda**

**Friday, June 30, 2023**

**9:30 AM**

**Commission Conference Room  
1443 N. Robberson, 10<sup>th</sup> Floor**

#### **Meeting Information**

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#### Informational Items

Resource Management

Medical Examiner

#### Items for Consideration and Action by the Commission

Discussion and Possible Vote: Old Fuel Dispenser Surplus, Highway

Discussion and Possible Vote: Monthly Transfers, Budget

Discussion and Possible Vote: Certification of Unaudited 12/31/22 Financial Statements, Auditor's Office

Discussion and Possible Vote: Historic Courthouse: Contract for Exterior Sealing of the Rotunda Dome,  
Resource Management

Discussion and Possible Vote: Chiller Upgrade: Allen's Mechanical Contract (Public Safety Center),  
Resource Management

Discussion and Possible Vote: EMPG Grant Application, OEM

Discussion and Possible Vote: Letter of Support for Center for Ozarks Poverty Research

#### Other:

Revised on 6/29/2023 @ 9:10 AM

**GREENE COUNTY, MISSOURI**  
**Surplus Property Sale Request (Non Vehicle)**

Pursuant to Section 49.270 RSMo, the County Commission may sell surplus or unneeded supplies or property which are not transferred to state agencies or distributed to eligible donees to the general public by auction, sealed bid. It is requested that the item(s) listed below be sold:

Prepared by: Karla Nay Phone: x4019 Date: 06/26/23 Department: Highway

County ID Tag #	Serial #	Item Description	Estimated Value	Source
n/a	See below in Notes	Gas Boy Fuel Dispensers	0.00	Show Me Petroleum

Fixed Asset #	Acquire Date	Acquired Funds Account	Book Value	Condition Code	Reason for Disposal Code	Method of Disposal Code	Expected Date of Disposal
0260011	09/23/46	201-63-S81-56689	0.00	P	3 and 4	E	06/30/26

Disposal Restrictions ☒ Yes ☐ No (check one, if yes explain below) Solicited other departments for need ☐ Yes ☒ No (check one)

**Notes and explanations:** These fuel pumps are being replaced the week of 6/26/23. Management would like for the vendor replacing the pumps to take them after the new fuel pumps are in place. Per Show Me Petroleum (vendor), old fuel dispensers have left over fuel in the pumps which can be hazardous. Metal recycling facilities will not accept them.

Pump 1 - Serial # 9153AX, Model # 481544; Pump 2 - Serial #9152AX, Model # 481264; Pump 3 - Serial # 9153AX, Model # unknown  
Pump 4 - Serial # 9152AX, Model # 481262; Pump 5 - Serial # 9153AX, Model # 481536

Presiding Commissioner Approval:

Commissioner, 1<sup>st</sup> District Approval:

Commissioner, 2<sup>nd</sup> District Approval:

Date Auditor Notified: 6/26/23

Angle Crews

Date Treasurer Notified:

Apply to Account #

201-96-48196

Condition Code	Reason for Disposal Code	Recommended Method of Disposal Code
P - Poor	1 - Incident / Major Repair	A - Transfer to other dept
F - Fair	2 - Beyond economic repair	B - Trade in / Buy Back
E - Excellent	3 - Obsolete	C - Sell
		D - Recycle
	4 - Replaced by upgrade	E - Salvage / Refuse
	5 - Theft	F - Cannibalize
		G - Other Gov't Agency
		H - Disposed without approval

Auditor's Office Use Only

Marked for Deletion	Subassets ?	Tts Receipt #	Receipt Date	Sold Amount
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June 30, 2023

Justin Hill  
Greene County Treasurer

Cindy Stein  
Greene County Auditor

Justin and Cindy:

Please transfer the following amounts for the month of June 2023 for future principal, interest, and trustee payments on the indicated bonds.

FROM		
\$ (118,391.67)	101-96-49100	Transfers from Other Funds: Series 2020
\$ (275,627.08)	101-96-49100	Transfers from Other Funds: Series 2021A
\$ (160,700.00)	101-96-49100	Transfers from Other Funds: Series 2021B
\$ (445,518.75)	101-96-49100	Transfers from Other Funds: Series 2018
\$ (336,650.00)	101-96-49100	Transfers from Other Funds: Series 2022A
\$ (45,411.46)	207-96-49100	Transfers from Other Funds: D Kinney 2020A
\$ (224,430.50)	101-96-49100	Transfers from Other Funds: NID 2016
<u>\$ (1,606,729.46)</u>	<u>TOTAL</u>	
TO		
<u>\$ 1,606,729.46</u>	<u>301-96-49100</u>	<u>Transfers from Other Funds</u>
\$ 1,606,729.46	TOTAL	

If you have any questions, please contact Jeff Scott at extension 1446. Thank you.

  
Bob Dixon  
Presiding Commissioner

  
Rusty MacLachlan  
1<sup>st</sup> District Commissioner

  
John C. Russell  
2<sup>nd</sup> District Commissioner

Missouri Department of

**Public Safety****Application****155393 - FY23 Emergency Management Performance Grants - Final Application**

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**157604 - Emergency Management Performance Grant**  
**Emergency Management Performance Grants (EMPG) Local**

**Status:** Editing**Submitted Date:****Submitted By:****Applicant Information**

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**Primary Contact:****Name:\***

Ms

Robbin

Sawyer

Title

First Name

Last Name

**Job Title:\***

Administrative Services Manager

**Email:\***

rsawyer@greenecountymo.gov

**Mailing Address:\***

330 W Scott Street

**Street Address 1:****Street Address 2:**

\*

Springfield

Missouri

65802

City

State/Province

Postal Code/Zip

**Phone:\***

417-869-6040

Ext.

**Fax:**

417-869-6654

**Organization Information**

**Applicant Agency:\*** Greene County Emergency Management Agency  
**Organization Type:\*** Government  
**Federal Tax ID#:** 446000506  
**DUNS #:** 095831228  
**Unique Entity ID:\*** DS69LE21H4L5  
**SAM/CCR CAGE Code:** 3QMR3 **03/03/2023**  
Valid Until Date  
**Organization Website:** greenecountymo.gov/oem  
**Mailing Address:\*** 330 W Scott Street  
**Street Address 1:**  
**Street Address 2:**  
**City\*** Springfield **Missouri** **65802** **3859**  
City State/Province Postal Code/Zip + 4  
**County:\*** Greene  
**Congressional District:\*** 07  
**Phone:\*** 417-869-6040  
**Fax:** 417-869-6654 **Ext.**

**Contact Information****Authorized Official**

Enter the name and address of the individual who has the authority to legally bind the applicant agency.

- City Government - If the applicant agency is a city, the Mayor/City Administrator shall be the Authorized Official.
- County Government - If the applicant agency is a county, the Presiding Commissioner shall be the Authorized Official.

**Authorized Official:\*** Mr Bob Dixon  
Title First Name Last Name  
**Job Title:\*** Presiding Commissioner  
**Agency:\*** Greene County Commission  
**Mailing Address:\*** 1443 N Robberson Avenue, 10th Floor  
**Street Address:**  
**City/State/Zip\*** Springfield Missouri 65802  
City State Zip Code  
**Email:\*** bdixon@greenecountymo.gov  
**Phone:\*** 417-868-4112  
Office Cell

**Project Director**

For EMPG grant the EMD is the Project Director.

**Emergency Management Director:\*** Mr Larry Woods  
Title First Name Last Name  
**Agency:\*** Greene County Emergency Management Agency  
**Mailing Address:\*** 330 W Scott Street  
**Street Address:**

**City/State/Zip\***  
Springfield Missouri 65802  
City State Zip Code

**Email:\*** lwoods@greenecountymo.gov

**Phone:\*** 417-869-6040  
Office Cell

**Fiscal Officer**

*For EMPG grants the City/County Treasurer is the Fiscal Officer.*

**Fiscal Officer:\***  
Mr Justin Hill  
Title First Name Last Name

**Job Title:\*** Treasurer

**Agency:\*** Greene County Government

**Mailing Address:\*** 940 N Boonville Avenue, Room 112

**Street Address:**

**City/State/Zip\***  
Springfield Missouri 65802  
City State Zip Code

**Email:\*** jrhill@greenecountymo.gov

**Phone:\*** 417-868-4051  
Office Cell

**Project Contact Person**

**Is the Emergency Management Director and the Project Contact Person the same?\*** No  
If the EMD & Project Contact are the same, it is not necessary to complete the Project Contact information.

**Project Contact Person:**  
Ms Deborah Allen  
Title First Name Last Name

**Job Title:** Accounting Specialist

**Agency:** Greene County Auditor's Office

**Mailing Address:** 940 N Boonville Avenue, Room 210

**Street Address:**

**City/State/Zip**  
Springfield Missouri 65802  
City State Zip Code

**Email:** dallen@greenecountymo.gov

**Phone:** 417-829-6206  
Office Cell

**Project Narrative Justification**

**Project Title:\*** Emergency Management Performance Grant

**Project Type:\*** Develop/enhance homeland security/emergency management organization and structure

**The requested funds will be used to:\*** Sustainment of Existing Project

**Select the primary Core Capability that will be supported by this proposed project.\*** Protection Planning

**Project Narrative Summary\***

The funding supports all mitigation, prevention, and preparedness emergency management activities. The funding supports personnel and resources to facilitate the above. Anticipated results include:

1. Sustainment of whole-community Emergency Management Program.
2. Maintenance of emergency management planning documents.
3. Maintenance and readiness of whole-community Emergency Operations Center.
4. Sustainment of personnel staffing to complete the above functions.
5. Sustainment of community-based exercise and training program.

2000 Character Limit

<b>Gap or Need Addressed*</b>	Sustainment and growth of whole-community emergency management program.
<b>Project Objective*</b>	Sustain and enhance whole-community emergency management through the key areas of planning, exercise and training, EOC readiness and staff capabilities.
<b>Anticipated Project Impact*</b>	Updating of local emergency operations plan, preparedness plan, COOP/COG plans, the training and exercising of these plans and the continued readiness of the community EOC.
<i>Select the Mission Areas that apply to this project. <b>TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.</b></i>	
<b>Mission Area*</b>	Prevention, Protection, Mitigation, Response
<i>Select the POETE categories that apply to this project. <b>TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.</b></i>	
<b>POETE Category*</b>	P - Planning, E - Equipment, T - Training, E - Exercise
<i>Select the Identified Gap or Need reference document for this project. <b>TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.</b></i>	
<b>Reference for Identified Gap or Need*</b>	Other Deliberate Plan

## Performance Goals

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<b>Performance Goals*</b>	See Attachment 1 for more information.
<b>Current Capability Metrics*</b>	See Attachment 1 for more information.
<b>Milestones*</b>	See Attachment 1 for more information.

## Performance Measures

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<b>Percent of capability-building EMPG Program-funded projects that align to capability gaps identified by states, territories, and urban areas in their SPR submissions.*</b>	0
<b>Percent of EMPG Program dollars spent on capability-building projects that align to capability gaps identified by states, territories, and urban areas in their SPR submissions.*</b>	15
<b>Percent of capability-building EMPG Program-funded projects that address a core capability that has one or more targets rated as high priority.*</b>	10

Percent of funding allocated to build or sustain capabilities in EMPG Program national priority areas and RA agreed-upon priority areas. \*

25

Percent of Planning, Training and/or Exercise related projects that align with closing capability gaps identified and documented in the state/territory's most recent THIRA/SPR submission, Mitigation Plan, After Action Reports, Audits./Monitoring Findings, or other Deliberate Plans. \*

25

## Staffing Pattern

Position	Larry Woods	Director	03/19/2000
	Name	Title	Hire Date
Position	Darren White	Deputy Director	11/30/2020
	Name	Title	Hire Date
Position	Robbin Sawyer	Administrative Services Manager	07/13/2017
	Name	Title	Hire Date
Position	DELETE POSITION	Emergency Mgmt Specialist - Information Systems	
	Name	Title	Hire Date
Position	Gretchen Ruffa	Emergency Mgmt Specialist - Planning	01/23/2023
	Name	Title	Hire Date
Position	Joseph Geldermann	Emergency Mgmt Specialist - Public Info Officer	05/10/2021
	Name	Title	Hire Date
Position	Kenneth Norris	Emergency Mgmt Specialist - Logistics	11/01/2021
	Name	Title	Hire Date
Position	Aubrey Johnson	Emergency Mgmt Specialist - Exercise and Training	12/27/2021
	Name	Title	Hire Date

## Baseline Requirement #1- Emergency Operations Center (EOC)

EOC Location*	Greene County PSC			
EOC Street Address:*	330 W Scott Street	Springfield	MO	65802
	Street Address	City	State	Zip Code
EOC Phone Number*	417-869-6040			
	Primary EOC Number	EOC Alternate Phone Number		
EOC Contact Person*	Larry Woods			
	Name			
Contact Person Address*	330 W Scott Street	Springfield	MO	65802
	Street	City	State	Zip Code

## Baseline Requirement #2- Local Emergency Operations Plan (LEOP)

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I understand as a minimum requirement my awarded agency must update/review our LEOP every 2 years and maintain SEMA verification documents with identified changes.\*

Yes

Date of Last LEOP update/review?  
\*

11/10/2021

Have you provided your State Emergency Management Agency (SEMA) Area Coordinator with your agency's LEOP?\*

Yes

## Baseline Requirement #3- National Incident Management System (NIMS)

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1. Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?\*

Yes

2. Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?\*

Yes

3. Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?\*

Yes

4. Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?\*

Yes

5. Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?\*

Yes

6. Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?\*

Yes

## Baseline Requirement #4- Training Requirements

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1. Have all EMPG funded personnel completed the

Yes

IS 100, IS 120, IS 200, IS 230, IS 235, IS 240, IS 241, IS 242, IS 244, IS 700, IS 800.  
Required completion within 12 months of hire.

minimum required FEMA trainings?\*

2. Have all EMPG funded personnel completed the additional required FEMA trainings?\*

No

G191, IS2200 and IS/K2300.  
Required completion within 24 months of hire.

If answered 'No' on either training requirements questions, provide your plan to achieve training compliance in the section below.

Outline plan to meet training requirements.

Newly hired employees will be working on completing their required coursework within 24 months of hire.

## Baseline #5- Exercise Requirements

The Severe Weather Drill and the Great Shake Out Drill will no longer be considered allowable EMPG exercises for this requirement.

1. I understand all EMPG funded personnel must participate in no less than two (2) exercises per calendar year with one exercise being Operations based. \*

Yes

## Baseline Requirement #6- Integrated Preparedness Planning Workshop (IPPW)

I understand that all EMPG sub-recipients are required to conduct or participate in an annual Integrated Preparedness Planning Workshop (IPPW).\*

Yes

At a minimum EMPG sub-recipients should maintain a local IPP that addresses the jurisdiction's compliance with EMPG training and exercise requirements.

## Baseline Requirement #7- WebEOC

I understand that my awarded agency will be required to utilize WebEOC during incidents, events and related WebEOC trainings.\*

Yes

## Baseline Requirement #8- THIRA

Threat and Hazard Identification and Risk Assessments (THIRA)

I understand that all EMPG sub-recipients are required to participate in the development or maintenance of state or regional THIRA at a minimum of at least once every three (3) years.\*

Yes

Participation in THIRA development may include serving as a member of regional working groups, interacting with state or regional THIRA planners, and/or answering THIRA data call queries.

## This Form Completed By:

\*

Robbin Sawyer

Admin Services Manager

417-869-6040

Name

Title

Phone

\*

rsawyer@greencountymo.gov

06/29/2023

## Capitalization Level

Enter your agency's capitalization level. This is the dollar amount which qualifying expenditures are recorded as fixed assets for your City/County.

**Capitalization Level:\*** \$1,000.00

## Personnel

Line Item Code:	Name:	Position Title:	Position Status:	Employment Status:	Total Annual Salary:	% of Grant Funded Time:	Total Salary Cost:	Federal Amount:	Match Portion Provided:
1001	Larry Woods	Director	Existing	Full Time	\$111,924.00	100.0	\$111,924.00	\$55,962.00	\$55,962.00
1002	Darren White	Deputy Director	Existing	Full Time	\$68,774.00	100.0	\$68,774.00	\$34,387.00	\$34,387.00
1003	Robbin Sawyer	Administrative Services Manager	Existing	Full Time	\$50,440.00	100.0	\$50,440.00	\$25,220.00	\$25,220.00
1004	Delete Position	Emergency Mgmt Specialist - Information Systems	Existing	Full Time	\$0.00	0	\$0.00	\$0.00	\$0.00
1005	Gretchen Ruffa	Emergency Mgmt Specialist - Planning	Existing	Full Time	\$40,216.00	100.0	\$40,216.00	\$20,108.00	\$20,108.00
1006	Joseph Geldermann	Emergency Mgmt Specialist - Public Info Officer	Existing	Full Time	\$29,162.00	100.0	\$29,162.00	\$14,581.00	\$14,581.00
1007	Kenneth Norris	Emergency Mgmt Specialist - Logistics	Existing	Full Time	\$44,408.00	100.0	\$44,408.00	\$22,204.00	\$22,204.00
1008	Aubrey Johnson	Emergency Mgmt Specialist - Exercise and Training	Existing	Full Time	\$49,056.00	100.0	\$49,056.00	\$24,528.00	\$24,528.00
								<b>\$196,990.00</b>	<b>\$196,990.00</b>

## Personnel Justification

For each position, provide narrative justification.

If you request a new position or an increase for a current position, please explain why it is being requested. How has the agency paid for this expense in the past?

**Emergency Management Director:** This position is essential to the day-to-day operations and support of the local Emergency Management Program. This includes a 1.5% STEP increase in July 2023 and a 1% COLA in January 2024.

**Emergency Management Deputy Director:** This position is essential to the day-to-day operations and support of the local Emergency Management Program. This includes a 1.5% STEP increase in July 2023 and a 1% COLA in January 2024.

**Administrative Services Manager:** This position is essential to the day-to-day operations and support of the local Emergency Management Program. This includes a 1.5% STEP increase in July 2023 and a 1% COLA in January 2024.

**Emergency Management Specialist - Information Systems:** DELETE POSITION. Our office no longer employs an Emergency Management Specialist - Information Systems.

**Emergency Management Specialist - Planning:** This position is essential to the day-to-day operations and support of the local Emergency Management Program. This includes a 1% COLA in January 2024.

**Emergency Management Specialist - Public Information Officer:** This position is essential to the day-to-day operations and support of the local Emergency Management Program. This includes a 1.5% STEP increase in July 2023 and a 1% COLA in January 2024.

**Emergency Management Specialist - Logistics:** This position is essential to the day-to-day operations and support of the local Emergency Management Program. This includes a 1.5% STEP increase in July 2023, 1% COLA in January 2024, and a Grade increase in January 2024.

**Emergency Management Specialist - Exercise & Training:** This position is essential to the day-to-day operations and support of the local Emergency Management Program. This includes a 1.5% STEP increase in July 2023 and a 1% COLA in January 2024.

5000 character limit

## Personnel Benefits

Line Item Code:	Name:	Indicate the % of total benefits:	Total Benefits:	Federal Portion:	Match Portion Provided:
2001	Larry Woods	29.0	\$33,007.00	\$16,503.00	\$16,504.00
2002	Darren White	28.0	\$19,543.00	\$9,772.00	\$9,771.00
2003	Robbin Sawyer	33.0	\$16,820.00	\$8,410.00	\$8,410.00
2004	Information Systems - Delete Position	0	\$0.00	\$0.00	\$0.00
2005	Gretchen Ruffa	38.0	\$15,302.00	\$7,651.00	\$7,651.00
2006	Joseph Geldermann	15.0	\$4,508.00	\$2,254.00	\$2,254.00
2007	Kenneth Norris	37.0	\$15,671.00	\$7,835.00	\$7,836.00
2008	Aubrey Johnson	48.0	\$23,671.00	\$11,835.00	\$11,836.00
				<b>\$64,260.00</b>	<b>\$64,262.00</b>

## Personnel Benefits Justification

If personnel benefits are included in the budget, provide percentage breakdown by position for each fringe benefit.

Employee/Position	FICA	Lagers 7/1/23 - 6/30/24	Health Insurance	Dental Insurance	Life Insurance	Total 7/1/23 - 6/30/24
Emergency Management Specialist - Info. Systems/DELETE	0.00%	0.00%	0%	0.00%	0.000%	0%
Director	7.65%	7.20%	14%	0.30%	0.016%	29%
Deputy Director	7.65%	7.20%	13%	0.49%	0.026%	28%
Administrative Services Manager	7.65%	7.20%	18%	0.67%	0.036%	33%
Emergency Management Specialist - Logistics	7.65%	7.20%	20%	0.76%	0.041%	36%
Emergency Management Specialist - Planning	7.65%	7.20%	22%	0.84%	0.045%	38%
Emergency Management Specialist - Exercise & Training	7.65%	7.20%	33%	0.68%	0.037%	48%
Emergency Management Specialist - Public Info. Officer	7.65%	7.20%	0%	0.58%	0.031%	15%

5000 Character Limit

### ***Emergency Operation Center Supplies & Operating Expenses***

Line Item Code:	Supply/Operation Type:	Item Name:	Quantity:	Unit Cost:	Total Supply and Operation Cost:	Federal Portion:	Match Portion Provided:
11001	EOC Maintenance (copier, computer, generator, etc.)	EOC Maintenance	12.0	\$3,875.00	\$46,500.00	\$23,250.00	\$23,250.00
11002	Insurance (vehicle, building, etc.)	Insurance	12.0	\$2,166.67	\$26,000.00	\$13,000.00	\$13,000.00
11003	Utilities (electric, water, gas, etc.)	Utilities	12.0	\$4,625.00	\$55,500.00	\$27,750.00	\$27,750.00
11004	General Office Supplies (paper, pens, paper clips, etc.)	Office Supplies	12.0	\$291.67	\$3,500.00	\$1,750.00	\$1,750.00
11005	Phone	Telephone	12.0	\$1,923.33	\$23,080.00	\$11,540.00	\$11,540.00
11006	Registration Fees (professional membership dues, conferences, etc.)	Registration Fees	12.0	\$87.50	\$1,050.00	\$525.00	\$525.00
11007	Other (Computer, projector, chair, etc.)	Other	12.0	\$2,250.00	\$27,000.00	\$13,500.00	\$13,500.00
11008	Postage	Postage	12.0	\$20.83	\$250.00	\$125.00	\$125.00
11009	Subscriber Services (internet, satellite, cable, etc.)	Subscriber Services	12.0	\$558.33	\$6,700.00	\$3,350.00	\$3,350.00
11010	Vehicle Maintenance (EM vehicles only)	Vehicle Maintenance	12.0	\$350.00	\$4,200.00	\$2,100.00	\$2,100.00
						<b>\$96,890.00</b>	<b>\$96,890.00</b>

### ***Emergency Operations Center Supplies & Operating Expenses Justification***

*If supplies or operating expenses are included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.*

**EOC Maintenance:** Copier/lease maintenance contract, storm siren maintenance, and IT/internet maintenance through various vendors. This also includes maintenance on the following items: radios, A/V equipment, printers, UPS data center, network switches, and phone system, all of which are utilized by OEM personnel.

**Insurance:** Building insurance (content and structure) and vehicle liability insurance utilized by authorized OEM personnel.

**Utilities:** Gas, water, sewer, and electric service and weather alert utilities utilized by OEM personnel.

**General Office Supplies:** Pens, folders, clips, rubber bands, printer supplies, notebooks, post-it notes, calendars, document filing and storage needs, desk accessories and organization aids, flash drives, batteries, etc. purchased through various vendors and utilized by OEM personnel.

**Phone:** Regular office phone service, emergency elevator dial-up service, conference calls/webinars, alert notification system, and wireless aircards/MiFi which are utilized by OEM personnel.

**Other EOC Supplies/Operating Expenses/Maintenance:** Printer and plotter supplies for equipment in the EOC and Training Room, radio batteries, software, software upgrades and software maintenance contracts, replacement computers for the EOC, and various other supplies to outfit the EOC which are utilized by OEM personnel.

**Dues & Subscriptions/Professional Memberships/Standards:** SMESO, MOEMA, IAEM, and other membership dues for OEM personnel.

**Postage:** Mail and shipping fees utilized by OEM personnel.

**Subscriber Services:** Satellite phone service and outdoor warning system utilized by OEM personnel.

**Vehicle Maintenance:** Repairs and general maintenance on OEM vehicles which are utilized by OEM personnel.

**Emergency Operation Center Office Equipment**

Line Item Code:	Item Name:	AEL Category:	Qty:	Unit Cost:	Total Office Equipment Costs:	Federal Portion:	Match Portion Provided:
						\$0.00	\$0.00

**Emergency Operations Center Office Equipment Justification**

If equipment is included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.

5000 Character Limit

**Travel**

Line Item Code:	Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Federal Portion:	Match Portion Provided:
9001	Fuel	Fuel		\$4,200.00	\$2,100.00	\$2,100.00
9002	Lodging/Mileage/Per Diem/Meals	Lodging, Mileage, Per Diem/Meals		\$5,235.00	\$2,618.00	\$2,617.00
					<b>\$4,718.00</b>	<b>\$4,717.00</b>

**Travel Justification**

If travel is included in the budget, provide justification for each expense. Explain why it is necessary to the success of the proposed project. Include: schedule of travel, duration, location and frequency.

For conferences, identify the location, date(s), and attendee(s) of the conference.

Fuel: Fuel to operate OEM vehicles utilized by OEM personnel.

Lodging/Mileage/Per Diem/Meals: Lodging for staff to attend trainings at EMI, mileage to reimburse staff for travel to attend trainings/meetings, and per diem/meals for staff to attend trainings/meetings.

5000 Character Limit

**Total Budget**

<b>Personnel</b>	\$196,990.00	\$196,990.00	\$393,980.00
	Federal	Match	Total

<b>Benefits</b>	\$64,260.00	\$64,262.00	\$128,522.00
	Federal	Match	Total
<b>Supplies</b>	\$96,890.00	\$96,890.00	\$193,780.00
	Federal	Match	Total
<b>Office Equip</b>	\$0.00	\$0.00	\$0.00
	Federal	Match	Total
<b>Travel</b>	\$4,718.00	\$4,717.00	\$9,435.00
	Federal	Match	Total
<b>Total</b>	\$362,858.00	\$362,859.00	\$725,717.00
	Federal	Match	Total

### Certification of Local Match

Type of Match:	Source Name	Match Amount
Hard	Greene County General Revenue	\$362,859.00
		\$362,859.00

### Supplanting

I, as my agency's Authorized Official certify that any funds awarded through the Emergency Management Performance Grant (EMPG) shall be used to supplement existing funds for program activities and will not replace (supplant) non-federal funds that have been appropriated for the purposes and goals of the grant.

Select box to certify understanding:\* Yes

Authorized Official Title:\* Presiding Commissioner

Authorized Official Name:\* Bob Dixon

Authorized Official Phone #:\* 417-868-4112

Authorized Official Email:\* bdixon@greenecountymo.gov

Date Certified:\* 06/30/2023

### Audit Details

Date last audit completed: 10/31/2022  
MM/DD/YYYY\*

Dates covered by last audit: 01/01/2021 - 12/31/2021  
MM/DD/YYYY-MM/DD/YYYY\*

Last audit performed by:\* KPM CPAs, PC

Phone number of auditor\* 417-882-0904

Date of next audit: 07/01/2023  
MM/DD/YYYY\*

Dates to be covered by next audit: 01/01/2022 - 12/31/2022  
MM/DD/YYYY-MM/DD/YYYY\*

Next audit will be performed by:\* KPM CPAs, PC

**Audit Certification**

*We have exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) months after the end of the audited fiscal year.*

Threshold Exceeded?\* Yes

**Certified By:**

\* Cindy Stein Auditor  
 First Name Last Name Title  
 \* 940 N Boonville, Room 210  
 Address  
 \* Springfield Missouri 65802  
 City State Zip Code  
 \* 417-868-4120 cstein@greencountymo.gov 06/30/2023  
 Telephone Ext. Cell Phone E-mail Address Date

**Certified Application Assurance**

*To the best of my knowledge and belief, all data in this application is correct and the document has been duly authorized by the governing body of the agency. As the applicant agency, we attest to and will comply with the requirements of the 2021 Emergency Management Performance Grant.*

*I have read and am familiar with the following documents:*

2021 EMPG Program Manual  
 2021 EMPG Notice of Funding Opportunity

*I have provided copies of these documents to the Authorized Official and Project Director.*

*Your typed name as the applicant represents your acceptance of the requirements of this application.*

Name:\* Larry Woods  
 Job Title:\* Director  
 Date:\* 06/30/2023

**Required Attachments**

Attachment	Description	File Name	Type	File Size
NIMS Ordinance or Resolution	NIMS Adoption Resolutions	NIMS Adoption Resolutions.pdf	pdf	498 KB
Audit	2021 Audit Requirements	2021 Audit Requirements.pdf	pdf	626 KB
Inventory				
Employment Contract				
Benefit Rate Sheets				

**Other Attachments**

File Name	Description	File Size
EMPG Application_Attachment 1.pdf (333 KB)	EMPG Application Attachment 1	333 KB

