



Texas Division of Emergency Management  
State Administrative Agency

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**TDEM – SAA Information Bulletin**  
**No. 13**  
**December 1, 2009**

To: All Texas State Homeland Security Grant Program Points of Contact

From: Jack Colley  
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Subject: Expenditure Request – Required Documentation

This bulletin provides guidance and procedures for the expenditure request process for Homeland Security Grant Program sub-recipients. It clarifies the documentation required for submitting expenditure requests in SPARS.

If you have any additional questions, please feel free to contact the Texas Division of Emergency Management (TDEM)/State Administrative Agency (SAA) by e-mail at [SAA@txdps.state.tx.us](mailto:SAA@txdps.state.tx.us) or by fax at (512) 206-3137.

**EXPENDITURE REQUESTS**

**Required Documentation**

State Administrative Agency  
Texas Division of Emergency Management  
Dec. 1, 2009

**EXPENDITURE REQUEST DOCUMENTATION REQUIRED FOR HSGP GRANTS**

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## **INTRODUCTION**

All expenditure requests must have SAA approval prior to purchase. The following documentation is required for each program activity, whenever submitting expenditure requests. The information must be included as a description in sub-grantee notes, or (\*) uploaded in the SPARS expenditure request document. The descriptions for all expenditure requests must include who, what, when, where, why and how the purchase relates to the grant.

## **PLANNING COSTS:**

### **Conferences:**

- Name of Conference/Workshop.
- Inclusive dates of conference/Workshop.
- Location of conference/Workshop.
- Names of attendees.
- \*Registration Fees (Upload documentation to the request).

### **Supplies and Materials:**

- Description of the planning activity.
- \*List of supplies or materials (can provide list in sub-grantee notes, or upload documentation to the request).

### **Travel & Per Diem:**

**NOTE:** Please see revised guidance for **Out of State Travel** dated 12/1/09. Anyone traveling Out-Of-State must send documentation or letter reflecting the approved by the Chief Elected Official and uploaded with expenditure request prior to any out of state travel taking place. The response letter from Chief Colley will not be generated or required.

- List of names (if known) or job titles or a number of people that are traveling
- Description of what the travel is for (name of planning conferences, workshops, etc.)
- Inclusive dates of travel
- \*Travel expense receipts (hotel, taxi, parking, car rental, meals, miscellaneous) are required at the time of invoicing for reimbursement.

## **PLANNING COSTS(Continued):**

### **New Staff Positions, Contractors &Consultants:**

\*Provide (upload) job descriptions for new staff.

### **Overtime and Backfill for attending Planning Activities:**

-Description of the planning activity.

\*Position Title of backfill staff.

\*Indicate Full Time/Part Time staff.

\*Name of Staff.

\*Individual Rate of Pay.

\*Number of Hours worked/percentage of effort per individual.

\*Inclusive dates of Overtime and Backfill work (Must occur within the grant period).

## **ORGANIZATIONAL COSTS:**

### **New Staff Positions, Contractors &Consultants**

-Description of Organizational Activities.

\* Provide (upload) job descriptions for new staff.

\*Name of Individual Staff Contractor/Consultant.

\*Full Time/Part Time.

\*Individual Rate of Pay.

\*Number of hours worked (must be within the grant period).

## **EQUIPMENT COSTS :**

### **All equipment:**

***NOTE: A quote or itemized list from the vendor may be required if the expenditure request appears to be for the purchase of a system.***

- Brand, Model and description (Radio, wrench, air tank, etc.) will be entered into the “Product Name” field on the request.
- Product part number (if available) will be entered into “Part Number” field on the request.
- The name of the vendor (if available) will be entered into “Vendor” field on the request.
- A full description of the equipment item will be entered into the “Description” field.
- Sub-grantee notes must include who, what, when, where, why and how the equipment relates to the grant it is being purchased under.
- \*Provide documentation from vendor on compliance to national standards, as described in AEL code notes, if applicable.
- \*Provide NEPA documentation if applicable.

### **Interoperable equipment - Radios/repeaters/base stations/consolettes/etc.:**

- Brand (Such as Motorola) and Model (Such as XLT1500) will be entered into the “Product Name” field on the request.
- Product part number will be entered into “Part Number” field on the request.
- The name of the vendor will be entered into “Vendor” field on the request.
- A full description of the equipment item will be entered into the “Description” field.
- Sub-grantee notes must include who, what, when, where, why and how the equipment relates to the grant it is being purchased under.
- Verify the discipline in the “Cost & Qty” field on the request.
- \*Upload vendor documentation on P25 compliance. ***Vendors are required to provide this information.***

If not P25 compliant, an explanation on how the purchase of radios will improve operability and a copy of the regional communications plan outlining the jurisdiction’s plans and progress in eventual migration

to interoperability. SAA will review the explanation and communications plan and determine the allowability of the request.

### **EQUIPMENT COSTS (Continued):**

#### **Tower build or antenna Projects (AEL Code 06CP-03-TOWR):**

**NOTE:** *Tower and antenna projects must be approved by the SAA, TDEM and DHS prior to the beginning of any work on these types of projects. Ample time must be allotted for tower or antenna projects during the planning phase. Timelines for the EHP review process will vary on the complexity of the project and the potential for environmental or historical impacts. **Projects with potential significant adverse impacts to EHP resources may take up to one year to review before they can be approved.***

-Location of proposed tower or antenna site

-Is land or structure owned by the jurisdiction?

***These projects require an Environmental and Historical Preservation review by DHS prior to approval and the following documentation will be uploaded on the request document.***

\*Completed copy of an Environmental and historic preservation screening memo (EPHSM)

\*Pictures of the tower build site

\*Maps of the tower build site

**The EPHSM forms can be downloaded from the FEMA website at:**

**<http://www.fema.gov/government/grant/bulletins/index.shtm>.**

**See 2009 Information Bulletin #329 – September 2, 2009.**

#### **Generators:**

- Brand and Model will be entered into the “Product Name” field on the request.

-Product part number (if available) will be entered into “Part Number” field on the request.

-The name of the vendor (if available) will be entered into “Vendor” field on the request.

-The description should include the size or power of the generator and whether the generator will be portable or fixed.

-Describe in sub-grantee notes what the generator will be used for and any new construction required (such as pouring a slab, renovations or modifications to existing buildings or structures) to accommodate the generator. Sub-grantee notes must include who, what, when, where, why and how the equipment relates to the grant it is being purchased under.

## **EQUIPMENT COSTS (Continued):**

### **Generators:**

**NOTE:** *If any new construction is required, an EPHSM form will need to be completed and attached, along with pictures, to the expenditure request document. **The EPHSM forms can be downloaded from the FEMA website at: <http://www.fema.gov/government/bulletins/index.shtm>.***

See 2009 Information Bulletin #329 – September 2, 2009.

### **Installation:**

- Brand and Model and description of the item (radio, generator, antenna, etc.) to be installed will be entered into the “Product Name” field on the request.

**-Product part number (if available) will be entered into “Part Number” field on the request.**

-The name of the vendor (if available) will be entered into “Vendor” field on the request.

-The description should include the equipment or system being installed.

-Describe in sub-grantee notes what Grant, Grant year and project the installation relates to. Sub-grantee notes must include who, what, when, where, why and how the installation relates to the grant.

\*Provide documentation from vendor on compliance to national standards, as described in AEL code notes, if applicable.

**NOTE:** *If any new construction or renovation is required, an EPHSM form will need to be completed and attached, along with pictures, to the expenditure request document. **The EPHSM forms can be downloaded from the FEMA website at: <http://www.fema.gov/government/bulletins/index.shtm>.***

See 2009 Information Bulletin #329 – September 2, 2009.

## **EQUIPMENT COSTS (Continued):**

### **Water Craft: (AEL Code 17WC-00-BOAT)**

**NOTE:** Allowable uses for CBRNE terrorism prevention and response watercraft include protection of ports, critical waterways, dams, reservoirs, rivers, and large lakes. To be eligible, these waterways must be identified as a critical asset to the state through a vulnerability assessment. In addition, the State Homeland Security Strategy or Urban Area Homeland Security Strategy must identify these waterways as critical assets requiring state and/or local prevention and response capabilities. All water craft must be approved by Chief Colley and DHS prior to any purchase.

-Watercraft type, brand and model number

-Description of the water craft and what its function will be in relation to response to CBRNE incidents

\*A Water Craft Justification Document must be completed and forwarded to the SAA. The document will in turn be forwarded to DHS for review. **The Water Craft Justification Document is located on the SAA Website <http://www.txdps.state.tx.us/dem/saa/index.htm>.** The Water Craft justification Document is located in the "Audit and Compliance" section under "Forms". Be sure to include the Grant Name, Grant Year and Grant Number on the document.

## **CBRNE Response Vehicles**

### **Prime movers/all other response vehicles:**

- Brand and Model will be entered into the "Product Name" field on the request.

-Product part number will be entered into "Part Number" field on the request.

-The name of the vendor will be entered into "Vendor" field on the request.

-Function (what equipment will it be pulling and for what response reason? Function must include response to CBRNE or terrorist incidents as a reason)

\*Must attach specifications from the vendor.

### **Trailers:**

- Brand and Model will be entered into the "Product Name" field on the request.

-Product part number (If available) will be entered into "Part Number" field on the request.

-The name of the vendor (If available) will be entered into "Vendor" field on the request.

## **EQUIPMENT COSTS (Continued):**

### **CBRNE Response Vehicles (Continued)**

#### **Trailers (Continued):**

- Function (what equipment will it be carrying and for what response reason? Function must include response to CBRNE or terrorist incidents as a reason)
- Verify the Discipline in the "Cost & Qty" field on the request.
- \*Must attach specifications from the Vendor.

## **Training/Exercise Costs:**

### **Training Courses:**

- Course description
- Course number
- Course syllabus
- Inclusive dates of training,
- List of names (if known) or job titles or a number of people that are traveling

### **Travel & Per Diem:**

**NOTE:** Please see revised guidance for **Out of State Travel** dated 12/1/09. Anyone traveling Out-Of-State must send documentation or letter reflecting the approved by the Chief Elected Official and uploaded with expenditure request prior to any out of state travel taking place. The response letter from Chief Colley will not be generated or required.

- List of names (if known) or job titles or a number of people that are traveling
- Description of what the travel is for (Name of training course or exercise)
- Inclusive dates of travel
- Travel expense receipts (hotel, taxi, parking, car rental, meals, tolls.)

### **Training/exercise supplies and materials:**

- Description of the Training Course or exercise

\*List of training supplies or materials (can provide list in sub-grantee notes, or upload documentation to the request).

## **Training/Exercise Costs (Continued):**

### **Overtime and Backfill for attending training or exercises:**

- Position Title of backfill staff
- Indicate Full Time/Part Time staff
- Name of Staff
- Individual Rate of Pay
- Number of Hours worked/percentage of effort per individual.
- Inclusive dates of Overtime and Backfill work (Must occur within the grant period).

### **Training Contractors/Consultants**

- Full Time/Part Time
- Name of Contractor/Consultant
- Individual Rate of Pay
- Number of hours worked (must be within the grant period)
- Description of projects