

**LOCAL BUDGET FOR FY 2010
FOR EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)**

**STAFFING AND OPERATIONAL EXPENSES
OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010**

Jurisdiction	Washtenaw County
Population	352,248
District	2-South

A. PERSONNEL COSTS		COSTS (Round off to nearest dollar)		
1. Emergency Program Manager's Name		Gross Annual Salary (GS)	Portion of (GS) Dedicated to Program (#1a)	
Marc C. Breckenridge		\$ 100,806	\$ 100,806	
Totals Hours		Gross Annual Fringe Benefits (GFB)	Portion of (GFB) Dedicated to Program (#1b)	Emergency Program Manager's Subtotal (Total of Item #1a + Item #1b)
Worked per Week	37.5 hours	\$ 46,884	\$ 46,884	\$ 147,690
No. of Hours per Week				
Dedicated to EMPG Program	37.5 hours			
2. Other EMPG Funded Staff (Name, Title)		Gross Annual Salary (GS)	Portion of (GS) Dedicated to Program (#2a)	
		\$ -	\$ -	
Totals Hours		Gross Annual Fringe Benefits (GFB)	Portion of (GFB) Dedicated to Program (#2b)	Other EMPG Staff - (Total of Item #2a + Item #2b)
Worked per Week	hours	\$ -	\$ -	\$ -
No. of Hours per Week				
Dedicated to EMPG Program	hours			
3. Other EMPG Funded Staff (Name, Title)		Gross Annual Salary (GS)	Portion of (GS) Dedicated to Program (#3a)	
		\$ -	\$ -	
Totals Hours		Gross Annual Fringe Benefits (GFB)	Portion of (GFB) Dedicated to Program (#3b)	Other EMPG Staff - (Total of Item #3a + Item #3b)
Worked per Week	hours	\$ -	\$ -	\$ -
No. of Hours per Week				
Dedicated to EMPG Program	hours			
4. Other EMPG Funded Staff (Name, Title)		Gross Annual Salary (GS)	Portion of (GS) Dedicated to Program (#5a)	
		\$ -	\$ -	
Totals Hours		Gross Annual Fringe Benefits (GFB)	Portion of (GFB) Dedicated to Program (#5b)	Other EMPG Staff - (Total of Item #5a + Item #5b)
Worked per Week	hours	\$ -	\$ -	\$ -
No. of Hours per Week				
Dedicated to EMPG Program	hours			Total of A. Personnel Costs
				\$ 147,690

B. CERTIFICATION		I hereby certify that the salary and fringe benefits reported on this form represent an accurate budget for the Emergency Management Performance Grant Program.	
Signature of Emergency Program Manager	Title	Date	
	Director of Emergency Management & Homeland Security		
Signature of Financial Officer	Title	Date	
	County Administrator		
Review completed by District Coordinator	Title	Date	

This request is for participation in the matching funds EMPG Program for projected expenses for emergency management. Standard Assurances, Certifications Regarding Lobbying (OJP Form 4061/6), and State of Michigan Audit Certification Form (EMD-53) constitute a portion of this request and must be completed. Submit an original and one copy of the following forms to the Emergency Management District Coordinator: EMD-17, Standard Assurances, OJP form 4061/6, EMD-53. Retain one copy of each.

AUTHORITY: 1976 PA 390, as amended
COMPLIANCE: Voluntary