

GEORGIA EMERGENCY MANAGEMENT AND HOMELAND SECURITY AGENCY

BRIAN P. KEMP
GOVERNOR



JOSH LAMB
DIRECTOR

August 7, 2025

Ms. Lorraine Cochran-Johnson
Chief Executive Officer
DeKalb County
1300 Commerce Drive
Decatur, Georgia 30030

Dear Commissioner Cochran-Johnson,

On behalf of Governor Brian Kemp, it is my pleasure to inform you that a Hazard Mitigation Grant Program (HMGP) Award has been approved by the Federal Emergency Management Agency. The grant will be used to update the DeKalb County Multi-Jurisdictional Hazard Mitigation Plan to meet the federal requirements of the Disaster Mitigation Act of 2000. The total approved cost is \$130,667 with a federal share of \$98,000 a local share of \$32,667, and Subrecipient Management cost of \$6,946.75.

These funds are subject to the execution of the enclosed Recipient-Subrecipient Agreement. Please keep in mind that your current Hazard Mitigation Plan will expire on February 5, 2028. The end date of this grant is December 30, 2029. In order to keep your current plan active and meet the end date of this grant, please submit an initial draft to your assigned Hazard Mitigation Planner at least six months prior to the earliest of either the plan expiration date or the grant end date.

Please sign and return the agreement, and a fully executed copy will be returned to you later for your files.

Thank you for your commitment to protect Georgia Citizens. I appreciate your efforts to ensure that Georgia continues to be a safer place for us to live and raise our families. By working together, we are continuing to reduce the impacts caused by natural hazards. Should you have any questions regarding this grant, please contact Stephen Clark, Hazard Mitigation Manager, at (404) 635-4573.

Sincerely,

Valarie Grooms for,

Josh Lamb

lh/rl

Enclosures

cc: Tremayne McMurray, Director

DeKalb County Emergency Management Agency

Sheri Russo, Area Coordinator

Georgia Emergency Management and Homeland Security Agency

HAZARD MITIGATION GRANT PROGRAM Recipient-Subrecipient Agreement

On September 30, 2024, the President declared that a major disaster exists in the State of Georgia. This declaration was based on damage resulting from Hurricane Helene. This document is the Recipient-Subrecipient Hazard Mitigation Assistance Agreement for the major disaster, designated FEMA-4830-DR, under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288 as amended by Public Law 100-707, 42 USC 5121 et seq. ("The Act"), in accordance with 2 CFR Part 200, Hazard Mitigation Grant Program. Under this Agreement, the interests and responsibilities of the Recipient, herein after referred to as the State, will be executed by the Georgia Emergency Management and Homeland Security Agency (GEMA/HS). The individual designated to represent the State is Mr. Josh Lamb, Governor's Authorized Representative. The Subrecipient to this Agreement is DeKalb County. The interests and responsibilities of the Subrecipient will be executed by DeKalb County's agent, the Subrecipient's Authorized Representative.

1. The following Exhibits are attached and made a part of this agreement:

Exhibit "A": Hazard Mitigation Grant Program Project Administration Guidelines:
Financial Assistance
Exhibit "B": Certification Regarding Drug-Free Workplace Requirements
Exhibit "C": Certification Regarding Lobbying
Exhibit "D": Scope of Work
Exhibit "E": HMGP Progress Payment Request Form
Exhibit "F": Complaint Verification Form
Exhibit "G": Federal Funding Accountability and Transparency Act Certification

2. Pursuant to Section 404 of the Act, funds are hereby awarded to the Subrecipient on a 75 percent federal cost share basis for the hazard mitigation project(s) described in Exhibit "E." The Subrecipient shall be responsible for the remaining 25 percent share of any costs incurred under Section 404 of the Act and this Agreement. Allowable costs will be governed by 2 CFR Part 200.
3. If the Subrecipient violates any of the conditions of disaster relief assistance under the Act, this Agreement, or applicable federal and state regulations; the State shall notify the Subrecipient that additional financial assistance for the project in which the violation occurred will be withheld until such violation has been corrected to the satisfaction of the State. In addition, the State may also withhold all or any portion of financial assistance which has been or is to be made available to the Subrecipient for other disaster relief projects under the Act, this or other agreements, and applicable federal and state regulations until adequate corrective action is taken.
4. The Subrecipient agrees that federal or state officials and auditors, or their duly authorized representatives may conduct required audits and examinations. The Subrecipient further agrees that they shall have access to any books, documents, papers and records of any recipients of federal disaster assistance and of any persons or entities which perform any activity which is reimbursed to any extent with federal or state disaster assistance funds distributed under the authority of the Act and this Agreement. Required documentation must be maintained for a minimum of three years beyond the date of the final closeout request letter

to FEMA. Minimum documentation shall include, but not be limited to the following:

- Summaries of Documentation,
 - Activity Reports for labor, equipment, and materials,
 - Proof of payment such as copies of checks or vouchers for material purchased and for contract work (if any),
 - Contracts awarded (if any),
 - Invoices or other billing documents,
 - Bid advertisements (if any),
 - List of bidders and amounts for each project (if any),
 - Statement of why the low bid was not accepted (if appropriate),
 - Progress Reports,
 - Labor/Equipment Costs.
5. The Subrecipient will establish and maintain an active program of nondiscrimination in disaster assistance as outlined in implementing regulations. This program will encompass all Subrecipient actions pursuant to this Agreement.
6. The Subrecipient agrees that the mitigation planning project contained in this agreement will be completed by DeKalb County on or before December 30, 2029. Completion dates may be extended upon justification by the Subrecipient and approval by FEMA and the Governor's Authorized Representative.
7. The written assurances provided by DeKalb County pertaining to FEMA's post award approval conditions apply to this Award Agreement and are incorporated by reference.
8. The Subrecipient shall follow Uniform Administrative Requirements for awards found in 2 CFR Part 200 and FEMA HMA (Hazard Mitigation Assistance) program guidance to implement this award
9. There shall be no changes to this Agreement unless mutually agreed upon, in writing, by both parties to the Agreement.

Governor's Authorized
Representative

Subrecipient's Authorized
Representative

Date

Date

EXHIBIT "A"
GEORGIA EMERGENCY MANAGEMENT AGENCY/HOMELAND SECURITY
Hazard Mitigation Grant Program
Project Administration Guidelines: Financial Assistance
4830-0018

This fact sheet provides a synopsis of information contained in the Recipient-Subrecipient Agreement and other applicable documents. Its purpose is to provide general guidelines for efficient and timely Hazard Mitigation Grant Program project administration.

1. **Project Identification.** The Federal Emergency Management Agency (FEMA) has assigned project number HMGP-4830-0018 to this project. Please reference this number in all correspondence, as doing so will greatly assist us in processing any actions for this project.
2. **Documentation.** You must keep full documentation to get maximum payment for project related expenditures. Documentation will be required as part of the approved Hazard Mitigation Grant Program project file. Documentation consists of:
 - A. Recipient-Subrecipient Agreement.
 - B. Copies of checks, vouchers or ledger statements.
 - C. Contracts awarded.
 - D. Invoices or other billing documents.
 - E. Progress reports.
 - F. Record of advance or progress payments (where applicable).
3. **Funding.** Cost sharing has been established at 75% federal and 25% applicant.
4. **Debarred and Suspended Parties.** You must not make any award or permit any award (subaward or contract) at any tier to any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549, "Debarment and Suspension".
5. **Procurement Standards.** You may use your own procurement procedures, which reflect applicable State and local laws and regulations, provided that the procurements conform to applicable Federal laws and standards. Below is a summary of key procurement standards that a subrecipient should incorporate as discussed in 2 CFR Sections 200.318 to 200.326.
 - A. **Conflict of Interest Policy**

The subrecipient must maintain written standards of conduct covering conflicts of interest and governing the performance of its employees engaged in the selection, award, and administration of contracts as required in 2 CFR Section 200.318.
 - B. **Procurement**
 1. Perform procurement transactions in a manner providing full and open competition

2. Contracts and Procurements must be of reasonable cost, generally must be competitively bid, and must comply with Federal, State, and local procurement standards. FEMA finds five methods of procurement acceptable:

- a. Micro-purchase procedures: an informal method for securing services or supplies that do not cost more than \$10,000. Micro-purchases may be awarded without soliciting competitive quotes if the subrecipient considers the price to be reasonable.
- b. Small purchase procedures: an informal method for securing services or supplies that do not cost more than \$250,000 by obtaining several price quotes from different sources
- c. Sealed bids: a formal method where bids are publicly advertised and solicited, and the contract is awarded to the responsive bidder whose proposal is the lowest in price
- d. Competitive proposals: a method similar to sealed bid procurement in which contracts are awarded on the basis of contractor qualifications instead of on price
- e. Non-competitive proposals: a method whereby a proposal is received from only one source, because the item is available only from a single source; there is an emergency requirement that will not permit delay;

C. Maintain sufficient records to detail the significant history of procurement. These records will include, but are not necessarily limited to, the following: rationale for the method of procurement, selection of contract type, and contractor selection or rejection.

D. Take affirmative steps to assure the use of small and minority firms, women's business enterprises, and labor surplus area firms when possible

E. Include specific provisions in subrecipients' contracts to allow changes, remedies, changed conditions, access and records retention, suspension of work and other clauses approved by the Office of Federal Procurement Policy.

6. Payments

A. Progress Payments

1) When progress payments are desired, you must submit a written request (on provided form at Exhibit "E") and provide supporting documentation, such as an invoice and copies of check.

- a. The first expenditure report is due by June 30, 2026, which is within 12 months of the FEMA award date. Subsequent expenditure reports are due annually or more frequently as needed.

- 2) The Mitigation Planning Specialist reviews the request and supporting documentation. The Hazard Mitigation Manager reviews and approves or denies the request.
 - 3) If the request is denied, the Hazard Mitigation Manager will inform you in writing that additional documentation is required to support the request.
 - 4) If the request is approved, the Hazard Mitigation Manager will authorize payment of the requested amount less final 10%, which will be withheld pending final project completion.
 - 5) Quarterly report submissions must be current in order to receive progress payments.
- B. Advance Payments - Advance payments will be made on an exception basis only.
7. Subrecipient Performance - The scope of work (see Exhibit D) must be initiated within 90 days of this award notification.
 - A. If documentation, inspections or other reviews reveal problems in performance of the scope of work, the Hazard Mitigation Manager will inform you in writing of the deficiencies.
 - B. In addition, the State may also withhold all or any portion of financial assistance which has been made available under this agreement until adequate corrective action is taken.
8. Award Expiration Date
 - A. The award expiration date runs through December 30, 2029 and has been established based on project milestones established by the applicant in their grant application. The award expiration date is the time during which the Subrecipient is expected to complete the scope of work. You may not expend FEMA or state funds beyond this date. All costs must be submitted for reimbursement within 60 days of the plan approval by FEMA, or within 60 days of the grant expiration date, whichever comes first.
 - B. Requests for time extensions to the Award Expiration Date will be considered but will not be granted automatically. A written request must be submitted to the Hazard Mitigation Manager with an explanation of the reason or reasons for the delay. Without justification, extension requests will not be processed. Extensions will not be granted if the sub-recipient has any overdue quarterly progress reports. If an extension is requested, it must be received 90 days prior to the award expiration date. When fully justified, the Hazard Mitigation Manager may extend the award expiration date.

9. Project Termination

- A. The Recipient, Subrecipient, or FEMA may terminate award agreements upon giving written notice to the other party at least seven (7) calendar days prior to the effective date of the termination. All notices are to be transmitted via registered or certified mail.
- B. The Subrecipient's authority to incur new costs will be terminated upon the date of receipt of the notice or the date set forth in the notice. Any costs incurred prior to the date of the receipt of the notice or the date of termination set forth in the notice will be negotiated for final payment. Close out of the award will commence and be processed as prescribed under final inspection procedures described in this Recipient-Subrecipient Agreement.

10. Equipment/Supplies

- A. The Subrecipient must comply with the regulations listed in 2 CFR 200.313 Equipment and 2 CFR 200.314 Supplies, and must be in compliance with state laws and procedures.

12. Award Modifications

- A. Any award modifications, including deviation from the approved scope of work or budget, must be submitted in writing for approval prior to implementation. Unless otherwise noted within this agreement, all award modification requests will be considered on a case by case basis. Award Modifications include:
 - 1) Any revision which would result in the need for additional funding.
 - 2) Transfers between budget categories.
- B. The subrecipient shall follow prior approval requirements for budget revisions found in 2 CFR 200.308. Transfer of funds between total direct cost categories in the approved budget shall receive the prior approval of FEMA when such cumulative transfers among those direct cost categories exceed ten percent of the total budget.
- C. The following award modification requests will not be considered:
 - 1) Any modification request received after FEMA plan approval.
 - 2) Requests for additional funding due to labor when a contractor is used for plan update work.

13. Appeals - You may submit an appeal on any item related to award assistance. Appeals must be submitted to the Hazard Mitigation Manager within 90 days of the action which is being appealed.

14. Progress Reports

- A. Quarterly progress reports are required. The report will be supplied to you by GEMA/HS on a quarterly basis for your completion.
- B. The initial progress report will cover the period through September 30, 2025. It must be submitted no later than October 15, 2025.
- C. Subsequent reports must be filed by you within fifteen days after the end of each calendar quarter (March 31, June 30, September 30, and December 31).

15. Interim Inspections

Interim inspections may be conducted by GEMA/HS staff and/or FEMA staff.

16. Project Closeout

- A. When all work has been completed, you must notify your Mitigation Planning Specialist in writing to request project closeout.
- B. A desk review will be conducted by your Mitigation Planning Specialist.

Audits

- A. If you receive \$750,000 or more in federal assistance from all federal sources, not just this award, during your fiscal year, you are responsible for having an audit conducted as prescribed by the Single Audit Act and sending a copy to the Georgia Department of Audits and Accounts. Mail reports to:

Department of Audits and Accounts
Non-Profit and Local Government Audits
270 Washington Street, SW, Room 1-156
Atlanta, Georgia 30334-8400

If you need additional information or assistance, contact the Hazard Mitigation Division at (404) 635-7522 or 1-800-TRY-GEMA.

EXHIBIT "B"

Certification Regarding Drug Free Workplace Requirements

This certification is required by the regulations implementing Executive Order 12549, This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 2 CFR Part 3001. The regulations require certification by Subrecipients, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to grant the award. False certification or violation of the certification shall be grounds for suspension of payments,

A. The Subrecipient certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Recipient and Subrecipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--

- (1) The dangers of drug abuse in the workplace;
- (2) The Recipient's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the award be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the award, the employee will--

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position and title, to every award officer or other designee on whose award activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected award;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, 29 U.S.C. § 701 et seq.; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

EXHIBIT "C"

CERTIFICATION REGARDING LOBBYING **Certification For Contracts, Awards, Loans, and Cooperative Agreements**

This certification is required by the regulations implementing the New Restrictions on Lobbying, 44 CFR Part 18. The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal award, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, award, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, award, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub awards, and contracts under awards, loans, and cooperative agreements) and that all Subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Subrecipient Authorized Representative

Date

EXHIBIT “D”

PROJECT SCOPE

Shown below is the funding level and scope of work for the Hazard Mitigation Program project for DeKalb County. Any changes to this spreadsheet must receive prior approval from GEMA/HS and will be maintained by GEMA/HS and shall supersede all previous versions.

Labor	Fees/ Contractor	TOTAL COST
\$32,667	\$98,000	\$130,667

Federal Share*	Local Share*
75%	25%

Subrecipient Management Cost
\$6,946.75

*Cost shares are calculated on a percentage basis. Actual cost share dollar amounts will fluctuate based on final overall project costs.

Conditions:

DeKalb County and participating municipalities will update their multi-jurisdictional Hazard Mitigation Plan to meet DMA2K five year update requirements of FEMA. The planning process implemented through this grant must comply with the Local Hazard Mitigation Planning requirements contained in 44 CFR 201. A complete draft plan document must be submitted to the State and our office for review and comment at least 6 months prior to completion of the grant such that any necessary revisions may be made prior to adoption and within the period of performance. The final plan documents must be submitted for review and approval prior to the end of the period of performance of the grant, and FEMA approval must be obtained prior to the grant closeout. The plan must be adopted by the governing body of all participating jurisdictions within 6 months of the initial FEMA final approval, in order for participants to obtain eligibility for application to the State for FEMA mitigation grant programs. DeKalb County will follow and adhere to all sections of the Scope of work (See Below), and Milestones listed in the associated grant application. DeKalb County will include all HAZUS Level II analysis provided by GEMA/HS in their risk assessment and utilize the information to update their goals, objectives and actions steps.

If Subrecipient Management Costs were awarded by FEMA, these are available to cover grant administration costs, including completion of this agreement and submission of quarterly reports and reimbursement requests. The allowed costs are up to 5% of the budgeted project costs, or the final actual project costs, whichever amount is less.

The subrecipient must provide documentation for reimbursement of management costs that were acquired during the project.

The subrecipient management costs are not part of the total funding of the project and are not

subjected to the local match portion.

These funds are separate and federally funded by FEMA.

Expenditure of subrecipient management costs must adhere to FEMA Policy #104-11-1 Hazard Mitigation Grant Program Management Costs (Interim) signed November 14, 2018. FEMA defines management costs as any:

- Indirect costs
- Direct administrative costs, and
- Other administrative expenses associated with a specific project

Administrative costs are expenses incurred by a recipient or a subrecipient in managing and administering the federal award to ensure that federal, state, or tribal requirements are met including:

- solicitation, development, review, and processing of sub-applications
- delivery of technical assistance
- quarterly progress and fiscal reporting
- project monitoring
- technical monitoring
- compliance activities associated with federal procurement requirements
- documentation of quality of work verification for quarterly reports and closeout
- payment of claims
- closeout review and liquidation
- records retention

Any activities that are directly related to a project are not eligible under management costs. For example, architectural, engineering, and design services are project costs and cannot be included under management costs. Similarly, construction management activities that manage, coordinate, and supervise the construction process from project scoping to project completion are project costs. These activities cannot be included under management costs.

The Interim Policy requires management costs to be obligated in increments sufficient to cover recipient and subrecipient needs, for no more than one year, unless contractual agreements require additional funding. FEMA has established a threshold where annual increments will be applied to larger awards allowing smaller awards to be fully obligated. The table below explains how obligations will be handled by the size of the total subaward (federal share and required non-federal share).

Total Award Amount	Obligation Timeframe
Subrecipient Management Costs for Subaward	
Over \$1 million (Management costs equal to or more than \$50,000)	Subrecipient subawards over \$1 million (or management costs equal to or more than \$50,000) will follow FEMA's Strategic Funds Management (SFM) process. The SFM process may or may not be on an annual obligation cycle and will follow the SFM process described in the FEMA Hazard Mitigation Assistance Guidance (2015). FEMA and the non-federal entities will review the budget and work schedule to ensure that the project supports incremental obligation. FEMA will execute obligations in increments, based on the project meeting an established project milestone schedule, until the project is completed.
\$500,000 - \$1,000,000 (Management costs between \$25,000 and \$50,000)	Subrecipient subawards between \$500,000 - \$1 million (or management costs between \$25,000 - \$50,000) will be obligated by FEMA in increments sufficient to cover recipient and subrecipient needs for no more than one year unless contractual agreements require additional funding. Amount of increments determined based on applicant's management costs budget and schedule.
Under \$500,000 (Management costs under \$25,000)	Subrecipient subawards under \$500,000 (or management costs under \$25,000) can be fully obligated by FEMA at time of award.

FEMA will reimburse management costs based upon actual costs, with 100 percent federal funding up to 5 percent of the HMGP total award amount for Subrecipients. Regardless of when subawards are obligated, if the total amount of the grant award is adjusted for any reason, FEMA will de-obligate management costs that exceed the 5 percent cap for subrecipients based on updated calculations. The Recipient will reconcile subrecipient management costs against actual costs of the total award on a quarterly basis.

Scope of Work

The County will update its existing Multi-jurisdictional Pre-disaster Mitigation Plan according to the requirements of the Disaster Mitigation Act of 2000. This Scope of Work was designed in conformance to FEMA Plan Guidance requirements.

The County agrees to have representatives attend and participate in all GEMA/HS and local level mitigation planning meetings and workshops. The County will coordinate as needed with the GEMA/HS representative to utilize the tools necessary and to ensure that the plan meets the most current Federal regulations. Each county will be required to complete the following: Critical Facility Inventory and basic mapping will be established in the Georgia Mitigation Information System, including running reports by jurisdiction for each identified hazard; GEMA/HS Worksheets 3A for each participating jurisdiction for each identified hazard; high level detail for all mitigation action steps as required by FEMA and GEMA/HS; ensure all "recommended revisions" from their previous FEMA Plan review are addressed in the plan update.

Additionally, the County will ensure the plan update is consistent with the most current requirements from FEMA, including:

- **Identify all changes to the plan within each section**
- **Update the Planning Process**
 - List jurisdictions participating in the plan that seek approval.
 - Describe the process used to review and analyze each section of plan, as well as process used to determine if a section warranted an update.
- **Improve the risk assessment**
 - Address any newly identified hazards that pose a more significant threat than was apparent when previously approved plan was prepared.
 - Discuss new occurrences of hazard events and update the probability of future occurrences.
 - Incorporate new information where data deficiencies were identified in the previous plan, or if the data deficiencies remain unresolved, explain why they remain unresolved and include a schedule to resolve the issue.
 - Include current inventory of existing and proposed buildings, infrastructure, and critical facilities in hazard areas, including existing NFIP repetitive loss structures. The community will determine how far into the future they wish to go in considering proposed buildings and Critical Facilities based on and timed with data gathering phase of their comprehensive plan or land use plan update.
 - The loss estimate should be updated to reflect any changes to the hazard profile and/or the inventory of structures. Any changes to analysis methodologies must be noted. Any previously noted data deficiencies should be updated or explained.
 - Include a general overview of land uses and types of development occurring within the community and highlight any new and/or relevant information.
 - If there are changes in the risk assessment or the vulnerability of the community to the hazards, the information must be attributed to the appropriate jurisdiction(s) or to the whole planning area, whichever applies.
 - Continue to use all available tool sets and data as the GMIS is enhanced (for example: repetitive losses...)
- **Analyze, update, and continue development of Goals, Objectives, and Action Steps**
 - Use this update as an opportunity for jurisdictions to reconsider the goals and objectives. For goals and actions that remain, the plan must document that they were re-evaluated and deemed valid and effective.
 - Goals and objectives shall include the community's strategy for new or continued NFIP participation. Continue to use the "STAPLEE Criteria" (Social, Technical, Administrative, Political, Legal, Economic, and Environmental), or incorporate the STAPLEE Criteria if not previously used to assess the value of and develop an understanding of the cost effectiveness of mitigation action steps. If actions remain unchanged, the updated plan must indicate why changes are not necessary.
 - Shall include evaluation and prioritization for any new mitigation action steps.
- **Update the Plan Maintenance and Implementation**
 - Must include an analysis of whether previously approved plan's method and schedule for monitoring, evaluating, and updating plan worked, and what elements or processes, if any, were changed; and discuss method and schedule to be used over next five years.
 - Describe other planning mechanisms or ordinances that this plan will be incorporated into, such as Comprehensive Plans.
- **Information Dissemination**
 - Describe how community was kept involved during plan maintenance process over previous five years, within planning process section of plan update.
 - Plan maintenance section shall describe how community will involve public during plan maintenance process over next five years.
- **Adoption and Review**
 - The plan will be submitted for State review and recommendation prior to adoption.
 - Upon recommendation from GEMA/HS, the county and participating municipalities will adopt the plan.
 - The adopted plan will be submitted for FEMA review and approval.

DeKalb County HMGP Progress Payment Request

Instructions: All requests for progress payments must be supported by documentation supporting actual expenditures. Itemize each expenditure below to the fullest detail possible, including a reference to specific sites or elements of work. Attach documentation that supports this progress payment request, such as copies of bills of sale, invoices, receipts, and checks evidencing payment. Do not send originals. Attach a continuation sheet if necessary.

AGREEMENT NUMBER: HMGP-4830-0018

FEMA Project Number: HMGP-4830-0018

SUBRECIPIENT NAME: DeKalb County

EMGrants ID. Number: 4830 F#18 S#19

Site Reference or Element of Work	Approved Amount	Previous Payment	Current Request	Description of Documentation Attached in Support of this Payment Request
<u>Fees / Contractor</u>	<u>\$98,000</u>			<u>Invoice</u> Proof of payment (Check, purchase order, etc.)
<u>Labor</u>	<u>\$32,667</u>			<u>Labor Expense Sheet</u>
(from continuation sheet attached) SUBTOTAL				
TOTAL				
Less Subrecipient Share (25%)				
NET AMOUNT REQUESTED				

Under penalty of perjury, I certify that to the best of my knowledge the data above is correct and that all outlays were made in accordance with the grant conditions, comply with procurement regulations contained within the 2 CFR, Part 200, and that payment is due and has not been previously requested. I am familiar with Section 317 of Public Law 93-288, as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Signature of Subrecipient's Authorized Representative (and printed name)

EXHIBIT "F"
COMPLAINT VERIFICATION FORM

**INSERT CURRENT
COMPLAINT VERIFICATION FORM**



THE GEORGIA EMERGENCY MANAGEMENT AND HOMELAND SECURITY AGENCY

Language Access Plan 2022

Purpose

The intent of this Language Access Plan (the Plan) is to ensure the Georgia Emergency Management and Homeland Security Agency (GEMA/HS) is prepared to address its responsibilities as a recipient of Federal Financial Assistance as they relate to the needs of individuals with limited English language skills. The Plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 200d, *et seq.*, and Executive Order 13166, to follow when providing services to, or interacting with, individuals who have limited English proficiency (LEP). Following these guidelines is essential to the success of our mission to protect life and property against man-made and natural disasters by directing the State's efforts in the areas of prevention, preparedness, mitigation, response, and recovery.

GEMA/HS is a recipient of federal funds for a portion of its programs and, thus, obligated to reduce language barriers that can preclude Meaningful Access by LEP persons to GEMA/HS programs and GEMA/HS' Subrecipients' programs. GEMA/HS has prepared this Language Access Plan, which defines the actions to be taken to ensure Meaningful Access to Agency services, programs, and activities on the part of persons who have LEP.

Authority

Title VI of the Civil Rights Act of 1964

Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, provides that no person shall "on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial Assistance."

Section 602 authorizes and directs federal agencies that are empowered to extend Federal Financial Assistance to any program or activity "to effectuate the provisions of [section 601] * * * by issuing rules, regulations, or orders of general applicability." 42 U.S.C. 2000d-1.

Executive Order 13166

Executive Order 13166, entitled "Improving Access to Services for Persons with Limited English Proficiency," authorizes the implementation of regulations afforded by Title VI of the Civil Rights Act of 1964. Executive Order 13166 ensures LEP persons have Meaningful Access to federally conducted and funded programs and activities. This protection requires that LEP persons be provided an equal opportunity to benefit from services that are normally provided in English. Executive Order 13166 requires that federal agencies create plans for ensuring that their own activities also provide Meaningful Access for persons who are LEP.

Definitions

Beneficiary: The ultimate consumer of federally funded programs who receives benefits from a federally funded recipient.

Bilingual: A person competent in two languages in equal aptitude in either oral or written form is considered bilingual.

Customer: Any individual or organization communicating with a GEMA/HS program.

GEMA/HS LAP Coordinator: GEMA/HS employees that collectively work together as the LAP Coordinator.

Federal Financial Assistance: Grants, loans, and advances of federal funds, the grant or donation of federal property and interests in property, or any other assistance as specified in 24 CFR Part I § 1.2(e).

Focus Languages: Languages, specifically Chinese, Korean, Spanish, and Vietnamese, identified through the Four-Factor Analysis as having a sufficient level of prevalence amongst LEP individuals in Georgia to warrant statewide efforts for written translations of vital documents.

Interpretation: The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.

Language Access Plan (LAP): A written implementation plan that addresses identified needs of the LEP persons served.

Language Assistance Services: Oral and written language services needed to assist LEP individuals to communicate effectively with staff, and to provide LEP individuals with Meaningful Access to, and an equal opportunity to participate fully in, the services, activities, or other programs administered by GEMA/HS.

Limited English Proficient (LEP) Individuals: Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English because of their national origin. For purposes of Title VI and the LEP Guidance, persons may be entitled to language assistance with respect to a particular service, benefit, or encounter. (HUD LEP Guidance). LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but still demonstrate LEP for other purposes (e.g., reading or writing).

Meaningful Access: LEP individuals' accurate, timely, and effective participation in, or benefit from, federally funded programs that is meaningfully equivalent to that of non-LEP individuals, at no cost to the LEP individual.

Multilingual staff or employee: A staff person or employee who has demonstrated fluency in English and reading, writing, speaking, or understanding at least one other language as authorized by his or her Division.

Primary Language: An individual's primary language is the language in which an individual most effectively communicates.

Recipient: Qualified applicants in compliance with 24 CFR §1.2(f) who are awarded Federal Financial Assistance. The Voluntary Compliance Agreement defines Recipient as "the meaning specified at 24 CFR §1.2(0)." 24 CFR §1.2(f) defines Recipient as "any State, political subdivision of any State, or instrumentality of any State or political subdivision, any public or private agency, institution, organization, or other entity, or any individual, in any State, to whom Federal Financial Assistance is extended, directly or through another recipient, for any program or activity, or who otherwise participates in carrying out such program or activity (such as a redeveloper in the Urban Renewal Program), including any successor, assign, or transferee thereof, but such term does not include any ultimate beneficiary under any such program or activity."

Subrecipient: Any public or private agency, institution, organization, or other entity to whom Federal Financial Assistance is extended, through GEMA/HS for any program or activity, or who otherwise participates in carrying out such program or activity, but such term does not include any Beneficiary under any such program.

Translation: The replacement of written text from one language (source language) into an equivalent written text in another language (target language).

Policy

GEMA/HS complies with all federal statutes and regulations in the administration of federally funded programs. Through the Plan, GEMA/HS will take timely and reasonable steps to provide LEP persons with Meaningful Access to programs and activities conducted by GEMA/HS and its Subrecipients. Access to GEMA/HS programs and services should not be impeded as a result of an individual's inability to speak, read, write, or understand English. GEMA/HS will review and update its LEP Four-Factor Analysis at least every five years.

The Plan requires communication of information contained in vital documents involving emergency services to all people in the state of Georgia. All interpreters, translators, and other aids needed to comply with the Plan shall be provided without cost to the person being served and will be informed of the availability of such assistance free of charge. Language assistance will be provided through the use of competent bilingual interpreters, contracts, or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All GEMA/HS employees will be provided notice of the Plan, and GEMA/HS employees that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

GEMA/HS will train staff, contractors, and Subrecipient administrators (program administrators who are expected to conduct a Four-Factor Analysis and other efforts described within this LAP), and local government officials on procedures to implement and continuously monitor and evaluate the implementation of LAPs in the state of Georgia.

Pursuant to the requirements of Title VI, Subrecipients of federal funds received through an administration grant/award made by GEMA/HS are also required to make reasonable efforts to provide timely, Meaningful Access for LEP persons to programs and activities. In order to do so, Subrecipients should first conduct an assessment to determine the need for language assistance within their service area. This is accomplished by conducting the Four-Factor Analysis, which is described in the Plan. After completion of the Four-Factor Analysis, the Subrecipients will understand the languages spoken by LEP persons in their service area and can determine how to provide needed language assistance.

Based upon the findings of the Four-Factor Analysis, and when deemed necessary, the Sub-Recipients should prepare a Language Access Plan addressing the Subrecipient's plan for ensuring Meaningful Access to programs and activities for LEP persons. A Subrecipient may conclude that different language assistance measures are sufficient for the different types of programs or activities in which it engages. For instance, a Subrecipient may determine that certain activities are more important and/or have greater impact on or contact with LEP persons, and thus such programs or activities require enhanced language assistance.

Subrecipients are also required to select an individual responsible for coordination of LEP compliance, train staff involved in programs and activities on LEP requirements, keep records of assistance provided and actions taken, and update the Four-Factor Analysis and LAP, as needed. GEMA/HS will monitor all Subrecipients to ensure LEP individuals receive Meaningful Access to GEMA/HS federally funded programs.

Four Factor Analysis

In developing the Plan, GEMA/HS used the Four Factor LEP analysis, which considers the following:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by GEMA/HS programs, activities, or services in the state of Georgia;
2. The frequency with which LEP individuals come in contact with GEMA/HS programs, activities or services;
3. The nature and importance of the program, activity or service provided to the LEP population; and
4. The resources available to GEMA/HS and the overall cost to provide assistance.

Factor 1: Number or proportion of LEP persons eligible to be served or likely to be encountered by GEMA/HS programs, activities, or services.

GEMA/HS used the U.S. Census Bureau’s American Community Survey (ACS), 2020: ACS 5-Year Estimates Data Profile of Georgia to determine the number of LEP persons throughout the State. Based on the data provided, GEMA/HS considers individuals who speak English less than “very well” as LEP persons. According to the ACS data, the state of Georgia has a total population of 9,864,494 persons five years old and older. Of the 9,864,494 persons, the ACS estimates that 536,491 persons or 5.44 percent of the State’s population are LEP.

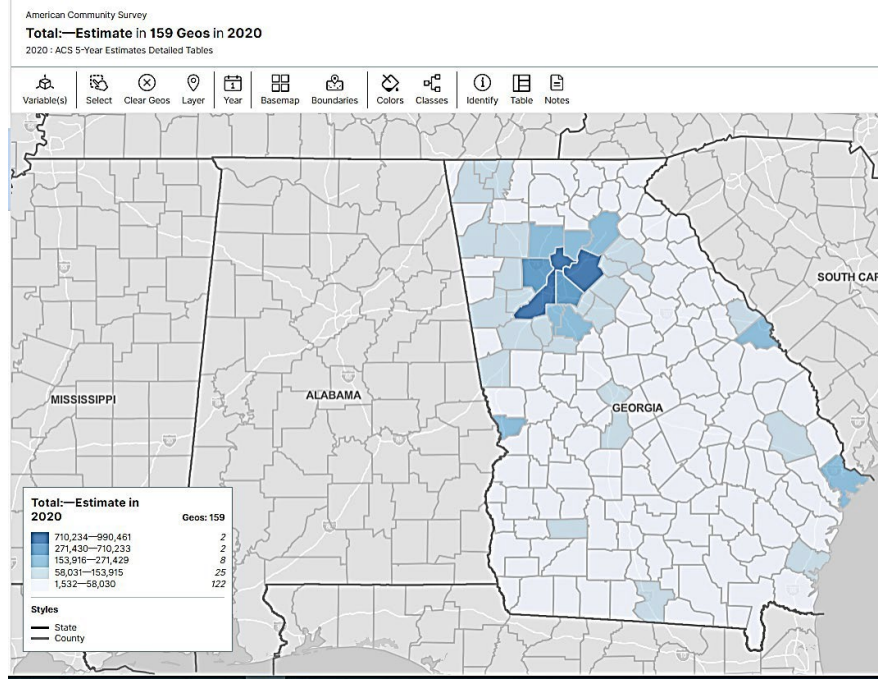
MOST COMMON LANGUAGES SPOKEN AT HOME

	Total Number of speakers	Number who speak English less than “very well”	Percent of total population who speak English less than “very well”
Total population 5 years and over	9,864,494	536,491	5.44%
Spanish	781,103	332,566	3.37%
Korean	47,879	24,252	0.25%
Vietnamese	52,832	32,588	0.33%
Chinese (incl. Mandarin, Cantonese)	51,251	25,814	0.26%
Arabic	20,010	6,025	0.06%
French, Haitian, or Cajun	53,999	11,186	0.11%
German or other West Germanic languages	27,898	3,488	.04%
Russian, Polish, or other Slavic languages	28,301	9,171	

Source: U.S. Census Bureau, 2020 American Community Survey (Table C16001 5 year estimate)

2020 ACS 5-Year Estimates Detailed Tables for 159 Counties in Georgia

Languages Spoken at Home for the Population 5 Years and Over



Source: [U.S. Census Bureau, 2020 American Community Survey \(Table C16001 5 year estimate\)](#)

COUNTIES WITH HIGHEST CONCENTRATION OF LEP PERSONS

	Total population (>age 5)	LEP population (number)	LEP population (percent)
Georgia	9,864,494	536,491	5.44%
Fulton County	990,461	49,465	5.00%
Gwinnett County	865,453	133,239	15.40%
DeKalb County	702,759	58,543	8.33%
Cobb County	710,233	49,527	6.97%
Muscogee County	181,372	4,258	2.35%
Chatham County	271,429	9,517	3.50%
Hall County	188,380	24,750	13.14%
Cherokee County	238,875	11,768	4.93%
Henry County	216,771	8,038	3.71%
Clayton County	265,889	24,413	9.18%
Richmond County	188,446	3,767	2.00%
Bartow County	99,540	3,219	3.23%
Forsyth County	222,422	13,626	6.13%
Floyd County	91,953	4,632	5.04%
Paulding County	153,915	2,823	1.83%

Coweta County	137,185	4,339	3.16%
Douglas County	136,211	6,480	4.76%
Troup County	65,591	1,186	1.81%
Rockdale County	84,942	4,714	5.55%
Walton County	87,651	1,694	1.93%
Jackson County	65,919	2,223	3.37%
Barrow County	75,774	4,407	5.82%
Clarke County	120,443	5,949	4.94%
Fayette County	108,463	3,994	3.68%
Spalding County	61,990	851	1.37%
Newton County	102,864	2,202	2.14%
Carroll County	111,220	3,567	3.21%
Lowndes County	108,509	2,127	1.96%
Dougherty County	82,900	1,076	1.30%
Glynn County	80,176	2,437	3.04%
Bulloch County	73,268	1,306	1.78%
Walker County	65,478	403	0.62%
Whitfield County	97,331	13,367	13.73%
Catoosa County	63,441	939	1.48%
Columbia County	144,458	4,931	3.41%
Bibb County	142,913	2,909	2.03%
Houston County	145,032	4,365	3.01%

Factor 2: Frequency with which LEP individuals come in contact with programs, activities, or services.

GEMA/HS is the lead agency when disasters strike, meaning that GEMA/HS employees are at the front line of responding to emergencies and coordinating preparedness and recovery efforts. GEMA/HS directs the recovery efforts by the State and helps connect locals to the nonprofit organizations that want to offer assistance. Many of these organizations provide emergency housing and shelter, access to transportation, food banks, childcare services, and public health programs, as well as long-term housing and support. Therefore, as the leaders of recovery efforts, our Agency is responsible for properly understanding the needs of the community and making sure the necessary resources are being deployed. To accomplish this function, GEMA/HS employees must have resources available to communicate with the population in need by having interpreter services readily available. Therefore, any information GEMA/HS posts regarding Federal Financial Assistance must be disseminated and accessible to diverse racial, ethnic, and LEP populations.

GEMA/HS encourages all Subrecipients, organizations, and community leaders to regularly engage with the communities they serve, especially those that are LEP. GEMA/HS' goal is to foster relationships with community-based organizations and local service offices, like legal aid,

which have a more established relationship with underserved communities, like LEP persons, to disseminate resources and information.

GEMA/HS anticipates increased contact with LEP persons as natural disasters become more prevalent, emergency situations more frequently arise, and the minority populations within the state of Georgia continues to grow. Given this likely outcome, GEMA/HS must make all necessary preparations to develop products that non-English speakers can read and understand.

Factor 3: The nature and importance of the program, activity or service provided to the LEP population.

In general, after a disaster the affected constituency relies heavily on GEMA/HS to lead them to resources, programs, and benefits. GEMA/HS must ensure LEP persons have equitable contact with these resources, programs, and benefits. Therefore, during post-disaster recovery GEMA/HS will work with the hired consultant to encourage affected counties to identify language services during the planning process so that LEP persons in concentrated areas of a county are not experiencing denial or delay of access to services.

Factor 4: The resources available to GEMA/HS and the overall cost to provide assistance.

GEMA/HS will take all reasonable steps to ensure Meaningful Access to LEP persons when preparing and planning for disaster events and after such events occur. Reasonable steps include working with local LEP community organizations, key stakeholders, and other government agencies to assist with language assistance. GEMA/HS will also leverage existing relationships with community organizations, including faith-based service groups, community associations, and service nonprofits in GA Voluntary Organizations Active in Disaster.

GEMA/HS will maintain LEP maps so that the Agency is consistently updating language materials that reflect the most prevalent languages spoken in areas affected by disasters. The Agency intends to research ethnic centers and venues diverse communities visit so that recovery and benefit information reaches LEP populations. GEMA/HS will utilize its public platforms to post guidance and public service announcements in non-English languages.

Before, during, and after a disaster, GEMA/HS will coordinate with non-English media—in TV, print, and radio, as well as through online platforms and social media—to assist with sharing information to LEP populations.

Complaint Procedures

An employee, client, customer, program participant, or consumer of GEMA/HS or of a GEMA/HS Subrecipient may submit an LEP complaint concerning the implementation or administration of any GEMA/HS program, activity, or service. Any such individual has the right, and is encouraged, to file a written complaint with the Federal Emergency Management Agency's (FEMA) Office of Equal Rights (OER), the DHS's Office for Civil Rights and Civil Liberties (CRCL), or GEMA/HS.

1. If the complaint involves FEMA programs and activities, and programs and activities conducted by FEMA grant recipients, the complaint may be sent directly to FEMA OER by calling FEMA at 202-212-3535 and press 1 for Civil Rights, sending an email to FEMACivilRightsOffice@fema.dhs.gov, or by sending a written explanation to the FEMA OER.

The written explanation should be sent to:

FEMA's Office of Equal Rights
Civil Rights Section
500 C Street, SW
Room 4SW-0915
Washington, D.C. 20472

2. LEP complaints can also be sent to the DHS's Office for CRCL. There are three submission methods available. One method for submitting the complaint is via email: CRCLCompliance@hq.dhs.gov. A second available method is fax: 202-401-4708. The complaint may also be sent via mail to the following address:

U.S. Department of Homeland Security
Office for Civil Rights and Civil Liberties
Compliance Branch
245 Murray Lane, SW
Building 410, Mail Stop #0190
Washington, D.C. 20528

3. Additionally, LEP complaints can be sent directly to GEMA/HS. A complaint form can be downloaded from GEMA/HS' website and submitted by email to: language.access.coordinator@gema.ga.gov.

The completed form may also be sent to:

The Georgia Emergency Management and Homeland Security Agency
Language Access Coordinator
935 United Avenue SE
Atlanta, Georgia 30316

Language Assistance and Interpretation Services

GEMA/HS will improve its ability to identify LEP persons needing language assistance by:

1. Posting notice of the Plan and the availability of interpretation or translation services free of charge in languages LEP persons would understand at initial points of contact. GEMA/HS will display the language identification "I SPEAK" cards in all GEMA/HS offices and when traveling to any county or city when responding to an emergency or disaster.

2. All GEMA/HS field coordinators and front-facing staff will also be provided with “I Speak” cards to assist in identifying the language interpretation needed if the occasion arises.
3. All city staff will be informally surveyed periodically on their experience and frequency concerning any contacts with LEP persons during the previous year.

GEMA/HS will provide an opportunity for LEP persons to request an interpreter. Qualified foreign language interpreters will be provided by GEMA/HS, as needed. Whether or not an interpreter is used, there will always be information sheets available at headquarters, incident command centers, and at any point of contact GEMA/HS has with the community. These information sheets should always include questions and answers concerning the need for an interpreter. GEMA/HS will maintain a list of qualified interpreters or companies it contracts with to provide such interpreters. A qualified interpreter, which may include GEMA/HS personnel, means an interpreter who can interpret effectively, accurately, and impartially, using any specialized vocabulary.

Training

1. GEMA/HS will provide periodic training for all employees regarding:
 - a. Implementing the Plan’s procedures;
 - b. Understanding the requirements of Title VI of the Civil Rights Act, Executive Order 13166, and updates to federal guidance on LEP;
 - c. Locating and contacting language assistance services for GEMA/HS programs and Subrecipients’ programs, as needed;
 - d. Using “I Speak” cards and training Subrecipients to use them;
 - e. Preparing and testing communication strategies to ensure evacuation announcements and critical communications reach LEP populations;
 - f. Recording and responding to LEP complaints; and
 - g. Researching and updating population information so that GEMA/HS can best serve the current Georgia population.
2. GEMA/HS will facilitate LEP training for Subrecipients. Such training may be arranged:
 - a. In conjunction with grant management training;

- b. Online through the GEMA/HS website;
- c. At the request of the Subrecipient; or
- d. As a result of a grant program review.

Notification

GEMA/HS will post the Plan on the GEMA/HS website to notify all interested parties of the appropriate procedures for addressing complaints of discrimination concerning the implementation or administration of any program, activity, or service receiving Federal Financial Assistance from FEMA or DHS.

Complaint Procedures

GEMA/HS Procedures for Processing Complaint

1. A group of GEMA/HS employees will collectively act as the Language Access Coordinator for processing complaints made by individuals who believe they have been denied the benefits associated with this Plan.
2. If an employee, client, customer, program participant, or consumer of GEMA/HS or of a GEMA/HS Subrecipient contacts a GEMA/HS employee and wishes to file a complaint against GEMA/HS or a GEMA/HS Subrecipient concerning the implementation or administration of GEMA/HS any program, activity, or service involving the benefits of the Plan, the GEMA/HS employee shall instruct the complainant to file the complaint in writing, in accordance with the procedures above.
3. Any GEMA/HS employee receiving such a complaint submitted directly to GEMA/HS, and any GEMA/HS employee wishing to submit such a complaint directly to GEMA/HS, shall route it to the Language Access Coordinator. If the complaint is against an employee of GEMA/HS, the complaint shall be forwarded to the Language Access Coordinator.
4. For any complaint received by the Language Access Coordinator that is submitted directly to GEMA/HS, the Language Access Coordinator shall provide written acknowledgment of the complaint to the complainant.
5. The Language Access Coordinator shall refer the complaint to the appropriate entity, which may include the Georgia Office of the Attorney General, the OER, or the CRCL. If the Georgia Office of the Attorney General either is the agency about which the complaint is filed or has a conflict, the complaint shall be referred to the OER or CRCL, as appropriate.

6. Notwithstanding paragraph 5, for any LEP complaint concerning the implementation or administration of any program, activity, or service receiving Federal Financial Assistance from FEMA or DHS, GEMA/HS shall notify the OER or CRCL, as appropriate, in writing of the following:
 - a. Name of complainant;
 - b. Entity named in the complaint;
 - c. Description of the LEP complaint;
 - d. Steps being undertaken to investigate and resolve complaint; and
 - e. Interpretation resources to address the information or benefits the LEP person needed but did not receive.

In addition, GEMA/HS shall notify the complainant that they may file a complaint directly with the OER or CRCL, as appropriate, at the following address or using one of the electronic submission methods described above:

FEMA's Office of Equal Rights
Civil Rights Section
500 C Street, SW
Room 4SW-0915
Washington, D.C. 20472

U.S. Department of Homeland Security
Office for Civil Rights and Civil Liberties
Compliance Branch
245 Murray Lane, SW
Building 410, Mail Stop #0190
Washington, D.C. 20528

Monitoring Language Needs and Implementation

GEMA/HS will continuously monitor and track changes in LEP populations, including what regions might require new language training services and what non-English languages are increasing throughout the population of Georgia. As part of a grant program review, GEMA/HS staff will review the Subrecipients' procedures for adequately providing language assistance to LEP persons. If the procedures do not exist, or are found to need improvement, GEMA/HS staff will send those findings to Subrecipient. At a minimum, the Subrecipient's response procedures should include:

- a. Acknowledge complaint receipt to complainant in writing;
- b. Indicate which external agency the complaint is forwarded to for investigation;
- c. Comply with the appropriate timeframe by which to forward complaint;
- d. Notify GEMA/HS of complaint; and

- e. Notify complainant that a complaint of discrimination may be filed directly with the OER, CRCL, or GEMA/HS, and where to locate those procedures.

Additional Resources:

- **Georgia Department of Human Services (DHS)**
Contact the Limited English Proficiency / Sensory Impairment (LEP/SI) Program
Fax: (404) 657-1123
lepsi@dhs.ga.gov
2 Peachtree Street N.W.
Suite 29-103
Atlanta, GA 30303
- **Georgia Department of Community Affairs**
Attn: Christy Barnes, DCA LAP Coordinator
DCA 504 Coordinator
60 Executive Park South, N.E.
Atlanta, Georgia 30329-2231
fairhousing@dca.ga.gov
404-679-5291
https://www.dca.ga.gov/sites/default/files/dca_lap.pdf
- **iSpeak ATL**
<https://www.welcomingatlanta.com/ispeakatl/>
Mayor's Office of Immigrant Affairs
Suite 2400
55 Trinity Ave SE
Atlanta GA 303016
Email: ispeakATL@atlantaga.gov
- Interpreters Unlimited (In person only – 800-726-9891)
- Language Line Services (Telephonic or recording – 800-752-6096)
- LATN, Inc. (In-person or telephonic – 800-943-5286)
- Peach State Health Plan Interpreter & Translation Services
- Contractor Listing for Translation and Interpretation Services
- Contractor Listing for Linguistic Training and Education Services
- American Association of Language Specialists
- American Translators Association
- Federal LEP Website

Appendix 1: I Speak Card

I Speak...

Language Identification Guide

A

Amharic
አኔ አማርኛ ነው ምናገረው.

Arabic
أنا أتحدث اللغة العربية

Armenian
Ես խոսում եմ հայերեն

B

Bengali
আমি বাংলা কথা বলতে পারি

Bosnian
Ja govorim bosanski

Bulgarian
Аз говоря български

Burmese
ကျွန်တော်/ကျွန်မ မြန်မာ ဝို ဖျိုင်တတ် ပါတယ်

C

Cambodian
ខ្ញុំនិយាយភាសាខ្មែរ

Cantonese
我講廣東話 (Traditional)
我讲广东话 (Simplified)

Catalan
Parlo català

Croatian
Govorim hrvatski

Czech
Mluvim česky

D

Danish
Jeg taler dansk

Dari
من دری حرف می زنم

Dutch
Ik spreek het Nederlands

E

Estonian
Ma räägin eesti keelt

F

Finnish
Puhun suomea

French
Je parle français

G

German
Ich spreche Deutsch

Greek
Μιλώ τα ελληνικά

Gujarati
હું ગુજરાતી બોલુ છું

H

Haitian Creole
M pale kreyòl ayisyen

Hebrew
אני מדבר עברית

Hindi
मैं हिंदी बोलता हूँ।

Hmong
Kuv has lug Moob

Hungarian
Beszélék magyarul

I

Icelandic
Ég tala íslensku

Ilocano
Agsanak ti Ilokano

Indonesian
saya bisa berbahasa Indonesia

Italian
Parlo italiano

J

Japanese
私は日本語を話す

K

Kachchiquel
Quin chagüic ká chábal'ruin'ri

Korean
한국어 합니다

Kurdish
man Kurdîi zaanim

Kurmanci
man Kurmancîjî zaanim

L

Laotian
ຂ້ອຍປາກົດພາສາລາວ

Latvian
Es runāju latviski

Lithuanian
Aš kalbu lietuviškai

M

Mam
Bán chiyola tuj kiyol mam

Mandarin
我講國語 (Traditional)
我讲国语/普通话 (Simplified)

Mon
အဲဒီအတိုင်း

N

Norwegian
Jeg snakker norsk

P

Persian
من فارسی صحبت می کنم

Polish
Mówię po polsku

Portuguese
Eu falo português do Brasil (for Brazil)
Eu falo português de Portugal (for Portugal)

Punjabi
ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਬੋਲਦੀ ਹਾਂ।

Q

Qanjobal
Ayin ti chí wal q' anjob' al

Quiche
In kinch'aw k'u'in ch'e quiche

R

Romanian
Vorbesc românește

Russian
Я говорю по-русски

S

Serbian
Ja govorim српски

Sign Language
I, ME SIGN, YOU LANGUAGE

Slovak
Hovorím po slovensky

Slovenian
Govorim slovensko

Somali
Waxaan ku hadlaa af Soomaali

Spanish
Yo hablo español

Swahili
Ninaongea Kiswahili

Swedish
Jag talar svenska

T

Tagalog
Marunong akong mag-Tagalog

Tamil
நான் தமிழ் பேசுவேன்

Thai
พูดภาษาไทย

Turkish
Türkçe konuşurum

U

Ukrainian
Я розмовляю українською мовою

Urdu
میں اردو بولتا ہوں

V

Vietnamese
Tôi nói tiếng Việt

W

Welsh
Dwi'n siarad

X

Xhosa
Ndithetha isiXhosa

Y

Yiddish
איך רעד יידיש

Yoruba
Mo nso Yooba

Z

Zulu
Ngiyaxhuluma isiZulu

Executive Order 13166 requires DHS to take reasonable steps to provide meaningful access to its programs and activities for persons with limited English proficiency and - as also required by Title VI of the Civil Rights Act of 1964 - to ensure that recipients of federal financial assistance do the same.

I Speak is provided by the Department of Homeland Security Office for Civil Rights and Civil Liberties (CRCL). Other resources at www.lep.gov

Contact the DHS Office for Civil Rights and Civil Liberties' CRCL Institute at CRCLTraining@dhs.gov for digital copies of this poster or a "I Speak" booklet.

Download copies of the DFIS LEP plan and guidance to recipients of financial assistance at www.dhs.gov/crcl



Homeland Security



Georgia Emergency Management and Homeland Security Agency

LIMITED ENGLISH PROFICIENCY COMPLAINT FORM

The purpose of this document is to help you file a Limited English Proficiency (LEP) complaint concerning the implementation or administration of any program, activity, or service receiving federal financial assistance, whether within the Georgia Emergency Management and Homeland Security Agency (GEMA/HS) or a sub-recipient. This document is not intended to be used for complaints about employment with GEMA/HS. You are not required to use this document to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested herein.

1. Information about the person who is filing the LEP complaint:

Name: _____
First and Middle (Given Name) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

Email (Optional): _____

2. Information about the person(s) who failed to properly provide information to the LEP person:

Name: _____
First and Middle (Given Name) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

3. Information about the agency or organization involved:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

4. Are there other individuals or organizations involved in this LEP complaint?

- ☐ Yes
☐ No

If yes, please provide their name, telephone number, and address below:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

5. Describe the nature of the interaction and any suspected violations:

6. Explain in detail what happened, when, and how the person(s) or entity denied meaningful access to a GEMA/HS or sub-recipient service, activity, program, or other benefit.

7. What other information do you think might be helpful to an investigation?

8. Please list below any persons (witnesses, people involved, or others) who have direct knowledge of the situation that might be able to provide information to support or clarify the complaint:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

9. Have you or others filed a case or complaint regarding this allegation with any of the following?

- ☐ Office of Equal Rights, Federal Emergency Management Agency
- ☐ Office for Civil Rights and Civil Liberties, U.S. Department of Homeland Security
- ☐ U.S. Equal Employment Opportunity Commission
- ☐ Other Federal Agency
- ☐ Federal or State Court
- ☐ Other State of Georgia Agency, Authority, or Office
- ☐ Other: _____

10. Issues with:

- | | |
|--|---|
| ☐ Spanish (Español) | ☐ Lack of signs informing the public of interpretation and translation |
| ☐ Chinese 中国人 | ☐ Lack of forms/materials/notices in a language I can understand |
| ☐ Korean 한국어 | ☐ I was not offered an interpreter |
| ☐ Vietnamese Tiếng Việt | ☐ I asked for an interpreter and was denied |
| ☐ French (Français) | ☐ Lack of bilingual personnel, so delay in services |
| ☐ Arabic العربية ☐ | ☐ The interpreter's skills were not good |
| | ☐ I was unable to use the services, programs, or activities |

11. Information about the person filing this complaint, if the complaint is being submitted on behalf of another:

Name: _____
First and Middle (Given Name) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

Email (Optional): _____

Signature: _____ **Date:** _____

You may submit the form by email to language.access.coordinator@gema.ga.gov.

Or send via U.S. Mail to the following address:

Georgia Emergency Management and Homeland Security Agency
Attention: Language Access Coordinator
P.O. Box 18055
Atlanta, Georgia 30316



THE GEORGIA EMERGENCY MANAGEMENT AND HOMELAND SECURITY AGENCY

Responding to Discrimination Complaints Relating to Federal Grant Programs

2022

Purpose

The intent of this policy is to ensure that subrecipients which receive grant funds from the Georgia Emergency Management and Homeland Security Agency (GEMA/HS) do not discriminate against any client, customer, program participant, employee, or consumer based on race, color, religion, sex, national origin, age, English proficiency, or physical or mental disability. This policy establishes the procedures for GEMA/HS employees to follow when they receive or wish to make a complaint alleging discrimination concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the U.S. Department of Justice (DOJ) or the U.S. Department of Homeland Security (DHS), whether within GEMA/HS or a subrecipient.

Post Office Box 18055 • Atlanta, Georgia 30316-0055
(404) 635-7200 • Toll Free in Georgia 1-800-TRY-GEMA • gema.ga.gov

Complying with Laws and Policies that Prohibit Discrimination

GEMA/HS shall comply with all applicable federal and state laws, rules, and regulations prohibiting discrimination. GEMA/HS shall appropriately address all complaints from any person who believes that a GEMA/HS subrecipient has discriminated against them in violation of federal and/or state law or regulation in the delivery of services or benefits.

Policy

All employees, job applicants, clients, customers, program participants, and consumers of GEMA/HS and its subrecipients shall be treated equally regardless of race, color, religion, national origin, age, English proficiency, or physical or mental disability, sexual orientation, or gender identity.

Individuals have the right to participate in programs, activities, and services operated by GEMA/HS and its subrecipients without discrimination. Statutes and regulations that apply include, but are not limited to, the following:

1. Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national origin in the delivery of services (42 U.S.C. § 200d), and the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart C and D, and DHS implementing regulations at 6 C.F.R. Part 21 and 44 C.F.R. Part 7;
2. Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in the delivery of services and employment practices (29 U.S.C. § 794), and the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart G;
3. Titles I, II, and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the delivery of services and employment practices (42 U.S.C. § 12101-12213 and § 12131-34), and the DOJ implementing regulations at 28 C.F.R. Part 35;
4. Title IX of the Education Amendments of 1972, which prohibit discrimination on the basis of sex in educational programs (20 U.S.C. § 1681), the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart D and 28 C.F.R. Part 54, and the DHS implementing regulations at 6 C.F.R. Part 17 and 44 C.F.R. Part 19;
5. The Age Discrimination Act of 1975, which prohibits discrimination on the basis of age in the delivery of services (42 U.S.C. § 6102), and the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart I;
6. Title VIII of the Civil Rights Act of 1968, which prohibits recipients from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services

in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (42 U.S.C. §3601);

7. The Omnibus Crime Control and Safe Streets Act of 1968, which prohibits discrimination on the basis of race, color, national origin, religion, or sex in the delivery of services and employment practices (34 U.S.C. §10228(c), see also 34 U.S.C. §11182(b)), and the DOJ implementing regulations at 28 C.F.R. Part 42, Subpart D;
8. The DOJ regulations on the Equal Treatment for Faith-Based Organizations, which prohibit discrimination on the basis of religion in the delivery of services and prohibit organizations from using DOJ funding on inherently religious activities (28 C.F.R. Part 38);
9. The Victims of Crime Act (VOCA) of 1984, which prohibits discrimination based on race, color, religion, national origin, handicap, or sex (34 U.S.C. §20110(e));
10. The Violence Against Women Act (VAWA) of 2013, which prohibits discrimination on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability (34 U.S.C. §12291(b)(13));
11. The DHS regulation, which prohibits discrimination based on religion in social service programs (6 C.F.R. Part 19);
12. Executive Order 13166, “Improving Access To Services For Persons With Limited English Proficiency”, which requires Federal agencies to develop and implement a plan to provide services to those persons with limited English proficiency (LEP) to ensure meaningful access to programs and activities conducted by those agencies;
13. Georgia’s Fair Employment Practices Act of 1978, found at O.C.G.A. § 45-19-29, et seq., which prohibits public employers with 15 or more employees from engaging in discrimination on account of an individual’s race, color, religion, sex, age, national origin, or disability;
14. Georgia’s Sex Discrimination in Employment Act of 1966, found at O.C.G.A. § 34-5-1, et seq., which mimics the Equal Pay Act of 1963, in that it prohibits discrimination between employees in the same establishment, on the basis of sex, in their compensation for comparable work;
15. Georgia’s General Age Discrimination Law of 1971, found at O.C.G.A. § 34-1-2, which makes it a criminal misdemeanor to discriminate against any person between the ages of 40 and 70 years, solely upon the ground of age, when the reasonable demands of the position do not require such an age distinction. The individual must be qualified physically, mentally, and by training and experience to perform satisfactorily the labor assigned to him or her for which he or she applies;

16. Georgia's Equal Employment for Persons with Disabilities Code of 1981, found O.C.G.A. § 34-6A-1, et seq., which mimics the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended, in that it prohibits discrimination because of an individual's disability with respect to wages, rates of pay, hours, or other terms and conditions of employment because of such person's disability unless such disability restricts that individual's ability to engage in the particular job or occupation for which he or she is eligible. The Code has no administrative prerequisites to filing suit; and
17. Atlanta Ordinance No. 2000-79, § 1, which applies to employers located within the City of Atlanta with ten or more employees. The Ordinance prohibits employment discrimination based on race, color, creed, religion, sex, domestic relationship status, parental status, familial status, sexual orientation, national origin, gender identity, age, or disability.

Definitions

Complaint Coordinator: A person or persons designated by GEMA/HS to ensure that received complaints are acted upon in a timely manner.

Discrimination: The treatment or consideration of, or making a distinction in favor of or against, a person based on the person's legally recognized protected category (including race, color, national origin, gender, age, sexual orientation, gender identity, religion, English proficiency, or disability) to which that person belongs rather on individual merit. There are various federal and state laws and rules that further describe the specific types of discrimination.

Retaliation: The act of harassing, threatening, demoting, firing, or otherwise negatively targeting a complainant as a direct result of the complainant opposing unlawful discrimination.

Subrecipient: A non-Federal entity that receives a grant sub-award from GEMA/HS to carry out part of a Federal program. A subrecipient does not include an individual that is a beneficiary of such a program.

Complaint Procedures

An employee, client, customer, program participant, or consumer of GEMA/HS or of a GEMA/HS subrecipient may submit a complaint of discrimination concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the DOJ or DHS on behalf of him/herself or on behalf of another. Any such individual has the right, and is encouraged, to file a written complaint with the Office for Civil Rights in the DOJ (OCR), the DHS's Office for Civil Rights and Civil Liberties (CRCL), or GEMA/HS.

1. If the relevant federal grant is funded by the DOJ, the complaint may be sent directly to the OCR using the *Complaint Verification Form* and *Identity Release Statement*, which are available at: <https://www.ojp.gov/program/civil-rights/filing-civil-rights-complaint>.

The completed forms should be sent to:

Office for Civil Rights Office of
Justice Programs
U.S. Department of Justice 810
Seventh Street NW Washington,
D.C. 20531

2. If the relevant federal grant is funded by the DHS, the complaint may be sent directly to the DHS's Office for CRCL. There are three submission methods available. One method for submitting the complaint is via email: CRCLCompliance@hq.dhs.gov. A second available method is fax: 202-401-4708. The complaint may also be sent via mail:

U.S. Department of Homeland Security Office for
Civil Rights and Civil Liberties Compliance Branch
245 Murray Lane, SW Building 410,
Mail Stop #0190
Washington, D.C. 20528

3. For federal grants funded by either DOJ or DHS, the complaint may also be submitted directly to GEMA/HS. A complaint form can be downloaded from GEMA/HS' website and submitted by email to: Grantscomplaintcoordinator@gema.ga.gov. The completed form may also be sent to:

The Georgia Emergency Management and Homeland Security Agency
Grants Complaint Coordinator
935 United Avenue SE
Atlanta, Georgia 30316

Additional Agencies for Filing Discrimination Complaints

In addition to the option for filing a discrimination complaint with GEMA/HS, the OCR, or the CRCL, discrimination complaints may be filed directly with a court, as well as the following state and federal administrative agencies, whose function is to enforce state and federal laws that prohibit discrimination:

- Equal Employment Opportunity Commission (EEOC)
<http://www.eeoc.gov/employees/charge.cfm>
- Georgia Commission on Equal Opportunity (GCEO)
<https://gceo.georgia.gov/>

GEMA/HS Procedures for Processing Complaint

1. A group of GEMA/HS employees will collectively act as the Complaint Coordinator for processing complaints of discrimination associated with this policy.
2. If an employee, client, customer, program participant, or consumer of GEMA/HS or of a GEMA/HS subrecipient contacts a GEMA/HS employee and wishes to file a complaint against GEMA/HS or a GEMA/HS subrecipient concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the DOJ or DHS, the GEMA/HS employee shall instruct the complainant to file the complaint in writing, in accordance with the procedures above.
3. Any GEMA/HS employee receiving such a complaint submitted directly to GEMA/HS, and any GEMA/HS employee wishing to submit such a complaint directly to GEMA/HS, shall route it to the Complaint Coordinator. If the complaint is against an employee of GEMA/HS, the complaint shall be forwarded to the Complaint Coordinator and that GEMA/HS employee should follow the procedures set out in HR-14, GEMA/HS's Grievance Procedures Policy.
4. For any complaint received by the Complaint Coordinator that is submitted directly to GEMA/HS, the Complaint Coordinator shall provide written acknowledgment of the complaint to the complainant.
5. The Complaint Coordinator shall refer the complaint to the appropriate entity, which may include the Georgia Office of the Attorney General; the GCEO; the EEOC; the OCR; or the CRCL. If the Georgia Office of the Attorney General either is the agency about which the complaint is filed or has a conflict, the complaint shall be referred to the EEOC, OCR, or CRCL, as appropriate.
6. Notwithstanding paragraph 5, for any complaint of discrimination concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the DOJ or DHS, GEMA/HS shall notify the OCR or CRCL, as appropriate, in writing of the following:
 - a. Name of complainant
 - b. Entity named in the complaint
 - c. Description of the complaint of discrimination
 - d. Steps being undertaken to investigate and resolve complaint

In addition, GEMA/HS shall notify the complainant that they may file a complaint directly with the OCR or CRCL, as appropriate, at the following address or using one of the electronic submission methods described above:

Office for Civil Rights Office of
Justice Programs
U.S. Department of Justice 810
Seventh Street NW Washington,
D.C. 20531

U.S. Department of Homeland Security Office for
Civil Rights and Civil Liberties Compliance Branch
245 Murray Lane, SW Building 410,
Mail Stop #0190
Washington, D.C. 20528

Notification

GEMA/HS will post this policy on the GEMA/HS website to notify all interested parties of the appropriate procedures for addressing complaints of discrimination concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the DOJ or DHS.

Monitoring Subrecipients' Response Procedures

As part of a grant program review, GEMA/HS staff will review the subrecipient's procedures for responding to discrimination complaints that employees, clients, customers, program participants, or consumers of the subrecipients have filed directly with the subrecipient. If the procedures do not exist, or are found to need improvement, the report to the subrecipient will note the findings. At a minimum, the subrecipient's response should:

- a. Acknowledge complaint receipt to complainant in writing;
- b. Indicate which external agency the complaint is forwarded to for investigation;
- c. Comply with the appropriate timeframe by which to forward complaint;
- d. Notify GEMA/HS of complaint; and
- e. Notify complainant that a complaint of discrimination may be filed directly with the OCR, CRCL, EEOC, GCEO, or GEMA/HS, and where to locate those procedures.

Training

1. GEMA/HS will provide periodic training for all employees regarding the discrimination complaint procedures.
2. GEMA/HS will facilitate civil rights requirements training for subrecipients. Such training may be arranged:

- a. In conjunction with grant management training;
- b. Online through the GEMA/HS website;
- c. At the request of the subrecipient; or
- d. As a result of a grant program review.



THE GEORGIA EMERGENCY MANAGEMENT AND HOMELAND SECURITY AGENCY COMPLAINT VERIFICATION FORM

The purpose of this document is to help you file a discrimination complaint concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the U.S. Department of Justice or the U.S. Department of Homeland Security, whether within the Georgia Emergency Management and Homeland Security Agency (GEMA/HS) or a subrecipient. This document is not intended to be used for complaints about employment with GEMA/HS. You are not required to use this document to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested herein.

18. Information about the person who experienced the alleged discrimination:

Name: _____

First and Middle (Given Names)

Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____

P.O. Box or Street Address

City

State

Zip

Email (optional): _____

19. Information about the person(s) who is alleged to have discriminated:

Name: _____

First and Middle (Given Names)

Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____

P.O. Box or Street Address

City

State

Zip

20. Information about the agency or organization involved:

Name: _____

Phone #: _____

Mailing Address: _____

P.O. Box or Street Address

City

State

Zip

21. Are there other individuals or organizations involved in this discrimination complaint?

☐ Yes ☐ No

If Yes, please provide their name, address, and telephone number below: Name

Address

Telephone

22. Describe the nature of the alleged discrimination involved.

23. Explain in detail what happened, when, and how the alleged discrimination occurred.

State who was involved, and how other persons were treated differently.

24. What other information do you think might be helpful to an investigation?

25. Please list below any persons (witnesses, fellow employees, supervisors, or others) who have direct knowledge of the situation that might be able to provide information to support or clarify the complaint:

Name

Address

Telephone #

26. Have you or others filed a case or complaint regarding this allegation with any of the following?

☐ Office for Civil Rights within the Office of Justice Programs, U.S. Department of Justice

☐ U.S. Equal Employment Opportunity Commission

☐ Federal or State Court

☐ Other

☐ Office for Civil Rights and Civil Liberties, U.S. Department of Homeland Security

☐ Other Federal Agency

☐ Georgia Department of Labor

If any of the above were selected please provide the following information:

Name of Agency:

Date Filed:

Case or Docket Number:

Date of Trial/Hearing:

Location of Agency/Court:

Investigator:

Status of case:

27. Information about the person filing this complaint, if this complaint is being submitted on behalf of another:

Name: _____

First and Middle (Given Names)

Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____

P.O. Box or Street Address

City

State

Zip

Email (optional): _____

Signature: _____

Date: _____

You may submit the form by email to: Grantscomplaintcoordinator@gema.ga.gov

Or send via U.S. mail to:

The Georgia Emergency Management and Homeland
Security Agency
Attention: Grants Complaint Coordinator 935 United
Avenue SE
Atlanta, Georgia 30316

EXHIBIT "G"

Federal Funding Accountability and Transparency Act Certification

In order to remain in compliance with The Federal Funding Accountability and Transparency Act of 2006 (FFATA) reporting, complete Items 1-7 and Items 8-10 if necessary, and certify by an authorized agent.

Sub-award Number: 4830 F18 S19

Federal Agency Name: **Federal Emergency Management Agency**

CFDA Program Number and Program Title: **97.039 Hazard Mitigation Grant Program (HMGP)**

Sub-award Project Description: **Multi-Jurisdictional Hazard Mitigation Plan**

1. Sub-awardee DUNS Number _____
2. Sub-awardee Name _____
3. Sub-awardee DBA Name _____
4. Sub-awardee Address _____
5. If DBA, Sub-awardee Parent DUNS Number _____
6. Sub-award Principle Place of Project Performance _____
7. In the preceding fiscal year, did the sub-awardee receive 80% of its annual gross revenues from the Federal government?
Yes _____ No _____
If **Yes**, continue to question 8. If **No**, questionnaire is complete.
8. In the preceding fiscal year, were the sub-awardee's annual gross revenues from the Federal government more than \$25 million annual? Yes _____ No _____
If **Yes**, continue to question 9. If **No**, questionnaire is complete.
9. Does the public have access to the names and total compensation of the sub-awardee's five most highly compensated officers through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?
Yes _____ No _____
If **No**, continue to question 10. If **Yes**, questionnaire is complete.

10. Please list the names and compensation of the sub-awardee's five most highly compensated officers.

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____

I certify that to the best of my knowledge all of the information on this form is complete and accurate.

Authorized Signature: _____ Date: _____

This section is for use by the Georgia Emergency Management Agency/Homeland Security Only.

Sub-award Obligation/Agency Name: _____

In accordance with The Federal Funding Accountability and Transparency Act of 2006 (FFATA), this document has been processed in the FFATA Sub-award Reporting System (FSRS) by the undersigned:

Signature _____ Date: _____

Sub-award Obligation/Action Date: _____