



# Application - Hall County\_OEM25-071

Draft

## Application Summary

This form outlines all project details, including Scope of Work, all costs, and location worksheets.

**Title:** Hall County\_OEM25-071

**Total Project Cost:** \$100,000.00

**Eligible Amount:** \$100,000.00

**Federal Allocated Amount:** \$50,000.00

**Funding Sources:** Federal - \$50,000.00  
State - \$0.00  
Local - \$50,000.00

**FEMA Obligation Data:** Federal Number - < no value >

## Grant

### 2025 2025 Emergency Management Performance Grant (EMPG)

Emergency Management Performance Grant

Start Date: October 1, 2025

Assistance Listing Number (CFDA): 97.042

## Applicant

### Hall County EMA

Name (Legal): Hall County  
Emergency Management Agency Hall County

UEI: USZBJ4CMC7B6

FIPS:

FEIN #: 58-6000836

Vendor # (Applicant): 0000014610

DUNS #: 78124617 Type:

EMERGENCY MANAGEMENT AGENCY

Physical: Post Office Box 907730

Gainesville, GA, 30501

Mailing: Post Office Box 907730

## Workflow Summary

**Current Step:** 1) Application Creation  
Description: State creates Application

**Draft**

Gainesville, GA 30501

Gainesville, GA, 30501

# Introduction

## Summary Information

Grant: 2025 2025 Emergency Management Performance Grant (EMPG)

Project Type: EMPG Base Award

Title:

Used to help identify the Project. Ex: "Jurisdiction - Project Name".

This application contains Work Activity and Costs in the following areas:

Hold Ctrl key to select multiple areas. More Info 

Program Participants:

- Hall County
- Gainesville
- Oakwood
- Flowery Branch
- Lula
- Clermont
- Gillsville
- Braselton
- Buford

List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have joined or withdrawn from your program in the last year.

Local Goals / Objectives for this EMPG Grant:

EMPG funds will be used to supplement the local EMA budget for EMA staff salaries.  
Completion of the annual work plan.  
Continual improvement and development of county-wide all hazards plans.  
Conduct and participate in required exercises  
Continue to support local school districts with their preparedness plans

For example: enhance warning systems, direction & control, etc.

Primary Contact:

Sommer Green - Grants Manager

[Edit](#)

Email Address: sgreen@hallcounty.org

Phone: 770-297-5503

Alternate Contact:

Zachary Brackett - Director of Emergency Management

[Edit](#)

Email Address: zbrackett@hallcounty.org

Phone: 770-533-7908

Authorized Contact:

David Gibbs - Chairman

[Edit](#)

Email Address: dgibbs@hallcounty.org

Phone: 770-535-8288 ext. 1

**Emergency Management**

Director:

Zachary Brackett - Director of Emergency Management

[Edit](#)

Email Address: zbrackett@hallcounty.org

Phone: 770-533-7908

Grant Financial Officer:

Taylor Samples - Assistant Finance Director

[Edit](#)

Email Address: tsamples@hallcounty.org

Phone: 770-531-4940

**Project Details**

Do you anticipate using EMPG Funds towards projects that involve new construction or installation of equipment, E.g. generators, alarm systems, etc?

No

Do you anticipate using EMPG Funds towards projects that effect or involve modification of buildings or structures 50 years old or older?

No

Do you anticipate using EMPG Funds towards projects for the installation of new communication towers, or the replacement of existing communications towers?

Project Description:

Provide a complete project description. The project description should contain a summary of what specific action is proposed, where it is proposed, how it will be implemented. Include a brief description of the objectives the project is designed to accomplish (the purpose), and the reason the project is needed. If multiple sites are involved, provide the summary for each site.

### Project Location

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Latitude:

In Decimal Format to nine (9) decimal places.

Longitude:

In Decimal Format to nine (9) decimal places.

## Base Award Payment Request

Under penalty of perjury, I certify that to the best of my knowledge and belief that all requirements of the 2024 Performance Partnership Agreement (PPA) with the Georgia Emergency Management & Homeland Security Agency have been satisfied. I hereby request payment of the 2025 EMPG Base Award to cover expenses for the period of Oct 1, 2025 through Sep 30, 2026.

Signed by Zachary Brackett on Jun, 17, 2026 ([clear signature](#))

## Mailing Address

Address Line 1:

P.O. Box 907730

Address Line 2:

City:

Gainesville

State:

GA - Georgia

Zip Code:

30501

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## Federal Funding Accountability and Transparency Act Certification (FFATA)

You shall report the names and total compensation of each of the five most highly compensated executives for the preceding completed fiscal year, if:

a. in the sub-grantee's preceding fiscal year, the sub-grantee received

i. 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

ii. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

b. The public does not have access to information about the compensation of the executives 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.

(To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

Are all of the above statements true?

No

# Risk Assessment

Agency Tax Status?

Other

Please specify:

Local County Government

Agency Fiscal Year:

July-June

For example: July-June or Jan-Dec

Legal name of the entity to which the FTIN was assigned:

Hall County, GA

Does the Physical Address on file match your address as listed on SAM.gov?

Yes

Post Office Box 907730 Gainesville Georgia 30501

Is the Mailing Address on file correct?

Yes

Post Office Box 907730 Gainesville, GA 30501 Gainesville Georgia 30501

Has your organization been audited in the past 12 months?

Yes, by an outside audit firm

Is your organization required to have a single audit conducted in accordance with the Single Audit Act (sub recipient expends \$1,000,000 or more in federal assistance during its fiscal year)?

Yes

Has the A-133 single audit been submitted to primary pass through Party?

Yes

Who was the audit sent to?

Georgia Department of Audits

What date was the audit sent?

Dec 30, 2025

Did the organization have significant audit findings from your last single audit regarding program non-compliance?

No

If the single audit has not yet been conducted, when will this be completed?

Dec 30, 2025

What type of accounting system do you use?

Automated

Does your organization have written policies and procedures for checks and balances of all fiscal transactions?

Yes

Does your organization maintain for inspection all the books, documents, payroll papers, accounting records and grant files pertaining to sub grant agreements and contracts for a period of three years after the close of the sub-grant?

Yes

Is the Unique Entity Identifier (UEI) on file for your organization correct?

Yes

UEI: USZBJ4CMC7B6

Has the Unique Entity Identifier (UEI) been registered with the System for Award Management (SAM) at SAM.gov?

Yes

Expiration Date:

Sep 4, 2026

## Costs

### Fund Allocation

Federal Allocated Amount: \$50,000.00

The EMPG program requires a 50/50 match, which means that in order to be awarded the full allocated amount, the cost for this project must be no less than \$100,000.00. If your total project cost is less than this amount, you will only be awarded up to 50% of your total project cost.

Total Project Cost: \$100,000.00

Balance: \$0.00

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### Cost Line Items

Classification	Description	Qty	Price	Total
Area				
Personnel				
Type				
Personnel	100HF-01-SUSB - GA Support Staff Salary and Benefits (direct costs)		\$ 50,000.00	\$50,000.00
AEL Code <a href="#">(List)</a>				
100HF-01-SUSB-GA Support Staff Salary and Benefits (direct costs)				
Area				
Personnel				
Type				
Personnel	100HF-01-SUSB - GA Support Staff Salary and Benefits (direct costs)		\$ 50,000.00	\$50,000.00
AEL Code <a href="#">(List)</a>				
100HF-01-SUSB-GA Support Staff Salary and Benefits (direct costs)				
<b>Application Total</b>				<b>\$100,000.00</b>
<b>Grand Total</b>				<b>\$100,000.00</b>

Federal Allocation: \$50,000.00

Submitted to Date: \$0.00

Available Balance: \$50,000.00

### Funding Sources

Method:  By Percent  By Amount Funding Source /  
Other Agency

Estimated Federal Share:  % \$50,000.00

Estimated State Share:  % \$0.00

Estimated Local Share:  % \$50,000.00

Total Allocated:  % \$100,000.00

# Documentation

**Document Name:**

Certification re: Lobbying, Debarment, Suspension, and  
Drug Free Workplace

**Actions:**

