

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Study Session Worksheet

Presentation Date: 06/25/13 **Approximate Start Time:** 2:30 pm **Approximate Length:** 15 Min

Presentation Title: Emergency Management Performance Grant (EMPG) Application (2013)

Department: Emergency Management (CCEM)

Presenters: Nancy Bush and Sarah Stegmuller Eckman

Other Invitees: N/A

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Provide approval for CCEM to apply for EMPG funding.

EXECUTIVE SUMMARY (why and why now):

County emergency management programs are required by Oregon Revised Statutes 401. The EMPG is a recurring federal grant program providing limited reimbursement of a portion of the costs incurred in operating local emergency management programs. The funds provided are for the development of an all-hazard emergency management capability to promote preparedness, mitigation, response and recovery. The grant assists in addressing the Public Safety aspect of the Board's Strategic Plan.

The Oregon Office of Emergency Management (OEM) requires an annual EMPG Work Plan comprised of mandatory work plan elements defined by the State. Timely completion of Work Plan objectives is the primary grant performance measure. County Emergency Management submits quarterly EMPG activity and financial reports to the state and receives allocated reimbursement on a quarterly basis.

The 2013 Emergency Management Performance Grant (EMPG) application is due to the OEM on July 15, 2013.

FINANCIAL IMPLICATIONS (current year and ongoing):

Through the 2013 EMPG Emergency Management CCEM is requesting approximately a total of \$400,000; however, CCEM is only guaranteed \$174,487 through the Oregon funding formula. The local jurisdictions are being asked to prepare the application for the total amount that may be used because additional dollars may become available. The total amount will require a match from the county. For example, the \$174,487 will require a \$174,487 match from County funds. The County's matching funds are identified in Emergency Management's regular budget. There are no other funds needed for the match from Clackamas County.

EMPG dollars reimburse Clackamas County Emergency Management for up to fifty percent of salaries of six employees. Any additional funding acquired over the \$174,487 will fund up to fifty percent of telephone costs, and most allocated costs. The grant dollars assist the program with funding to sustain some day to day costs and resources that are necessary for declared disasters and emergency events.

All EMPG dollars are restricted to the County's emergency management program.

LEGAL/POLICY REQUIREMENTS:

County emergency management programs are required by Oregon Revised Statutes 401.

PUBLIC/GOVERNMENTAL PARTICIPATION:

N/A

OPTIONS:

1. Give CCEM staff the approval to apply for EMPG grant dollars. Successful award will result in an estimated savings between \$174,000 and \$400,000 in General Fund contributions to the Emergency Management Department.
2. Not pursue the Emergency Management Performance Grant funding, which will create a need for up to an additional \$174,487 from the General Fund.

RECOMMENDATION:

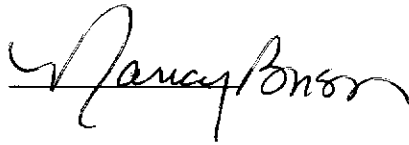
Staff recommends Board approval for CCEM to apply for the 2013 EMPG resulting in a direct savings to the General Fund.

ATTACHMENTS:

EMPG Application

SUBMITTED BY:

Department Director/Head Approval



County Administrator Approval _____

For information on this issue or copies of attachments, please contact Nancy Bush @ 503-655-8665

Fiscal Impact Form – Instructions

RESOURCES:

Is this item in your current work plan and budget?

- YES
 NO

START-UP EXPENSES AND STAFFING (if applicable):

The EMPG is a recurring federal grant program providing limited reimbursement of a portion of the costs incurred in operating local emergency management programs. The 2013 EMPG funds are appropriated to the states and this application is for Clackamas County Emergency Management's portion, which is managed through OEM. This grant requires a match of \$175,000 - \$400,000. The matching funds from the County are identified in Emergency Management's regular 2013 -2014 budget. There are no other funds needed for the match from Clackamas County.

ONGOING OPERATING EXPENSES/SAVINGS AND STAFFING (if applicable):

EMPG is an on-going federal grant that has existed since the 1960s in some form and appears to be stable at this point. The ongoing expenses are the fifty percent match, which has not changed over time.

ANTICIPATED RESULTS:

The grant dollars provide resources so that the Emergency Management Program can provide planning, mitigation, recovery and response to the residents of the County. Objectives are identified in the application for the EMPG and successes and barriers are reported quarterly to OEM and the Federal Emergency Management Agency (FEMA).

COSTS & BENEFITS:

Costs:							
	Item	Hours	Start-up Capital	Other Start-up	Annual Operations	Annual Capital	TOTAL
	Matching Personnel Costs (up to this amount)*						300,000
	Matching Allocated/Phone Costs (up to this amount)						100,000
	Total On-going Costs						400,000
	Ongoing Annual Costs						400,000*
Benefits/Savings:							
	Item	Hours	Start-up Capital	Other Start-up	Annual Operations	Annual Capital	TOTAL
	EMPG Matching Personnel (up to this amount)*						300,000
	EMPG Matching Allocated/Phone (up to this amount)						100,000

Total Start-up Benefit/Savings						400,000
Ongoing Annual Benefit/Savings						400,000

*As mentioned in the narrative the Oregon funding formula only guarantees Clackamas County \$174,487; however, we are encouraged to ask for what we can support because it is likely that more funding is going to become available.

**FY 2012 EMERGENCY MANAGEMENT PERFORMANCE GRANT
COVER SHEET**

Agency: Clackamas County Emergency Management

Mailing Address: 2200 Kaen Road
Oregon City, OR 97045

Federal Funds Requested: \$ 460,758 (50%)
Matching Funds: \$ 460,758 (50%)
Total Project Funds: \$ 921,516 (100%)

Program Contact: Nancy Bush
Phone number: (503) 655-8665 ext: _____ e-mail: nbush@co.clackamas.or.us

Fiscal Contact/Phone Number: Marc Gonzales
Phone number: (503) 742-5405 ext: _____ e-mail: marcg@co.clackamas.or.us

Agency Federal Tax Identification Number: 93-6002286

Agency Data Universal Numbering System (DUNS) Number: 096992656
To obtain a DUNS number for your agency, please go to the D&B website at:
<http://fedgov.dnb.com/webform>, or call the DUNS Number request line at 1-866-705-5711.

Agency Central Contractor Registration (CCR) is updated and current: YES
Your DUNS number is required to start your CCR Registration. To verify that your agency CCR is updated and current, please visit the CCR website at: www.bpn.gov/ccr/.

My jurisdiction has a property/equipment tracking and monitoring system in place that complies with the requirements set forth in 44CFR Section 13. YES NO DSR (initial)

An EHP Screening Memo is included for any equipment items included in our budget. YES

Authorized Official for the Agency: Dana S. Robinson, Director

Signature of authorized official: *Dana S. Robinson*

Date: 5-14-2012

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Jurisdiction: Clackamas County Emergency Mgt Quarter: Annual Submission
 First (due 10/15/12)
 Second (due 1/15/13)
 Third (due 4/15/13)
 Fourth (due 7/15/13)

EMF #: 4.6 - Planning

Objective: Developing, revising, or enhancing emergency management plans:

Mandatory:

4.6.1 EOP current, promulgated, and submitted to OEM.

Date Promulgated: 3/8/12

4.6.2 CPG 101 v.2 *Plan Analysis Tool* dated May, 2011 (formerly called *Evaluation Matrix*) completed and submitted to OEM.

Date completed and sent to OEM: _____

4.6.3 Completion of the *Threats and Hazards Identification and Risk Assessment (THIRA)*. **Must be submitted no later than December 31, 2012 or federal grant funding will be suspended by FEMA.**

Date completed and sent to OEM: _____

4.6.4 Natural Hazard Mitigation Plan (NHMP) current and FEMA approved.

Date of FEMA approval: _____

4.6.5 Convene natural hazards committee at least twice a year for plan implementation and maintenance. (This can also be met by using an existing venue and not necessarily convening a special stand-alone meeting).

Must select at least one:

- 4.6.10 Developing/enhancing comprehensive emergency management plans
4.6.11 Developing/enhancing large-scale and catastrophic event incident plans
4.6.12 Developing/enhancing COOP/COG plans
4.6.15 Developing/enhancing plans or annexes to integrate citizen/volunteer and other non-governmental organization

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Performance Measure and Basis of Evaluation:

1. Plans and/ or Annexes are developed, revised, updated, and exercised.
2. EOP is updated every two years.
3. CPG 101 v.2 *Plan Analysis Tool* completed on EOP annually.
4. THIRA completed annually.
5. NHMP committee convenes.
6. NHMP is current.

Challenges/Risks: Many local EOPs are being written by a contractor overseen by OEM and projected deadlines may not be met.

1st Quarter Activity: 7/1/12-9/30/12

Planned Activities:

- 4.6.1 Emergency Operations Plan (EOP) was promulgated on March 8, 2012 and provided to Oregon Emergency Management (OEM) on April 16, 2012.
- 4.6.2 Complete CPG 101 v.2 Plan Analysis Tool.
- 4.6.4 Finalize NHMP content and submit for FEMA pre-review.
- 4.6.5 Natural hazards mitigation committee meet and provide final Plan review.
- 4.6.10 Develop training for Planning Section to include EOC Action Plan and shift change briefings.
- 4.6.11 Participate in review of Mt. Hood Coordination Plan.
- 4.6.12 Begin annual plan enhancement for all County COOP plans.
- 4.6.15 Finalize draft Volunteer Coordination Center (VCC) Support Annex (SA) F and Operational Guide.

Expected Outcome:

- 4.6.1 Verified that OEM still has a copy of the currently promulgated EOP.
- 4.6.2 Completed CPG 101 v. 2 Plan Analysis Tool.
- 4.6.4 Finalized NHMP and pre-reviewed by FEMA.
- 4.6.5 Natural hazards mitigation committee met and completed final Plan.
- 4.6.10 Provided three hour training to Planning Section using developed curriculum.
- 4.6.11 Reviewed Mt. Hood Coordination Plan.
- 4.6.12 Began plan enhancement for all County COOP plans.
- 4.6.15 Incorporated lessons learned and after action updates from April 24, 2012 exercise and finalized VCC SA F and Operational Guide.

Comments:

2nd Quarter Activity: 10/1/12-12/31/12

Planned Activities:

- 4.6.3 Complete THIRA.
- 4.6.4 Complete County NHMP update.
- 4.6.10 Update EOC Security Plan to include alternate EOC and terrorism threat components.
- 4.6.11 Participate in draft update for Mt. Hood Coordination Plan.
- 4.6.12 Enhance Clackamas County COOP plans with lessons learned from July 2012 COOP training.

Sample

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<p>Expected Outcome: 4.6.3 Completed THIRA and submitted to OEM. 4.6.4 NHMP adopted by County and approved by FEMA. 4.6.10 Updated EOC Security Plan to include alternate EOC and terrorism threat components. 4.6.11 Drafted update for Mt. Hood Coordination Plan dependent on OEM facilitation. 4.6.12 Enhanced Clackamas County COOP plans with lessons learned from July 2012 COOP training.</p>
<p>Comments:</p>
<p>3rd Quarter Activity: 1/1/13-3/31/13</p>
<p>Planned Activities: 4.6.5 Natural hazards committee meet regarding plan implementation and maintenance. 4.6.10 Complete WebEOC User Guide. 4.6.11 Analyze volcano evacuation conditions for Mt. Hood incident. 4.6.12 Have all Clackamas County departments formally approved their COOP plans.</p>
<p>Expected Outcome: 4.6.5 Natural hazards committee met regarding plan implementation and maintenance. 4.6.10 Provided WebEOC User Guide to EOC staff and user agencies in WebEOC common library. 4.6.11 Prepared traffic analysis for Highway 26 evacuation plan for Mt. Hood evacuation. 4.6.12 Had all Clackamas County departments formally approve their COOP plans.</p>
<p>Comments:</p>
<p>4th Quarter Activity: 4/1/13-6/30/13</p>
<p>Planned Activities: 4.6.10 Draft damage assessment concept of operations and plan to accomplish post earthquake rapid assessment. 4.6.11 Drafting Mt. Hood volcano evacuation plan. 4.6.12 Begin annual COOP plan enhancement process.</p>
<p>Expected Outcome: 4.6.10 Developed damage assessment plan for post earthquake rapid assessment. 4.6.11 Drafted Mt. hood volcano evacuation plan. 4.6.12 Began annual COOP plan enhancement process.</p>
<p>Comments:</p>

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Jurisdiction: Clackamas County Emergency Mgt Quarter: Annual Submission
 First (due 10/15/12)
 Second (due 1/15/13)
 Third (due 4/15/13)
 Fourth (due 7/15/13)

EMF #: 4.13 - Training Program

Objective: To provide a comprehensive, all hazards training program to address the needs of local, state, federal, private sector, non-profit, and Tribal entities.

Mandatory for ALL EMPG funded personnel:

~~Note: You must utilize the new eEO Form to report all incidents. All incidents must be reported to the EEO Office. You must also complete annual training on the new eEO Form.~~

4.13.1 Complete a minimum of 20 hours of emergency services related training

ASST DIRECTOR	1 st :	2 nd :	3 rd :	4 th :	Total Training:	_____
BUSH	1 st :	2 nd :	3 rd :	4 th :	Total Training:	_____
ECKMAN	1 st :	2 nd :	3 rd :	4 th :	Total Training:	_____
HAYS	1 st :	2 nd :	3 rd :	4 th :	Total Training:	_____
POET	1 st :	2 nd :	3 rd :	4 th :	Total Training:	_____
WILSON	1 st :	2 nd :	3 rd :	4 th :	Total Training:	_____

4.13.2 Complete NIMS training (IS-100, 200, 700 and 800)

Assistant Director – completed _____

4.13.3 Complete Professional Development Series (PDS).

Assistant Director – completed _____

Mandatory for at least one EMPG funded person from the jurisdiction:

- 4.13.4 Attend annual EMPG Workshop
- 4.13.5 Participate in OPS Center training (can be met via participation in quarterly Ops Center drills).
- 4.13.6 Report public education and outreach activities, to include news articles, radio talk shows, preparedness fairs, etc.
- 4.13.7 Participate in state level Multi-Year Training and Exercise Plan Workshop (TEPW)
- 4.13.8 Develop a local Multi-Year Training and Exercise Plan (TEP).

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Potential Emergency Management Training Activities and/or Courses to meet the minimum 20 hours of training requirement::

4.13.9 Conduct or participate in training.

Attend Conduct

- | | | | |
|-----------|-------------------------------------|-------------------------------------|--|
| 4.13.9.2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | COOP and COG |
| 4.13.9.7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Management Conferences/Workshops |
| 4.13.9.11 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ICS 300-400 |
| 4.13.9.14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Complete BAPS certification |

Performance Measure and Basis of Evaluation:

Baseline: 6 local staff funded via EMPG.

1. Completion of mandatory federal training requirements for NIMS (IS-100, 200, 700 and 800).
2. Completion of mandatory federal training requirement for Professional Development Series (PDS)
3. Minimum training requirements of 20 hours a year are met by EMPG funded staff.

Challenges/Risks: Courses can be interrupted by actual events and weather.

1st Quarter Activity: 7/1/12-9/30/12

Planned Activities:

4.13.7: Complete local TEP and submit to OEM.

4.13.8: Participate in OEM's TEPW.

4.13.6 Participate in public education and outreach activities.

4.13.9.2 Host one COOP training session for Clackamas County COOP Coordinators.

4.13.9.7 Two EMPG funded personnel attend Oregon Emergency Management Association conference.

4.13.9.11 Host one ICS 300 and two ICS 400 classes.

Expected Outcome:

4.13.7: TEP completed and submitted to OEM.

4.13.8: Participated in OEM's TEPW.

4.13.6 Participated in public education and outreach activities.

4.13.9.2 Hosted one COOP training session for Clackamas County COOP Coordinators.

4.13.9.7 Two EMPG funded personnel attended Oregon Emergency Management Association conference.

4.13.9.11 Hosted one ICS 300 and two ICS 400 classes.

Comments:

4:13.7: TEP completed and submitted as part of FY12 EMPG grant application.

2nd Quarter Activity: 10/1/12-12/31/12

Planned Activities:

4.13.6 Participate in public education and outreach activities.

Expected Outcome:

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4.13.6 Participated in public education and outreach activities.
Comments:
3rd Quarter Activity: 1/1/13-3/31/13
Planned Activities:
4.13.6 Participate in public education and outreach activities.
Expected Outcome:
4.13.6 Participated in public education and outreach activities.
Comments:
4th Quarter Activity: 4/1/13-6/30/13
Planned Activities:
4.13.1 All EMPG funded personnel complete 20 hours of emergency services related training.
4.13.2 All EMPG funded personnel complete required NIMS training (IS 100, IS 200, IS 700 and IS 800).
4.13.3 All EMPG funded personnel complete Professional Development Series (PDS).
4.13.4 One EMPG funded person will attend the EMPG workshop.
4.13.5 One EMPG funded person will participate in OPS Center training.
4.13.6 Participate in public education and outreach activities.
4.13.9.2 Host/conduct one COOP training session for Clackamas County COOP Coordinators, cities and special districts.
4.13.9.14 Two EMPG funded personnel complete BAPS certification.
Expected Outcome:
4.13.1 All EMPG funded personnel completed 20 hours of emergency services related training.
4.13.2 All EMPG funded personnel completed required NIMS training.
4.13.3 All EMPG funded personnel completed PDS.
4.13.4 One EMPG funded person attended the EMPG workshop.
4.13.5 One EMPG funded person participated in OPS Center training.
4.13.6 Participated in public education and outreach activities.
4.13.9.2 Hosted/conducted one COOP training session for Clackamas County COOP Coordinators, cities and special districts.
4.13.9.14 Two EMPG funded personnel completed BAPS certification.
Comments:

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Jurisdiction: Clackamas County Emergency Mgt Quarter: Annual Submission
 First (due 10/15/12)
 Second (due 1/15/13)
 Third (due 4/15/13)
 Fourth (due 7/15/13)

EMF #: 4.14 - Exercise Program	
Objective: A statewide comprehensive exercise program to assess and evaluate emergency plans and capabilities.	
4.14.1	<input checked="" type="checkbox"/> Develop, conduct, and participate in quarterly exercises.
4.14.2	<input checked="" type="checkbox"/> Develop, conduct, and participate in annual full scale exercise (<i>counts as a quarterly exercise</i>).
4.14.3	<input checked="" type="checkbox"/> Conduct/participate in one Amateur Radio equipment test/exercise. (<i>counts as a quarterly exercise</i>).
4.14.4	<input checked="" type="checkbox"/> Submit EMERS, After Action Reports, and Corrective Action/Improvement Plans to ETO within 60 days of exercise, actual occurrence, or special event (<i>OEM AARs will meet this requirement for locals on statewide exercises</i>).
4.14.5	<input checked="" type="checkbox"/> Track and report on status of Corrective Action/Improvement Plan action items utilizing the <i>FY 2012 Exercise Data Table</i> .
4.14.6	<input checked="" type="checkbox"/> EMPG funded staff must participate in three exercises.
ASST DIRECTOR	1 st . _____ 2 nd . _____ 3 rd . _____ 4 th . _____ Total Exercises: _____
BUSH	1 st . _____ 2 nd . _____ 3 rd . _____ 4 th . _____ Total Exercises: _____
ECKMAN	1 st . _____ 2 nd . _____ 3 rd . _____ 4 th . _____ Total Exercises: _____
HAYS	1 st . _____ 2 nd . _____ 3 rd . _____ 4 th . _____ Total Exercises: _____
POET	1 st . _____ 2 nd . _____ 3 rd . _____ 4 th . _____ Total Exercises: _____
WILSON	1 st . _____ 2 nd . _____ 3 rd . _____ 4 th . _____ Total Exercises: _____
Performance Measure and Basis of Evaluation:	
1. Develop, conduct, and evaluate quarterly exercises to test policies, plans, procedures, equipment, and to validate training.	
2. Conduct Amateur Radio equipment test	
3. Evaluation based on After Action Reports and Corrective Action/Improvement Plans. Actual Occurrences and Special Events documented and reported.	
4. EMPG funded staff participate in a minimum of three exercises.	
Baseline: <u>6</u> Local EMPG funded personnel.	

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Challenges/Risks: Actual event may cause cancellation of a planned exercise. Exercise partners may have to withdraw from exercise participation.
1st Quarter Activity: 7/1/12-9/30/12
Planned Activities: 4.14.1 Participate in quarterly exercise.
Expected Outcome: 4.14.1 Participated in quarterly exercise.
Comments:
2nd Quarter Activity: 10/1/12-12/31/12
Planned Activities: 4.14.1 Participate in quarterly exercise. 4.14.3 Participate in bi-annual ARES SET.
Expected Outcome: 4.14.1 Participated in quarterly exercise. 4.14.3 Participated in bi-annual ARES SET.
Comments:
3rd Quarter Activity: 1/1/13-3/31/13
Planned Activities: 4.14.1 Participate in quarterly exercise.
Expected Outcome: 4.14.1 Participated in quarterly exercise.
Comments:
4th Quarter Activity: 4/1/13-6/30/13
Planned Activities: 4.14.1 Participate in quarterly exercise. 4.14.2 Conduct full scale exercise (FSE) with Terrorism Threat scenario. 4.14.3 Participate in bi-annual ARES SET. 4.14.4 Submit EMERS, After Action Reports, and Corrective Action/Improvement Plans to ETO. 4.14.5 Track and report on status of Corrective Action/Improvement Plan using the FY2012 Exercise Data Table. 4.14.6 EMPG funded personnel participate in three exercises.
Expected Outcome: 4.14.1 Participated in quarterly exercise. 4.14.2 Executed FSE County Terrorism scenario. 4.14.3 Participated in bi-annual ARES SET. 4.14.4 Submitted EMERS, After Action Reports, and Corrective Action/Improvement Plans to ETO. 4.14.5 Tracked and reported on status of Corrective Actions/Improvement Plans using

Sample

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**2012 EMPG Cumulative Training Data Report Form
Public Education and Outreach
Jurisdiction: Clackamas**

QTR	Date	Name of Activity	Training Hours	Total Number Trained
			Total	

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**2012 EMPG Cumulative Training Data Report Form – Oregon Modified
Jurisdiction: Clackamas**

QTR	Date	Name of Training CONDUCTED	Training Hours	Total Number Trained	Number of EMPG Funded Staff Trained	Training Aligned to Multi-Year TEPW? ** Yes <input type="checkbox"/> No <input type="checkbox"/>
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**2012 Cumulative Training and Exercise Data Report Form – Oregon Modified
Jurisdiction: Clackamas Name: Assistant Director**

QTR	Date	Name of Training ATTENDED	Training Hours	Number of People Trained by Course	Training Aligned to Multi-Year TERW?
					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
QTR	Date	Name of Exercise PARTICIPATED IN	Exercise Hours or Event Days	Position(s) Staffed (ie. Evaluator, Player, Planner)	

Sample

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**2012 Cumulative Training and Exercise Data Report Form – Oregon Modified
Jurisdiction: Clackamas Name: Bush**

QTR	Date	Name of Training ATTENDED	Training Hours	Number of People Trained in Course	Training Aligned to Multi-Year TEPW? **
					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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QTR	Date	Name of Exercise PARTICIPATED IN	Exercise Hours or Event Days	Position(s) Staffed (ie: Evaluator, Player, Planner)	

State of Oregon
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2012 Cumulative Training and Exercise Data Report Form – Oregon Modified
Jurisdiction: Clackamas Name: Eckman

QTR	Date	Name of Training ATTENDED	Training Hours	Number of People Trained in Course	Training Aligned to Multi-Year TERW? **
					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
QTR	Date	Name of Exercise PARTICIPATED IN	Exercise Hours or Event Days	Position(s) Staffed (ie: Evaluator, Player, Planner)	

Sample

State of Oregon
2012 Local EMPG

2012 Cumulative Training and Exercise Data Report Form – Oregon Modified
Jurisdiction: Clackamas Name: Hays

QTR	Date	Name of Training ATTENDED	Training Hours	Number of People Trained in Course	Training Aligned to Multi-Year TEPW? *
					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
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					Yes <input type="checkbox"/> No <input type="checkbox"/>
QTR	Date	Name of Exercise PARTICIPATED IN	Exercise Hours or Event Days	Position(s) Staffed (ie: Evaluator, Player, Planner)	

**State of Oregon
2012 Local EMPG**

**2012 Cumulative Training and Exercise Data Report Form – Oregon Modified
Jurisdiction: Clackamas Name: Poet**

QTR	Date	Name of Training ATTENDED	Training Hours	Number of People Trained in Course	Training Aligned to Multi-Year MBRW?
					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
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					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
QTR	Date	Name of Exercise PARTICIPATED IN	Exercise Hours or Event Days	Position(s) Staffed (Is Evaluator, Player, or Planner)	