[insert letterhead]

[insert date]

Maine Emergency Management Agency

Attn.: Maria Hobbs, EMPG Program Manager

45 Commerce Drive, Suite 2

Augusta, ME 04333

Subject: EMPG [insert county and FY] Final Narrative

Dear Ms. Hobbs:

Please accept this letter as [insert county]’s official closeout report for the Emergency Management Performance Grant Program (EMPG) Period of Performance [insert contract dates]. As a subrecipient, a total of $[insert Sub-Recipient Award Amt only] in federal funding was awarded to [insert county] and matched with County funds, in order to complete objectives contained in our EMPG [enter FY] Work Plan Application. The Amount of $[insert amount] is de-obligated, due to [insert reason or n/a if not de-obligating funds].

This package outlines the final status of objective accomplishments that were included in the approved EMPG [insert FY] Work Plan Application.

Should you have any questions or require additional information, please feel free to contact [insert county contact and title] at [insert phone no.].

Sincerely,

insert signature

***EMPG FUNDED OBJECTIVE ACCOMPLISHMENTS***

The following are accomplishments utilizing EMPG [insert FY] funds i.e. planning, training and/or exercise, created/updated EOP and/or recovery plan etc.:

***Sub-Recipient Property and Equipment Inventory Report***

*Please report property and equipment inventory purchased with a value greater than or equal to $5,000.00 or more.*

*\_\_\_\_ Yes, I have equipment and/or Property to report OR*

*\_\_\_\_ No, this form does not apply*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Equipment 1*** | ***Equipment 2*** | ***Equipment 3*** | ***Equipment 4*** | ***Equipment 5*** |
| ***Quantity*** |  |  |  |  |  |
| ***Description & Location*** |  |  |  |  |  |
| ***Amount*** |  |  |  |  |  |
| ***Serial #*** |  |  |  |  |  |
| ***Vendor*** |  |  |  |  |  |
| ***Acquisition Date*** |  |  |  |  |  |
| ***CNTY inventory #*** |  |  |  |  |  |
| ***Grant Year*** |  |  |  |  |  |
| ***% Fed Funded*** |  |  |  |  |  |
| ***Condition at time of report*** |  |  |  |  |  |
| ***Disposition Status*** |  |  |  |  |  |
| ***Notes*** |  |  |  |  |  |

***\*\*Please note, this form must be signed whether it is applicable or not.***

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name and title

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name and title

By submitting this form, I certify that the typed name, electronic signature or digital signature (a) is intended to have the same force as a manual signature (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, (e) is linked to data in such a manner that it is invalidated if the data are changed.  (10 M.R.S.A. §9502 et seq.).