



COLORADO

Division of Homeland Security & Emergency Management

Department of Public Safety

2023 EMPG-LEMS Annual Program Paper

Part II Jurisdiction Information and Signatures (v.010118)

Note: This document serves to meet the requirements of §24-33.5-707(7), C.R.S.

Jurisdiction Name: Fremont County

Emergency Program Manager

Name: Mykel Kroll

Job Title: Emergency Management Director

Mailing Address: 1901 East Main Street Canon City, CO 81212

Physical Address (if different):

Phone Contact Information

Office Phone number: 719-276-7422

24 Hour Emergency Line: 719-792-6411 FRECOM

Office Fax: 719-276-7321

Cellular: 719-240-1608

Pager:

E-Mail Address: Mykel.kroll@fremontco.com

Employment Status (Please indicate how many)

Paid Full Time: X Paid Part Time: Volunteer: Other:

Jurisdiction Job Title Program Manager Reports to: Interim County Manager- Tammy Childs

Hours worked per week for jurisdiction in all job titles:40+

Hours worked per week devoted to Emergency Management: 40+

Additional Emergency Management Staff

Type of Employment	How many?	Total staff hours/week	Total E.M. hours/week
Paid full time professional			
Paid full time clerical			
Paid part time professional			
Paid part time clerical			
Volunteer	18	As Needed	As Needed
Other personnel			

Senior Elected Official (Name and Title) *[Signature]*

Chief Executive Officer (if different from above) _____

Signature/Chief Executive _____

Signature/Emergency Manager/Coordinator *Mykel Kroll* _____

Date 12/5/2022

Signature/DHSEM Regional Field Manager _____

Date _____



COLORADO

Division of Homeland Security & Emergency Management

Department of Public Safety

Signature Authorization Form

All fields on this form must be completed to be accepted.

All authorizations require two (2) or more signatures depending on the authorization purpose. This form allows saving for single signatures to supplement for three (3) or more required signatures.

For Application authorizations ONLY:

- Please indicate the Grant Program and Year in place of the award agreement encumbrance number below.
- Applications which require more than two (2) signatures, please complete additional forms as necessary to fulfill the requirements for signatures as outlined in the instructions for the grant application.

SUBRECIPIENT NAME: Fremont County

AWARD AGREEMENT ENCUMBRANCE NUMBER: EMPG 2023

Please select the authorization purpose for this signature submission: Authorize Request for Reimbursement (RFR)

By signing, I certify to the best of my knowledge and belief that the information of this request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal and/or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Signature Authorization Section:


PRINTED: Signature #1 Name Debbie Bell PRINTED: Signature #2 Name Shawn Sutton


TITLE for Signature #1 BOCC Chair TITLE for Signature #2 Finance Officer

EMAIL for Signature #1 debbie.bell@fremontco.com EMAIL for Signature #2 shawn.sutton@fremontco.com

PHONE for Signature #1 (719) 276-7302 PHONE for Signature #2 (719) 276-7353

DATE of Signature #1 12/7/2022 DATE of Signature #2 12/07/2022

 Signature #1

 Signature #2



COLORADO

Division of Homeland Security & Emergency Management

Department of Public Safety

Signature Authorization Form

All fields on this form must be completed to be accepted.

All authorizations require two (2) or more signatures depending on the authorization purpose. This form allows saving for single signatures to supplement for three (3) or more required signatures.

For Application authorizations ONLY:

- Please indicate the Grant Program and Year in place of the award agreement encumbrance number below.
- Applications which require more than two (2) signatures, please complete additional forms as necessary to fulfill the requirements for signatures as outlined in the instructions for the grant application.

SUBRECIPIENT NAME: Fremont County

AWARD AGREEMENT ENCUMBRANCE NUMBER: EMPG 2023

Please select the authorization purpose for this signature submission: Authorize Application

The Subgrantee and responsible signatories certify by signing that they have read and understand the Application including the grant requirements, and if awarded, are fully cognizant of their duties and responsibilities for this grant and will comply with, and follow, all requirements established in Federal and DHSEM grant guidance. The Subgrantee understands and agrees that any subgrant award received as a result of this application shall incorporate by reference the information contained herein.

Signature Authorization Section:

PRINTED: Signature #1 Name Debbie Bell PRINTED: Signature #2 Name Tammy Childs

TITLE for Signature #1 BOCC Chair TITLE for Signature #2 Interim County Manager

EMAIL for Signature #1 debbie.bell@fremontco.com EMAIL for Signature #2 tammy.childs@fremontco.com

PHONE for Signature #1 (719) 276-7302 PHONE for Signature #2 (719) 276-7351

DATE of Signature #1 12/7/2022 DATE of Signature #2 12/07/2022


Signature #1


Signature #2



COLORADO

Division of Homeland Security & Emergency Management

Department of Public Safety

Signature Authorization Form

All fields on this form must be completed to be accepted.

All authorizations require two (2) or more signatures depending on the authorization purpose. This form allows saving for single signatures to supplement for three (3) or more required signatures.

For Application authorizations ONLY:

- Please indicate the Grant Program and Year in place of the award agreement encumbrance number below.
- Applications which require more than two (2) signatures, please complete additional forms as necessary to fulfill the requirements for signatures as outlined in the instructions for the grant application.

SUBRECIPIENT NAME: Fremont County

AWARD AGREEMENT ENCUMBRANCE NUMBER: EMPG 2022

Please select the authorization purpose for this signature submission: Authorize Progress Report

By signing this report, I certify to the best of my knowledge and belief that the information of this report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal and/or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Signature Authorization Section:

PRINTED: Signature #1 Name Debbie Bell PRINTED: Signature #2 Name Tammy Childs

TITLE for Signature #1 BOCC Chair TITLE for Signature #2 Interim County Manager

EMAIL for Signature #1 debbie.bell@fremontco.com EMAIL for Signature #2 tammy.childs@fremontco.com

PHONE for Signature #1 (719) 276-7302 PHONE for Signature #2 (719) 276-7351

DATE of Signature #1 12/2/2022 DATE of Signature #2 12/01/2022


Signature #1


Signature #2