

FY26 EMPG Application Guide

Getting Started:

- Due date is October 9, 2026, at 11:55 p.m.
- The application link and guidance documents can be found here:
 - des.mt.gov/Grant-Programs/EMPG-Program
- The EMPG grant Period of Performance in the state of Montana is July 1, 2026 – June 30, 2027.

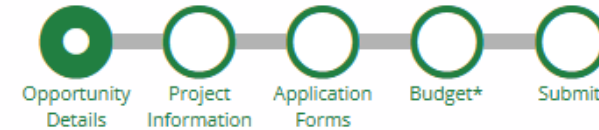


FY26 EMPG Application: Opportunity Details

The first section of the grant application is the **Opportunity Details**. This page is informational. Read through the information provided, and then select Save and Continue.

The top of the screen has circles to illustrate where you are in the application process. The circles are hyperlinked and can be used to access the different steps of the application

FY25 EMPG Application



Opportunity Details ✓

Print

Help

Download

Save & Continue

Opportunity Information

FY26 EMPG Application: Project Information

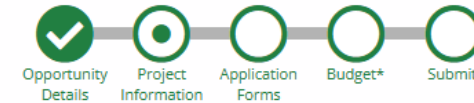
For this step, you will be providing the name of your grant, the amount being requested, and information about the primary contact.

Since the EMPG grant requires a 50% match from the County, you will list the amount being allocated to the county as the **Award Requested** and the amount the county is matching towards the expenses as the **Cash Match Contributions**. The **Total Award Budget** is the total of these two amounts.

Remember these amounts. When you get to the Budget step of the application, your expenses will need to match these grant amounts.

When this section is completed, remember to select **Mark as Complete** at the bottom of the page. Next, select **Save & Continue**.

FY25 EMPG Application



Project Information

[Help](#)[Download](#)[Save](#)[Save & Continue](#)

Application Information

Application Name * Practice Only - DO NOT SUBMIT ✓

How much are you requesting from the funder?

Award Requested * \$10,000.00

How much are you planning to contribute to the budget?

Cash Match Requirement \$10,000.00 ⓘ

Cash Match Contributions * \$10,000.00

Total Award Budget \$20,000.00

Primary Contact Information

Name * TEST Pam Fruh

Postal Code * 59602

Phone Number (406) 202-0030

[Save](#)[✓ Mark as Complete](#)[Save & Continue](#)

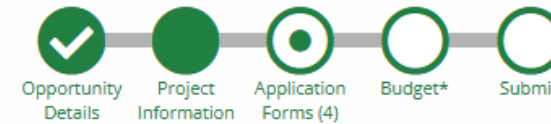
FY26 EMPG Application: Forms, Organizational Info and Approvals

The **Forms** section is made up of four linked subsections. Click on the name of each section.

For the **Organizational Information and Approvals** section, you will need to provide some basic information about your organization. You will also download, complete, and then upload the following documents:

1. Annual Time Certificate(s)
2. Signed EMPG Assurances
3. Applicant Agent Designation Letter

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Forms

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Name	Status	Print
1. Organizational Information and Approvals	New	
2. Applicant Assessment	New	
3. EMPG Baseline Requirements	New	
4. EMPG Workplan	New	

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[Save & Continue](#)

FY26 EMPG Application: Forms and Attachments

Here is a list of forms that are required to be uploaded to the application:

1. **Annual Time Certification Form:** This form needs to be signed by the employee's supervisor.
2. **EMPG Assurance:** This form needs to be signed by the grant Authorized Representative.
3. **Applicant Agent Designation Letter:** This form needs to be signed by a County Commissioner or Tribal Chairperson.
4. **FY26 EMPG Workplan:** The workplan needs to be reviewed and approved by your District Field Officer before uploading to the application.

Forms to upload if applicable:

1. **Indirect Cost Rate Documents:** Proposal, Allocation Plan, and Certification. These forms are only necessary if your jurisdiction has an indirect rate.

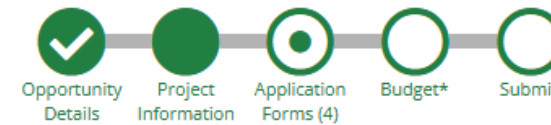
FY26 EMPG Application: Applicant Assessment, EMPG Baseline Requirements, and Workplan

For the **Applicant Assessment** section, you will need to answer questions about your organization. You will also upload Indirect Cost Rate Documents, if applicable to your Jurisdiction.

For the **EMPG Baseline Requirements** section, read the EMPG requirements and sign the agreement.

For the **EMPG Workplan**, you will download the workplan template for FY26 and fill it out. Before you upload it, make sure your DFO has reviewed the workplan. This is a new requirement this year.

FY25 EMPG Application



Forms

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Name	Status	Print
1. Organizational Information and Approvals	New	
2. Applicant Assessment	New	
3. EMPG Baseline Requirements	New	
4. EMPG Workplan	New	

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1 - 4 of 4 items

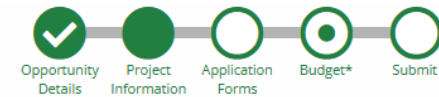
[Save & Continue](#)

FY26 EMPG Application: Budget

When you get to the **Budget** section, you will see that the budget amounts you entered in the **Project Information** section of the application are already loaded into this step and displayed under **Revenue Budget**.

Now you will need to fill in the **Expense Budget**. For each expense, you will click on the green plus-sign next to the corresponding category. A window will pop up and ask for the details of the expense.

*Tip: Make sure **Line Items** and **Non-Grant Funded** are selected with a checkmark under **Options***



Budget

[Help](#)[Download](#)[Save & Continue](#)

Budget View Settings

Options

☒ Line Items ☒ Non-Grant Funded

Proposed Budget

Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ A. Organization: Personnel Salary	\$0.00	\$0.00	\$0.00
+ B. Organization: Fringe Benefits	\$0.00	\$0.00	\$0.00
+ C. Operational Utilities	\$0.00	\$0.00	\$0.00
+ D. Travel for EMPG	\$0.00	\$0.00	\$0.00
+ E. Supplies / Accountable Supplies	\$0.00	\$0.00	\$0.00
+ F. Public Information and Warning System	\$0.00	\$0.00	\$0.00
+ G. Consultants / Contractual	\$0.00	\$0.00	\$0.00
+ H. Management And Administration	\$0.00	\$0.00	\$0.00
+ I. Indirect Costs	\$0.00	\$0.00	\$0.00
+ J. Equipment	\$0.00	\$0.00	\$0.00
+ K. Soft Match / In-Kind Match	\$0.00	\$0.00	\$0.00
Total Expense Budget Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

Grant Funding		
Award Requested	\$10,000.00	\$10,000.00
Subtotal	\$10,000.00	\$10,000.00
Non-Grant Funding		
Cash Match	\$10,000.00	\$10,000.00
Subtotal	\$10,000.00	\$10,000.00
Total Revenue Budget Cost		(\$20,000.00)
Total Overall Budget Cost		(\$20,000.00)

FY26 EMPG Application: New Line Item

1. In the pop-up, select the correct **Category** and **Item Type** from the drop-down menus.
2. **Name:** This is the line-item description that will display on the budget in Euna. This should not be confused with the name of the employee. Example of line-item name: "Salary for One Full-Time DES Coordinator" or "Benefits for One Full-Time and One-Part Time DES Coordinator"
3. **Direct Cost.** This will be the total expense cost. (Federal grant amount plus the local match from your jurisdiction).
4. **Non-Grant Funded:** Select Yes. When you select yes, more fields will appear. See next slide for more info on Non-Grant Funded field.
5. You do not need to add any attachments.

New Line Item

Budget Item Information

Category A. Organization: Personnel Salary

Please identify in the Name field below how many full time employees (FTE) and part time employees (PTE) are being funded with this grant. You MUST have an Annual Time Certificate (ATC) for each person being funded at the time of the application in order to utilize organization personnel salary. Please upload the ATC in the "forms" section. *** The Direct Cost is going to equal the federal amount plus the match amount. You must select "Yes" to Non-Grant Funded and then enter in 0.50 percent for the Cash Match. *** Applicants must detail out in the Narrative field what expenses are being requested under this line item.

Item Type Non-Personnel

Name *

Direct Cost *

Non-Grant Funded No

Total Budgeted \$0.00

Narrative *

Attachments

Attachment(s)

FY26 EMPG Application: New Line Item

1. After you select yes for **Non-Grant Funded**, select the **Percentage** tab on the side. (if **Percentage** is selected, it will be greyed out)
2. Enter 0.50 (decimal five zero). When you click out of the field, it should convert the entry to 50%.
3. The **Narrative** field is used to provide greater level of detail on individual line items so it is clear as to what costs will be requested for reimbursement under each line item. Example: When entering the narrative for the supply line item it may read, "General office supplies and new printer/scanner for DES office".
4. No attachment in needed.
5. Click **Create**.

Non-Grant Funded Yes

Grant Funded \$2,500.00

Cash Match Dollar Percentage

Total Budgeted \$5,000.00

Narrative *

Attachments

Attachment(s)  Choose file(s)

Create Cancel

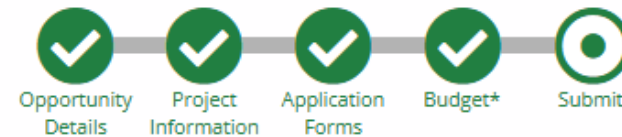
FY26 EMPG Application: Submit

You are now ready to submit your application. If there are any errors with your application, there will be messages in red on this section.

Common Errors:

1. Make sure you selected **Mark as Complete** at the bottom of each section.
2. Make sure all required questions were answered and required documents uploaded.
3. Make sure the budget amounts on the **Project Information** section and the **Budget** section match.

FY25 EMPG Application



You are about to submit your application, **Practice Only - DO NOT SUBMIT**, to **Montana Disaster and Emergency Services**.

Take the time to review your application by using the timeline above. You can select any section and jump to that page.

When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.

 Review

Submit

Questions

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