



Kentucky Division of Emergency Management
Local EMA Budget Request

AREA #:

EM Agency:

Director Name: FY:

Table with 5 columns: Personnel (Priority One), Local Budget, State Share Requested, State Share Allocated, State Share Balance. Includes rows for Position, Gross Salary, FICA*, Retirement*, Health Ins.*, Life Ins., Unemployment, Medicare, and Total Salary & Benefits.

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Table with 5 columns: Personnel (Priority One), Local Budget, State Share Requested, State Share Allocated, State Share Balance. Includes rows for Position, Gross Salary, FICA*, Retirement*, Health Ins.*, Life Ins., Unemployment, Medicare, and Total Salary & Benefits.

Table with 5 columns: Personnel (Priority One), Local Budget, State Share Requested, State Share Allocated, State Share Balance. Includes rows for TOTAL Personnel** and Other (Priority Two).

Table with 5 columns: Personnel (Priority One), Local Budget, State Share Requested, State Share Allocated, State Share Balance. Includes row for GRAND TOTAL.

*These amounts are the employers' contributions.
**Must equal a total of gross salaries for which EMA is indicated on the KyEM Form 152, Administrative and Personnel data.

I certify that the amounts shown on this form are available to support the local Emergency Management agency.

Local Emergency Management Director Signature

Date

