



# Utah Hazardous Materials Emergency Preparedness (HMEP) 2015 Planning Grant Application

*Please complete the following information*

**Applicant (Jurisdiction):**

**Date:**

**Mailing Address:**

**Requirement Checklist:**

- This application form (signed by a governmental official of jurisdiction)
- Designation of LEPC/TERC contacts form
- HMEP Project Proposal
- HMEP detailed budget worksheet and match certification form
- Proof of an LEPC/TERC jurisdiction's Emergency Operations Plan (EOP)
  - \*The LEPC/TERC must update their HazMat Response Plan and/or HazMat portion of the EOP annually. A copy must be sent to the SERC to review as part of the grant process
- Proof of viable LEPC/TERC – a copy of the jurisdiction's LEPC/TERC attendance roster will qualify

**Certification:**

The undersigned certify that all grant requirements have been met and agree to Statement that the LEPC is in compliance with Sections 301 and 303 of SARA Title III (EPCRA)  
[http://www.epa.gov/oem/content/epcra/epcra\\_plan.htm](http://www.epa.gov/oem/content/epcra/epcra_plan.htm) The LEPC meets regularly and is actively working to reduce the threat of hazardous materials incidents as indicated in Federal and state codes

**Agency/Department authorized by local government to receive grant funding:**

**EIN:**

**Print name of authorized official**

**Print name of LEPC/TERC Chairperson**

**Authorized official original signature/date**

**LEPC/TERC Chairperson signature/date**

**Designation of LEPC/TERC Contacts**

**Applicant (Jurisdiction):**

**LEPC/TERC Chairperson**

Name:

Official mailing address:

Daytime phone number:

Fax number:

E-mail address:

**HMEP Grant Point of Contact**

Name:

Official mailing address:

Daytime phone number:

Fax number:

E-mail address:

**Tier II Reporting Point of Contact**

Name:

Official mailing address:

Daytime phone number:

Fax number:

E-mail address:

## HMEP Project Proposal

**Project name:**

**Project amount requested:** (maximum of \$2750.00 Federal share)

**Project point of contact:**

**Name:**

**Phone:**

**E-mail:**

**Description:** *Details of the jurisdiction, LEPC/TERC, and the hazardous material(s) presenting risk(s).*

**Work plan:** *Explain how the work will be done – also, discuss if the LEPC/TERC itself will accomplish the work in-house, by outside contractors, or a combination.*

## HMEP Budget Detail Worksheet

*If the project exceeds the budget period cap of \$2,750, then the additional amount necessary to conduct the program must be provided by the jurisdiction itself. All financial expenditures should be identified and substantiated. Expenditures must be made during the 2014 performance period starting Oct. 1<sup>st</sup> 2014 and ending Sept. 30<sup>th</sup> 2015. Please see the HMEP guidance for more information.*

Expense Type	Estimated Cost	20% Local Match
Support Personnel (straight time only)	\$	\$
Fringe Benefits	\$	\$
Travel	\$	\$
Supplies	\$	\$
Community Outreach	\$	\$
HazMat Planning Expenses	\$	\$
HazMat Training Expenses	\$	\$
Other Expense (List):	\$	\$
Other Expense (List):	\$	\$
Total LEPC/TERC Budget	\$	
Total LEPC/TERC 20% Match Required		\$

\_\_\_\_\_

**Authorized Official Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Financial Officer Signature**

\_\_\_\_\_

**Date**

*The signatures above certify that the jurisdiction on the application will meet the 20% match\* requirement as defined in the Hazardous Materials Emergency Planning Grant Guidance.*

**\*The grant is awarded on an 80/20 match basis. This means that the jurisdiction is required to contribute 20% the amount of hard (Cash) or in-kind (Services) match to the amount of the funding received from DEM.**