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**HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP) GRANT PROGRAM**

**PERFORMANCE REPORT**

**Midyear Report**

**Final Report**

**Fiscal Year(s) XXXX - XXXX**

*Planning activities funded by the Hazardous Materials Emergency Preparedness Planning and Training Grant should be used to develop, improve, and carry out emergency plans under the Emergency Planning and Community Right-To-Know Act of 1986 (42 U.S.C. 11001 et seq.). Emergency responders who receive training under the HMEP training grant should have the ability to protect nearby persons, property, and the environment from the effects of accidents or incidents involving the transportation of hazardous material in accordance with existing regulations or National Fire Protection Association standards for competence of responders to accidents and incidents involving hazardous materials.* 49 U.S.C 5116(b)(1).

**MID-YEAR PROGRESS REPORT**

**HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS GRANT**

This format must be used by each Hazardous Materials Emergency Preparedness (HMEP) grantee to provide a mid-year progress. A single report will cover both planning and training, as applicable. Each report should include activity attributable to the mid-year reporting cycle. Reports are required for the first half of the grant year (ending 3/31).

1. **IDENTIFYING INFORMATION**
2. **Name of Recipient** (Enter the information shown in Item 1. on the Grant Agreement cover page):   
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3. **HMEP Agreement Number** (Enter the information shown in Item 2. on the Grant Agreement cover page): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Performance Period or Grant Year** (Enter the information shown in Item 5. on the Grant Agreement cover page):

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

1. **Name and Title of Person Completing Report**:

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

1. **E-Mail Address and Telephone Number of Person Completing Report:**

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

1. **SUMMARY REPORT OF PROGRESS**

Provide a brief summary in the space provided of what was accomplished under the HMEP award during the reporting period or grant year under both planning and training, as applicable.

1. Briefly describe any issues or delays that your agency has experienced that impacted your ability to utilize or administer your HMEP award. Indicate whether the delay can be overcome either through rescheduling, or whether an Activity Request will be submitted to request use of funds for a another purpose, or whether funds are expected to remain unobligated and may be deobligated by PHMSA at the end of the performance period.
2. If 50% or less of your HMEP planning or training award has been expended to date, please briefly describe the reason for the high unexpended balance and how your agency plans to resolve the high balance before the end of the performance period.
3. **REPORT OF PROGRESS ON PLANNING GRANT**

General Instructions

This section of the report must be based on information included in the PHMSA-approved application for the applicable program year, as modified through any approved Activity Request(s), and should address only approved activities. This report cannot serve as a request to make changes or ratify changes made without seeking advanced PHMSA approval.

Only accomplishments and progress during the reporting period should be reflected. The instructions provided assume that this report will be completed using a Microsoft product and converted to a pdf file. For any of the tables required in this section of the report, you may adjust the row height, and, as necessary, use multiple pages, but may use no smaller than 10 point font. For narrative information, you may include continuation pages, marked in relation to the appropriate section of the report. With PHMSA approval, you also may convert this information to data elements.

# GRANTEE (DESIGNATED AGENCY) PLANNING ACTIVITIES PROGRESS

Use **Appendix A** to list your planning activities performed during the reporting period that corresponds to your initial planning goals stated in your HMEP Planning grant application submitted to PHMSA.

# LEPC FUNDING & ACTIVITIES

1. Use **Appendix B** to list all LEPC/Regional planning activities (both completed and in-progress) supporting the planning goals reflected in your approved HMEP grant application submitted to PHMSA, and if applicable, any subsequently approved Activity Request(s).

**IV. REPORT OF PROGRESS ON TRAINING GRANT**

**General Instructions**

This section of the report must be based on information included in the PHMSA-approved application for the applicable program year, as modified through any approved Activity Request(s), and should address only approved activities. This report cannot serve as a request to make changes or ratify changes made without seeking advanced PHMSA approval.

Only accomplishments during the reporting period or grant year and activities planned for the remainder of the program year should be reported. The instructions provided assume this report will be completed using a Microsoft product and converted to a pdf file. For any of the tables required in this section of the report, you may adjust the row height, and, as necessary, use multiple pages, but may use no smaller than 10 point font. For narrative information, you may include continuation pages, marked in relation to the appropriate section of the report. With PHMSA approval, you also may convert this information to data elements.

1. **GRANTEE TRAINING ACTIVITIES PROGRESS INFORMATION**

Use **Appendix C** to list all training activities (both completed and in-progress) supporting the training goals reflected in your approved HMEP grant application submitted to PHMSA, and if applicable, any subsequently approved Activity Request(s).

1. **TRAINING IN CORE COMPETENCIES: NATIONAL FIRE PREVENTION ADMINISTRATION (NFPA) 472**

Use **Appendix D** to record the number of individuals trained with HMEP funds according to their profession in each category during the reporting period.

1. **LEPC AWARDS ACTIVITIES (HMEP TRAINING GRANT)**

Use **Appendix E** to provide LEPC funding and activity information including sub-award amount using the HMEP Training funds, and amount expended. LEPC/sub-grantee funding activity information is a statutory requirement and must be obtained and reported on in performance reports.

1. **REQUEST FOR ADVANCE OR REIMBURSEMENT**

If an advance or reimbursement request (SF 270, Request for Advance of Reimbursement) has not been submitted for all or any part of the amount listed as federal expenditures on Line 10.e. of the   
SF 425, indicate the date in which you anticipate sending the request.

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| --- |
| Date: |

1. **CERTIFICATION**

**I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organizational Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX A: GRANTEE** (**DESIGNATED AGENCY) PLANNING ACTIVITIES & PROGRESS WITH HMEP FUNDS**

In Table 1 list all planning activities (both completed and in-progress) supporting the planning goals reflected in your approved HMEP grant application submitted to PHMSA, and if applicable, any subsequently approved Activity Request(s). Use Column 1 to make reference to the goal # listed in your application. Use Table 2 if the planning activity was performed by a contractor or through an agreement with another part of the state government.

Table 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| List Goal # from Application | Activity Name & Description | Total Activity Cost | Amount Expended/Obligated to Date | Status (Complete/In Progress) |
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**APPENDIX B:** **SUB-AWARDS & (EPCRA 303) ACTIVITIES**

Complete Table 2 by specifying sub-awards and EPCRA 303 information for the reporting period.

Table 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Column 5** | **Column 6** |
| **Goal #** | **Planning Activities** | **Performed by (contractor/State agency/LEPC**  **Name)** | **Award/Contract Amount** | **Amount Expended To Date on Planning Activity** | **Status; (Completed, In Progress, Not Started).** *Indicate Completion Date If Status is In-progress or Not Started* |
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**Appendix C:** **GRANTEE** (**DESIGNATED AGENCY) TRAINING ACTIVITIES & PROGRESS WITH HMEP FUNDS**

In Table 3 list all training activities (both completed and in-progress) supporting the training goals reflected in your approved HMEP grant application submitted to PHMSA, and if applicable, any subsequently approved Activity Request(s). Use Column 1 to make reference to the goal # listed in your application, or the # of the activity request and Column 2 to describe the training activity performed that corresponds to the identified goal. If a training activity was performed through a contractor or agreement entered into with another part of the state government, denote the type of agreement and provide the name of the other party (Column 3), list the award or contract amount in Column 4, the amount expended in Column 5 and the status of the activity in Column 6.

Table 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Column 5** | **Column 6** |
| **Goal #** | **Training Activities** | **Performed by (contractor/state agency/**  **Name)** | **Award Amount Contract Amount** (*If training was contracted out*) | **Amount Expended To Date on Training Activity** | **Status; (Completed, In Progress, Not Started).** *Indicate Completion Date If Status is In-progress or Not Started* |
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**APPENDIX D: LEPC/REGIONAL TRAINING AWARDS & ACTIVITIES**

If applicable, complete Table 4 with LEPCs sub-awards information for the reporting period.

Table 4

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| --- | --- | --- | --- | --- | --- |
| LEPC Name (Region or District) | Sub-Award Amount | Amount Expended During Reporting Period | Current Award Balance | Training Activities Performed/Planned by LEPC/Region | Status; (Completed, In Progress, Not Started). *Indicate Completion Date If Status is In-progress or Not Started* |
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**Appendix E:** **TRAINING IN CORE COMPETENCIES: NATIONAL FIRE PREVENTION ADMINISTRATION (NFPA) 472**

Complete Table 5 by specifying the number of individuals trained during the reporting period. Table 5

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| **Initial Training** | | | | **Refresher Training** | | | **Other Training/No. Trained** |
| **Aware.** | **Oper.** | **Spec.** | **Tech.** | **Oper.** | **Spec.** | **Tech.** |
| No. Trained | No. Trained | No. Trained | No. Trained | No. Trained | No. Trained | No. Trained |
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| **Initial Training** | | | | **Refresher Training** | | | **Other Training/No. Trained** |
| **Aware.** | **Oper.** | **Spec.** | **Tech.** | **Oper.** | **Spec.** | **Tech.** |
| No. Trained | No. Trained | No. Trained | No. Trained | No. Trained | No. Trained | No. Trained |
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