U.S. Department of Transportation

Pipeline and Hazardous Materials Safety Administration

HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP) GRANT PROGRAM

HMEP Grant Application

Budget Year(s) XXXX - XXXX

Contents

PART A: AGENCY INFORMATION

1. AGENCY NAME AND ADDRESS:

Agency Name: _____

Agency Street Address: _____

City: _____   State: _____   Zip Code _____

Web Page (If applicable): _____

2. CONTACT INFORMATION:

a. Authorized Representative:

Name (Last) _____   First: _____ Initial: ____

Title: _____

Phone: _____ Fax: _____Email Address: _____

b. Program Manager:

Name (Last) _____   First: _____ Initial: ____

Title: _____

Phone: _____ Fax: _____Email Address: _____

c. Finance Program Manager or Equivalent:

Name (Last) _____   First: _____ Initial: ____

Title: _____

Phone: _____ Fax: _____Email Address: _____

PART B: TRANSPORTATION FEES

Are transportation fees assessed and collected by your state? Yes ___ No ____

If yes, how much in transportation fees was collected by the State in the last year? | $ |

What percentage of the fees collected is used solely for the purpose related to the transportation of hazardous materials in the state? | |

PART C: HMEP PLANNING GRANT - STATEMENT OF WORK

Please note you will be required to provide information for each sub-grant, contract, or agreement (e.g., agreement with another part of the state government) issued or awarded, entered into, or signed during the reporting period, the process of selecting sub-grantees to receive the HMEP planning grant funding.

1. NEEDS ASSESSMENT
Include a brief statement that indicates the needs of the jurisdiction for planning.

2. HMEP PLANNING GRANT AMOUNT REQUESTED

    a. Total Federal Planning grant amount requested: | $ |

    b. Total Planning grant Non-Federal Match: | $ |

3. HMEP PLANNING GOALS AND OBJECTIVES

Use the following table to list the programs goals and objectives for the HMEP planning grant funds requested. The programs goals must align with PHMSA's mission and top priorities as outlined in the application guidance document provided in the application package. *PHMSA will require a progress report during the performance period and at the end of the performance period detailing the programs accomplished goals and outcomes*. (*Insert more rows to the table if more space is needed*)

Goal #	Planning Grant Goal and Objectives

4. STATE PLANNING ACTIVITIES SUPPORTING PROGRAM GOALS

List planned activities to be performed under each goal listed in Part C above. Activities must be allowable, allocable and reasonable. Please include activities planned under section 303 of the Emergency Planning and Community Right-To-Know Act (EPCRA) (e.g. commodity flow studies, hazard risk analyses, emergency plans to be written, emergency plans to be updated, and emergency plans to be exercised).

PHMSA will require a progress report during the performance period and at the end of grant period detailing accomplished activities and actual activity outcomes. (*Insert more rows to the table as necessary to document all planned activities*)

List Goal # from Part C	Activity Description	Estimated Activity Cost	Projected Start/End Date

Total Number of Active LEPCs	
Total Number of Inactive LEPCs[1]	
Total Number of LEPCs [2] projected to receive HMEP Grant Funds as sub-awards	

5. LEPCs SUB-AWARDS INFORMATION

    a. Briefly explain your LEPCs/sub-grantees selection process or the methodology you plan to use to select LEPCs to sub-award the HMEP planning funds.

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[1] An inactive LEPC is one that has not met in a year.

[2] No of LEPCs planned to receive HMEP grant funds through sub-awards. These are LEPCs whose proposals for HMEP grant funds have been received or proposals are under solicitation.

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b. List the names of subgrantees you plan to sub-award HMEP planning funds to and the corresponding sub-award amount, (*PHMSA will require a progress report during the performance period and at the end of grant period detailing LEPCs awarded HMEP funds, sub-award amounts, and LEPCs accomplished activities. (Insert more rows to the table if more space is needed*)

Sub-grantee Name (Region or District)	Sub-Award Amount	Planning Activities	Estimated Activity Costs	Projected Activity Start and End Date
	$			
	$			
	$			
	$			
	$			

6. HMEP PLANNING SUPPLEMENTAL FUNDING (OPTIONAL)

Briefly explain what additional planning activities you would complete with supplemental HMEP funding if provided. Provide the estimated amount of supplemental funding you would need to complete these additional activities. (*Insert more rows to the table if more space is needed*)

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PART D: HMEP TRAINING GRANT - STATEMENT OF WORK

Please note you will be required to provide information for each contract or agreement (e.g., agreement with another part of the state government), issued or awarded, entered into, or signed during the reporting period, information of any sub-grants awarded if any, and the sub-grantees selection process.

1. NEEDS ASSESSMENT
Include a brief statement that indicates the needs of the jurisdiction for training.

2. HMEP TRAINING GRANT AWARD AMOUNT

     a.   Total HMEP Federal Training grant amount requested: $

     b.   Total Training grant Non-Federal Match: $

3.   HMEP TRAINING GOALS AND OBJECTIVES
List training goals and objectives planned under the HMEP Training grant. List your projected outcome for each goal planned. *PHMSA will require a progress report during the performance period and at the end of the performance period indicating accomplished goals and outcomes.* (*Expand the rows or insert more rows to the table if more space is needed*)

Goal #	Training Grant Goals & Objectives

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4. STATE TRAINING ACTIVITIES SUPPORTING PROGRAM GOALS

List all training activities including trainings that fall under the NFPA 472 core competencies or OSHA 29 CFR § 1910.120(q) you plan to carry out with HMEP Training funds. Provide training type, training activity description, number of courses to be held, and the projected number of individuals to be trained. *PHMSA will require a progress report during the performance period and at the end of the performance period detailing other accomplished training activities* (*Insert more rows to the table as needed to document all other projected training activities*)

List Goal # from Part C	Activity Description	Estimated Activity Cost	Projected Start/End Date	No. of Individuals to be Trained

5. SUB-AWARDS INFORMATION (TRAINING GRANT)

a. If applicable, briefly explain your LEPCs/sub-grantees selection process or the methodology you have used or will use to select LEPCs to sub-award the HMEP training grant funding.

b. If applicable, provide information on any sub-grantees you plan to sub-award the HMEP Training funds. Include sub-award amount, planned activities by the each sub-grantee, and

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estimated activity cost. *PHMSA will require a progress report during the performance period and at the end of grant period detailing LEPCs/Sub-grantee accomplished activities and activity costs* (*Insert more rows to the table as needed to document all LEPC sub-award information*)

Sub-grantee Name (Region or District)	Sub-Award Amount	Training Activities	Estimated Activity Costs
	$		
	$		
	$		
	$		
	$		
	$		

6. HMEP TRAINING SUPPLEMENTAL FUNDING (OPTIONAL)

Briefly explain what additional training activities you would complete with supplemental HMEP funding if provided. Provide the estimated amount of supplemental funding you would need to complete these additional activities. (*Insert more rows to the table if more space is needed*)

PART E: BUDGET NARRATIVE

In addition to completing the Planning and Training activities in the sections above, complete a budget narrative to explain each line item of your project costs under both the Planning and Training grant applications. If your project costs are straightforward and clear, your budget narrative will require little effort to create.

The budget narrative is extremely important as it provides transparency for proposed costs and justification for costs that may appear questionable to the granting agency, and it provides details of how and where the applicant will satisfy cost-sharing requirements (matching).

Consider the following when completing the ***Budget Narrative*** section:

1. PERSONNEL
List all staff positions by title. Give annual salary exclusive of fringe benefits, job title, role in the HMEP grant (this may differ from the organizational job title), percentage of time assigned to the HMEP grant, and total cost for the budget period. Base the allocation of salaries for individuals that have responsibilities in both the planning and training areas on realistic estimates of where the time is actually spent. Include only those positions directly funded by the HMEP grant (in whole or in part) or that are part of required matching. For the salaries used as third-party in-kind contributions ("soft match"), explain the methodology and assumptions used.

2. FRINGE BENEFITS
Fringe benefits, such as vacation, holiday, and sick leave, may be included as a part of direct labor or be in the indirect cost pool, consistent with the organization's established policy. If included as a direct cost, identify the percentage used (fringe benefit rate) and the basis for its computation and apply it to the salary allocations specified under personnel. Do not include any amounts for fringe benefits if fringe benefits are addressed as part of the negotiated indirect cost rate agreement.

3. TRAVEL
Provide an estimate of the aggregate costs for local travel (i.e., travel that involves only reimbursement of mileage as defined by the applicant), include the mileage reimbursement rate used by the applicant (current at the time of application), and describe the reasons for the travel. If it is not classified as local travel, specify the estimated number of trips, and for each trip, the purpose of the trip, programmatic need for the trip, location, and estimated costs, including per diem allowance consistent with the applicant's standard policies, but which cannot exceed the ceilings established by the Federal Travel Regulations.

4. EQUIPMENT
Identify all tangible, non-expendable personal property to be purchased that has an estimated cost of $5,000 or more per unit and a useful life of more than one year, which will be used during proposed planning or training activities. Personal property items with a unit cost of less than $5,000 are

considered supplies for purposes of this grant budget, even if the State or other applicant has a lower capitalization threshold.

Equipment Item	Description of Usage (Including cost justification)	Quantity	Estimated Cost

5. SUPPLIES

Supplies are tangible property other than "equipment." Identify categories of supplies to be procured (e.g., office supplies) which will be used during proposed planning or training activities. Specifically identify "sensitive" items, such as laptops, global positioning system devices (GPSs), and cameras and their associated cost/unit. **Do not include supplies** to be purchased under subgrants or contracts in this budget category.

Supply Item	Description of Usage (Including cost justification)	Quantity	Estimated Cost

6. CONTRACTUAL

Describe the qualifications and duties of contractors and explain the amount of time they will spend on the project. Specify the amount you anticipate expending for services/analyses, the purpose of the contracts, and estimated cost. **Any contractual or subgrant procurement of services must comply with the procurement requirements of 2 CFR § 200.330.**

Subgrants should be included under the "Contractual" object class category. Subgrants must have a separate itemized budget (using the same object class categories as in this budget that you are completing for PHMSA) and budget justification, not to exceed one additional page each, included as

part of the application. For example, if a subgrant includes postage, contractual services, supplies, etc., those costs should be shown as part of the individual subgrant budget and should not be included elsewhere in your budget to PHMSA. If subaward budgets are not available at the time of application, use an estimate and provide the budgets when they are available. You may not spend funds for subawards until those budgets have been submitted to PHMSA.

7. OTHER

Other category includes insurance; space rental; printing; publication; postage; utilities; telephone; rental of equipment and supplies; **and activities not covered under other budget categories**. List each category or item in sufficient detail for PHMSA to determine the reasonableness of the cost relative to the activity to be undertaken.

8. INDIRECT COSTS

If indirect costs are included in the budget, identify the cognizant federal agency for negotiation of the indirect cost rate and the approved indirect rate. Provide a copy of the most recent negotiated agreement. If your organization does not have a cognizant Federal agency, note that in the proposal and provide a brief explanation for how you calculated your indirect cost rate. In this case, PHMSA will determine whether it is cognizant and should be negotiating a rate. PHMSA will not reimburse indirect costs in the absence of a valid rate that is approved by a cognizant agency and covered the period of the award.

9. COST SHARING (MATCHING)

Cost share, if applicable, must be listed in SF 424A, Section A, under the "Non-Federal column(s) and Section C, Non-Federal Resources, in the Budget Summary and then described separately from the Federal share in the budget narrative. The requirement to provide a 20% match for the Planning and Training (direct and indirect) costs of all activities covered under the grant award program with non-Federal funds is waived for "Insular Areas" which include the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, and the Government of the Northern Mariana Islands in order to minimize the burden caused by the existing application and reporting procedures.

Cost share is the portion of allowable project costs that a grantee contributes toward completing its project – costs not borne by the Federal government (49 CFR § 110.60). Types of cost sharing or matching are third party in-kind contributions, hard match (i.e., cash contributions), and soft match.

- Third party in-kind contributions include the property or services which benefit a federally assisted project or program and are contributed by a Non-Federal third party without charge to the grantee, or a cost-type contractor under the grant agreement. Examples include equipment or a building donated free of charge for an approved HMEP grant project/activity. Supplies and Equipment: Donated supplies and equipment may include such items as expendable equipment and office supplies. Value assessed to donated supplies included in the cost sharing or matching share shall be reasonable and shall not exceed the fair market value of the property at the time of the donation.

Hard match or cash contributions is a grantee's cash outlay including the outlay of money contributed to the grantee or subgrantee by other public agencies and institutions, and private organizations and individuals. Examples include the payment of part of the cost of an approved HMEP grant activity/project or training, use of State funds to meet 100% or part of the match, and the purchase of supplies or equipment for an activity/project to meet a match requirement.

A soft match is the use of an individual's time for training. Examples include the following:

- The time a participant attends a technician class without being paid to attend.

- The volunteer first responder's attendance at an approved HMEP activity/project or training. Time should be based on a reasonable rate the grantee determined by the use of a formula or other method.

- Volunteer Services: Volunteer services furnished by professional and technical personnel, consultants, and other skilled and unskilled labor may be counted as cost sharing or matching if the service is an integral and necessary part of an approved project or program.   If the applicant is using volunteer services to meet the matching requirement, be sure to establish a dollar value to all volunteer services and explain percentage of time the individual(s) contributed toward the grant program.

PART F: CERTIFICATIONS

Authorized Representatives should initial next to each statement below to indicate that your agency understands and agrees with the following:

1. I certify that the aggregate expenditure of funds, exclusive of Federal funds, for training public sector employees to respond to accidents and incidents involving hazardous materials under EPCRA will be maintained at a level that does not fall below the average level of such expenditures for the 5 fiscal years prior to the grant project.

   _____

2. I certify that the aggregate expenditure of funds of the state or territory, exclusive of Federal funds, for developing, improving, and implementing emergency plans under EPCRA will be maintained at a level that does not fall below the average level of such expenditures for the 5 fiscal years prior to the grant project.

   _____

3. I certify that the designated agency is complying with Sections 301 and 303 of EPCRA.

_____

4. I certify that the designated agency will make available not less than 75 percent of the funds granted for the purpose of training public sector emergency response employees.

_____

5. I certify that the designated agency will make at least 75 percent of the amount of the grant in the fiscal year to local emergency planning committees established under section 301(c) of the Act (42 U.S.C. 11001 (c)) to develop emergency plans under the Act.

_____

6. I certify that the agency is compliant with the National Incident Management System (NIMS).

_____

APPLICATION CERTIFICATION
I certify to the best of my knowledge and belief that this application is correct and complete for the planned activities under the HMEP Grant Program Funding Requirements.

Signature _____

Printed Name: _____ Title: _____