

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

## **PERFORMANCE REPORT**

**Mid-year**

**Annual**

**Final**

**Grant Cycle 2018-2019**

**Persons are not required to respond to the collection of information herein unless a currently valid OMB control number is displayed. (5 CFR §§ 1320.5(b)(2) and 1320.6(a)(2))**

**PROGRESS REPORT**

The following format must be used by each Hazardous Materials Emergency Preparedness (HMEP) grantee to provide mid-year and final progress reports. A single report will cover both planning and training, as applicable. Each report should include activity attributable to the reporting cycle.

Mid-year progress reports must provide information on activities occurring during the first half of the grant year cycle ending March 31st and are due no later than April 30th.

Final progress reports must provide information on activities occurring during the entire grant year ending September 30th and are due no later than December 29th.

**I. IDENTIFYING INFORMATION**

**A. Name of Recipient** (Enter the information shown in Item 1 on the Grant Agreement cover page):

\_\_\_\_\_

**B. Agreement Number** (Enter the information shown in Item 2 on the Grant Agreement cover page): HM-HMP-XX-XXXX-01-00

**C. Performance Period or Grant Year** (Enter the information shown in Item 5 on the Grant Agreement cover page):

\_\_\_\_\_

**D. Name and Title of Point of Contact:** \_\_\_\_\_

**E. E-Mail Address and Telephone Number of Point of Contact:** \_\_\_\_\_

## II. REPORT OF PROGRESS

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

1. Please provide a narrative detailing how planning and training goals and objectives for the HMEP grant were achieved during this performance period.
2. Please provide a narrative detailing how the State/Tribe/Territory, through the activities conducted using of HMEP funds, is better able to handle accidents and incidents involving the transport of hazardous materials.
3. Please provide a brief description of any issues or delays, such as severe weather and forest fires, that impacted the HMEP grant recipient's ability to utilize or administer its HMEP award.

4. Planning information for reporting period. Please complete the table below.

Recipient Funded (Grantee, Subgrantee)	Amount Expended (\$)	Activities Performed Plans Updated Plans Written Hazard Analysis Commodity Flow Other	Mode of Transport air, water, highway, rail, other	Type of Hazmat (if applicable)	Completion Date	What was the outcome? (If applicable)	Comments (Optional)

5. Training Activities during this reporting period. Please complete the table below.

Award/Subaward Recipient	Training Type Awareness, Operations, Specialist, Technician, Incident Command, Other	Initial or Refresher (I/R)	Number Trained	Amount Expended for Activity	Training Competencies NFPA 472, OSHA 1910.120, Other	Comments (Optional)

- 6. If applicable, please state (yes or no) if your State Emergency Response Commissions (SERC) is receiving and distributing information provided from the railroads regarding certain hazardous materials shipments to local planning entities.

### III. CERTIFICATIONS

The Grantee certifies that:

- 1. The aggregate expenditure of funds, exclusive of Federal funds, for developing, improving, and implementing emergency plans under EPCRA and 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. The Grantee is complying with Sections 301 and 303 of EPCRA (42 U.S.C. 11001, 11003).
- 3. The Grantee has made 75 percent of the award available for the purpose of training and/or planning activities.
- 4. The person it authorized to provide training has an auditable accounting system.
- 5. All training activities conducted are consistent with the competencies identified in NFPA 472 or OSHA 29 CFR § 1910.120.

To the best of my knowledge and belief this report is correct and complete and reflects the performance of activities and purposes set forth in the award documents.

Grantee Authorized Representative Signature: \_\_\_\_\_

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

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