

SOUTH DAKOTA HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS
(HMEP)
PLANNING

GRANT APPLICATION PACKAGE

For more information or help applying, contact:
Autumn Stout
Hazardous Materials Emergency Preparedness Grant Administrator
(605) 773-3231
South Dakota Office of Emergency Management

Send Application to:

South Dakota Office of Emergency Management
Attention: Autumn Stout
221 S. Central Avenue
Pierre, South Dakota 57501

APPLICANT:

_____ COUNTY LEPC

CONTACT NAME: _____

LEPC Title: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (DAY): _____

EMAIL ADDRESS: _____

NON-SUBMISSION OF ANY ITEM MAY DELAY YOUR APPLICATION!

1. Does the above LEPC currently have a budget and method to distribute funds?
2. Is the LEPC active with quarterly meetings and by-laws which is necessary to qualify for this grant?
3. Hazmat Plan or Commodity Flow Study

4. If Hazmat Plan is checked in # 3 above, please explain below how old your current plan is, what changes there have been since the last update, what fixed hazmat storage facility risks there are and the nature of the population at risk from these hazardous materials. (Please note that this plan and annual updates are required under the SARA Title III federal regulations.)

5. If Commodity Flow Study is checked in # 3 above, please explain below whether a commodity flow study has ever been done and when, what changes there have been since the last study, the suspected routes of hazardous materials transportation through your county, the suspected types of hazardous materials transported and the nature of the population at risk from hazardous materials transportation.

Maximum reimbursement will be at the costs shown on the following budget page. A formal signed contract will be required pending approval of this application. Copies of receipts and documentation of all matches are required for all reimbursements.

HMEP PLANNING GRANT PROPOSED BUDGET

Project Type: Hazmat Plan Commodity Flow Study Start Date: _____ End Date: _____

COUNTY: _____

Grant Request Amount (Line c below): _____

Budget Information Regarding Above Request

****Breakdown costs of the project to each category****

Wages (Soft Match)*		
Fringe Benefits (Soft Match)*		
Cash Match		
*Time must not be paid by another federal grant or used as a match for another grant. If personnel are volunteer, the South Dakota Volunteer Rate of \$20.81 may be used.		
Contractor Cost for Work Performed		
Equipment (possible match item)		
Supplies (copying costs, misc.) (possible match item)		
Other (Specify)		
Project Total Cost		a
Total Match (20% minimum of Line a required)		b
Grant Request Amount (Line a-Line b)		c

Name and Title of Authorized Person:

NAME (PRINT): _____

DATE: _____

TITLE: _____

I certify that all information given in this grant application is true and correct and that all funds distributed to the above applicant will be used solely for the project and purposes described in this grant application.