

SOUTH DAKOTA HMEP

TRAINING

GRANT APPLICATION PACKAGE

For more information or help applying, contact:

Autumn Stout

Hazardous Materials Emergency Preparedness Grant Administrator

South Dakota Office of Emergency Management

(605) 773-3231

Send application to:

South Dakota Office of Emergency Management

Attention: Autumn Stout

221 South Central Avenue

Pierre, South Dakota 57501

APPLICANT: _____

_____ COUNTY

CONTACT NAME: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (DAY): _____

E-Mail Address: _____

NON-SUBMISSION OF ANY ITEM MAY DELAY YOUR APPLICATION

1. Does the above agency currently have a budget and method to distribute funds?
2. Does the county in which applicant resides have an active LEPC with quarterly meetings and by-laws which is necessary to qualify for this grant?
3. Descriptive title and description of applicant's training project:
4. Explain (justify) the cost vs. the benefit of your project and why it should be funded.
5. Check the Level of Training being addressed by this Training Project:

Level 1 (Awareness)
Level 2 (Operations)
Level 3 (Technician)
Level 4 (Specialist)
Level 5 (Incident Command)
EMS Hazardous Materials Responder
Other (Specify)

Guidelines for training projects:

First responder agencies are encouraged to work with their local emergency manager and their regional hazmat team to determine training needs in their jurisdiction above the Awareness level.

Technician level and above training is reimbursable for members of the Task Force 1 hazmat response team only. Annual refresher training for existing technicians and above NOT on a recognized hazmat response team is allowable.

Minimum class enrollment is 10 students.

Reimbursement will be at the rates shown on the following budget page. A formal signed contract will be required pending approval of this application. Copies of receipts are required for all reimbursements. A class roster of all students trained must also be submitted prior to grant payment.

HMEP TRAINING GRANT PROPOSED BUDGET

Class Type: _____ Start Date: _____ End Date: _____

Location: _____ County: _____

Grant Request Amount (Line c below): _____

Number of Participants _____

Budget Information Regarding Above Request

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

Student/Participant Wages (Soft Match)*		
Student/Participant 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 Travel		
Contractor Meals (Per Diem)		
Contractor Lodging		
Contractor Cost for Work Performed		
Equipment and Supplies (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 Course Sponsor Authorized Person:

NAME: _____

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.