

SOUTH DAKOTA HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS  
(HMEP)  
**PLANNING**

**GRANT APPLICATION PACKAGE**

For more information or help applying, contact:  
Bob Van Winsen at  
South Dakota Office of Emergency Management  
(605) 773-3231

Send Application to:

South Dakota Office of Emergency Management  
Attention: Bob Van Winsen  
118 West Capitol Avenue  
Pierre, South Dakota 57501-2000

APPLICANT:

\_\_\_\_\_ COUNTY LEPC

CONTACT NAME: \_\_\_\_\_

LEPC Title: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (DAY): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



# HMEP PLANNING GRANT PROPOSED BUDGET

MEMO: Maximum reimbursement will be at the costs shown on this 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.

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\*\*

	\$	
LEPC Member Wages (Match – hard or soft) *		
LEPC Member Fringe Benefits (Match) *		
* Include only non-SLA time for Emergency Manager and other LEPC Members at estimated regular job rate. Time must not be paid by another federal grant or used as a match for another grant.		
Contractor Travel (Mileage) \$0.37 per mi **		
Contractor Meals (\$26.00 per diem)**		
Contractor Lodging (\$60.00 per night) **		
Contractor Cost for Work Performed **		
** Include paid contractor or paid LEPC members or other locals paid for their work on this project		
Equipment (possible match item)		
Supplies (copying costs, misc.) (possible match item)		
Other (Specify)		
Facility Fee ( work space and equipment provided to contractor) (match item)		
<b>Project Total Cost</b>		<b>a</b>
<b>LESS Match (Add all match items) 20 % of Line a minimum required</b>		<b>b</b>
<b>Grant Request Amount (a-b)</b>		<b>c</b>

Name and Title of LEPC 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.