

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: \_\_\_\_\_

**NON-SUBMISSION OF ANY ITEM MAY DELAY YOUR APPLICATION!**

1. Does the above LEPC currently have a budget and method to distribute funds?
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is the LEPC active with quarterly meetings and by-laws which is necessary to qualify for this grant? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Hazmat Plan \_\_\_\_\_ or Commodity Flow Study \_\_\_\_\_ or Other \_\_\_\_\_. Describe other below.
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.

MEMO: 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\*\*

	\$	
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) \$0.32 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</b> (Add all match items) 20 % of Line a minimum required		<b>b</b>
<b>Grant Request Amount (a-b)</b>		<b>c</b>

Name, Title and Signature of LEPC Authorized Person:

NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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.