

SOUTH DAKOTA HMEP LEPC

Statement of Compliance

With Sections 301-303 of SARA Title III
And SDCL 34A-12-23

**** Must be submitted once per year ****



1. The above applicant has established a Local Emergency Planning Committee: Yes _____ No _____
If "yes" does the committee contain members from the following groups:
 - a) Elected Local Officials: Yes _____ No _____
 - b) Law Enforcement: Yes _____ No _____
 - c) Emergency Management: Yes _____ No _____
 - d) Fire Service: Yes _____ No _____
 - e) Health: Yes _____ No _____
 - f) Local Environmental: Yes _____ No _____
 - g) Hospital: Yes _____ No _____
 - h) Transportation: Yes _____ No _____
 - i) Media: Yes _____ No _____
 - j) Community Groups: Yes _____ No _____
 - k) Owners/Operators of Affected Facilities: Yes _____ No _____

2. The Local Emergency Planning Committee has been approved by the State Emergency Response Commission: Yes _____ No _____
3. The LEPC has elected officers: Yes _____ No _____
4. The LEPC has established bylaws or rules for functioning: Yes _____ No _____
5. The LEPC meets quarterly: Yes _____ No _____
6. The LEPC has appointed a Community Emergency Coordinator: Yes _____ No _____
7. The LEPC publishes notice of all public meetings and activities: Yes _____ No _____
8. The LEPC has appointed an Information Coordinator: Yes _____ No _____
9. The LEPC has established procedures for processing requests for information from the public: Yes _____ No _____
10. The LEPC has developed a Hazardous Materials Emergency Response Plan: Yes _____ No _____
11. The LEPC reviews and updates the Emergency Response Plan on at least an Yes _____ No _____

annual basis:

12. Has a current list of LEPC members been submitted to the state SERC: Yes _____ No _____

13. If “no” has been answered to any of the above questions, define a target date for when the requirement(s) will be met: _____

14. Name, Day Telephone Number and Signature of the LEPC Chairman authorizing grant application:

NAME: (print) _____

DATE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

COUNTY: _____

I Certify that all information given is true and correct and that all applications for funds under the HMEP program will be based upon this information and that a “no” answer to any above question may effect eligibility for funding under the HMEP program.

Authorized Signature