

**KANSAS DIVISION OF EMERGENCY MANAGEMENT
HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP)
FFY 2015-2016 GRANT APPLICATION FOR EXERCISE ACTIVITIES**
(Application Submission Deadline - February 2, 2015)

1. APPLICANT ORGANIZATION NAME (County/LEPC/Department): _____
2. APPLICANT ORGANIZATION (County/LEPC/Department) DUNS # _____
3. SUBAWARD PERIOD OF PERFORMANCE START DATE: **October 1, 2015** END DATE: **August 31, 2016**
4. NAME OF FEDERAL AWARDING AGENCY: **United States Department of Transportation, Pipeline and Hazardous Materials Safety Administration**
5. CFDA NUMBER: **20.703**
6. FEDERAL SUBAWARD PROJECT DESCRIPTION:
 - a) **Project Manager:**
Name: _____ Title: _____
Address: _____ City/Zip: _____
Telephone Number: _____ Email: _____
 - b) **Local Emergency Planning Committee Chair/Division Director:**
Name: _____ Title: _____
Address: _____ City/Zip: _____
Telephone Number: _____ Email: _____
 - c) **Financial Contact Information** (person responsible for the fiscal management of the grant who certifies all financial status reports, invoices, and requests for payment):
Name: _____ Title: _____
Address: _____ City/Zip: _____
Telephone Number: _____ Email: _____
 - d) LEPC STATUS (only active LEPCs are eligible to apply for HMEP grant funds): Active ____ Inactive ____
 - e) PROJECT TITLE: _____
 - f) PROJECT START DATE: _____ TENTATIVE PROJECT END DATE: _____
 - g) TYPE OF PROJECT: Tabletop Exercise _____ Functional Exercise _____ Drill _____
Full Scale Exercise _____ Other _____
 - h) AMOUNT OF HMEP FUNDS REQUESTED: _____
 - i) IF YOU ACCEPT PARTIAL FUNDING, HOW MUCH: _____
 - j) MATCH SHARE (To calculate the match amount, multiply the amount of HMEP funds requested by 0.25, which equals to the (20/80) % match share): _____

k) MATCH TYPE (In-kind, Hard, or Both): _____

Description of Match (prevailing market rate must be used for salary, fringe benefits, equipment, and facilities):

Type of Match (non-federal, reasonable, allocable, and applicable)	Description (fire fighter, law enforcement, student, citizen, etc.)	Estimated Amount
Salary and/or fringe benefit (rate x hours)*		
Facility space used for planning/exercise		
Equipment used for training/exercise		
Equipment used for training/exercise (describe)		
HMEP project related travel (planning/training)		
Other (describe)		
Total Match (non-federal and not used for any other federal and/or state funded projects):		

l) PROJECT NARRATIVE:

i. **Needs Assessment:** *Please describe why the project is needed in your county or region*

- Assess the current hazmat exercise status of the county or region
- Evaluate if your LEOP update/development, Hazards Analysis (HA), Commodity Flow Surveys (CFS), etc. were conducted in last five years; check if your county has any other planning needs, identify gaps, design exercise project
- Evaluate needed tasks, activities, supplies, etc. to prevent and mitigate hazmat transportation related incident
- Develop priorities for tasks and activities to be conducted
- For a multi-county or regional project, focus on needs assessment of the counties involved or the region

ii. **Goals and Objectives:** *Please describe the goals and objectives of this project*

- Describe how the project will improve preparedness in relation to hazmat transportation in the county or region
- Align with the intent of the grant and KDEM’s objectives (refer to the Kansas HMEP Guidance)
- Address the findings of the Needs Assessment
- Ensure goals and objectives are clear, concise and obtainable & reasonable
- Ensure goals and objectives are measurable in terms of projected outputs and outcomes

iii. ***Programmatic Monitoring and Coordination: Please describe how the project activities will be coordinated***

- Programmatic monitoring: Describe the process that will be used for program management; identify lead county (will coordinate the project for the region, work with other counties to come up with the match, submit quarterly/final report) for a multi-county or regional projects
- Financial Monitoring: Provide specific methods to be used for awarding sub-contracts, internal control, as defined in accounting and auditing to be used
- Procurement Process: Describe/justify the procurement process that will be used if you use a contractor or a vendor to execute the project (see CFR 200. 318 for procurement policies to be followed by the county), must attach RFP/bid/quotes, etc. for projects \$3,000 or above; if not available, attach market price analysis
- Information on Contractors: Provide contractor contact information
- Bid Selection Justification: Justify selection of the contractor(s)

Programmatic Monitoring:

Financial Monitoring:

Procurement Process:

Contractor's Contact Information:

Bid Selection Justification:

iv. **Scope of Work:** *Describe the Scope of Work (attach separate sheets, if required)*

- **Tasks and Activities:** Describe the tasks and activities to be performed, project, location, when it will be performed, if contractors, consultants, specialists, instructors, etc. will be hired, etc.
- **Number and Types of Deliverables:** State the number and types of deliverables
- **Schedule of Implementation:** Provide a detailed schedule for execution of the project; describe step by step project timeline and tentative projection completion date; where it will take place
- **Outcomes/Impacts:** Describe the overall outcome, how the project will benefit hazmat planners and first responders.
- **Products to be completed:** Final product or deliverable; use KDEM's scope of work for exercise as guidance

Tasks and Activities:

Number and Types of Deliverables:

Schedule of Implementation:

Outcomes and Impacts:

Products to be Completed:

V. **Budget Narrative:** *Justify the proposed costs, compare any bids/quotes from vendors*

- Justification for Proposed Costs: Justify the proposed cost(s) (attach request for proposals, bids, quotes, etc. for each projects \$5,000 or above)
- List of Supplies and Consumables: Justify any supplies and/or consumables required (all costs must be reasonable and allocable)
- Describe any Equipment/Facility Rental Fees: Justify any rental/purchase for planning or exercise activity (all costs must be reasonable and allocable)

Justification for Proposed Costs:

List of Supplies and Consumables:

Describe any Equipment/Facility Rental Fees:

Itemized Budget:

Cost Category	Description	Cost Estimate
Contractual Planning Fees		\$
Contractual Training Fees		\$
Training Course Fees		\$
Facility Rental		\$
Lodging		\$
Meals		\$
Mileage (0.56/mile)		\$
Car Rental		\$
Equipment Rental		\$
Gasoline		\$
Printing		\$
Materials & Supplies		\$
Other Costs - 1		\$
Other Costs - 2		\$
Other Costs - 3		\$
Total Funds Requested: \$		
Match (Total Funds Requested x (20/80)): \$		
Total Cost (Total Funds Requested + Match): \$		

7. CERTIFICATION:

LOCAL EMERGENCY PLANNING COMMITTEE APPROVAL:

By signing this document, I certify to the best of my knowledge and belief that the provided information is true, complete, and accurate, and all funds distributed to the above applicant will be used solely for the project and purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Signature of the Project Manager

Date

Signature of the LEPC Chair

Date