

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

1. APPLICANT ORGANIZATION NAME (County/LEPC): _____
2. APPLICANT ORGANIZATION DUNS # (County/LEPC): _____
3. SUBAWARD PERIOD OF PERFORMANCE START DATE: **October 1, 2015** END DATE: **August 31, 2016**
4. NAME OF FEDERAL AWARING 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:**
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) NFPA 472 (2013) complaint HazMat training ____ OSHA (1910.120) complaint HazMat Training ____
Other (Describe) _____
 - 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, & applicable) | Description (fire fighter, law enforcement, student, citizen, LEPC member, etc.) | Estimated Amount |
|---|--|------------------|
| Salary and/or fringe benefit (rate x hours) | | |
| | | |
| | | |
| Facility space used for training/exercise | | |
| Equipment used for training/exercise (e.g. fire truck, ambulance, tank truck, cargo tank trailer, etc.) | | |
| Equipment used for training/exercise (e.g. hazardous materials equipment, PPE, etc.) | | |
| Equipment used for training/exercise (describe) | | |
| Materials used for training/exercise (e.g. gasoline, foam, smoke machine, etc.) | | |
| HMEP project related authorized 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 training status of the county or region
- Evaluate if your current training status is adequate, if any new training or refresher courses are required; check if your county has any new training needs, identify gaps
- Evaluate needed tasks, activities, supplies, etc. to prevent, respond 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 2 CFR 200. 318 for procurement policies to be followed by the county), attach RFP/bid/quotes, etc. for projects \$3,000 or above
- Information on Contractors: Provide contractor 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, brief description of the training, location, schedule, if contractors/consultants/specialists/instructors will be hired, training curriculums/standards, etc.
- **Number and Types of Deliverables:** State the number and types of deliverables (output)
- **Schedule of Implementation:** Provide a detailed schedule for execution of the project such as tentative dates for training, the dates for training project completion date, etc.
- **Outcomes/Impacts:** Describe the overall outcome, how the project will benefit the first responders or the jurisdiction
- **Products to be completed:** Final product or deliverable; use established standards (NFPA, OSHA, etc.) for the training you requested

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*

- Justify the proposed cost(s) (attach request for proposals, bids, quotes, etc. for each project \$3,000 or above)
- Justify any supplies and/or consumables required (all costs must be reasonable and allocable)
- Justify equipment rental/purchase for training, exercise or drills (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