

INSTRUCTIONS FOR COMPLETING THE FINANCIAL REPORT FORM

Financial Reports must be submitted to request an advance of funds, report on expenditures of an advance, request reimbursement of funds, as a quarterly report (required even if there were no expenses), or a final report (closing) on a grant.

Complete the Grantee/Sub-Grantee name and address; grant title; grant/allocation number of the grant being reported on; report number (consecutive); and the period covered by the report (not the award period).

Check the appropriate box:

Request for advance of grant funds, which may be used only if the total expense is over \$2,000, and must be accompanied by a dated purchase order, invoice, or quote.

Report on expenditures of advance showing the actual expenditure of the advanced funds. This report is due within ~~thirty~~³⁰ days after the date of the advanced check and proper back up applies. If the amount advanced is more than the amount spent or the advanced amount is not spent within ~~thirty~~³⁰ days, the unexpended funds are to be returned to the SERC within ~~forty-five~~⁴⁵ days of the date of the check. If the amount spent is more than the amount requested in the advance, the additional amount may be requested on this form (mark *report on expenditure and request for reimbursement*) with a brief explanation. When filing this report, transfer the amount on Line #2, or Line #5 as appropriate, to the appropriate Category(s) in the Report on Advance column in the Budget Summary below.

Request for reimbursement may be made as frequently as necessary with proper back up.

Quarterly Reports are required by ~~thirty~~³⁰ days following the end of a fiscal quarter if no financial report has already been submitted during the quarter. If no expenditures have been made during the quarter, a report must still be submitted including an explanation as to why grant funds have not being spent.

Final Report will document there are no further expenditures to be made from this grant. The grant will be closed, no further financial reports are necessary, and all remaining funds will be de-obligated. If not submitted during the award period, it is due within ~~forty-five~~⁴⁵ days of the end of the grant.

Proper back-up documentation consists of: A Financial Report form, Breakdown of Expenditures form, appendix F-3 (an itemized spreadsheet may be acceptable if it contains all required information), invoices or bills, and proof and date of payment.

Status of Funds section

All of these items are "protected" and are programmed to be completed automatically from entries made in the Budget Summary below with the exception of Lines #2 and #5.

Line 2 reflects the total amount of advance requested. This amount need not be entered below at this time.

Line 5 reflects the total amount previously advanced. A report of expenditure on this advance has not yet been filed, but another advance or a request for reimbursement is being made with this report.

Budget Summary section

A Grant/Allocation may have a variety of categories awarded. This section of the form reflects the breakdown of funds by Category. These figures will not change unless a Grant Change Request is approved. Each category of a grant is reported separately on the same report form for that grant. The total of the "Budgeted Amounts" column must equal the amount as listed on the SERC Grant/Allocation Award. Grantees/Sub-Grantees may spend more than is awarded in the grant by supplementing funds from other resources. In this case, include the additional amount in the "Match" line of this section. This match amount will not to be included in any of the form totals.

Prior to making ANY entries in the "Current Period ..." column, transfer any figures in this column to the left into the Previously Reported column. All appropriate updates and totals are programmed be made automatically. If you have any difficulties, contact the SERC Grants and Projects Analyst for assistance.

Total reimbursement/report on advance is the amount to be reimbursed or the advance being reported on with this report. If expenditures exceed the amount advanced, you may request reimbursement of the difference. Include a letter of explanation and justification.

All reports must be signed by the indicated authority and dated

State of Nevada
Emergency Response Commission (SERC)
County Local Emergency Planning Committee Membership List

LEPC: _____

Check only if no member is named

<u>Category:</u>	<u>Agency/Member Name:</u>	<u>Attempted:</u>
1. Elected State Official	_____	<input type="checkbox"/>
2. Elected Local Official	_____	<input type="checkbox"/>
3. Law Enforcement	_____	<input type="checkbox"/>
4. Civil Defense (Emergency Management)	_____	<input type="checkbox"/>
5. Firefighting	_____	<input type="checkbox"/>
6. First Aid	_____	<input type="checkbox"/>
7. Health	_____	<input type="checkbox"/>
8. Local Environmental	_____	<input type="checkbox"/>
9. Hospital	_____	<input type="checkbox"/>
10. Transportation	_____	<input type="checkbox"/>
11. Broadcast/Print Media	_____	<input type="checkbox"/>
12. Community Groups	_____	<input type="checkbox"/>
13. EPCRA Facility Owners/Operators	_____	<input type="checkbox"/>
14. Additional Members:	_____	

A person may represent more than one category. Attach additional pages as necessary. The current LEPC membership roster with identified categories may be submitted as an attachment to this form.

On behalf of the _____ LEPC, I certify diligent attempts have been made to obtain membership representation as indicated above and recommended by the EPA. Pursuant to EPCRA, Section 301, the LEPC hereby petitions the SERC to modify membership consistent with the represented categories.

Signature of LEPC Chairman

Date

LEPC COMPLIANCE CERTIFICATION

The following requirements must be met by the LEPCs for compliance with federal, State and SERC laws, regulations and policies and procedures. This checklist must be completed, signed and returned annually by March 31, even if the LEPC is not a recipient of grant funds.

A check mark in the squares on the left will indicate a YES response.

Have changes in the LEPC Bylaws and Membership list been submitted to SERC?

Bylaws reviewed/updated - Date: Submitted:
Membership list reviewed/updated - Date: Submitted:

Have LEPC meetings been held, at a minimum quarterly, and have agendas and minutes of all meetings, including special meetings, been forwarded to the SERC?

Has the LEPC submitted all required reports which summarize the financial management of the active grants (*i.e., copies of invoices and verification of expenditures*)?

Has the LEPC reviewed and updated its hazardous materials emergency plan (or hazmat portion of the jurisdiction's "all hazards" plan), NRT-1, Level of Response Questionnaire and Letter of Promulgation within the last year? Have the review results and updates been submitted to the SERC in writing along with a copy of the LEPC meeting minutes documenting review of the Plan by January 31st?

Plan update – Date: Submitted:
NRT – 1 update – Date: Submitted:
Level of Response Questionnaire update – Date: Submitted:
Letter of Promulgation update – Date: Submitted:

Has the LEPC reported on at least one incident or exercise (exercise required at least every third year) of its hazardous materials emergency response plan by January 31st?

Indicate the date of the most recent exercise: Submitted:
Indicate the date of an incident report used
in lieu of an exercise: Submitted:

Has the LEPC met the annual requirement of publishing the Emergency Planning and Community Right-to-Know Act "information availability" in the local newspaper? Has the standard Affidavit of Publication been sent to the SERC?

Date of publication: Affidavit Submitted:

Has LEPC read SERC policies?

As chairman of _____ Local Emergency Planning Committee, I attest
County Name

all information provided on this Compliance Certification is accurate

LEPC Chair Signature

Date

RETURN THIS SIGNED FORM WITH GRANT APPLICATION

STATE AGENCY COMPLIANCE CERTIFICATION

The following requirements must be met by State Agencies for compliance with federal and State laws and regulations, SERC policies and procedures. This checklist must be completed, signed and returned with the application.

A check mark in the squares on the left will indicate a YES response.

Has the head of the State agency prioritized the request and signed the application and Certified Assurances?

Has the agency identified which emergency response plan it operates under and what its role is in that plan?

What Plan?

Role in Plan?

Has the agency identified its role, if any, in the State Hazardous Materials Emergency Response Plan?

Role in Plan?

Has the agency reviewed and updated its hazardous materials emergency plan (or hazmat portion of the jurisdiction's "all hazards" plan), NRT-1, Level of Response Questionnaire and Letter of Promulgation within the last year? Have the review results and updates been submitted to the SERC in writing by January 31st?

Plan update –

Date:

Submitted:

NRT – 1 update –

Date:

Submitted:

Level of Response Questionnaire update –

Date:

Submitted:

Letter of Promulgation update –

Date:

Submitted:

Have all required reports been submitted to the SERC which summarize the financial management of the active allocations?

Has the agency reported on at least one incident or exercise (exercise required at least every third year) of its hazardous materials emergency response plan by January 31st?

Has agency read SERC policies?

Indicate the date of the most recent exercise:

Submitted:

Indicate the date of an incident report used in lieu of an exercise:

Submitted:

As head of the

State Agency

I attest all information provided on this Compliance Certification is accurate

State Agency Department Head Signature

Date

RETURN THIS SIGNED FORM WITH APPLICATION

Items due to the SERC by January 31st

To be reviewed by SERC staff:

- Affidavit of Publication date received: _____
- Membership List date received: _____
- Bylaws date received: _____

To be reviewed by Planning and Training Subcommittee members:

- Letter of Response Questionnaire** date received: _____
 - County _____ Dated _____
 - Completely and accurately filled out
 - Level of Response declared --- Awareness, Operations, Technician / circle declared Level of Response
 - Number of individuals trained in accordance to OSHA 1910.120 _____
 - Any specialized training provided _____
- Hazardous Materials Emergency Response Plan** date received: _____
 - Entire plan updated OR specific sections of the plan updated with dates
 - NRT-1A Checklist completely and accurately filled out
 - correct page #s match with the nine areas on the NRT-1A Checklist within the Hazmat Plan
 - Current Letter of Promulgation
 - Tier II Facility List, dated later than October
 - Level of Response is identified in the Plan
 - Contact Information
 - Equipment List
 - Training and Exercise schedules identified by type and when to be held
 - Meeting minutes approving the Plan updates
- Exercise / Incident Report** date received: _____
 - Completely and accurately filled out / signed
 - Narrative explaining the Hazardous Materials event, to include:
 - Hazardous Materials used during the event
 - Who and what agencies were involved in the event
 - How and what parts of the Hazmat Plan were used
 - After Action Report (AAR)/Corrective Actions, if any, identified for Hazmat Plan
- Date in previous calendar year the exercise/event happened _____

SERC Staff: _____

Date: _____

Committee Member: _____

Date: _____

Local Emergency Planning Committees Level of Response Questionnaire

The State Emergency Response Commission (SERC) is continuing to update its list of local response levels and capabilities. In doing so, we ask your cooperation in completing this brief questionnaire. The information will be shared with all Local Emergency Planning Committees (LEPCs) to help facilitate coordinated response efforts.

County: _____

Date: _____

Name of person completing this questionnaire: _____

1. What is the LEPC's declared Level of Response? (mark all that apply)

Awareness

Operations

Technician

Is this level designated in the hazardous materials emergency response plan?

Yes

No

Does the LEPC respond at a higher level of response due to agreements with other entities?

Yes

No

~~Is this level designated in the hazardous materials emergency response plan?~~

~~Yes No~~

2. How many responders are trained in accordance with the OSHA 1910.120 Standards?

(Refer to Question #1)

Awareness Level

Operations Level

Technician Level

Incident Commander

Specialist Level

3. Is there any special training, not required under OSHA 1910.120 Standards, provided to first responders? If yes, please explain. (Example: Awareness Level personnel are trained in decontamination procedures.)

Awareness Level

Operations Level

Technician Level

State Agency Level of Response Questionnaire

The State Emergency Response Commission (SERC) is continuing to update its list of local response levels and capabilities. In doing so, we ask your cooperation in completing this brief questionnaire. The information will be shared with all Local Emergency Planning Committees (LEPCs) to help facilitate coordinated response efforts.

State Agency:

Date:

Name of person completing this questionnaire:

1. What is the State Agency's declared Level of Response? (mark all that apply)

Awareness

Operations

Technician

Is this level designated in the hazardous materials emergency response plan?

Yes

No

Does the agency respond at a higher level of response due to agreements with other entities?

Yes

No

~~Is this level designated in the hazardous materials emergency response plan?~~

~~Yes No~~

2. How many responders are trained in accordance with the OSHA 1910.120 Standards?

(Refer to Question #1)

Awareness Level

Operations Level

Technician Level

Incident Commander

Specialist Level

3. Is there any special training, not required under OSHA 1910.120 Standards, provided to first responders? If yes, please explain. (Example: Awareness Level personnel are trained in decontamination procedures.)

Awareness Level

Operations Level

Technician Level