**State Emergency Response Commission (SERC)**

Hazardous Materials Emergency Preparedness (HMEP)

**Mid-Cycle Allocation Application Kit – 2022**

**For Nevada State Agencies**

This allocation is to provide for Planning and Training to prevent, mitigate and respond to hazardous materials incidents. Application and allocation from the HMEP funds are managed pursuant to SERC policy 8.2 and 8.5. SERC policies may be reviewed at <http://serc.nv.gov>.

State Agencies are eligible for funding through this allocation if they are in compliance with the Emergency Planning and Community Right-to-Know Act (EPCRA), Nevada Administrative Code (NAC), and SERC policies. Eligibility requirements can be found in SERC policies 8.1, 8.2 and 8.3.

The source of funding is derived from a federal allocation from the U.S. Department of Transportation (USDOT) with a focus of preparation and response for incidents involving transportation of hazardous materials. Funds must be accounted for separate from all other allocations. The Assistance Listing Number (ALN) for this grant is 20.703, (previously CFDA).

Complete all forms and provide information in the format as outlined. All the applicable sections of the template must be completed. Minor adaptations to the template may be made keeping the requirements and the purpose of the sections intact. Applications for funding must relate to the prevention of mitigation of, and/or response to hazardous materials incidents involving transportation.

Funds may only be used for expenditures incurred during the project period specified on the allocation award. The federal allocation expires September 30 each year. Any unexpended funds at the end of the allocation period may be de-obligated.

Grant applications shall need to be approved by the USDOT prior to preparation of an allocation award. This process may take some time. Therefore, please consider the timing of the project request when submitting applications through the mid-cycle process. Please submit applications as soon as possible so we can start the federal approval process.

Allocation funds are distributed on a reimbursements basis. However, the State Agency may request advance funding for expenses over $2,000 (SERC policy 8.5).

The allocation format is as follows:

1. **Goals** - Identify what the State Agency would like to accomplish with the requested funds to prevent, mitigate and/or respond to hazardous materials incidents involving transportation. Provide detailed proposed training needs for the period ending October 15.
2. **Objectives** - Identify the specific approaches to achieve the goals through prevention of, mitigation of and/or response to hazardous materials incidents involving transportation. Objectives need to be specific and measurable.
3. **Line Item Budgets** – List each item as a line item on the budget page. The amount of remaining funds is the maximum amount that may be requested. Please contact SERC staff for the current available amounts in the planning and training categories.
4. **Budget Narrative –** Explain each item listed in the line item budget.

Examples of eligible and ineligible expenses can be found in 

**After completing the application and the Activity Request form completely, a PDF version e-mailed to the SERC is preferred with any additional pages included e.g., quotes, letter of denial, etc. or you may submit the entire application package with all attachments by mail.**

**If you submit electronically and do not receive confirmation electronically within 24 hours on business days, please follow-up with the SERC.**

Please call SERC staff at (775) 684-7511 if you need assistance.

**Submit applications to:**

**State Emergency Response Commission**

107 Jacobsen Way

Carson City, NV 89711

Please be prepared to make a presentation of your grant application to the Funding Committee or full SERC Commission. The date and location of the meetings will be announced.

Nevada State Emergency Response Commission

Hazardous Materials Emergency Preparedness (HMEP) Grant Allocation – Mid-Cycle HMEP

Planning & Training

Fiscal Year 2021

Grant allocation request for

Nevada State Agencies

The completed allocation request must be delivered or postmarked by

**N/A for Mid-Cycle**



State Emergency Response Commission

107 Jacobsen Way

Carson City, NV 89711

(775) 684-7511

**DO NOT RETURN THE PORTION ABOVE WITH GRANT APPLICATION**

###### Allocation Application Check Sheet

### a complete application must include the following

Title Page

Goals of this allocation

Objectives of this allocation

Line Item Budget

Budget Narrative

If Training – Brochure and GSA Rates

Certified Assurances

Compliance Certification

Electronic version e-mailed to [**serc@dps.state.nv.us**](mailto:serc@dps.state.nv.us)

**RETURN THIS FORM WITH APPLICATION**

**STATE EMERGENCY RESPONSE COMMISSION**

**HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP)**

**MID-CYCLE ALLOCATION APPLICATION**

**TITLE PAGE**

|  |  |
| --- | --- |
| Applicant: |  |

|  |  |
| --- | --- |
| Address: |  |

***State Agency Project Manager:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | City/Zip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| E-mail: |  |

***State Agency Fiscal Officer:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | City/Zip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| E-mail: |  |

***Budget Summary:***

|  |  |  |
| --- | --- | --- |
| **Planning** | **Training** | **Total\*** |
|  | **$** | **$0.00** |

**Round up total\* only to the nearest dollar**

AGENCY APPROVAL (Department Head of State Agency):

I certify I have reviewed this application and agree to abide by the Federal and State procedures which are related to the acceptance of funds.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Department Head of State Agency | Date |

PROJECT MANAGER APPROVAL (Chief/Administrator of Division of the State Agency):

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Project Manager | Date |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Print Name and Title |  |

1. **GOALS:**

*Tell the SERC what you want to accomplish with this allocation.* ***Provide a separate discussion of each goal and justify its need towards the prevention, mitigation and/or response to hazardous materials incidents involving transportation.*** *The goals are general statements of desired results and identify intended outcomes and results the program has established to achieve with these funds.*

|  |
| --- |
| *Click inside gray box to begin typing* |

1. **OBJECTIVES:**

*How do you plan to achieve the goals listed above? Include specific uses of this allocation funding to prevent, mitigate and/or respond to hazardous materials incidents involving transportation. Objectives focus on the methods/activities to be used to achieve the goals they support.*

*Answer these questions in each objective:*

* *WHAT will be done with these funds?*
* *WHO is responsible for making arrangements and payments for the activities of this allocation?*
* *WHEN will the activity be implemented?*

|  |
| --- |
| *Click inside gray box to begin typing* |

**BUDGETS:**

**Training:**

*All training requests must first be made through the State Fire Marshal’s office (SFM) and the Department of Emergency Management (DEM). If the SFM or DEM declines the training, the request may be included in the application along with the letter of declination.*

*Please note a minimum of 50% of classes attended must have a tie-in to hazmat in transportation. All expenses must be itemized. State per diem rates (which generally follow the federal GSA rates; (*[*http://www.gsa.gov*](http://www.gsa.gov)*) will prevail unless local rates are less. Hotel receipts are required for all lodging reimbursement requests, including in state lodging. Meals included in registration fees will not be reimbursed. Travel eligibility requirements and rates are further defined in SERC policy 8.5.*

*Requests for a consultant/contractor to provide training must be accompanied by at least two competitive bids. The bids must include an itemized quote and detailed scope of work from the consultant/contractor.*

*If a privately owned vehicle is used for agency convenience, mileage may be reimbursed at the State rate, currently* ***.655*** *cents per mile. If a personal vehicle is used for personal convenience, the reimbursement allowed is* ***.3275*** *cents per mile. If an agency vehicle is used, reimbursement may be made for fuel charges based on receipt or agency fuel logs. Airport parking and ground transportation expenses are reimbursable upon presentation of receipts. Rental cars must be pre-approved by the SERC. All travel expenses are based on GSA rates and guidelines as well as the Nevada State Administrative Manual and mileage is based on the maximum allowed with the State of Nevada during the grant period of potential awards.*



***Double click on any box to open an embedded Excel Spreadsheet to enter your data when finish click anywhere outside the box to re-embed the data into the Word document and then SAVE your work!!!***

1. **BUDGET NARRATIVE**

*This is an explanation of the line items identified in each category. The budget narratives must explain the use of the requested funds. Budget narratives must be included for each category for which there is a request for items/services. Justify the relationship between the items listed within each category and the goals and objectives of this request. The budget narratives must tie each item requested to the goals and objectives of this project.*

# **Planning Services -**

*Explain the basis for selection of each consultant or conference attendance and describe how the activity to be provided is essential to achieving established goals.*

|  |
| --- |
| *Click inside gray box to begin typing* |

# **Training -**

*Explain the purpose of the training and/or the consultant/contractor and how it relates to achieving established goals. Provide location of training, duration, itemized transportation and per diem expenses. Attach a copy of the letter of declination from SFM.*

|  |
| --- |
| *Click inside gray box to begin typing* |

**OVERTIME AND BACKFILL FUNDS**

**Overtime and Backfill Policy for HMEP Training and Exercises**

* **Scope:**

This policy applies to sub-recipients and sub sub-recipients of Department of Transportation (DOT) Pipeline & Hazardous Materials Safety Administration (PHMSA) Hazardous Materials Emergency Preparedness (HMEP) Planning and Training grant funds.

* **Policy:**

As outlined in the HMEP Notice of Funding Opportunity (NOFO), overtime/backfill and volunteer stipend expenses are permitted under this allocation in order to perform allowable HMEP training activities including training exercises. To be eligible for any personnel time reimbursements, an individual’s employing department must have experienced an actual cost beyond normal operational personnel expenses. Qualified expenses may include overtime, backfill or loss of salary/compensation by the individual attending an allocation eligible **activity approved by PHMSA**.

1. **Restrictions:**
2. Overtime related to planning activities will not be approved.
3. Overtime to attend training conferences or symposiums will not be covered.
4. PHMSA must not be billed for overtime and/or backfill related to the same individual/training course. This means that an individual attending training that results in overtime would not require someone backfilling that time.
5. PHMSA will allow recipients up to 30 percent of its award for backfill, overtime and stipend costs.
6. Course instructors and administrative staff are not eligible to be reimbursed under this guidance.
7. Expenses are limited to the actual costs that result from an individual who performs the duties of another individual while they are attending an HMEP approved training activity.
8. If the backfill employee is a regular employee who is called in on his/her day off (weekend or other off day), there may be an extra cost to the applicant. Regular and overtime costs may be eligible.
9. If the backfill employee is called in from scheduled leave, there should be no extra cost as the leave can be rescheduled. Only the overtime is eligible.
10. For hybrid fire departments (volunteer and career), the value of volunteer’s backfilling for a career employee can be credited toward the non-Federal cost share or the volunteer may receive a stipend but not both.
11. **Record Keeping Requirements:**
12. Allocation recipients must provide SERC and retain a list of all individuals involved in these costs and their salary (individual trained and individual backfilling).
13. Allocation recipients must provide SERC with and retain an internal management plan/policy to ensure adequate oversight for these costs prior to the activity occurring.
14. Allocation recipients must provide SERC with and retain a training record and actual payroll records which must be maintained for all responders who receive overtime, backfill or stipends by name, County LEPC or State Agency, training date(s) and the total amount paid to each individual volunteer for each training event.
15. **Documentation:**
16. Allocation applicants must submit the following information: estimated number of employees are to be trained while on overtime/backfill/stipend pay; average hourly rate of firefighter/emergency responders in jurisdiction; estimated total overtime hours or stipend pay; total costs for overtime and/or stipends due to HMEP training; name and date of training course(s).
17. The SERC will conduct spot check/desk review/audits and will make sure the following information is being retained: names of individuals trained; individual hourly rates for individuals trained; total overtime hours or stipend pay per individual (pay stub, payroll printout); total actual costs for overtime or stipend pay due to HMEP training; name and date of training course(s).
18. **Reimbursement Limitations Include:**
19. Only personnel time directly related to the grant activity is allowed. Travel time to and from the event is not eligible. However, requested reimbursement for travel/per diem costs is eligible.

Note: that if overtime or backfill is charged against any cost categories and the individual(s) is in travel to the approved training, the completion of a “Travel Request” form as outlined in SERC Policy 8.5 is required for reimbursement for travel/per diem cost.

1. Normal salaried time of team members is not eligible for reimbursement due to supplanting issues.
2. Salaried employees participating outside their normal work hours are not eligible for reimbursement.
3. Reimbursement cannot exceed 1.5 times a sponsoring department employee’s hourly wage. Benefits, longevity pay, and other salary enhancements are not eligible for reimbursement. For volunteer stipends cannot **exceed 20 percent** of what the fire department would otherwise pay a full-time firefighter to perform response services. HMEP recipients should develop and submit to the SERC a policy for the standardized stipend amount to be provided for participation in HMEP training and training-related exercises. Prior approval must be received before issuing stipends. All costs must be related to a HMEP training activity.

**Please review SERC Policy 8.16 for additional information regarding requirements for overtime/backfill and stipend.**

**PERSONNEL CALCULATION SHEET**

****

***Double click on any box to open an embedded Excel Spreadsheet to enter your data when finish click anywhere outside the box to re-embed the data into the Word document and then SAVE your work!!!***

**CERTIFIED ASSURANCES**

**For State Agencies**

**Allocation Title: HMEP Mid-Cycle Allocation 2022**

Upon acceptance of funding from the State of Nevada Emergency Response Commission (SERC), the applicant and the lead governmental unit hereby agree to the following Certified Assurances governing the awarding of funds:

* 1. The applicant assures compliance with the Nevada Administrative Code (NAC) 459.9912 et seq. and SERC policies found at <http://serc.nv.gov>.
  2. **FINANCIAL REPORTS –** The recipient is required to submit, at a minimum, quarterly financial reports to the SERC. Reporting must be made in accordance with all applicable federal, state, and local laws and regulations, and SERC Policies 8.5 and 8.6.

No expenditures or obligations will be eligible for reimbursement if occurring prior to or after the award period. All funds need to be obligated by the end of the project period and expended by the final report date as stated in the award cover letter. Failure to submit proper reports pursuant to current policies may jeopardize future funding from the SERC.

* + 1. **Request for advance:** May be requested only if expenses total over $2,000.00 and is accompanied by a dated purchase order or quote. Complete and submit a financial report form with the appropriate “request for advance” box checked.
    2. **Report on expenditure of advance:** Show the actual expenditure of the advanced funds. Complete and submit a financial report form with the appropriate “report on expenditure of advance” box checked. This report is due **within 30 days** of the date of the advanced check and must include copies of dated invoices and proof of payment. If the amount advanced is more than the amount spent or the advanced amount is not spent within the 30 days, the unexpended funds are to be returned to the SERC within 45 days of the date of the check.
    3. **Request for reimbursement:** Complete and submit a financial report form, at a minimum quarterly, for all expenditures funded by the allocation. Include a summary breakdown of expenses, copies of dated invoices, proof of payment and any other documents required by SERC policies. Any other form of documentation for expenditures must be approved by the SERC staff. If additional funds are used toward the project, report those expenditures as a **match** in the appropriate line on the report form.
    4. **Quarterly report required:** If there are no expenditures within the quarter, a report with an explanation of why and the plan for future expenditures is due by the end of the month following the end of the quarter. Due dates for quarterly reports are as follows:

**October 31** - for reporting period July 1 to September 30;

**January 31** - for reporting period October 1 to December 31;

**April 30** - for reporting period January 1 to March 31; and

**July 31** - for reporting period April 1 to June 30.

* + 1. **Final report:** There will be no further expenditures, the project is closed and no further reports are necessary. This report is due within **30 days** after the end of the award period, or any time prior to the end of the award period if no further funds will be spent.
    2. **EXERCISE REPORTS –** To be eligible for allocation funding, the applicant must report to the SERC by January 31st of each year on at least one real event and/or tabletop, functional, or full-scale exercise or drill which utilizes and implements the hazardous materials emergency response plan. An exercise is required at least once every third year.
  1. **CHANGE REQUEST –** Expenditures are authorized for the purposes set forth in this application, as approved in the award, and in accordance with all applicable laws, regulations, and policies and procedures of the State of Nevada and the applicable federal granting agency. Request for a change in the project must be submitted to the SERC and approved in writing prior to its implementation. Approval may be required by the Funding Committee if the change is significant (SERC Policy 8.7).
  2. The applicant assures compliance with *2 CFR 1200, Non-procurement Suspension and Debarment.* The applicant assures, through the submission of the application for funding, neither the lead agency, county government nor any of its participating agencies are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any federal department or agency.

1. The applicant assures the fiscal accountability of the funds received from the SERC will be managed and accounted for by the lead agency’s chief comptroller. Internal control and authority to ensure compliance with the SERC’s documentation, record keeping, accounting, and reporting guidelines will reside with that individual.
2. The SERC will reimburse the recipient reasonable, allowable, allocable cost of performance, in accordance with current federal requirements, Nevada Revised Statute, Nevada Administrative Code, State Administrative Manual, SERC policies and any other applicable fiscal rules, not to exceed the amount specified at the total award amount.
3. The applicant assures it shall maintain data and information to provide accurate financial reports to the SERC. Said reports shall be provided in form, by due dates and containing data and information as the SERC reasonably requires to administer the program.
4. The applicant assures financial reports shall be submitted within 30 calendar days of the end of each calendar quarter and within **30 days** of the end of the project period and shall be current and actual.
5. The applicant assures funds made available under this allocation will not be used to supplant state or local funds.
6. The applicant assures compliance with *2 CFR 200.212 and 180, Non-procurement Suspension and Debarment.* The applicant assures, through the submission of the grant application for funding, neither the lead agency, county government, any of its participating agencies, are potential vendors, contractors or providers debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any federal department or agency.
7. The applicant assures that it will comply with Administrative Requirements *2 CFR part 200,* Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments appropriate to the award as follows:
8. 49 CFR 110*, Hazardous Materials Public Sector Training and Planning Grants*
9. 49 CFR 18*, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments*
10. 2 CFR 225*, Cost Principles for State, Local and Indian Tribal Governments*
11. OMB Circular A-133, *Audits of States, Local Governments and Nonprofit Organizations* (now contained in 2 CFR 200)
12. 49 CFR 20*, New Restrictions on Lobbying*
13. 49 CFR 32*, Government wide Requirements for Drug-Free Workplace*
14. The applicant assures compliance with the below in any programs and activities receiving federal financial assistance:

*Title VI of the Civil Rights Act of 1964,* which prohibits discrimination on the basis of race, color and national.

*49 CFR 21*, Nondiscrimination in Federally Assisted Programs of the Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964.

*Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990*, which prohibits discrimination based on disability.

*The Age Discrimination Act of 1975*, which prohibits unreasonable discrimination based on age.

*Title IX of the Education Amendments of 1972*, which prohibits discrimination based on gender in educational activities.

1. Any publication (written, visual, or audio) issued by the recipient describing programs funded whole or in part with federal funds, shall contain the following statement:

“This program was supported by Allocation #**\_\_\_\_\_\_\_\_**, awarded by the Nevada State Emergency Response Commission (and, if an HMEP allocation, the U.S. Department of Transportation). Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position of policies of the State Emergency Response Commission (and, if an HMEP allocation, U.S. Department of Transportation)”

1. The applicant fully understands the SERC has the right to suspend, terminate or de-obligate funds to any recipient that fails to conform to the requirements or the terms and conditions of its award.
2. **LOBBYING -** No allocation funds appropriated will be paid, by or on behalf of the recipient, to any person for influencing or attempting to influence an officer, employee, or a member of Congress, or an officer, employee, or any member of the Nevada State Legislature.
3. Project related income, (i.e., registration fees, royalties, sales of real and personal property) must be used for the purpose of furthering the goals and objectives of the project or program from which the income was generated. Interest earned must be returned to the SERC.
4. All activities and purchases utilizing any SERC administered sources of funding must comply with all local, state and federal laws and regulations as well as grant specific requirements. It is the responsibility of sub-grantees to be familiar with any such laws, regulations and requirements.
5. Applicant understands that an updated addendum to the grant may be required based on the federal guidelines between now and the time of the award documents based on requirements for State of Nevada or the federal sponsoring agency.

The applicant acknowledges receipt of these Certified Assurances and hereby assures adherence to all the above conditions of an allocation award from the SERC.

**AGENCY APPROVAL (Department Head of State Agency):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (print): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | | | Date |

**PROJECT MANAGER APPROVAL (Chief/Administrator of Division of the State Agency):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (print): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | | | Date |

**RETURN THIS SIGNED FORM WITH 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-1A, 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 – 1A 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**

**STATE EMERGENCY RESPONSE COMMISSION**

**HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP)**

**ACTIVITY REQUEST FORM**

**Complete a separate form for each activity requested**

**Section A – Requesting Organization**

Organization:

Street Address:

City / Zip Code:

**Section B – Point of Contact**

First Name:

Last Name:

Phone:

E-Mail:

Position:

**Section C – Project Activity Request Information**

Amount:

Activity:

(Planning or Training)

**Section D – Activity Description**

Number of Participates:

(Enter “0” if funding is requested for planning activities without an associated number of participants such as plan updates and commodity flow studies).

Activity Description and Justification:

|  |
| --- |
|  |

How does this further your organization’s program mission?

|  |
| --- |
|  |

Does this activity replace an item included in the approved application? If yes, what activity is being replaced and why?

|  |
| --- |
|  |