**HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP) GRANT PROGRAM**

**PERFORMANCE REPORT**

**Mid-year Report**

**Final Report**

**Fiscal Year 2016**

**Persons are not required to respond to the collection of information herein unless a currently valid OMB control number is displayed. (5 CFR §§ 1320.5(b)(2) and §1320.6(a)(2) )**

*Planning activities funded by the Hazardous Materials Emergency Preparedness Planning and Training Grant will be used to develop, improve, and carryout emergency plans under the Emergency Planning and Community Right-To-Know Act of 1986 (42 U.S.C. 11001 et seq.), see 49 U.S.C. 5116(a). Emergency responders who receive training under the HMEP training grant will have the ability to protect nearby persons, property, and the environment from the effects of accidents or incidents involving the transportation of hazardous material in accordance with existing regulations or National Fire Protection Association standards for competence of responders to accidents and incidents involving hazardous materials see 49 U.S.C 5116(b).*

**PROGRESS REPORT**

The following format must be used by each Hazardous Materials Emergency Preparedness (HMEP) grantee to provide mid-year and final progress reports. A single report will cover both planning and training, as applicable. Each report should include activity attributable to the reporting cycle.

Mid-year progress reports must provide information on activities occurring during the first half of the grant year cycle ending March 31st and are due no later than April 30th.

Final progress reports must provide information on activities occurring during the entire grant year ending September 30th and are due no later than December 29th.

1. **IDENTIFYING INFORMATION**
2. **Name of Recipient** (Enter the information shown in Item 1 on the Grant Agreement cover page):   
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **HMEP Agreement Number** (Enter the information shown in Item 2 on the Grant Agreement cover page): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Performance Period or Grant Year** (Enter the information shown in Item 5 on the Grant Agreement cover page):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Name and Title of Point of Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **E-Mail Address and Telephone Number of Point of Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **REPORT OF PROGRESS**

Provide a brief summary in the space provided of what was accomplished under the HMEP grant award during the reporting period or grant year for both planning and training, as applicable.

1. Please provide a narrative detailing how planning and training goals and objectives for the HMEP grant were achieved during this performance period.
2. Please provide a brief description of any issues or delays that impacted the HMEP grant recipient's ability to utilize or administer its HMEP award.
3. If 50% or less of your HMEP grant award has been expended to date (mid-year), or less than 100% of your HMEP grant award has been expended to date (year-end), please briefly describe the reason for the unexpended balance and how your agency plans to resolve the balance before the end of the performance period.
4. Please provide a narrative detailing how the State or Tribe, through the use of HMEP planning and training funds, is better able to handle accidents and incidents involving the transport of hazardous materials.
5. Planning sub-grantee information for reporting period. Please complete the table below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| LEPC Name (Region or District) | Sub-Award Amount  ($) | Amount Expended During Reporting Period  ($) | Current Award Balance  ($) | Activities Performed/Planned by LEPC/Region | Mode of Transport (air, water, highway, and/or rail) | Type of Hazmat (if applicable) | Status; (Completed, In Progress, Not Started). *Indicate Completion Date If Status is In-progress or Not Started* |
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1. What is the total number of public sector emergency responders in the following training categories?

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| --- | --- |
| **Training** | **Number of Public Sector Emergency Responders** |
| Initial/Refresher |  |
| Awareness |  |
| Operational |  |
| Specialist |  |
| Technician |  |

1. What is the number of emergency response teams with a HAZMAT specialty unit that receive HMEP planning funds?
2. Training Activities during this reporting period. Please complete the table below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Training Type (e.g., Awareness, Operations, Specialist, Technician) | Number Trained | Equipment Used (if applicable) | Supplies Used (if applicable) | Actual Cost | Start Date/ End Date | Outcome | Expected Output |
| **Initial Training** |  |  |  |  |  |  |  |  |
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| **Refresher Training** |  |  |  |  |  |  |  |  |
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1. **CERTIFICATIONS**

The Grantee certifies that:

1. The aggregate expenditure of funds, exclusive of Federal funds, for training public sector employees to respond to accidents and incidents involving hazardous materials under EPCRA will be maintained at a level that does not fall below the average level of such expenditures for the 5 fiscal years prior to the grant project.
2. The aggregate expenditure of funds of the state or territory, exclusive of Federal funds, for developing, improving, and implementing emergency plans under EPCRA will be maintained at a level that does not fall below the average level of such expenditures for the 5 fiscal years prior to the grant project.
3. The Grantee is complying with Sections 301 and 303 of EPCRA (42 U.S.C. 11001, 11003).
4. The Grantee will make available not less than 75 percent of the funds granted for the purpose of training and/or planning.
5. The Grantee is compliant with the National Incident Management System (NIMS).
6. To the best of my knowledge and belief this report is correct and complete and reflects the performance of activities and purposes set forth in the award documents.

Grantee Authorized Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organizational Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_