

HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS GRANT



BACKGROUND

The Hazardous Materials Transportation Act (HMTA) authorizes the US Department of Transportation (USDOT) to make grants available to States, Territories, and Indian Tribes to develop or improve emergency response plans and to conduct training of public sector employees who respond to emergencies. The USDOT established the Hazardous Materials Emergency Preparedness (HMEP) Grant Program using registration fees paid by shippers and carriers of hazardous materials.

FUNDING PURPOSE

The HMEP Grant supports the reduction of hazardous materials releases & exposures; the improvement of local public sector response & planning and enhancement of Title III of the Superfund Amendments and Reauthorization Act of 1986.

This grant is provided to the State of Nebraska through the USDOT. It is sub-granted to Local Emergency Planning Committees and other local first responder agencies to develop, improve or implement emergency response plans and conduct training for public sector employees to respond to a hazardous materials transportation incident.

FEDERAL AUTHORITIES AND REFERENCES

49 CFR Part 110	Hazardous Materials Public Sector Training and Planning Grants
28 CFR Part 42	Nondiscrimination in Federally-Assisted Programs (FEMA)
28 CFR Part 66	Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
28 CFR Part 67	Government-Wide Debarment and Suspension (Non-Procurement) and Government-Wide Requirements for Drug-Free Workplace (Grants)
OMB Circular A-102	Uniform Administrative Requirements for grants and Cooperative Agreements with State and Local Governments
OMB Circular A-87	Cost Principles for State and Local Governments
OMB Circular A-133	Audits of States, Local Governments, and Non-Profit Organizations

SPECIFIC COMPLIANCE REQUIREMENTS

LEPCs that do not have a compliant hazmat plan (Annex F of the Local Emergency Operations Plan) at the time of submission will not be considered eligible for HMEP funds. Any organization that requests funding in a county which is not in compliance with SARA Title III will similarly be ineligible.

APPLICATION REVIEW CRITERIA

Each grant application will be reviewed for applicability to hazardous materials planning and subject to review by the State Emergency Response Commission (SERC) through NEMA.

END OF YEAR REPORTING REQUIREMENTS

The reimbursement request must include the narrative summary, receipts for goods purchased, after action plans for exercises and other items related to costs paid.

If an LEPC or organization cannot demonstrate achievement of approved work, exercises etc., NEMA is empowered to withhold reimbursement.

LEPCs must include HMEP grant activity in the annual report to the SERC.

ELIGIBLE ACTIVITIES FOR PLANNING & TRAINING

The following items are considered eligible for funding under this program:

- Development, improvement, and implementation of emergency plans
- Commodity Flow Studies
- Assessment of local emergency response team capabilities
- Drills and exercises associated with emergency preparedness plans and hazmat transportation (see funding restrictions information below)
- Hazmat Awareness, Operations, Technician, Specialist and Refresher courses
- Industrial Fire Fighting
- Confined Space Rescue
- Chemistry for Emergency Responders
- Additional specialty courses (contact NEMA for details)
- Training equipment rentals related to hazmat transportation

FUNDING RESTRICTIONS

The following items are considered ineligible for funding under this program:

- Exercise: personnel expenses, travel, group meals, or per diem for participation in drills and exercises. However, equipment rental and other consumable supply expenses for drills and exercises may be allowed depending on the reasonableness of the costs.
- Expenditures funded under another federal or state grant
- Equipment/System purchases (operational & response)
- Salaries
- Group Meals
- General Office Supplies
- Expenses not related to hazardous materials
- Expenses counted as match funds toward another program
- Any costs without supporting documentation

APPLICATION REQUIREMENTS

Project Narrative:

Describe the project in detail; include a project timeline, statement of needs addressed by this project and description of benefit to LEPC/County/Organization. Keep the narrative as brief and concise as possible and feel free to include attachments as needed. The narrative must include the following items:

- A. Project description – Statement of work.
- B. Timeline, (if long term project - include each step or phase, the amount of time to complete each of them, and the responsible party or parties.)
- C. Statement defining the need(s) the project is intended to meet and how completion of the project is expected to address these needs.
- D. Description of the benefits the project will provide to the communities served. Explain how the project will support any or all of the following objectives:
 - Increasing public and first responder awareness of transportation-related hazardous materials issues
 - Enhancing local response capability for transportation-related hazardous materials incidents
 - Improving and exercising emergency response plans under EPCRA
 - Implementing or improving regional hazmat team coverage
- E. Description of all project deliverables organized by type and/or purpose. Examples of deliverables include a completed plan; a fixed-site and/or a transportation-related hazard analysis; brochures; training documentation (agendas, rosters, evaluations, etc.).
- G. Monitoring procedures for tracking finances and the progress of your LEPC's program.

Grant Application Form:

An application form has been provided for you or you can submit your own format, include at a minimum all the information requested.

Budget/Timeline:

Included in the application is a Provide a line-item budget and timeline for your use. You can submit your own format please include at a minimum all the information requested.

Submission Instructions:

Send the items listed in the Application Requirement Section to:

Nebraska Emergency Management Agency
Attention: Alyssa Sanders
2433 NW 24th Street
Lincoln, NE 68524
Fax: (402) 471-4733

Following Submission:

After your project has been reviewed by the SERC, the individual listed in the application will receive a sub-grant agreement detailing the funding that has been approved. The agreement must be signed and returned before the project can proceed.

After the project has been completed and all expenses paid by the organization, submit the request for reimbursement form along with all required attachments to NEMA. The documentation will be reviewed, and all eligible costs will be reimbursed to the organization.

For assistance, please call Alyssa Sanders at (402) 471-7176 or alyssa.sanders@nebraska.gov.

HMEP Sub-grant Application

Organization (Individual) Name:

Fiscal Agent if other than the organization above:

Address:

City:

Zip Code:

Telephone (with area code):

Email Address:

Project Description/Statement of Work:

Briefly describe the project this grant will address. Include the need identified and how this project will the identified gap. (A sample timeline is attached at the end of this application.)

Program Information:

State your proposal's goals, objectives (who, what, when and where of the project), define the need and benefit of this project.

Indicate how you will measure the success of this project (how will you monitor the success?)

HMEP Sub-grant Application Budget

The following can be used as a budget spreadsheet:

Item(s)	Projected Costs	Funding Requested

Timeline

The following can be used as a timeline:

Briefly indicate the major activities of your proposal in a timeline. If this is a long term project, include steps of phases, the amount of time spent on each phase, and the responsible party.

Activity	Expected Outcome	Estimated Date of Completion

Certification

I, _____, do hereby certify that I have been authorized by the organization herein identified to submit this application for funds, and I further certify that the information contained herein is accurate and correct to the best of my knowledge.

Signed:

Date:

Title:

Organization:

Completed applications should be sent to:

Alyssa Sanders
 State Emergency Response Commission Coordinator
alyssa.sanders@nebraska.gov
 (402) 471-7176

HMEP Sub-grant Agreement

***For internal use only*

This agreement between _____ and the Nebraska Emergency Management Agency (NEMA) is in support of the Hazardous Materials Emergency Preparedness (HMEP) Grant. The HMEP Grant money allocated below should not exceed the amount outlined nor should the monies be spent on projects not pre-approved.

Item(s)	Funding Requested	Funding Approved

Total Allocation Approved: \$

In accepting these funds, we agree to the following conditions:

- 1) Funds may not be used for purposes other than the activities listed above without the written permission.
- 2) Funds will be used as outlined in the budget categories above. Any request for change must be submitted to the SERC prior to expending funds.
- 3) All activities and expenditures must be approved through the application process.

Please sign below acknowledging receipt of this information. Please return the signed document to Alyssa Sanders at the Nebraska Emergency Management Agency (NEMA), 2433 NW 24th St., Lincoln, NE 68524.

Signature of Representative

Organization

Date

Signature of Representative

Nebraska Emergency Management Agency
Organization

Date

For NEMA use only

SERC Coordinator:

Grants Unit Supervisor:

HMEP Sub-grant Request for Reimbursement

***Submit this page after the event*

Organization (Individual) Name:

Fiscal Agent if other than the organization above:

Tax Identification Number (Social Security Number):

Address:

City:

Zip Code:

Telephone (with area code):

Email Address:

Required Attachments

- Nebraska HMEP Sub-grant Application
- Signed HMEP Sub-grant Agreement
- Receipts and proof of payment for eligible expenses
- Sign-in rosters, course certificates and any applicable documentation

Amount Requested for Reimbursement:

CERTIFICATION:

I, _____, do hereby certify that I have been authorized by the organization herein identified to submit this request for reimbursement of expenses, and I further certify that the information contained herein is accurate and correct to the best of my knowledge.

Signed:

Date:

Title:

Organization: