

## HMEP PLANNING GRANT

## LEPC/AGENCY APPLICATION

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| **Please complete the following information (print or type).** |
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| *\*\*Required Dropdown\*\* Please select a grant year for this application:* |
| Choose an item. |
| LEPC/AGENCY:  |
| Contact:  |
| Address: |
| City, State, Zip:  |
| Telephone Number:  |
| Date of Submission:  |
|  |
| MAIL TO: COLORADO DIVISION OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT9195 EAST MINERAL AVENUE, SUITE 200CENTENNIAL, COLORADO 80112-3549Attention: Larisa CannonHMEP – Grants AnalystPlease contact Larisa Cannon at larisa.cannon@state.co.us or 720.852.6710 if you have any questions. |
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| **APPLICATION ATTACHMENT****NOTE: NON-SUBMISSION OF AN ITEM MAY DELAY APPLICATION!!!** |
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| 1. Name, address, day phone, agency and position of project manager responsible for the management of the grant project and related records.

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| --- | --- |
| Project Manager Name: |  |
| Address: |  |
| Daytime Phone: |  |
| Agency: |  |
| Position: | Click here to enter text. |

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| 2. Attach a description of applicant’s project. (Details please).  |
| 3. The specific hazardous materials activities to be addressed by the project (please provide details.) Indicate the Core Capabilities you are addressing. |
| 4. Attach an outline of work plan with personnel, time schedule, and deliverables.(*Attach extra pages as needed for this item*) |
| 5. Project Dates:

|  |  |
| --- | --- |
| Start Date: | End Date: |

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| 6. Funding Requested:

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| --- | --- |
| Federal share (maximum 80%): | $ |
| LEPC/Non-Federal share (minimum 20%): | $ |
| Total Project (100%):  | $ |

 (The Federal share is 80% of the Total Project while the LEPC share is 20% of the Total Project, not 20% of the Federal share)  |
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| 7. Budget information by object class (*use the “tab key” to move through the table*):

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Federal ShareNot to exceed 80% of Total Budget | Non-Federal Contribution – at least 20% of Total Budget | Total Budget(Sum of Fed and non-federal shares) |
| 7.1 Salaries | $  | $  | $ |
| 7.2 Fringe Benefits | $  | $  | $ |
| 7.3 Travel | $  | $  | $ |
| 7.4 Equipment  (Prior approval required) | $  | $  | $ |
| 7.5 Supplies | $  | $  | $ |
| 7.6 Contractual | $  | $  | $ |
| 7.7 Other (explain) | $  | $  | $ |
| 7.8 Totals | $ | $ | $ |

The non-federal match contribution need not be on a line-item by line-item basis, but must be at least 20% of the total Project Budget. |
| 8. Budget Narrative – Describe/detail the costs for each category used in the budget table above. How are those costs determined and what will be purchased, who’s salaries are included and at what rates, etc. |
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| 9. Description of process for documenting 20% soft/in-kind match, if in-kind match is to be used. If both in-kind and hard match are to be used, what is the amount of the hard cash match? |
| 10. Statement that LEPC is complying with Sections 301 and 303 of SARA Title III (EPCRA). |
| 11. a) Name, address, phone number and signature of LEPC Chairperson authorizing grant application, or appropriate agency director:

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| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

b) Name, address, phone number and signature of LEPC Grant Program Manager:

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| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

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| c) Name, address, phone number and signature of LEPC Grant Fiscal Agent:

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| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

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| 12. Attach copy of LEPC Membership List or approval of LEPC for non-LEPC Agency. (If previously approved by CEPC in annual process, no list needs to be provided). |
| 13. Agency designated by Chief Executive Officer to receive and manage grant funds and EIN (Employee Identification Number):

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| Agency: |  |
| EIN: |  |

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| 14. Additional comments/justification: (*As needed*) |
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