

**FFY18 HAZARDOUS MATERIALS  
EMERGENCY PREPAREDNESS (HMEP)  
TRAINING/PLANNING SUBAWARD  
APPLICATION**

**CFDA 20.703**

**All Assurances and Certifications (listed on the Subaward Application Checklist) that require signatures are attached at the end of the Subaward Application forms.**

**FFY18 Hazardous Materials Emergency Preparedness (HMEP)  
Training/Planning Subaward Application Overview**

Name of Applicant Agency: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Proposal Abstract (limit 100 words or less):

**HMEP Training/Planning Subaward Applicant Information**

Official Name of Applicant Agency: \_\_\_\_\_

Type of Agency: \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Municipality \_\_\_\_\_ Nonprofit

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Implementing Agency (if different than applicant) \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Agency DUNS Number: \_\_\_\_\_

Is Applicant Agency registered with the System for Award Management (SAM)? \_\_\_ Yes \_\_\_ No

If no, please explain \_\_\_\_\_

Name of Project: \_\_\_\_\_

Type of Application: \_\_\_\_\_ New \_\_\_\_\_ Continuation CFDA # \_\_\_\_\_

Name of Project Contact: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Areas affected by the Project (Statewide, county, city): \_\_\_\_\_

Proposed Project start and end dates: \_\_\_\_\_

Name of Chief Financial Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name/Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

## **HMEP Training/Planning Subaward Project Narrative**

*Include Agency Background and Mission; Problem Statement/Needs Assessment/Adaptability; Goals, Objectives and Action Strategy; Planning, Management Structure and Background; Performance Measures/Evaluation.*

***For planning activities**, please include activities planned under section 303 of the Emergency Planning and Community Right-To-Know Act (EPCRA) (e.g. commodity flow studies, hazard risk analyses, emergency plans to be written, emergency plans to be updated, and emergency plans to be exercised).*

***For training activities**, please list all training activities including trainings that fall under the NFPA 472 core competencies or OSHA 29 C.F.R. § 1910.120(q) you plan to carry out with HMEP funds. Provide training type, training activity description, number of courses to be held, and the projected number of individuals to be trained. PHMSA will require a progress report during the performance period and at the end of the performance period detailing other accomplished training activities.*

*If agency received prior funding under the HMEP Grant Program, please describe activities completed. Use as many pages as necessary to describe your proposal in detail.*



**HMEP Training/Planning Subaward Project Work Plan.** *For planning activities, please include activities planned under section 303 of the Emergency Planning and Community Right-To-Know Act (EPCRA) (e.g. commodity flow studies, hazard risk analyses, emergency plans to be written, emergency plans to be updated, and emergency plans to be exercised).*

*For training activities, please list all training activities including trainings that fall under the NFPA 472 core competencies or OSHA 29 C.F.R. § 1910.120(q) you plan to carry out with HMEP funds. Provide training type, training activity description, number of courses to be held, and the projected number of individuals to be trained. PHMSA will require a progress report during the performance period and at the end of the performance period detailing other accomplished training activities.*

**Project Name:** \_\_\_\_\_

<b>Objective</b>	<b>Activity</b>	<b>Person Responsible</b>	<b>Project Start and Completion Dates</b>

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## HMEP Training/Planning Subaward Budget Detail Worksheet

*The Budget Detail Worksheet is for the preparation of the budget requested in support of the proposed project. All required information must be provided. Any category of expense not applicable to the project should be marked N/A.*

**A. Personnel** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. This category is limited to only persons employed by your organization. Those not employed by your agency shall be classified as contractors and should be listed under the “Contractual” budget category.

Name/Position	Annual salary	% of time on project	Federal amount requested
Non - Applicable			

**Sub-Total: XXXXX**

**B. Fringe Benefits** - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for personnel listed in category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman=s Compensation, and Unemployment Compensation.

Name/Position	Fringe Benefit Rate	% of time on project	Federal amount requested
Non-Applicable			

**Sub-Total: XXXXX**

**Personnel and Fringe Benefits Total: XXXXX**



**C. Travel** - Travel costs are those costs requested for field work or for travel to professional meetings associated with grant activities. Provide the purpose (e.g., staff to training, field interviews, advisory group meetings, etc.), location (if known), method of travel, number of persons traveling, number of days, and estimated cost for each trip. If details of each trip are not known at the time of application submission, provide the basis for determining the amount requested. Itemize travel expenses of project personnel by purpose. In the Budget Narrative, show the basis of computation. For example, 6 people for 3 day-training at \$X airfare; \$X lodging, \$Xper diem. (Airfare - 6 x \$ value per person = \$. Hotel - 6 x \$ rate per night x number of nights = \$. Per diem - 6 x \$ per diem = \$.) In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Indicate source of Travel Policies applied (applicant or Federal Travel Regulations). Registration fees for conferences and training should be listed under the AOther@ category.

Purpose of Travel	Location	# person(s)	# nights/days	Hotel	Airfare	Per Diem	Federal amount requested

**Total: XXXXX**

**D. Equipment** - Equipment costs includes those items that are tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit - unless the applicant has a clear and consistent written policy that determines a different threshold. Include a description, quantity and unit price for all equipment.

Expendable items, including equipment valued under \$5,000, should be included in the ASupplies@ category. Each item of equipment must be identified with the corresponding cost. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the AContractual@ category. Explain in the Budget Narrative how the equipment is necessary for the success of the project. Include a description of the procurement method to be used. Pursuant to 2

C.F.R. 1201.317, subrecipients of States shall follow such policies and procedures allowed by the State when procuring property and services. Subrecipients of HMEP funds must be aware of the procurement requirements required by the State and have documented policies and procedures to ensure compliance with these requirements. Subrecipients of HMEP funds must be aware of the procurement requirements required by the State and have documented policies and procedures to ensure compliance with these requirements.

Item	# of Units	Cost per Unit	Federal amount requested

**Total: XXXXX**

**E. Supplies** - Supplies are tangible personal property other than equipment. List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders), include a quantity, and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Item	# of Units	Cost per Unit	Federal amount requested

**Total: XXXXX**

**F. Construction** - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category.

<b>Purpose</b>	<b>Description of Work</b>	<b>Federal amount requested</b>
<b>Non- Applicable</b>		

**Total: XXXXX**

**G. Consultants/Contracts** - Contractual costs are those services carried out by an individual or organization, other than the applicant, in the form of a procurement relationship. Include a description of the procurement method to be used. Pursuant to 2 C.F.R. 1201.317, subrecipients of States shall follow such policies and procedures allowed by the State when procuring property and services. Subrecipients of HMEP funds must be aware of the procurement requirements required by the State and have documented policies and procedures to ensure compliance with these requirements.

**Consultant Fee:** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on project.

<b>Name of Consultant</b>	<b>Service to be provided</b>	<b>Hourly or daily fee</b>	<b>Time on project</b>	<b>Federal amount requested</b>

**Subtotal: XXXXX**

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (travel, meals, lodging, etc.)

Item	Location	Cost per unit	# of units	Federal amount requested

**Subtotal: XXXXX**

**Contracts:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification for sole source contracts in excess of \$150,000 must be provided in the Budget Narrative.

Item	Vendor	Service to be provided	Federal amount requested

**Subtotal: XXXXX**

**Consultants/Contracts Total: XXXXX**

**H. Other Costs -** Other costs do not fit any of the aforementioned categories. List items (e.g., rent, reproduction, telephone, janitorial or security

services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot rent, and provide a monthly rental cost and how many months to rent.

Description	Cost per unit (define unit)	# of units	Federal amount requested

**Total: XXXXX**

**I. Indirect Costs** – Reference the Indirect Cost Rate Fact Sheet for details on computation. If the applicant is taking indirect costs and has a federally approved Indirect Cost Rate agreement, the applicant must provide the agreement. An applicant that is eligible under the Part 200 Uniform Requirements and other applicable law to use the “de minimis” indirect cost rate described in 2 C.F.R. 200.414(f), and that elects to use the “de minimis” indirect cost rate, must advise DSP in writing of both its eligibility and its election, and must comply with all associated requirements in the Part 200 Uniform Requirements. The “de minimis” rate may be applied only to modified total direct costs (MTDC) as defined by the Part 200 Uniform Requirements.

Total Modified Direct Costs	Indirect Cost Rate	Federal amount requested

**Total: XXXXX**

**HMEP Training/Planning Subaward Budget Summary** - When the budget worksheet is completed, transfer the totals for each category to the spaces below. Compute the total costs and the total project costs. Indicate the amount of Federal funds requested and the amount of non-Federal funds if applicable.

<b>Budget Category</b>	<b>Federal Amount Requested</b>	<b>Non-Federal Amount</b>	<b>Total</b>
<b>A. Personnel</b>			<b>Non - Applicable</b>
<b>B. Fringe Benefits</b>			<b>Non- Applicable</b>
<b>C. Travel</b>			
<b>D. Equipment</b>			
<b>E. Supplies</b>			
<b>F. Construction</b>			<b>Non-Applicable</b>
<b>G. Consultants/Contracts</b>			
<b>H. Other</b>			
<b>Total Direct Costs</b>			
<b>I. Indirect Costs</b>			
<b>Total Project Costs</b>			

**HMEP Training/Planning Subaward Budget Narrative**

*Provide a detailed narrative for the use of federal funds requested in each budget category and/or line item to describe why it is necessary and appropriate to the project scope. Use as many pages as necessary to justify the budget requested.*