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

**Application for Tribes and Tribal Organizations**

**FY2025** **Grant Award**

**BUDGET NARRATIVE**

*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. (49 U.S.C 5116(b)).*

# 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))

*All information marked with an asterisk (****\*****) is required.*

# PART A: APPLICANT CONTACT INFORMATION

**\*** **1. APPLICANT NAME AND ADDRESS**

|  |  |
| --- | --- |
| **\*Organization Name:** | *Enter the organization name* |
| **\*Street Address:** | *Enter the organization address* |
| **\*City:** | *Enter the city* | **\*State:** | *STATE* | **\*Zip Code:** | *Zip Code* |
|  |  |  |  |  |  |
| **\*Unique Entity Identifier (UEI):** | *Enter the UEI Number* |

# PART B: STATEMENT OF WORK

REFER TO PROJECT NARRATIVE DOCUMENT

# PART C: BUDGET NARRATIVE

*The total amounts recorded in this part must match the total amounts on the SF-424A form.*

*The budget narrative is essential for ensuring transparency of the proposed costs and justifying any expenses that may raise questions with the granting agency. It should also outline how the applicant will fulfill any cost-sharing (matching) requirements.*

**\*1. PERSONNEL**

Personnel costs refer to the salaries or wages of the employees working directly on the grant project.

* + This category is limited to individuals employed by your organization. Those not employed by your organization should be classified as sub-recipients or contractors and listed under the ***Contractual*** object class category.
		- Only include compensation paid for employees directly involved in grant activities.
		- Costs must align with the compensation paid for similar roles within the organization.

In the table below, include the personnel title and their function, their annual salary (or hourly wage), the percentage of time dedicated to the project, and total cost to the grant for each individual. Add additional rows as needed. If Personnel costs will not be incurred, check the appropriate box.

|  |
| --- |
| [ ]  **HMEP Funds will not be used for Personnel Costs** |

| **Personnel Title (Grant Function)** | **Salary/Wage** | **Dedicated Time %** | **Total Cost** |
| --- | --- | --- | --- |
| *HMEP Program Manager (Manages the HMEP grant program) (e.g.)* | *$75,000 (e.g.)* | *50% (e.g.)* | *$37,500 (e.g.)* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |

|  |  |
| --- | --- |
| **Total Personnel Costs:**  | *Total Personnel Costs* |

**\*2. FRINGE BENEFITS**

Fringe Benefit costs refer to the allowances and services provided by employers to employees as additional compensation beyond regular salaries and wages. These include benefits such as the employer’s share of FICA, health insurance, workers’ compensation, and vacation.

* + Personnel/salary costs must correspond with fringe benefit costs; PHMSA cannot pay fringe benefits for positions not listed in the ***Personnel*** section.
	+ Fringe benefits are only allowable for the percentage of time devoted to the grant project.
	+ Do not combine fringe benefit costs with direct salaries and wages in the ***Personnel*** section.

In the space below, include an explanation of how the Fringe Benefit amount is calculated (e.g., actual estimate, approved rate, etc.), along with a description of the specific benefits charged to the project and the associated benefit percentage. Complete the table; add additional rows as needed.

If Fringe Benefits costs will not be incurred, check the appropriate box.

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| [ ]  **HMEP Funds will not be used for Fringe Benefit Costs** |

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| --- |
| *Describe how Fringe Benefits are calculated. (Limit to 250 words)* |

| **Personnel Title** | **Total Benefits** | **Dedicated Time %** | **Total Cost** |
| --- | --- | --- | --- |
| *HMEP Program Manager (e.g.)* | *$35,000 (e.g.)* | *100% (e.g.)* | *$35,000 (e.g.)* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |
| *Personnel Title* | *Salary/Wage* | *Time %* | *Total Cost* |

|  |  |
| --- | --- |
| **Total Fringe Benefit Costs:**  | *Total Personnel Costs* |

**\*3. TRAVEL**

Travel costs refer to expenses related to fieldwork or travel to professional meetings associated with grant activities.

In the table below, provide the travel purpose, a cost breakdown (e.g., number of persons travelling, airfare, lodging, local transportation, per diem, etc.) 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 in the Cost Breakdown column. Add additional rows as needed. If Travel costs will not be incurred, check the appropriate box.

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| --- |
| [ ]  **HMEP Funds will not be used for Travel Costs** |

| **Travel Purpose** | **Cost Breakdown** | **Total Cost** |
| --- | --- | --- |
| *NASTTPO Conference (e.g.)* | *Two persons; Airfare: $2,400; Lodging: $2,000, Transportation: $1,600, M&IE: $1,800. (e.g.)* | *$7,800 (e.g.)* |
| *Travel Purpose* | *Cost Breakdown* | *Total Cost* |
| *Travel Purpose* | *Cost Breakdown* | *Total Cost* |
| *Travel Purpose* | *Cost Breakdown* | *Total Cost* |
| *Travel Purpose* | *Cost Breakdown* | *Total Cost* |
| *Travel Purpose* | *Cost Breakdown* | *Total Cost* |

|  |  |
| --- | --- |
| **Total Travel Costs:**  | *Total Travel Costs* |

**\*4. EQUIPMENT**

Equipment costs refer to tangible, nonexpendable personal property with a useful life of over one year and an acquisition cost of $10,000 dollars or more per unit, unless the applicant has a clear and consistent written policy specifying a different threshold.

* Equipment purchased with HMEP funds must be exclusively used for HMEP training activities.
* Analyze the cost benefits of purchasing versus leasing equipment, particularly high‐cost items, and those subject to rapid technical advances.
* Purchases of less than $10,000 should be under ***Supplies*** or ***Other***.
* Costs for rented or leased equipment should be listed under the ***Contractual*** or ***Other*** category, depending on the procurement method.
* Equipment must be justified as to how it will be used on the project.

In the table below, provide the description of each piece of equipment, its intended use in the project, the quantity required, and the unit price. Add additional rows as needed. If Equipment costs will not be incurred, check the appropriate box.

|  |
| --- |
| [ ]  **HMEP Funds will not be used for Equipment Costs** |

| **Equipment Description** | **Equipment Uses** | **Qty.** | **Unit Price**  |
| --- | --- | --- | --- |
| *Training Trailor (e.g.)* | *To provide HAZMAT training to rural areas (e.g.)* | *1 (e.g.)* | *$50,000 (e.g.)* |
| *Equipment Description* | *Equipment* *Use* | *Qty.* | *Unit Price* |
| *Equipment Description* | *Equipment* *Use* | *Qty.* | *Unit Price* |
| *Equipment Description* | *Equipment* *Use* | *Qty.* | *Unit Price* |

|  |  |
| --- | --- |
| **Total Equipment Costs:**  | *Total Equipment Costs* |

**\*5. SUPPLIES**

Supplies costs refer to tangible personal property excluding equipment. Include the types of property in general terms. It is not necessary to document minor office supplies in detail (e.g., reams of paper, boxes of paperclips, etc.). However, applicants should provide the quantity and unit cost for larger supply items, such as computers and printers.

In the table below, provide the description of each supply item, its intended use in the project, the quantity, and the unit price for each item. Add additional rows as necessary. If Supply costs will not be incurred, check the appropriate box.

|  |
| --- |
| [ ]  **HMEP Funds will not be used for Supplies Costs** |

| **Supply Description** | **Supply Uses** | **Qty.** | **Unit Price** |
| --- | --- | --- | --- |
| *Office Supplies (e.g.)* | *Office supplies for grant administration (e.g.)* | *1 (e.g.)* | *$2,000 (e.g.)* |
| *Supply Description* | *Supply* *Use* | *Qty.* | *Unit Price* |
| *Supply Description* | *Supply* *Use* | *Qty.* | *Unit Price* |
| *Supply Description* | *Supply* *Use* | *Qty.* | *Unit Price* |

|  |  |
| --- | --- |
| **Total Supplies Costs:**  | *Total Supplies Costs* |

**\*6. CONTRACTUAL**

Contractual costs refer to services carried out by an individual or organization, other than the applicant, through a procurement arrangement. These costs are captured in two ways: subgrants and contracts.

*A Subgrant* is an award provided to a sub-recipient by the Prime Recipient. The sub-recipient carries out part of a program for which the applicant received Federal assistance. A sub-recipient is responsible for adherence to the applicable Federal program requirements specified in the Federal award and uses the Federal funds to carry out part of a program for a public purpose specified in authorizing statute.

*A Contract* is a legal instrument by which a Prime Recipient purchases property or services needed to carry out the project or program under an award. A contract/contractor provides the goods and services within normal business operations; provides similar goods or services to many different purchasers; normally operates in a competitive environment; and provides goods or services that are ancillary to the operation of the Federal program.

In the table below, list all subgrants and contracts that will be funded with HMEP funds. For each line item provide a description of the planning and training activities or specific contract goods and/or services, along with their estimated costs. Also provide the names of the sub-recipients and contractors. If the sub-recipients and/or contractors have not yet been determined, please note this in the Activity Description column. Once finalized, the list of sub-recipients and contractors must be submitted to HMEP Grant staff. Add additional rows as necessary. If Contractual costs will not be incurred, check the appropriate box.

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| --- |
| [ ]  **HMEP Funds will not be used for Contractual costs** |

| **Contractual Type** | **Activity Description** | **Estimated Cost** |
| --- | --- | --- |
| *Subgrant (e.g.)* | *Calisota County. HAZMAT Technician Training (e.g.)**Will be funded through HMEP Training to send three personnel for initial HAZMAT Technician training at the CEMA Training Academy in 2025 (3 x $3,000.00). These are estimated costs for training and based on training attendance requirements.* | *$9,000 (e.g.)* |
| *Contract (e.g.)* | *Contractor to be determined. Cargo Tank Emergency Response Workshop (e.g.)**To be conducted in the spring of 2025 (HMEP 3rd Quarter). Estimated cost of $15,000.00. Ensure that the CEMA volunteer team, CEMA emergency response personnel and other First Responders attending the Hazardous Materials Training Workshop are trained to respond HAZMAT gasoline tank trailer incidents. Provide 3rd party specialized training to team members to achieve a skill base necessary to respond to a MC-306/DOT-406 gasoline tank trailer transportation HAZMAT incident.*  | *$15,000 (e.g.)* |
| *Subgrant or Contract* | *Description of Activities/Goods/Services* | *Cost* |
| *Subgrant or Contract* | *Description of Activities/Goods/Services* | *Cost* |
| *Subgrant or Contract* | *Description of Activities/Goods/Services* | *Cost* |

|  |  |
| --- | --- |
| **Total Contractual Costs:**  | *Total Contractual Costs* |

**\*7. OTHER**

Other costs refer to expenses that do not fall under the categories mentioned above, such as rent for buildings used for project activities, utilities, leased equipment, employee training tuition, and similar expenses. These **other direct costs** must be itemized.

In the table below, provide a detailed description of the Other Activities along with their related estimated costs. Be as specific as possible. Add additional rows as necessary.

If Other costs will not be incurred, check the appropriate box.

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| --- |
| [ ]  **HMEP Funds will not be used for Other costs** |

| **Activity Description** | **Estimated Cost** |
| --- | --- |
| *Rent for training room for one month (e.g.)* | *$5,000 (e.g.)* |
| *Stipends for ten volunteer first responders to attend HAZMAT Awareness Training.**(8-hour course at $25/hour = $200) ($200\*10 volunteers = $2,000) ($2,000\*20% cap = $400) (e.g.)* | *$400 (e.g.)* |
| *Brief description of Other Activities* | *Cost* |
| *Brief description of Other Activities* | *Cost* |
| *Brief description of Other Activities* | *Cost* |

|  |  |
| --- | --- |
| **Total Other Costs:**  | *Total Other Costs* |

**\*8. INDIRECT**

Indirect costs are common or joint costs that benefit more than one project. The applicant must include a signed copy of the approved negotiated rate agreement that is valid as of the date of the application. If the rate will not be approved by the application due date, attach the letter of renewal or letter of request that you sent to your cognizant agency to your application package. If the applicant does not have an approved indirect cost rate agreement, the applicant may be eligible for the 15% de minimis rate as outlined in 2 CFR § 200.414.

Please select the applicable option below and, if applicable, provide a description of how indirect costs will be calculated and the amount to be charged to the HMEP grant.

|  |
| --- |
| [ ]  **HMEP Funds will not be used for Indirect costs** |

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| --- |
| [ ]  **Our organization does not have a current federal negotiated indirect cost rate.****We elect to use the 15% de minimis rate.** |

|  |
| --- |
| [ ]  **Our federal negotiated indirect cost rate has yet to be approved.****A letter of renewal or letter of request is attached to the application package.****Once approved, the indirect cost agreement will be submitted to HMEP Grant Staff** |

|  |
| --- |
| [ ]  **Our federal negotiated** **indirect cost rate agreement is attached to the application package.** |

|  |
| --- |
| *Describe how Indirect costs are calculated. (Limit to 350 words)* |

|  |  |
| --- | --- |
| **Total Indirect Costs:**  | *Total Indirect Costs* |

**\*9. MATCH (COST SHARE)**

The Match cost (or cost share) is the portion of project costs that is not funded by Federal funds, unless specifically authorized by Federal statute. For the HMEP Grant Program, the required match is 20% of the total project cost (which includes both the federal share and the non-federal share). To calculate the match cost, multiply the federal share by 25%. For example, if the federal share is $100,000, the match cost is calculated by multiplying $100,000 by 25%, which equals $25,000 ($100,000 x 0.25 = $25,000).

In the space below provide an explanation of how the Match will be met. Cash match (hard match) funds must be allowable costs for Federal funds. For third party in-kind match (soft match) funds, describe the methodology and assumptions used to determine the match. Documentation supporting the market value of in-kind match funds will be required by HMEP Grant staff.

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| --- |
| *Describe how Match costs will be met (Limit to 350 words)* |

|  |  |
| --- | --- |
| **Total Match Costs:**  | *Total Match Costs* |

# PART D: SUPPLEMENTAL ACTIVITIES

This section of the application serves as a PHMSA-approved “wish list,” allowing HMEP Tribal recipients to list additional, allowable activities that could be funded with the supplemental funding. This section could also be used as a pre-approved list of activities that can replace any activities in the preceding sections without the need to use an Activity Request.

In the table below, provide the object class category, a brief description of potential activities eligible for supplemental funding, and their estimated costs. Add additional rows as necessary.

| **Object Class** | **Activity Description** | **Estimated Cost** |
| --- | --- | --- |
| *Contractual (e.g.)* | *Subgrant for Calisota County to fund HAZMAT Specialist training courses (e.g.)* | *$25,000 (e.g.)* |
| *Equipment (e.g.)* | *Purchase of a tanker trailer for HAZMAT training exercise drills (e.g.)* | *$15,000 (e.g.)* |
| *Object Class* | *Activity Description* | *Cost* |
| *Object Class* | *Activity Description* | *Cost* |
| *Object Class* | *Activity Description* | *Cost* |
| *Object Class* | *Activity Description* | *Cost* |
| *Object Class* | *Activity Description* | *Cost* |

|  |  |
| --- | --- |
| **Total Supplemental Costs:**  | *Total Supplemental Costs* |