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

**Application for Tribes and Tribal Organizations**

**FY2025** **Grant Award**

**PROJECT 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* | | | | |
| **Organization Web Page:** | | *Enter a Web page address* | | | | |

**\* 2. CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Authorized Representative:** | | | |
| **\*Last:** | *Last Name* | **\*First:** | *First Name* |
| **\*Title:** | *Title of Authorized Representative* | | |
| **\*Phone:** | *Phone Number* | **\*Email:** | *Email Address* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Representative:** | | | |
| **Last:** | *Last Name* | **First:** | *First Name* |
| **Title:** | *Title of Authorized Representative* | | |
| **Phone:** | *Phone Number* | **Email:** | *Email Address* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Representative:** | | | |
| **Last:** | *Last Name* | **First:** | *First Name* |
| **Title:** | *Title of Authorized Representative* | | |
| **Phone:** | *Phone Number* | **Email:** | *Email Address* |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*** **Program Manager:** | | | |
| **\*Last:** | *Last Name* | **\*First:** | *First Name* |
| **\*Title:** | *Title of Program Manager* | | |
| **\*Phone:** | *Phone Number* | **\*Email:** | *Email Address* |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*** **Finance Program Manager or Equivalent:** | | | |
| **\*Last:** | *Last Name* | **\*First:** | *First Name* |
| **\*Title:** | *Title of Financial Program Manager* | | |
| **\*Phone:** | *Phone Number* | **\*Email:** | *Email Address* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Point of Contact for Grant Management** | | | |
| **Last:** | *Last Name* | **First:** | *First Name* |
| **Title:** | *Title of Other Point of Contact* | | |
| **Phone:** | *Phone Number* | **Email:** | *Email Address* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Point of Contact for Grant Management** | | | |
| **Last:** | *Last Name* | **First:** | *First Name* |
| **Title:** | *Title of Other Point of Contact* | | |
| **Phone:** | *Phone Number* | **Email:** | *Email Address* |

**\*3. ORGANIZATION INFORMATION**

| **\***In the space below, provide your organization’s mission statement. |
| --- |
| *Enter Organization’s Mission Statement (Limit to 500 words)* |

| **\***Provide a brief history and description of your organization's structure. |
| --- |
| *Enter Organization’s History and/or Structure (Limit to 500 words)* |

**OPTIONAL**: You may also include an image of the organization’s internal structure, such as an organizational chart, that details the roles, responsibilities, and relationships between individuals.



| **\***Provide a few of your organization’s top accomplishments over the past three years. |
| --- |
| *Enter Organization’s Top Accomplishments (Limit to 500 words)* |

| **\***Describe your organization’s expertise and capacity to manage Federal grant programs. |
| --- |
| *Enter Organization’s Capacity in Management of Federal Grants (Limit to 500 words)* |

**\*4. TRIBAL EMERGENCY PLANNING COMMITTEES (TEPC)**

|  |  |
| --- | --- |
| **\***Number of Active TEPCs: | *Active TEPCs* |
| **\***Number of Inactive TEPCS: | *Inactive TEPCs* |
| **\***Number of TEPCs projected to receive HMEP Grant Funds: | *TEPCs to receive funds* |

**\*5. TRANSPORTATION FEES**

\*Are transportation fees assessed and collected by your tribe or tribal organization?

|  |
| --- |
| *YES or NO* |

If YES, how much in transportation fees were collected in the past year?

|  |
| --- |
| *Fees Collected* |

What percentage of the fees collected is used exclusively for purposes related to the transportation of hazardous materials?

|  |
| --- |
| *Percentage* |

|  |
| --- |
| *Enter any additional comments (Limit to 200 words)* |

# PART B: STATEMENT OF WORK

*Please be advised that you must provide information for each sub-grant, contract, or agreement (e.g., agreement with another government entity) issued, awarded, or signed during the reporting period, along with the process used to select sub-grantees for the HMEP grant funding.*

**\*1. NEEDS ASSESSMENT**

| **\*** In the space below, include a brief statement outlining the HMEP planning and training needs of the jurisdiction. (Limit word count to 500 words) |
| --- |
| *Enter Needs Assessment (Limit to 500 words)* |

**\*2. PROGRAM GOALS**

In the table below, **list up to** **ten** overarching goals that your organization aims to achieve with the HMEP grant funds being requested. The Program Goals must align with PHMSA’s mission and top priorities as outlined in the *Notice of Opportunity for Funds.*

| **Goal** | **Planning and Training Grant Goals** |
| --- | --- |
| *Ex.* | *Increase First Responder attendance rate in HAZMAT training courses by 5% by September 2025.* |
| 1 | *Enter Goal #1* |
| 2 | *Enter Goal #2* |
| 3 | *Enter Goal #3* |
| 4 | *Enter Goal #4* |
| 5 | *Enter Goal #5* |
| 6 | *Enter Goal #6* |
| 7 | *Enter Goal #7* |
| 8 | *Enter Goal #8* |
| 9 | *Enter Goal #9* |
| 10 | *Enter Goal #10* |

**\*3. ACTIVITIES SUPPORTING PROGRAM GOALS**

List the activities expected to be performed to achieve the Program Goals recorded above. For training, please record training activities that fall under the NFPA 472 core competencies and/or OSHA 29 CFR § 1910.120(q) that you plan to carry out with HMEP funds. For planning, please record planning activities that fall under section 303 of the Emergency Planning and Community Right-To-Know Act (EPCRA) (e.g., commodity flow studies, hazard risk analyses, writing or updating emergency plans, and conducting exercises). These activities must be allowable, allocable, and reasonable.

For each activity in the table below, select the activity type (planning or training), provide a detailed description of the activity, select the object class category under which the majority of the activity will be funded, provide estimates for the cost and completion date (month and year), and if applicable, an estimate of the numbers to be trained.

| **Activity Type** | **Activity Description** | **Object Class** | **Cost** | **Completion Date** | **Number to be Trained** |
| --- | --- | --- | --- | --- | --- |
| *Planning (e.g.)* | *HAZMAT Planning Conference (NASTTPO) (e.g.)* | *Travel (e.g.)* | *$1,500 (e.g.)* | *September 2025 (e.g.)* | *N/A (e.g.)* |
| *Training (e.g.)* | *HAZMAT Technician Level Training (e.g.)* | *Contractual (e.g.)* | *$21,800 (e.g.)* | *July 2025 (e.g.)* | *100 (e.g.)* |
| *Training (e.g.)* | *Cargo Tanker Emergency Response Training (e.g.)* | *Contractual (e.g.)* | *$10,000 (e.g.)* | *December 2025 (e.g.)* | *50 (e.g.)* |
| *Type* | *Enter a detailed Activity Description* | *Object Class* | *Estimate Cost* | *Estimate Date* | *Number to Train* |
| *Type* | *Enter a detailed Activity Description* | *Object Class* | *Estimate Cost* | *Estimate Date* | *Number to Train* |
| *Type* | *Enter a detailed Activity Description* | *Object Class* | *Estimate Cost* | *Estimate Date* | *Number to Train* |
| *Type* | *Enter a detailed Activity Description* | *Object Class* | *Estimate Cost* | *Estimate Date* | *Number to Train* |
| *Type* | *Enter a detailed Activity Description* | *Object Class* | *Estimate Cost* | *Estimate Date* | *Number to Train* |

**\*4. HMEP GRANT MONITORING**

In the space below, provide a brief description of the monitoring and evaluation processes, including the quality control measures that will be implemented to track progress, assess outcomes, and ensure compliance with grant requirements, thereby ensuring the successful execution of HMEP-funded activities within the established timeline. Ifapplicable, provide information on monitoring sub-recipients. (Limit word count to 500 words)

|  |
| --- |
| *Enter HMEP Monitoring (Limit to 500 words)* |

# PART C: BUDGET NARRATIVE

REFER TO BUDGET NARRATIVE DOCUMENT

# PART D: SUPPLEMENTAL ACTIVITIES

REFER TO BUDGET NARRATIVE DOCUMENT

# PART E: APPLICATION CERTIFICATION

**\***The Authorized Representative must initial next to each statement below to indicate that your organization understands and agrees with the following:

|  |  |
| --- | --- |
| *Initials* | **\***The Applicant certifies that the total amount expended (except amounts of the Federal Government) to develop, improve, and carry out emergency plans will at least equal the average level of expenditure for the last 5 years. |
| *Initials* | **\***The Applicant certifies that all training activities conducted are consistent with the competencies identified in NFPA 472 or OSHA 29 § 1910.120. |
| *Initials* | **\***The Applicant certifies that it is complying with Sections 301 and 303 of EPCRA (42 U.S.C. 11001, 11003). |
| *Initials* | **\***The Applicant certifies that it will make available not less than 75 percent of the funds granted for the purpose of planning or training public sector emergency response employees. |
| *Initials* | **\***The applicant certifies that the agency is compliant with the National Incident Management System (NIMS). |
| *Initials* | **\***The applicant certifies that the person(s) it authorizes to provide training has an auditable accounting system. |
| *Initials* | **\***The Applicant certifies that the Tribal Emergency Response Commission was provided the opportunity to review the grant application. |

The Applicant certifies to the best of its knowledge and belief that this application is correct and complete for the planned activities under the HMEP Grant Program Funding Requirements.

|  |  |
| --- | --- |
| *Print Name* | *Signature* |
| **\*Authorized Representative Printed Name** | **\*Authorized Representative Signature** |
| *Title* | *Select the date* |
| **\*Authorized Representative Title** | **\*Date** |

**OPTIONAL**

|  |  |
| --- | --- |
| *Print Name* | *Signature* |
| **Authorized Representative Printed Name** | **Authorized Representative Signature** |
| *Title* | *Select the date* |
| **Authorized Representative Title** | **Date** |

**OPTIONAL**

|  |  |
| --- | --- |
| *Print Name* | *Signature* |
| **Authorized Representative Printed Name** | **Authorized Representative Signature** |
| *Title* | *Select the date* |
| **Authorized Representative Title** | **Date** |