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APPLICATION FORM

for the

HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP) GRANT

Applicant / Project Information

Applicant: _____ Date: _____

Project Title: _____

Project Start Date: _____ Project End Date: _____

Project Manager Name: _____

Title: _____

Mailing Address: _____

Phone #: _____ E-mail Address: _____

Estimated Budget

HMEP Share: _____
(Total Project Cost)

Cal OES Use Only

LEPC Region: _____

Project #: _____

Certification

I certify that I have read and understand the Cal OES Grant Assurances contained in this HMEP Planning Subgrant Application Package, and that to the best of my knowledge the information contained in this application and supplemental information is correct and complete.

Print Name / Signature of Authorized Agent

Date

Administrative Approvals

Print Name / Signature of LEPC Region Chair

Date

Print Name / Signature of Cal OES LEPC Support Staff

Date

Print Name / Signature of Cal OES HMEP Grant Administrator

Date

Print Name / Signature of Cal OES Hazardous Materials Section Manager

Date

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

Field Name	Description of Information Required
Applicant	Full name of the public agency applying for the grant.
Project Title	A brief title of the proposed project.
Project Start / End Dates	Anticipated start and end date of the proposed project.
Mailing Address	The address for correspondence and reimbursement checks.
Project Manager Name, Title, Phone, Email Address	The person in the agency who is responsible for the daily implementation of the project.
Estimated Budget	The amount of HMEP funds being requested, which represents the total project cost.
Authorized Agent Certification	Signature of person in the organization with the ultimate responsibility for the project and who has legal authority to commit funds on behalf of the applicant, as identified on the Designation Statement.
Administrative Approvals	<i>Leave Blank</i>