

**HMEP Grant Program  
Final Report  
2012-2013**

All HMEP grantees are required to submit a Final Report within 90 days of the completion of each budget period. Grantees may utilize this Final Report template to satisfy the requirement.

The HMEP Final Report is comprised of three parts:

**I. The Financial Status Report, Standard Form 425 (SF-425)**

The SF-425 must be used to complete financial reporting for each grant period funded. A final SF-425 should be submitted to the HMEP Grants Manager within 90 days of the completion of each budget period.

**II. HMEP Grant Accountability Questions**

Beginning with the 2012-2013 Budget Period (10/01/12 – 09/30/13), grantees must respond to questions regarding grant related activities that took place during the budget period. These questions are divided between two parts, the Report on Authorized Expenditures and the Report on HMEP Grant Accomplishments.

**III. The Final Program Narrative**

The narrative portion of the final report allows the grantee to detail the hazardous materials emergency preparedness planning and training activities that were performed during the budget and funded with HMEP grant monies.

A completed final report should be submitted to the HMEP Grant program office via email, [HMEP.grants@dot.gov](mailto:HMEP.grants@dot.gov). (Fill out this form and “Save As” a PDF file.) If you have questions, please contact the HMEP Grant program office:

Emmanuel Ekwo  
Chief, Grants and Registration  
(202) 366-1109

HMEP Grant Program  
U.S. Department of Transportation  
Pipeline and Hazardous Materials Safety Administration  
1200 New Jersey Ave, SE PHH-50 East Bldg.  
Washington, DC 20590-0001  
[HMEP.grants@dot.gov](mailto:HMEP.grants@dot.gov)

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			Page <b>1</b>	of  pages	
3. Recipient Organization (Name and complete address including Zip code)							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year)			To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)		
<b>10. Transactions</b>					Cumulative		
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized							
e. Federal share of expenditures							
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)							
h. Unobligated balance of Federal funds (line d minus g)							
<b>Recipient Share:</b>							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
<b>Program Income:</b>							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
				g. Totals:			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>							
a. Typed or Printed Name and Title of Authorized Certifying Official				c. Telephone (Area code, number and extension)			
				d. Email address			
b. Signature of Authorized Certifying Official				e. Date Report Submitted (Month, Day, Year)			
14. Agency use only:							

Standard Form 425  
OMB Approval Number: 0348-0061  
Expiration Date: 10/31/2011

**Paperwork Burden Statement**

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

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**FY11 HMEP Accountability Questions**

State, Territory, or Native American Tribe \_\_\_\_\_

Contact Name \_\_\_\_\_

E-mail \_\_\_\_\_

Fax Number \_\_\_\_\_

**Part I**

**Reporting of Authorized Expenditures**

Please complete the table on the funds spent on planning and training grants. The totals should account for 100 percent of the funds granted.

<b>ACCOUNTING OF HMEP GRANT FUNDS EXPENDED IN THE REPORTED GRANT YEAR</b>			
<b>Section of 49 CFR</b>	<b>Authorized Activity</b>	<b>Expenditures (Dollars)</b>	<b>Percent of Total Grant</b>
§110.40 (a)	<i>Planning</i>	////////////////////	////////////////////
§110.40 (a)(1)	Provide total dollar amount expended to develop, improve, and implement emergency plans, as well as exercises which test the plan and enhancements to the plan to include hazard analysis & response procedures to hazmat transportation		
§110.40 (a)(2)	Provide total dollar amount expended to assess flow patterns of hazardous materials within a state and between states		
§110.40 (a)(3)	Provide total dollar amount expended to assess the need for regional hazardous materials emergency response teams		
§110.40 (a)(4)	Provide total dollar amount expended to assess local response capabilities		
§110.40 (a)(5)	Provide total dollar amount expended to conduct emergency response drills and exercises		
§110.40 (a)(6)	Provide total dollar expended for the use of technical staff to support the planning effort		
§110.40 (a)(7)	Provide total dollar amount expended for additional activities the Associate Administrator deems appropriate to implement the scope of work for the proposed project and approved in the grant		

**ACCOUNTING OF HMEP GRANT FUNDS EXPENDED  
IN THE REPORTED GRANT YEAR**

Section of 49 CFR	Authorized Activity	Expenditures (Dollars)	Percent of Total Grant
	Provide the total dollar amount expended by grantees to administer the HMEP planning grant to include improvement to emergency response planning; update or complete assessments; conduct exercises; and other authorized planning activities by the grantee to include other authorized expenditures allowed under the law		
	<b>SubTotal Planning Expenditures</b>		
§110.40 (b)	<i>Training</i>	////////////////////	////////////////////
§110.40 (b)(1)	Provide total dollar amount expended to assess the number of public sector employees who need proposed training in accordance with the local emergency response plan		
§110.40 (b)(2)	Provide total dollar amount expended on delivery of preparedness and response training to include tuition, travel expenses, room & board		
§110.40 (b)(3)	Provide total dollar amount expended for emergency response drills and exercises, course of study, tests and evaluations of emergency response plans		
§110.40 (b)(4)	Provide total dollar amount expended for expenses associated with giving training and monitoring training to include, but not limited to examinations, critiques and instructor evaluations		
§110.40 (b)(5)	Provide total dollar amount expended for staff to manage the training effort designed to result in increased benefits, proficiency, and rapid deployment of local and regional responders		
§110.40 (b)(6)	Provide total dollar amount expended for additional activities the Associate Administrator deems appropriate to implement the scope of work for the proposed project and approved in the grant		
	<b>SubTotal Training Expenditures</b>		
	<b>Total Planning and Training Expenditures</b>		

**Part II**

**Report of HMEP Grant Accomplishments**

The questions below are to be used to report the accomplishments and successes the HMEP grant program has achieved through the year. These questions address both the planning and training categories of the grant program. Please answer each question to the best of your ability.

**Questions Pertaining to Planning**

1. Provide the total number of LEPCs and break out the total number of active and inactive LEPC's. Provide the number of LEPCs that received funding and the amount received by each.

<b>A.</b>	Total Number of Active LEPCs	
<b>B.</b>	Total Number of Inactive LEPCs	
<b>C.</b>	Total Number of LEPCs	

<b>D.</b>	<b>LEPC(s)</b>	<b>Amount of Funding Received</b>

2. Provide the number of LEPCs that have identified or further evaluated risks in their communities. Provide a brief description of the methods used by the LEPCs to identify these risks, such as: community meetings; review of Tier 2 reports; commodity flow study; written or windshield surveys; hazard analysis; and vulnerability assessment as part of the emergency operations plan (EOP) process. Provide the number of commodity flow studies and hazard risk analyses accomplished.

<b>A.</b>	Total Number of Active LEPCs	
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<b>B.</b>	<b>Methodologies Used</b>	<b>Check All that</b>
	Tier II Report	
	Commodity Flow Study	
	Written or Windshield Survey	

<b>B.</b>	<b>Methodologies Used</b>	<b>Check All that Apply</b>
	Hazardous Analysis	
	Vulnerability Assessment	
	Other	
	List Other	

		<b>Number Accomplished</b>
<b>C.</b>	Commodity Flow Studies	
<b>D.</b>	Hazard Risk Analyses	
<b>E.</b>	Total	

3. Provide the methods used to update the emergency plan such as: LEPC meetings; types of infrastructure update information; point of contact lists; location of vulnerable populations; updates of maps; and response capabilities. Provide the number of LEPCs that have updated or written their emergency plan in the past year to be consistent with the changing conditions of the community and the identified risks.

<b>A.</b>	<b>Methods Used to Update Emergency Plan</b>	<b>Check All that Apply</b>
	LEPC Meetings	
	Types of Infrastructure Update Information	
	Point of Contact Lists	
	Location of Vulnerable Populations	
	Updates of Maps	
	Response Capabilities	
	Other	
	List Other	

<b>B.</b>	<b>Number</b>
Number of LEPCs Who Updated Emergency Plan	
Number of LEPCs Who Wrote Emergency Plan	

4. Provide the number of LEPCs that exercised their emergency operations plan in the past year. Explain the type and total number of exercises conducted, for example: table top, real world simulation, or multiple jurisdictional drill; the agencies involved; and the number of people who participated. Provide information on whether the exercise involved a fixed facility, a mode of transportation, or a combination of both. If a mode of transportation was involved, indicate whether it was rail, water, road, or air; and whether a hazardous material(s) was used as part of the exercise scenario. If a hazardous material(s) was used, indicate the type(s) of material exercised. How many total exercises were accomplished?

<b>A.</b>	Total Number of LEPCs that Exercised Their Emergency Operations Plan	
<b>B.</b>	Total Number of Inactive LEPCs	

<b>C.</b>	<b>Types of Exercises</b>	<b>Check all that</b>
	Table Top	
	Real World Simulation	
	Multiple Jurisdictional Drill	
	Other	
	List Other	

<b>D.</b>	<b>Agencies Involved (Please List)</b>

<b>E.</b>	Total Number of People who Participated	
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<b>F.</b>	<b>Exercise involved (Check all that apply)</b>						
	<b>If Mode of Transportation, check all types that apply</b>						
	Rail		Water		Road		Air



8. Provide the total number of hazardous materials response teams located in each of the states/tribe/territory to include industry teams.

<b>A.</b>	Total Number of Hazmat Response Teams (not including industrial teams)	
<b>B.</b>	Total Number of Industry Hazmat Response Teams	
<b>C.</b>	Total Number of Hazardous Materials Response Teams	

**Questions Pertaining to Training**

9. Did grantees provide training directly? Did they go through an outside contracted organization to provide training, or a combination of both?

<b>Check all that apply</b>	
Training was provided by the State/Territory/Native American Tribe	
Training was provided by the LEPC/State Fire Academy	
Training was provided through an outside contracted organization	

10. If grantees provided training, how many people (fire, police, EMS, other\*) received hazmat training in the past year in accordance with OSHA 1910.120; and to what level of training did they receive: Awareness, Operation, Specialist, Technician and refresher training of these levels. Was the training fully funded or funded in part\*\* by HMEP grant funds?

<b>A.</b>	Total Number of People Trained	
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<b>B.</b>	<b>Initial Training</b>	<b>Number of people trained where training was fully funded by the HMEP grant</b>	<b>Number of people trained where training was funded in part by the HMEP grant</b>
	Training level was Awareness		
	Training level was Operation		
	Training level was Specialist		
	Training level was Technician		

<b>C.</b>	<b>Refresher Training</b>	<b>Number of people trained where training was fully funded by the HMEP grant</b>	<b>Number of people trained where training was funded in part by the HMEP grant</b>
	Training level was Operation		
	Training level was Specialist		
	Training level was Technician		

11. Did people receive ICS or other types of response related training? Examples of other type of training events would be TRANSCAER, regional or national hazmat training conferences, etc.

<b>A.</b>	Did people receive other types of training?	Yes		No	
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<b>B.</b>	<b>If Yes, check all that apply</b>				
	ICS				
	TRANSCAER				
	Chlorine				
	Regional Hazmat Training				
	National Hazmat Training				
	Marine Operations				
	Industrial Fire Fighting				
	Confined Space Rescue				
	Hazmat Incident Command (Hazmat ICS)				
	Chemistry for Emergency Responders				
	Other				
	List Other				

12. Were there classes offered other than those in accordance with NFPA or OSHA standards? If so, how was the offering of the course determined, the number of people trained, and the type of training conducted.

<b>A.</b>	Were there classes offered other than those in accordance with NFPA or OSHA standards?	Yes		No	
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<b>B.</b>	<b>If Yes, How was the offering determined?</b>

C.	Total Number of People Trained	
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<b>D.</b>	<b>Types of Training (Check all that apply, if any)</b>	
	Tier II	
	EPCRA	
	Shelter-in-Place	
	Other	
	List Other	

13. For those states that provided funding to LEPCs for training, provide the number of LEPCs to receive funding for training with the amount received for each. Provide the number of people (fire, police, EMS, other) in each level who received hazmat training in the past year in accordance with OSHA 1910.120. Break down the number of people trained in each hazmat level: Awareness, Operation, Specialist, Technician, and annual refresher training by level in accordance with OSHA 1910.120. Provide information on who provided the training, the number trained for each, and the type of training delivered. Was the training fully funded or funded in part\*\* by HMEP grant funds?

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14. For those grantees that provided funding to LEPCs, were classes offered other than those in accordance with NFPA or OSHA standards? If so, how was the offering of the course determined, the number of people trained, and the type of training conducted.

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					Explanation, if Yes
Was training provided based on a change in the emergency plan?	Yes		No		
Was training provided based on a change in lessons learned?	Yes		No		
Was training provided based on something other than a change in the emergency plan or lessons learned?	Yes		No		

15. Was the training provided based on a change in the emergency plan or lessons learned through exercises? If so, explain.

\* “Other” may include Public Works, EOC, emergency support functions, liaison officer, safety officer personnel, etc..

\*\* If HMEP funds are used in any way, it counts as in part (e.g. books, prerequisite training, training equipment, etc.).

**Additional Information (Please include the section and question number, if appropriate)**

### **III. The Final Program Narrative**

For Planning programs, the narrative should include the following:

1. Quantitative and qualitative assessment of development, improvement and implementation of emergency plans

2. Systems to determine and maintain information on flow patterns of hazardous materials

3. Need for regional response teams

4. Local response capabilities

5. Plans for conducting drills and exercises

6. Description of progress made toward meeting planning objectives as stated in your application

7. Description of unmet planning objectives and proposed approach to meet the objectives

Additional Planning Information (Optional)

For Training programs, the narrative should include the following:

8. Number of public sector employees needing training

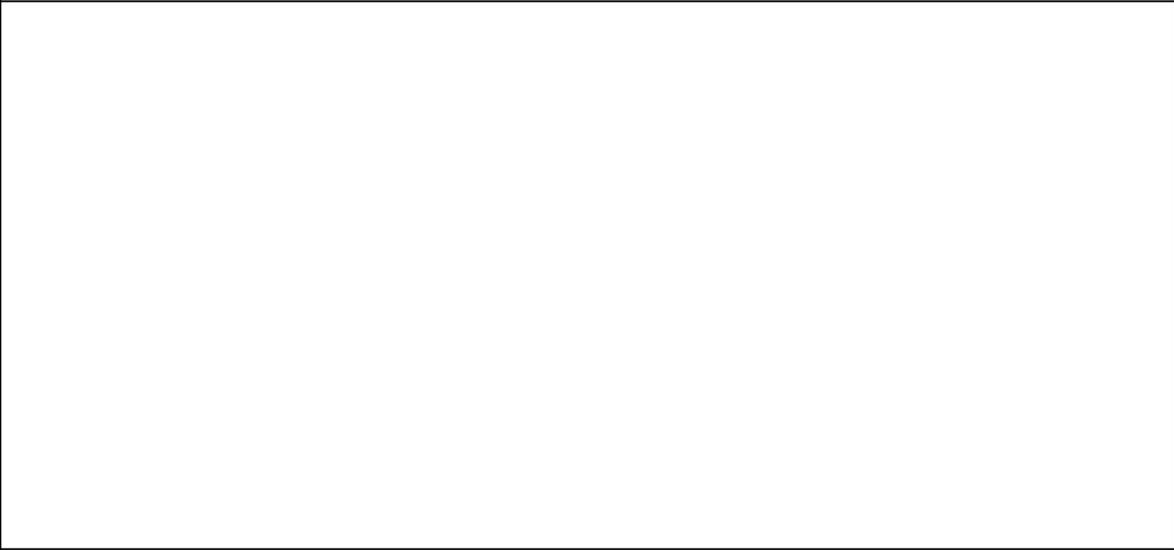
9. Training delivered to public sector employees

10. Training drills and exercises completed and planned

11. Description of progress made toward meeting training objectives as stated in your application

12. Description of unmet training objectives and proposed approach to meet the objective

Additional Training Information (Optional)

A large, empty rectangular box with a thin black border, intended for providing additional training information. The box is currently blank.