Hazardous Materials Emergency Preparedness Grant

SUB-RECIPIENT APPLICATION

U.S. Department of Transportation
Pipeline and Hazardous Materials Safety Administration

Grant administered by
The Department of the State Fire Marshal
3991 Fairview Industrial Dr SE
Salem, OR 97302

https://www.oregon.gov/osfm/emergency_response/Pages/LEPC.aspx

Application Due: Thursday, December 31, 2026, by 11:59 p.m.

Submit completed application via email attachment to:
OSFM.HMEP@OSFM.Oregon.gov

SUB-RECIPIENT APPLICATION COVERSHEET

Project Title:			
LEPC:			
LEPC Chair:		**Title:**	
Email:		**Phone:**	
PROJECT CONTACT			
Name:		**Title:**	
Email:		**Phone:**	
FISCAL CONTACT			
Fiscal Agency:			
Contact Name:		**Title:**	
Email:		**Phone:**	
Mail/P.O. Box:			
Federal Tax Identification Number:			
SAM.GOV - Unique Entity ID:			
Entity Type (city, county, 501(c)(3), etc.):			

MATCH

To assist the OSFM with the match requirement of the grant, we ask sub-recipients to track personnel participating in activities directly related to projects funded by the grant (in-kind match). If you are selected as a sub-recipient, we will provide an Excel spreadsheet template to track this.

TOTAL FUNDS REQUESTED	
Project 1 Fund Request:	$
Project 2 Fund Request:	$
Project 3 Fund Request:	$
Total Funds Request:	$

FISCAL AGENCY AUTHORIZED REPRESENTATIVE			
Rep Name:		**Title**:	
Email:		**Phone:**	
Signature:		**Date:**	

SUB-RECIPIENT APPLICATION
BUDGET SUMMARY

If applying for more than one project, provide a separate Budget Summary for each project.

Budget Category	Planning - Description of Activities and Expense Breakdown	Grant Request
Travel		$
Equipment		$
Supplies		$
Contractual		$
Other		$
Other		$
	Planning Subtotal	$

Budget Category	Training Course Title	Expense Breakdown	Estimated # Training	Grant Request
Travel				$
Course Title				$
Course Title				$
Course Title				$
Other				$
Other				$
			Training Subtotal	$

Budget Category	Exercise - Description of Activities and Expense Breakdown	Grant Request
Travel		$
Equipment		$
Supplies		$
Contractual		$
Other		$
Other		$
	Exercise Subtotal	$
	TOTAL FUNDS REQUEST	**$**

SUB-RECIPIENT APPLICATION
PROJECT NARRATIVE

If applying for more than one project, provide a separate Project Narrative for each project.

Project type (select all that apply)

☐ **Planning** ☐ **Training** ☐ **Exercise** ☐ **Commodity Flow Study** ☐ **Other**

Project Description

Who –Who will be performing the task or activity?
What –What task or activity is being performed?
Why –Why is the task or activity being performed?
Where –Where will the task or activity take place?
When –When is the task or activity projected to be performed?
How Many – What is the projected number of participants involved in the task or activity?

Collaboration - Area of benefit and partners

List the cities, counties, response disciplines, public and private entities, etc. that will benefit from the proposed project. Indicate who you will partner with to conduct this project.

Overall contribution

How does the project contribute to the overall effort of addressing and/or enhancement of local hazardous materials planning and training? How does the activity address a need or provide a solution to the problem (e.g., long-range plans, etc.)?

Project management - Itemize the tasks and include a timetable

Who is supervising the project?
Who is responsible for managing the grant?
Who will do the work?
What is the proposed timeline for completion of the project?
How will you make sure timelines and tasks are met?
What plans, strategies, or practices are you using to reach the project objectives?
Have all pertinent parties agreed to these plans, strategies, and practices?

Objectives, project outcomes, results, and evaluation

List and prioritize the specific measurable and obtainable objectives. Discuss project objectives to be accomplished. What capabilities will be created or enhanced?

Proposed HMEP Projects and estimated costs for future requests

If you have plans to submit additional projects, or phases of a current project on a future application, please provide a summary of those project requests and estimated costs.

Justification, comments, and additional information

Provide any additional information regarding why OSFM should approve your project request. Explain if, or how this proposal addresses hazardous materials or the community's right to know.