

**FY24 HAZARDOUS MATERIALS  
EMERGENCY PREPAREDNESS (HMEP)  
TRAINING/PLANNING SUBAWARD  
APPLICATION**

**CFDA 20.703**

**All Assurances and Certifications (listed on the Subaward Application Checklist) that require signatures are attached at the end of the Subaward Application forms.**

**FY24 Hazardous Materials Emergency Preparedness (HMEP)  
Training/Planning Subaward Application Overview**

Name of Applicant Agency: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Proposal Abstract (limit 100 words or less):

**FY24 HMEP Training/Planning Sub-award Applicant Information**

Official Name of Applicant Agency: \_\_\_\_\_

Type of Agency: \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Municipality \_\_\_\_\_ Nonprofit

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Implementing Agency (if different than applicant) \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Agency UEI Number : \_\_\_\_\_

Is Applicant Agency registered with the System for Award Management (SAM)? \_\_\_ Yes \_\_\_ No

If no, please explain \_\_\_\_\_

Name of Project: \_\_\_\_\_

Type of Application: \_\_\_\_\_ New \_\_\_\_\_ Continuation CFDA # \_\_\_\_\_

Name of Project Contact: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Areas affected by the Project (Statewide, county, city): \_\_\_\_\_

Proposed Project start and end dates: \_\_\_\_\_

Resolution \_\_\_ attached, Date to be submitted \_\_\_\_\_

Name of Chief Financial Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name/Title of Authorized Representative: \_\_\_\_\_

**\*\*\*\*Signature of Authorized Representative\*\*\*\*:** \_\_\_\_\_

## **FY24 HMEP Training/Planning Sub-award Project Narrative**

*Include Agency Background and Mission; Problem Statement/Needs Assessment/Adaptability; Goals, Objectives and Action Strategy; Planning, Management Structure and Background; Performance Measures/Evaluation. If agency received prior funding under the HMEP Grant Program, please describe activities completed. Use as many pages as necessary to describe your proposal in detail.*

**FY24 HMEP Training/Planning Sub-award Project Work Plan.**

**Project Name:** \_\_\_\_\_

<b>Objective</b>	<b>Activity</b>	<b>Person Responsible</b>	<b>Project Start and Completion Dates</b>

**FY24 HMEP Training/Planning Sub-award Budget Detail Worksheet**

*The Budget Detail Worksheet is for the preparation of the budget requested in support of the proposed project. All required information must be provided. Any category of expense not applicable to the project should be marked N/A.*

**A. Personnel** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position	Annual salary	% of time on project	Federal amount requested
<b>Non - Applicable</b>			

**Sub-Total: XXXXX**

**B. Fringe Benefits** - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for personnel listed in category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman’s Compensation, and Unemployment Compensation.

Name/Position	Fringe Benefit Rate	% of time on project	Federal amount requested
<b>Non-Applicable</b>			

**Sub-Total: XXXXX**

**Personnel and Fringe Benefits Total: XXXXX**

**C. Travel** - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meetings, etc.) In the Budget Narrative, show the basis of computation. For example, 6 people for 3 day-training at \$X airfare; \$X lodging, \$X per diem. (Airfare - 6 x \$value per person = \$. Hotel - 6 x \$ rate per night x number of nights = \$. Per diem - 6 x \$ per diem = \$.) In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, applicant or Federal Travel Regulations. Registration fees for conferences and training should be listed under the "Other" category.

Purpose of Travel	Location	# person(s)	# nights/days	Hotel	Airfare	Per Diem	Federal amount requested

**Total: XXXXX**

**D. Equipment** - List non-expendable items with a value of over \$5,000 that are to be purchased. (Note: Organization=s own capitalization policy for classification of equipment should be used. Expendable items, including equipment valued under \$5,000, should be included in the ASupplies@ category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the AContractual@ category. Explain in the Budget Narrative how the equipment is necessary for the success of the project. Include a description of the procurement method to be used.

Item	# of Units	Cost per Unit	Federal amount requested
<b>Non-Applicable</b>			

**Total: XXXXX**

**E. Supplies** - List items by type (equipment valued under \$5,000, office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Item	# of Units	Cost per Unit	Federal amount requested

**Total: XXXXX**

**F. Construction** - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Federal amount requested
<b>Non- Applicable</b>		

**Total: XXXXX**



**G. Consultants/Contracts** - Indicate whether applicant=s formal, written Procurement Policy or the Federal Acquisitions in the Budget Narrative is used.

**Consultant Fee:** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on project.

Name of Consultant	Service to be provided	Hourly or daily fee	Time on project	Federal amount requested

**Subtotal: XXXXX**

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (travel, meals, lodging, etc.)

Item	Location	Cost per unit	# of units	Federal amount requested

**Subtotal: XXXXX**

**Contracts:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification for sole source contracts in excess of \$100,000 must be provided in the Budget Narrative.

Item	Vendor	Service to be provided	Federal amount requested

**Subtotal: XXXXX**

**Consultants/Contracts Total: XXXXX**

**H. Other Costs -** List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot rent, and provide a monthly rental cost and how many months to rent.

Description	Cost per unit (define unit)	# of units	Federal amount requested

**Total: XXXXX**

**I. Indirect Costs** – Reference the Indirect Cost Rate Fact Sheet for details on computation.

Description	Computation	Cost

**Total: XXXXX**

**FY24 HMEP Training/Planning Sub-award Budget Summary** - When the budget worksheet is completed, transfer the totals for each category to the spaces below. Compute the total costs and the total project costs. Indicate the amount of Federal funds requested and the amount of non-Federal funds if applicable.

<b>Budget Category</b>	<b>Federal Amount Requested</b>	<b>Non-Federal Amount</b>	<b>Total</b>
<b>A. Personnel</b>			<b>Non - Applicable</b>
<b>B. Fringe Benefits</b>			<b>Non- Applicable</b>
<b>C. Travel</b>			
<b>D. Equipment</b>			<b>Non- Applicable</b>
<b>E. Supplies</b>			
<b>F. Construction</b>			<b>Non-Applicable</b>
<b>G. Consultants/Contracts</b>			
<b>H. Other</b>			
<b>Total Direct Costs</b>			
<b>I. Indirect Costs</b>			
<b>Total Project Costs</b>			

**FY24 HMEP Training/Planning Sub-award Budget Narrative**

*Provide a detailed narrative for the use of federal funds requested in each budget category and/or line item to describe why it is necessary and appropriate to the project scope. Use as many pages as necessary to justify the budget requested.*