



FFY 2022 HMEP Grant Program Application User Guide

The FFY 2022 HMEP Grant Program application is a cloud-based form in the AmpliFund grant management system.

The application can be accessed from this link: [FFY22 HMEP Grant Application](#)

GATA

The Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 et seq., increases accountability and transparency in the use of grant funds while reducing the administrative burden on both state agencies and grantees through adoption of the federal grant guidance and regulations codified at 2 CFR Part 200 (Uniform Requirements). IEMA has adopted the uniform data field requirements on grant applications to comply with GATA.

In addition to the IEMA program guidance and application form, sub-award recipients also need to comply with GATA requirements for grant eligibility. More information regarding GATA can be found at <http://www.illinois.gov/sites/gata>.

The Application- Accessing

The application is now cloud based on our AmpliFund grant management system.

Internet access and an AmpliFund logon are needed to submit your completed grant application

Contact EMA.grants@Illinois.gov with any technical questions. Use the following steps to access the application.

1. The FFY 2022 HMEP Grant Application is located here:
[FFY22 HMEP Application Link](#)

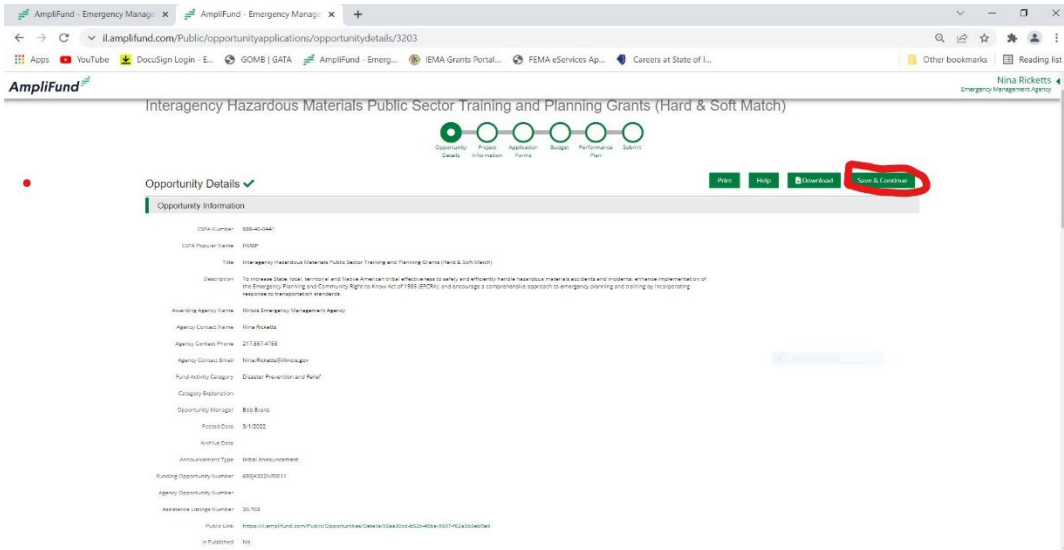
Click the link to open the grant application in your Internet browser.

2. Review 'Opportunity Information'. Click 'Apply' to begin the application

The screenshot displays the 'Opportunity Information' section of a grant application. At the top right, there are buttons for 'Print', 'Help', 'Download', 'Save', and 'Apply'. The 'Apply' button is highlighted with a yellow sticky note. The main content area lists various details about the grant opportunity, including its title, description, awarding agency, and contact information.

Opportunity Information	
CSFA Number	588-40-0441
CSFA Popular Name	HMEP
Title	Interagency Hazardous Materials Public Sector Training and Planning Grants (Hard & Soft Match)
Description	To increase State, local, territorial and Native American tribal effectiveness to safely and efficiently handle hazardous materials accidents and incidents; enhance implementation of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) and encourage a comprehensive approach to emergency planning and training by incorporating response to transportation standards.
Awarding Agency Name	Illinois Emergency Management Agency
Agency Contact Name	Nina Ricketts
Agency Contact Phone	217.557.4758
Agency Contact Email	Nina.Ricketts@Illinois.gov
Fund Activity Category	Disaster Prevention and Relief
Category Explanation	
Opportunity Manager	Bob Evans
Posted Date	3/1/2022
Archive Date	
Announcement Type	Initial Announcement
Funding Opportunity Number	659K322H0011
Agency Opportunity Number	
Assistance Listing Number	20-723
Public Link	https://amplifund.com/PublicOpportunities/Details/55aa80cc-852c-46ba-9607-42a5b3a89ad
Is Published	No

At the bottom of the page, there is a section for 'Funding Information'.



Completing The Application

4. Complete the 'Project Information' page when done click 'Mark as complete' and then the 'Save & Continue' buttons

NOTE: Throughout the application Click 'Mark as Complete' when all required information is entered. Click 'Save & Continue' to save the entered information and move to the next page.

Project Information

Application Information

Application Name* ✓

Pre-Qualification Status: Qualified

How much are you requesting from the funder?

Award Requested*

How much are you planning to contribute to the budget?

Cash Match Requirement: \$0.00 ⓘ

Cash Match Contributions*

In-Kind Match Requirement: \$0.00 ⓘ

In-Kind Match Contributions*

Other Funding Contributions*

Total Award Budget: \$12,500.00

Primary Contact Information

Name*

Email Address*

Address Line 1*

Address Line 2

City*

State/Province*

Postal Code*

Phone Number

[Save](#)

[✓ Mark as Complete](#)

[Save & Continue](#)

5. The Forms- 4 forms are contained on this page each must be completed.

1. Uniform Grant Application

NOTE you will need the jurisdictions gata ID number found in the GATA Grantee Portal.

Uniform Grant Application - Applicant Completed Section

1 of 4

Applicant Information

Legal Name (Name used for DUNS registration and grantee pre-qualification) *

LaSalle

Common Name (DBA)

LaSalle LEPC

Employer/Taxpayer Identification Number (EIN,TIN) *

366006612

Organizational DUNS Number *

071421994

GATA ID (assigned through the grantee portal) *

681295

SAM Cage Code *

496H8

Applicant's Organizational Unit

Department Name *

LEPC

Division Name

Applicant's Name and Contact Information for Person to be Contacted for Program Matters involving this Application

First Name *

Conrad

The Legislative and Congressional District are “statewide”. The project is 22 HMEP Project start date is 10/01/2022 end date is 9/30/2025

p

Add Attachments (e.g., maps)

[Choose File](#)

Legislative and Congressional Districts of Applicant

Formats - **B** / *I* [List Icons]

statewide

h1

Legislative and Congressional Districts of Program/Project

Formats - **B** / *I* [List Icons]

statewide

h1

Attach an additional list, if necessary

[Choose File](#)

Applicant's Project

Description Title of Applicant's Project

22 HMEP

Proposed Project Term Start Date

10/1/2022

Proposed Project Term End Date

9/30/2025

Applicant Certification

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(*The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO

Applicant Certification *

I agree

[Save](#)

[Mark as In Progress](#)

[Save & Continue](#)

2. Narrative

Amplifund CASA ENERGY
Energy Management

FFY22 Hazardous Materials Emergency Preparedness Grant Program (HMEP)

Approved ✓ ✓ 0 ✓ ✓ 0
Opportunity Details Project Information

Narrative [Back](#) [Save](#) [Save & Continue](#)

2/21

Please submit a brief description of the proposed activities that will be carried out during the grant period. Please describe the activities and include any other information that will give an insight into your proposed program's objectives. The length of your narrative response should be:

1. Writing or typing your narrative into the appropriate field.
2. Ensuring the narrative meets the appropriate length.
3. Covering the following:

Project Narrative

Some County EMA has a Hazardous Materials Transportation Emergency Response Plan on file with IEMA and it is reviewed and updated annually, with special attention to transportation routes to and from facilities, current construction routes, detours and alternate routes through other commercial areas of other jurisdictions.

We will attend the TFMA training summit and participate in the hazardous materials tabletop exercise each year. We will also collaborate with 2 additional counties on a commodity flow study.

[View](#) [View Progress](#) [Save & Continue](#)

FFY22 Hazardous Materials Emergency Preparedness Grant Program (



Travel

3 of 4

- Local Government *
- Does NOT have Travel Regulations
- Does have Travel Regulations
- Is any of the travel requested out of the State of Illinois? *
- Yes
- No

When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

[Save](#) [✓ Mark as Complete](#) [Save & Continue](#)

Please scroll down and answer every question. Quick tip-click 'mark complete' and it will highlight what fields must be answered, as you complete the field the red required field will be removed.

FFY22 Hazardous Materials Emergency Preparedness Grant Program (HMEP)



Programmatic Risk Assessment Questionnaire

Download Save Send & Continue

A separate Programmatic Risk Assessment is required for each grant application. Responses must be program specific.

Individual Completing Programmatic Risk Assessment *

Contact Information for Customer (Phone Number) *

Contact Information for Customer (Email) *

To comply with Federal Risk Assessment requirements of 29 CFR 201.205, the grantee/agency must review the programmatic risk posed by applicants. This includes the programmatic risk assessment questionnaire to comply with the federal requirements.

1. Quality of management systems and ability to meet the management standards

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

a. Program issuance tracking and reporting mechanisms *

Yes

No

b. Request documentation of administrative review *

Yes

No

c. Staff management policies and procedures *

Yes

No

d. Standards of conduct in selection, award or administration of grants *

Yes

No

e. And in personnel conflict of interest in selection, award or administration of grants *

Yes

No

f. Cost sharing/grantee reimbursement policies *

Yes

No

g. Managing funds, property and other assets from acquisition or disposal *

Yes

No

h. Management of grant assets *

Yes

No

i. Will be approved from funding agency when key personnel change *

Yes

No

j. Will be approved from funding agency when non-major change *

Yes

No

k. Personnel eligibility / application *

Yes

No

Please see also

6. Budget

The Grant Funding and Non-Grant Funding amount are auto-populated from the 'Project Information' page. The 'total Overall Budget Cost' must be \$0.00 after entering the budget details.

Click the green '+' on the category to enter details of an expense item. Enter both Grant Funded and Non-Grant Funded (Match) for the 'Expense Budget' items. The 'total Overall Budget Cost' must be \$0.00 after entering all of the proposed budget details.

Line Items Non-Grant Funded

Proposed Budget

Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)	\$0.00	\$0.00	\$0.00
+ 2. Fringe Benefits (2 CFR 200.431)	\$0.00	\$0.00	\$0.00
+ 3. Travel (2 CFR 200.474)	\$0.00	\$0.00	\$0.00
+ 4. Equipment (2 CFR 200.439)	\$0.00	\$0.00	\$0.00
+ 5. Supplies (2 CFR 200.94)	\$0.00	\$0.00	\$0.00
+ 6. Contractual Services & Subawards (2 CFR 200.318 & 200.92)	\$0.00	\$0.00	\$0.00
+ 7. Consultant Services and Expenses (2 CFR 200.459)	\$0.00	\$0.00	\$0.00
+ 8. Construction	\$0.00	\$0.00	\$0.00
+ 9. Occupancy (Rent and Utilities) (2 CFR 200.465)	\$0.00	\$0.00	\$0.00
+ 10. Research and Development (R&D) (2 CFR 200.87)	\$0.00	\$0.00	\$0.00
+ 11. Telecommunications	\$0.00	\$0.00	\$0.00
+ 12. Training and Education (2 CFR 200.472)	\$0.00	\$0.00	\$0.00
+ 13. Direct Administrative Costs (2 CFR 200.413 (c))	\$0.00	\$0.00	\$0.00
+ 14. Other or Miscellaneous Costs	\$0.00	\$0.00	\$0.00
+ Indirect Cost (2 CFR 200.414)	\$0.00	\$0.00	\$0.00
Total Expense Budget Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

Grant Funding		
Award Requested	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00
Non-Grant Funding		
Cash Match	\$0.00	\$0.00
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00
Total Revenue Budget Cost	\$0.00	\$0.00
Total Overall Budget Cost	\$0.00	\$0.00

Mark as Complete

Save & Continue

Complete the 'Budget item Information'. To enter match information 'Non-Grant Funded' dropdown should be 'Yes'

Example of NO MATCHING

Pat Riley

Budget Item Information

Category **1. Personnel (Salaries and Wages) (2 CFR 200.430)** ▼

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 and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Personnel cannot exceed 100% of their time on all active projects.

Item Type Personnel

Name* Pat Riley

Position* Director

Salary Amount* \$10,000.00

Basis Yearly ▼

% of Time* 100.00%

Length of Time* 1.00

Direct Cost \$10,000.00

Non-Grant Funded No ▼

Total Budgeted \$10,000.00

Narrative Describe the responsibilities and duties of the position in relationship to fulfilling the project goals and objectives.

Save

Cancel

Example of MATCHING FUNDS

Pat Riley

Budget Item Information

Category **1. Personnel (Salaries and Wages) (2 CFR 200.430)**

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 and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Personnel cannot exceed 100% of their time on all active projects.

Item Type Personnel

Name* Pat Riley

Position* Director

Salary Amount* \$12,500.00

Basis Yearly

% of Time* 100.00%

Length of Time* 1.00

Direct Cost \$12,500.00

Non-Grant Funded Yes

Grant Funded \$10,000.00

Cash Match \$2,500.00

In-Kind Match \$0.00

Other Funding \$0.00

Total Budgeted \$12,500.00

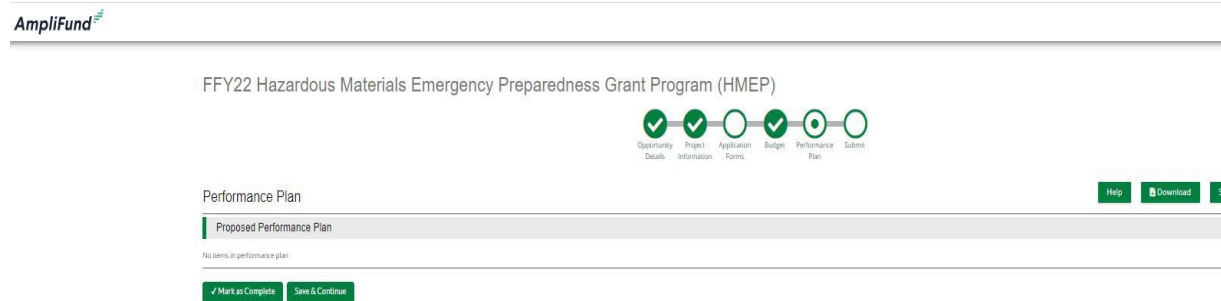
Narrative Describe the responsibilities and duties of the position in relationship to fulfilling the project goals and objectives.

Save

Cancel

The Budget is complete when the ‘total Overall Budget Cost’ is \$0.00 and the expense details match the grant funded and non-grant funded amounts auto-populated from the project information page.

7. Performance Plan – Not required for this program. Click ‘Mark as Complete’ then Click ‘Save& Continue” to move to the next page.



Click the ‘Submit’ button to officially submit the application to IEMA. You may download and save a copy to your PC after submission.

FFY22 Hazardous Materials Emergency Preparedness Grant Program (HMEP)



You are about to submit your application, **Some County**, to **Emergency Management Agency**.

Take the time to review your application by using the timeline above. You can select any section and jump to that page.

When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.

[Review](#) [Submit](#)

