AmpliFund

Some County

Prepared by Emergency Management Agency
for Emergency Management Agency FFY22 Hazardous Materials Emergency Preparedness Grant Program (HMEP)

Submitted by Nina Ricketts

Submitted on 03/18/2022 9:09 AM Central Standard Time

AmpliFund

Opportunity Details

Opportunity Information

CSFA Number
588-40-0441

CSFA Popular Name
HMEP

Title
FFY22 Hazardous Materials Emergency Preparedness Grant Program (HMEP)

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

Opportunity Manager
Bob Evans

Opportunity Posted Date
3/1/2022

Opportunity Archive Date

Announcement Type
Initial Announcement

Funding Opportunity Number
693JK322NF0011

Agency Opportunity Number

Assistance Listings Number
20.703

Public Link
https://il.amplifund.com/Public/Opportunities/Details/55aa30cd-b52c-45ba-9607-f62a5b3eb9ad

Is Published
No

Funding Information

Funding Sources
Federal Or Federal Pass Through

Funding Source Description
Congress authorized the HMEP grant program in 1990 under the Hazardous Materials Transportation Act (P.L. 101-615), codified at 49 U.S.C. § 5101 et. seq. Since its inception, the HMEP has been fully funded by registration fees collected from hazardous materials (hazmat) shippers and carriers who offer for transportation or transport certain hazmat in intrastate, interstate, or foreign commerce. Subject to the availability of funds

Funding Restrictions

Award Information

Award Type
Competitive

Capital Grant
No

Indirect Costs Allowed
No

Matching Requirement
No

Submission Information

Submission Window
03/01/2022 12:00 AM - 04/07/2022 12:00 AM

Submission Timeline Type
One Time

Allow Multiple Applications
Yes

Application Review Start Date / Pre-Qualification Deadline

Other Submission Requirements
Grant Accountability & Transparency Act (GATA) compliance

Question Submission Information

Question Submission Open Date
03/01/2022 12:00 AM

Question Submission Close Date
04/07/2022 12:00 AM

Question Submission Email Address
Nina.Ricketts@illinois.gov

Technical Assistance Session

Technical Assistance Session
No

AmpliFund

Eligibility Information

Eligibility Type
Public

Eligible Applicants

- Government Organizations

Additional Eligibility Information
Counties, municipalities and townships.

Award Administration Information

Administrative and National Policy Requirements

In accordance with 49 U.S. Code § 5116(d), States and the Commonwealth of Puerto Rico must contribute a minimum of 20% matching share to the total cost of the grant. he matching requirement must be satisfied by costs incurred by the grantee or by the value of in-kind contributions. All matching funds must meet the federal requirements as described in 2CFR § 200.306 Cost sharing or matching. Funds or costs used for matching purposes under any other federal grant or cooperative agreement may not be used for HMEP matching purposes.

Reporting
Quarterly Performance Progress Reports

State Awarding Agency Contacts
Bob Evans
217-557-4788
Bob.P.Evans@illinois.gov

Other Information
Eligible grant projects/expenses include, but are not limited to:
1. Commodity flow studies
2. Tabletop Exercises
3. Emergency response plans (creation and updates)
4. Hazmat response training
5. Hazmat training drills
6. Training equipment
7. Hazmat training conferences
8. Salaries/Fringe benefits for HMEP program administrators
9. Supplies to conduct training and planning activities
10. Contract support costs related to HMEP planning and training activities

AmpliFund

Project Information

Application Information

Application Name
Some County

Award Requested
$10,000.00

Cash Match Requirement
$0.00

Cash Match Contributions
$2,500.00

In-Kind Match Requirement
$0.00

In-Kind Match Contributions
$0.00

Other Funding Contributions
$0.00

Total Award Budget
$12,500.00

Primary Contact Information

Name
Nina Ricketts

Email Address
Nina.Ricketts@illinois.gov

Address
2200 S Dirksen Pkwy
Springfield, IL 62703

Phone Number
(217) 557-4758

AmpliFund

Project Description

Uniform Grant Application - Applicant Completed Section

Applicant Information

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

Common Name (DBA)
County

Employer/Taxpayer Identification Number (EIN,TIN)
00123987

Organizational DUNS Number
258369741

GATA ID (assigned through the grantee portal)
65869

SAM Cage Code
256H53

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
Pat

Last Name
Rilet

Suffix

Title
Director

Organizational Affiliation
Some County

Telephone Number
2175574758

Fax Number

Email Address
Nina.Ricketts@illinois.gov

Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application

AmpliFund

First Name
Avery

Last Name
Smith

Suffix

Title
Admin Asst

Organizational Affiliation
Some County

Telephone Number
2175574758

Fax Number

Email Address
avery.smith@email.com

Areas Affected

Are areas affected by the project?
◉ Yes
◯ No

Please list the areas affected by the Project (cities, counties, state-wide)

statewide

Add Attachments (e.g., maps)

Legislative and Congressional Districts of Applicant

statewide

Legislative and Congressional Districts of Program/Project

statewide

Attach an additional list, if necessary

Applicant's Project

Description Title of Applicant's Project

Proposed Project Term Start Date

Proposed Project Term End Date

Applicant Certification

By signing this application, I certify (1) to the statements contained in the list of certificaitons* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false,

AmpliFund

fictitious, or fraudulent statements or claims may 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 was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

Applicant Certification
☒ I agree

AmpliFund

Narrative

Provide a brief description of the proposed activities that summarizes the use of the grant award. Please note that all grants activities must come from one of the three eligible grant programmatic categories. The eligible grant programmatic categories consist of:

1. Writing or Updating hazardous materials transportation plans

2. Exercising the hazardous materials transportation plans

3. Commodity Flow Studies

Program 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 IEMA 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.

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.

AmpliFund

Travel

Local Government
- ⦿ Does NOT have Travel Regulations
- ◯ Does have Travel Regulations

If the Local Government does NOT have Travel Regulations, you will be covered by current State of Illinois travel regulations.
State Travel Board site link

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.

AmpliFund

Programmatic Risk Assessment Questionnaire

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

Individual Completing Programmatic Risk Assessment:

Pat Riley

Contact Information for Completer (Phone Number):

217-5574758

Contact Information for Completer (Email):

nina.ricketts@illinois.gov

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this 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 outcome tracking and reporting mechanisms
- ⦿ Yes
- ○ No

b. Relevant documentation of services/goods delivered
- ⦿ Yes
- ○ No

c. Staff management policies and procedures
- ⦿ Yes
- ○ No

d. Standards of conduct re: selection, award or administration of grants
- ⦿ Yes
- ○ No

e. Real or perceived conflict of interest re: selection, award or administration of grants
- ⦿ Yes
- ○ No

f. Complaint/grievance resolution policies and procedures
- ⦿ Yes
- ○ No

g. Safeguarding funds, property and other assets against loss from unauthorized use of disposition
- ⦿ Yes
- ○ No

h. Management of grant terms
- ⦿ Yes
- ○ No

i. Written approval from funding agency when key personnel change

◉ Yes
○ No

j. Written approval from funding agency when program scope changes

◉ Yes
○ No

k. Participant eligibility, if applicable

◉ Yes
○ No
○ Not Applicable

1.2 Do you have internal controls that govern program delivery on the topics of:

a. Quality assurance reporting

◉ Yes
○ No

b. Unit costs, expense analysis/management

◉ Yes
○ No

c. Accreditation/licensing compliance program

◉ Yes
○ No

1.3 Project Leader Experience

How many years of experience does the project leader have managing the scope of services required under this program?

◉ More than five years
○ One to five years
○ Less than one year

1.4 Time and Effort System

Does the organization have a time and effort system to track program-specific work performed?

◉ Yes
○ No

a. Does the system record all time worked, including time not charged to awards?

◉ Yes
○ No

b. Does the system include sign-off by the employee and supervisor?

◉ Yes
○ No

1.5 Program Payments

Are program payments based on a rate or unit of service?

○ Yes
◉ No

1.6 Match or Related Requirements

Does the program have a match or related requirements?

◉ Yes
○ No

a. Does the organization have written procedures for match reporting?

◉ Yes
○ No

b. Does a second person sign-off on match reporting?

◉ Yes
○ No

1.7 Performance Reports

Is the organization prepared to utilize periodic performance reports to communicate program outcomes?

◉ Performance reports are an established part of grant management procedures.
○ Performance data reporting is being developed as part of grant management procedures.
○ We do not currently report performance data within our grant management.

2. History of Performance

2.1 Comparable Grant Experience

How many years of experience does your organization have with grants of comparable scope and/or capacity?

◉ More than five years
○ One to five years
○ Less than one year
○ No expereience (If selected, skip to question 3.3)

2.2 Project Goals and Outcomes

If your organization has received grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year:

type answer here

2.3 Project Performance Reporting

During your last two fiscal years, how frequently has the organization submitted project performance reports on time?

◉ Always
○ Reported late up to three times
○ Reported late four or more times
○ Not applicable - not a requirement of awards previously received

2.4 Performance Measurements

Does your organization have performance measurements that tie to financial data?

◉ Yes
○ No

2.5 Have there been any significant changes in your organization in the last fiscal year related to program delivery?

a. Management/leadership personnel

◉ Yes
○ No

b. Reorganization or parent/subsidiary relationships

◉ Yes
○ No

c. Significant changes in programs/grants funded

◉ Yes
○ No

AmpliFund

d. Statutory or regulatory requirements imposed on your organization type
- ○ Yes
- ● No

2.6 Provide a brief explanation for all "Yes" responses to question 2.5

2.7 Sub-grantee/sub-recipient/sub-award

Will a sub-grantee/sub-recipient/sub-award perform under this program?
- ○ Yes
- ● No

Skip to question 3.1

2.8 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program?

a. Participant eligibility determination
- ○ Yes
- ○ No
- ○ Not Applicable

b. Case Management
- ○ Yes
- ○ No
- ○ Not Applicable

c. Performance reporting
- ○ Yes
- ○ No
- ○ Not Applicable

d. Financial reporting
- ○ Yes
- ○ No
- ○ Not Applicable

e. Invoicing
- ○ Yes
- ○ No
- ○ Not Applicable

f. Other
- ○ Yes
- ○ No

2.9 Grant Funds

What percentage of grant funds does the organization anticipate passing to sub-grantees/sub-recipients/sub-awards?
- ○ Less than 10%
- ○ 10-20%
- ○ More than 20%
- ○ Not Applicable

2.10 Sub-Grantee/Sub-Recipient Monitoring

Does your organization have an implemented policy for sub-grantee/sub-recipient monitoring?
- ○ Yes
- ○ No
- ○ Not Applicable

3. Reports and Findings from audits performed under Subpart F - Audit Requirements of this part or the

reports and findings of any other available audit.

3.1 During the last two fiscal years, has your organization been out of compliance with programmatic terms and conditions of awards?
- ◉ Organization has not been audited; Go to Question 3.6
- ○ No occurrences of non-compliance; Go to question 3.6
- ○ One to three occurrences of non-compliance
- ○ Four or more occurrences of non-compliance

3.2 If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence.

3.3 Have corrective actions been implemented within the specified timeframe?
- ○ Yes
- ◉ No
- ○ Not Applicable

3.4 Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open.

3.5 Have there been findings regarding conflict of interest within the last two fiscal years?
- ○ Yes
- ◉ No
- ○ Not Applicable

3.6 Has your organization even been subject to specific conditions due to program issues?
- ○ Yes
- ◉ No

4. Applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees

4.1 To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary, and prudent (sensible)?
- ◉ Policies are implemented and followed
- ○ Policies are implemented, but not consistently followed
- ○ Policies are being implemented
- ○ The organization does not currently have these type of policies

4.2 To what extent does your organization have policies to ensure programmatic activities are allowable?
- ◉ Policies are implemented and followed
- ○ Policies are implemented, but not consistently followed
- ○ Policies are being implemented
- ○ The organization does not currently have these type of policies

4.3 Has the organization been out of compliance with any statutory, regulatory, or other requirements of grant funding within the last two fiscal years?
- ○ Yes
- ◉ No

4.4 To what extent is your organization able to comply with all statutory requirements of this program?
- ◉ Fully able to comply with all statutory requirements
- ○ With the following exception(s), the organization is able to comply:

5. Agency and/or Program Specific Questions

5.1 Has your organization identified local matching requirements, and level of effort requirements related to program delivery?
- ○ Yes
- ○ No

AmpliFund

◉ Not Applicable

5.2 Has your organization standardized local matching requirements tracking mechanism?
◉ Yes
◯ No
◯ Not Applicable

5.3 Has your organization attended grant compliance training?
◯ Yes
◉ No
◯ Not Applicable

Link to Grants Compliance Training

5.4 Is your organization familiar with the Grantee Compliance Enforcement System?
◯ Yes
◉ No
◯ Not Applicable

Link to Grantee Compliance Enforcement System

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.

AmpliFund

Budget
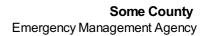
Proposed Budget Summary

Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
1. Personnel (Salaries and Wages) (2 CFR 200.430)			
Pat Riley	$3,775.00	$1,000.00	$4,775.00
Subtotal	**$3,775.00**	**$1,000.00**	**$4,775.00**
2. Fringe Benefits (2 CFR 200.431)			
Pat Riley	$4,275.00	$725.00	$5,000.00
Subtotal	**$4,275.00**	**$725.00**	**$5,000.00**
5. Supplies (2 CFR 200.94)			
paper, pens, binders, clips, office	$350.00	$150.00	$500.00
Subtotal	**$350.00**	**$150.00**	**$500.00**
6. Contractual Services & Subawards (2 CFR 200.318 & 200.92)			
Commodity Flow Study	$1,600.00	$625.00	$2,225.00
Subtotal	**$1,600.00**	**$625.00**	**$2,225.00**
Total Proposed Cost	**$10,000.00**	**$2,500.00**	**$12,500.00**

Revenue Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Grant Funding			
Award Requested	$10,000.00		$10,000.00
Subtotal	**$10,000.00**		**$10,000.00**
Non-Grant Funding			
Cash Match		$2,500.00	$2,500.00
In-Kind Match		$0.00	$0.00
Other Funding and Contributions		$0.00	$0.00
Subtotal		**$2,500.00**	**$2,500.00**
Total Proposed Revenue	**$10,000.00**	**$2,500.00**	**$12,500.00**

Proposed Budget Detail

See attached spreadsheet.

Proposed Budget Narrative

Performance Plan