SOUTH DAKOTA HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS TRAINING GRANT APPLICATION PACKAGE

For more information or help applying, contact:

Bob Van Winsen

Hazardous Materials Coordinator

South Dakota Office of Emergency Management

(605) 773-3231

TO QUALIFY FOR THIS GRANT: THE COUNTY IN WHICH THIS GRANT APPLICATION IS AFFILIATED WITH MUST MEET THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) STANDARDS AS PER THE CURRENT NIMS IMPLEMENTATION GUIDELINES.

Send application to:

South Dakota Office of Emergency Management Attention: Bob Van Winsen 118 West Capitol Avenue Pierre, South Dakota 57501-2000

APPLICANT:Rapid City Fire Department				
Pennington	COUNTY			
CONTACT NAME:Joe Tjaden				
ADDRESS:10 Main St				
CITY:Rapid City_ STATE: _SD ZIP Co	ODE:57701			
PHONE (DAY):(605) 394-5220_				
F-Mail Address: ioe tiaden@rcgov	ora			

	a. Yes _XX No			
2.	Does the county in which applicant resides have an active LEPC with meetings and by-laws which is necessary to qualify for this grant? _XX Yes No			
3.	Please review the guidelines located in the training grant application guide enclosed in this package to select the training appropriate for your agency and complete the appropriate application page for the desired level of training.			
1.	Check the Level of Training being addressed by this Training Project:			
	Awareness Operations EMS/ HazMat Responder Technician or above_XX			
	If Awareness is checked, please do not enroll students who have had the Firefighter Essentials class or have graduated from the Law Enforcement Training Center as Awareness is included in those programs. For those responders, please hold annual refresher training as outlined under the Awareness description section. Please train all other first responders to Awareness level. Invite other first responder agencies, hospital personnel and adjacent jurisdictions to your class to maximize the use of the grant funds.			
	If Operations is checked, how many first responders and what discipline are currently trained to Operations? Why do you need to train more? What special risks do you have that justify training more responders to the Operations level? It is only necessary to train a certain percentage of your agency's first responders to Operations. Invite other first responder agencies, hospital personnel and adjacent jurisdictions to your class to maximize the use of the grant funds.			
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Please complete the Class Budget page and sign to complete your application.

MEMO: Reimbursement will be at the rates shown on the 2011 Training Grant Reimbursement Guidelines document. A formal signed contract will be required pending approval of this application. Copies of receipts are required for all reimbursements. A class roster of all students trained must also be submitted prior to grant payment. A roster form is available on the OEM Forms web page under Hazmat.

Class Type:	HMEP TRAINING GRANT PROPOSED BUDGET _Technician Class Class ID:HWMDTST Start Date:10/1/2015	End Date:9/30	/2016
LOCATION:	Pueblo, CO COUNTY:Pennington		
	Grant Request Amount (Line c below):		_
	Number of Participants	2	
Budget Informa	ation Regarding Above Request		
Br	reakdown costs of the project to each category	\$	
	Student Wages (Match – hard or soft) *	4,407.20	
	Student Fringe Benefits (Match)	7,707.20	
	* Include all classroom hours at students' estimated regular job rate		
	Student Travel (Mileage) \$0.37 per mi **	740.00	
	Student Meals (\$26.00 per diem instate, \$36.00 out of state)**	958.00	
	Student Lodging (\$60.00 per night)**	960.00	
	**For out of town classes only		
	Instructor Cost (\$50.00 per hour for 4 hours class time)	6,082.00	
	Instructor Travel (Mileage) \$0.37 per mi		
	Instructor Meals (\$26.00 per diem)		
	Instructor Lodging (\$60.00 per night)		
	Equipment and Supplies (\$150 for Awareness, \$300 for Operations)		
	Other (Specify)		
	Project Total Cost	13,147.20	а
	<u>LESS</u> Match (Student Wages and Fringes) 20 % of Line a minimum required	4,407.20	b
	Grant Request Amount (a-b)	8,740.00	С
Name. Title an	d Signature of Course Sponsor Authorized Person:	, ,,,	
NAME (PRINT):	Joe Tjaden		
SIGNATURE:	Joe Tjaden		
DATE:	11/17/2015		
TITLE:	Captain		

I certify that all information given in this grant application is true and correct and that all funds distributed to the above applicant will be used solely for the project and purposes described in this grant application.