



FFY 2019 HMEP Grant Program Application User Guide - *Soft Match Eligible Only*

The FFY 2019 HMEP Grant Program application is an Adobe PDF fillable form and requires Adobe Reader to open it. For best results, it is recommended that you have the most recent version of Adobe Reader, *Adobe Reader DC*, installed on your computer. For more information, go to <https://get.adobe.com/reader/>

This user guide is divided into seven main sections:

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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 will also need to comply with GATA requirements for grant eligibility. More information regarding GATA can be found at <http://www.illinois.gov/sites/gata>.

MATCH

The FFY 19 HMEP grant program requires a 20 percent local match. Sub-award recipients are required to identify the budget line items on the application for which they will be providing match.

After all budget categories have been completed, navigate back to the cover page.

The bottom section of the cover page is the Application Summary. All of this information is auto populated.

Project 100% Amount	This is the total of all line items regardless of match type.
Required Minimum Match	This is the amount of match required by the sub-award recipient if the entire maximum allowable federal share is allocated. It is calculated by multiplying the Grant Program Local Match Percentage by the Project 100% Amount.
Requested Federal Share	This is the amount the sub-award recipient is requesting from IEMA.

Each budget line item has a “yes” or “no” drop-down box on the right side to determine if the amount will be used for match or directly reimbursed by the grant.

Match Types

No – This is the default selection. Select this if the applicant wants this expense to be directly reimbursed as part of the grant. The amount rolls up to the Federal/State Pass-through column on the Budget Summary page.

Yes – Select this if the services or items will be matched by the applicant. These items roll up to the Local Match column on the Budget Summary page.

It is recommended that all budget lines be left at the default match type of “no” until all budget categories are completed. This will determine the exact match amount required and help with identifying the appropriate budget lines to match.

Under Match

Applicants are not allowed to submit an application if they have under matched.

If the Required Minimum Match (cover page) is greater than the Total Match Offered (Budget Summary), the applicant has under matched.

How to Maximize the Grant Award

The Total Match Offered (Budget Summary page) needs to be as close to the Required Minimum Match (Cover Page) as possible without going under it.

Compare the numbers on the Budget Summary page and try to get them as close as you can by switching the “no” to “yes” for the question of match on budget lines in each category.

Downloading the Application

Internet access is needed to download the application form and to submit your completed application. However, once you download the form, you will be able to work on it and save it offline.

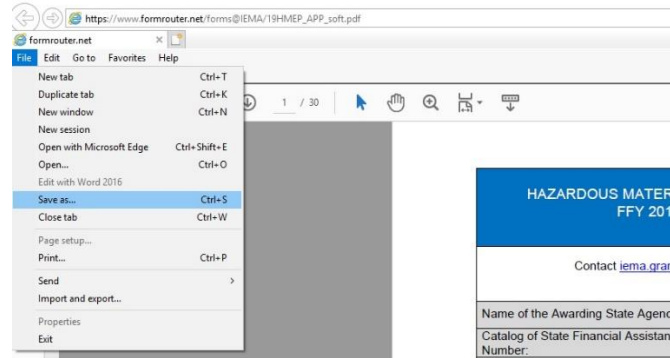
Contact IEMA.grants@illinois.gov with any technical questions about this form. Use these steps to download and save a copy of the application.

1. The FFY 2019 HMEP Grant Application Form is located at this web link:

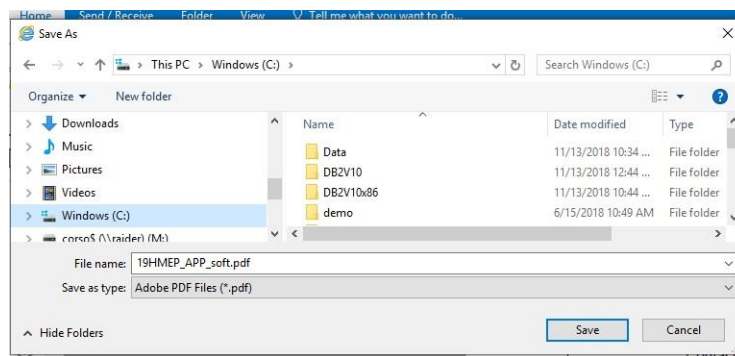
https://www.formrouter.net/forms@IEMA/19HMEP_APP_soft.pdf

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

2. Once the application opens, click on *File*, then *Save As*, to save a PDF copy of the form to your computer.



3. Choose the *Save in* location and modify the *File name* as needed, and click *Save*.



4. Close your Internet browser.

Do not fill out the application in your Internet browser.

Application Overview

When filling out this application, be sure to press the Tab key after each field you complete. Pressing tab will move the cursor into the next data field and commit the changes made. The roll up calculations will not work properly if the changes to a budget line are not tabbed through.

The FFY 19 HMEP application is divided into 18 sections:

- Cover Sheet
- Sub-Award Recipient Information
- Budget Summary
- Personnel
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual/Sub-Awards
- Consultant
- Occupancy
- Telecommunications
- Indirect Costs
- Program Narrative
- FFATA
- Certification

Cover Sheet

Purpose

The purpose of the Cover Sheet section is to provide a quick overview of the application. The first section will display GATA information and the required Local Match Percentage. The Application Summary section will display the sub-award recipient name, project 100 percent amount, required minimum match, maximum allowable federal share, and the requested federal share.

Instructions

The cover page consists of data fields identifying the grant program. All of this data will be pre-populated or will roll up as the form is filled out. Review this information prior to submission to ensure that it is correct.

Required Fields

There are no required fields on this page. All information will automatically roll up from other pages.

Examples

Form Revision Date: 3/20/2019

HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP) FFY 2019 GRANT PROGRAM APPLICATION SOFT MATCH	
Contact iema.grants@illinois.gov for programmatic and technical support.	
Name of the Awarding State Agency:	Illinois Emergency Management Agency (IEMA)
Catalog of State Financial Assistance (CSFA) Number:	558-40-0441
CSFA Title:	Hazardous Materials Emergency Preparedness Grant Program
CFDA Number:	20.703
CFDA Title:	Hazardous Materials Emergency Preparedness Grant Program
Funding Opportunity Number:	n/a
Funding Opportunity Title:	Hazardous Materials Emergency Preparedness Grant Program
Funding Opportunity Program Field:	HMEP
Competition Identification Number:	n/a
Competition Identification Title:	n/a
Grant Program Local Match Percentage:	20.00%
APPLICATION SUMMARY	
Subrecipient:	ABC County or City of ABC
Project 100% Amount:	\$ 258,630.39
Required Minimum Match:	\$ 51,726.08
Requested Federal Share:	\$ 204,751.27

Sub-award Recipient Information

Purpose

The purpose of the Sub-Award Recipient Information section is to gather basic information about the sub-award recipient and to establish the grant point of contact.

Instructions

Complete all the fields on the form. The Cage Code and SAM Expiration Date can be found by searching records using DUNS at <https://www.sam.gov/>. The IEMA Region # and Grant Point of Contact data fields drive the approval workflow. Please ensure that these are correct.

Required Fields

There are 30 required fields in the Sub-Award Recipient Information section.

1	SUB-RECIPIENT	This is the applicant, or the jurisdiction name
2	Employer/Taxpayer Identification Number (EIN, TIN):	This is a nine-digit unique identifier
3	Data Universal Number System (DUNS) Number:	This is a nine-digit unique identifier
4	CAGE CODE:	This is a five-digit unique identifier. Sub-award recipients that do not know their cage code can look it up at https://www.sam.gov
5	SAM EXPIRATION DATE:	Click on the date picker to select the SAM expiration date. Sub-award recipients must keep their SAM account current; if the SAM expiration date is prior to the date of application completion, an error will appear.
6	IEMA REGION #:	Sub-award recipients need to choose their correct region number in this drop-down field. IEMA Region will be used in the approval.
7	BUSINESS ADDRESS Street	Street address of business. Open text field.
8	BUSINESS ADDRESS City	City of business. Open text field
9	BUSINESS ADDRESS State	State of business. The field is limited to two characters.
10	BUSINESS ADDRESS County	County of business. Open text field.
11	BUSINESS ADDRESS ZIP+4	A nine-digit zip code is required for federal reporting.
12	GRANT POINT OF CONTACT First Name	First name of the individual responsible for the sub-award recipient's grant application.
13	GRANT POINT OF CONTACT Last Name	Last name of the individual responsible for the sub-award recipient's grant application.
14	GRANT POINT OF CONTACT Street Address	Street address grant contact. Open text field.

15	GRANT POINT OF CONTACT City	City of the grant contact. Open text field.
16	GRANT POINT OF CONTACT County	County of the grant contact. Open text field.
17	GRANT POINT OF CONTACT State	State of the grant contact. Limited to two characters.
18	GRANT POINT OF CONTACT Zip	Zip code of the grant contact. Field must contain five numbers.
19	GRANT POINT OF CONTACT Email	Sub-award recipients may only put one email address in this field. This email address will be used in the approval workflow.
20	GRANT POINT OF CONTACT Phone	Phone of the grant contact. Field must contain 10 numbers.
21	CHIEF ELECTED OFFICAL/ ADMINISTRATOR First Name	First name of the Chief Elected Official. Open text field.
22	CHIEF ELECTED OFFICAL/ ADMINISTRATOR Last Name	Last name of the Chief Elected Official. Open text field.
23	CHIEF ELECTED OFFICAL/ADMINISTRATOR Title	Title of the Chief Elected Official. Open text field.
24	CHIEF ELECTED OFFICAL/ ADMINISTRATOR Street Address	Street address of the Chief Elected Official. Open text field.
25	CHIEF ELECTED OFFICAL/ ADMINISTRATOR City	City of the Chief Elected Official. Open text field.
26	CHIEF ELECTED OFFICAL/ ADMINISTRATOR County	County of the Chief Elected Official. Open text field.
27	CHIEF ELECTED OFFICAL/ ADMINISTRATOR State	State of the Chief Elected Official. Limited to two characters.
28	CHIEF ELECTED OFFICAL/ ADMINISTRATOR Zip	Zip code of the Chief Elected Official. Field must contain five numbers.
29	CHIEF ELECTED OFFICAL/ ADMINISTRATOR Email	Email address of the Chief Elected Official.
30	CHIEF ELECTED OFFICAL/ ADMINISTRATOR Phone	Phone number of the Chief Elected Official. Field must contain 10 numbers.

Examples

SUBRECIPIENT INFORMATION

Subrecipient:	ABC County or City of ABC		
Employer/Taxpayer Identification Number (EIN, TIN):	999999999		
Data Universal Number System (DUNS) Number:	999999999		
Cage Code:	55555		
SAM Expiration Date:	08/30/2020	MM/DD/YYYY (Must be older than today)	
IEMA Region #:	2	▼	
BUSINESS ADDRESS			
Street:	ABC Main Street		
City:	ABCDEF		
State:	IL		
County:	ABC County		
ZIP+4:	555554444		
GRANT POINT OF CONTACT			
First Name:	John	Last Name:	Doe
Street Address:	GPOC Street		
City:	GPOC City		
County:	GPOC County	State:	IL ZIP: 55555
Email:	Bob.P.Evans@illinois.gov	Phone:	(222) 222-2222
CHIEF ELECTED OFFICIAL / ADMINISTRATOR			
First Name:	Jane	Last Name:	Smith
Title:	County Board Chair		
Street Address:	CEO Street		
City:	CEO City		
County:	CEO County	State:	IL ZIP: 55555
Email:	Bob.P.Evans@illinois.gov	Phone:	(222) 222-2222

Budget Summary

Purpose

The purpose of the Budget Summary section is to show how the application budget is broken down by category and match type for the entire application.

Instructions

Once the application is completed, review this page to make sure that the total match offered is equal to or exceeds the required minimum match and that the amount requested is correct.

An error message will appear under the *Amount Being Requested in Federal Pass-through and State Funds* if the required match is not met.

ERROR: Match Not Met!

Required Fields

There are no required fields on this page. All information will automatically roll up from other pages.

Examples

BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL / STATE PASSTHROUGH	LOCAL MATCH	TOTAL
1. Personnel (200.430)	\$ 1.00	\$ 0.00	\$ 1.00
2. Fringe Benefits (200.431)	\$ 1.00	\$ 0.00	\$ 1.00
3. Travel (200.474)	\$ 0.00	\$ 0.00	\$ 0.00
4. Equipment (200.439)	\$ 0.00	\$ 0.00	\$ 0.00
5. Supplies (200.94)	\$ 0.00	\$ 0.00	\$ 0.00
6. Contractual/Subawards (200.318 and .92)	\$ 0.00	\$ 0.00	\$ 0.00
7. Consultant (200.459)	\$ 0.00	\$ 0.00	\$ 0.00
8. Construction	\$ 0.00	\$ 0.00	\$ 0.00
9. Occupancy (200.465)	\$ 0.00	\$ 0.00	\$ 0.00
10. Research and Development (200.87)	\$ 0.00	\$ 0.00	\$ 0.00
11. Telecommunications	\$ 0.00	\$ 0.00	\$ 0.00
12. Training and Education (200.472)	\$ 0.00	\$ 0.00	\$ 0.00
13. Direct Administrative Costs (200.413)	\$ 0.00	\$ 0.00	\$ 0.00
14. Miscellaneous Costs	\$ 0.00	\$ 0.00	\$ 0.00
15. Grant Exclusive Line Item(s)	\$ 0.00	\$ 0.00	\$ 0.00
16. Total Direct Costs (add lines 1-15)	\$ 2.00	\$ 0.00	\$ 2.00
17. Total Indirect Costs (200.414)	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL PROJECT COSTS			\$ 2.00
TOTAL MATCH OFFERED		\$ 0.00	
AMOUNT BEING REQUESTED IN FEDERAL PASSTHROUGH AND STATE FUNDS	\$ 2.00		
ERROR: Match Not Met!			

COVER PAGE	SUBSCRIPT	BUDGET SUMMARY	PERSONNEL	FRINGE BENEFITS	TRAVEL
EQUIPMENT	SUPPLIES	CONTRACTUALS	CONSULTANT	OCCUPANCY	TELECOMMUNICATIONS
INDIRECT COSTS	ANNUAL WORK PLAN	PIVTS	STATE FUNDS	NON-STATE FUNDS	CERTIFICATION

Personnel

Purpose

The purpose of the Personnel section is to identify employees whose salaries will be reimbursed by this grant.

Instructions

It is required to enter the number of people listed on the application as staff members. Enter job title, name of employee, Grant Program% of Salary for HMEP, total annual salary from local government, and annual HMEP salary to be submitted for reimbursement. *STANDARD WORK WEEK typically means a 35- to 40-hour work week. There is a required field for the personnel to provide the exact number of hours in a standard work week for their jurisdiction. The percentage listed should reflect the number of HMEP hours worked per week divided by the hours of the local government's standard full-time work week. The "Annual Salary for Grant Program ONLY" is divided by the "Total Annual Salary from Local Government" to report the "HMEP % of Salary" in the last column. The "Grant Program % of Salary" is also utilized in the Benefits section of the form to determine the eligible amount of benefits.

Personnel requesting reimbursement under the grant program who also occupy other positions within the same jurisdiction shall complete the appropriate section detailing salary proportions for HMEP work and for all work performed for the local government, as well as the percentage of time worked in each position. Failure to report this information may be cause for disallowance for funding under the grant program.

Please note that time spent in the position listed can only be claimed under this grant and not under any other state or local grant program. If an individual's time or percentage of salary is dedicated to other grants, either as a direct expense or match, that difference must be reflected in the HMEP application. No individual can list 100 percent of HMEP time and 100 percent HMEP salary and be listed or claimed on another grant.

Required Fields

There are nine required fields in the Personnel section.

1	Enter the number of people on Grant Program staff for which reimbursement is being requested	Type in the number of employees that will be reimbursed by this grant.
2	Enter the standard work week in hours for your organization	A standard work week means a 35-40 hour work week.
3	Title	The title of the employee whose salary is being reimbursed by the grant
4	Name	The full name of the employee whose salary is being reimbursed by the grant

5	Grant Program % of Salary	The percentage of salary being paid to the employee for working on the grant program. The value entered in this field must be greater than or equal to 0 and less than or equal to 1. Examples would be to use 1 for 100% or use .5 for 50%.
6	Total Annual Salary from local government	The total salary received by the employee from the local government.
7	Annual Salary for Grant Program Only	This field is auto calculated by multiplying <i>Grant Program % of Salary</i> by <i>Total Annual Salary from local government</i>
8	Match	Change the match type to yes if the sub-award recipient will be using this budget line as match.
9	Do any of the Grant Program employees listed on the previous page divide their work between this Grant Program and another Grant Program, department in the county, or municipal government?	This is a yes/no check box. If the answer is yes, the Non-Grant Program or Other Department Work table on page 6 must be completed. 100% of all time needs to be documented.

Examples

PERSONNEL

Enter the number of people on GRANT PROGRAM staff for which reimbursement is being requested:

Enter the standard work week in hours for your organization: (STANDARD WORK WEEK means a 35-40 hour work week)

LINE#	TITLE	NAME	GRANT PROGRAM % of Salary	Total Annual Salary from local government	Annual Salary for GRANT PROGRAM Only	MATCH
1.	EMA Coordinator	Mike Johnson (Year 1)	3.50%	\$ 50,000.00	\$ 1,750.00	No
2.	HMEP Planner	Jane Wilson (Year 1)	80.00%	\$ 30,000.00	\$ 24,000.00	No
3.			0.00%			Yes
4.	EMA Coordinator	Mike Johnson (Year 1 match)	1.50%	\$ 50,000.00	\$ 750.00	Yes
5.	HMEP Planner	Jane Wilson (Year 1 match)	20.00%	\$ 30,000.00	\$ 6,000.00	Yes
6.			0.00%			Yes
7.	EMA Coordinator	Mike Johnson (Year 2)	3.50%	\$ 50,000.00	\$ 1,750.00	No
8.	HMEP Planner	Jane Wilson (Year 2)	80.00%	\$ 30,000.00	\$ 24,000.00	No
9.			0.00%		\$ 0.00	Yes
10.	EMA Coordinator	Mike Johnson (Year 2 match)	1.50%	\$ 50,000.00	\$ 750.00	Yes
11.	HMEP Planner	Jane Wilson (Year 2 match)	20.00%	\$ 30,000.00	\$ 6,000.00	Yes
12.			0.00%			Yes
13.	EMA Coordinator	Mike Johnson (Year 3)	3.50%	\$ 55,000.00	\$ 1,925.00	No
14.	HMEP Planner	Jane Wilson (Year 3)	80.00%	\$ 32,000.00	\$ 25,600.00	No

Fringe Benefits

Purpose

The purpose of the Fringe Benefits section is to document the benefits that will be reimbursed using this grant. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in the personnel section and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation.

Instructions

Benefits that represent an expense to the local government sub-award recipient and can be sufficiently documented as being based on the HMEP portion of the employee's salary are eligible expenses. Do not list benefits that are paid by the employee.

There are two types of benefits: one is a percentage of gross paycheck, and the other is a dollar amount each pay period. If the benefit is a percentage of the gross pay, list the correct percentage amount in the "Percentage (%) of Gross Paycheck" column and in the next column provide the "Total Annual Salary" amount for the employee. The "Percentage (%) of Gross Paycheck" is multiplied by the "Total Annual Salary" amount to calculate the "Gross Benefit Annual Total" column. If the fringe benefit is calculated as a specific dollar amount per pay period, list the correct amount for each pay period in the "Dollar Amount" column and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column.

List all benefits received for all work in the Gross Benefit Annual Total column (A). List the "Grant Program % of Salary" (B) that was calculated on page 4 of the IEMA Application.

Multiply the amount in A by the amount in B to get the HMEP Benefits Amount, the final column in the table. Provide the grand total of all HMEP benefits for the entire year at the bottom of the page.

Required Fields

There are 10 required fields in the Fringe Benefits section.

1	Fringe Benefits Narrative	Describe how the fringe benefits were derived.
2	Name	Full name of the person receiving the benefits.
3	% of Gross Pay Check	The percentage of the gross pay check that is for benefits.
4	Total Annual Salary	
5	Dollar Amount	
6	Annual # of Pay Periods	Number of pay periods that the sub-award recipient has in a year. Number value only.

7	Gross Benefit Annual Total	
8	Grant Program % of Salary	Percentage of salary use for the grant program.
9	AxB	This field is auto calculated by multiplying Gross Benefit Annual Total by Grant Program % of Salary.
10	Match	Change the match type to yes if the sub-award recipient will be using this budget line as match

Examples

FRINGE BENEFITS

Fringe Benefits Narrative:										
EXAMPLES: (FRINGE can be calculated either through percentage or a dollar amount depending on how your jurisdiction does the calculation) The example uses both calculations.										
IMRF, FICA, FICA/MED, Unemployment, Life Insurance, Medical Insurance, Worker's Compensation										
(% of Gross Paycheck is the total all percentages combined into one percentage of 12.65% & Insurance is all combined into one dollar amount for the number of Annual Pay Periods)										
If you aren't claiming any Fringe Benefits please enter "None" or "N/A" in this section.										

LINE#	NAME	% of Gross Paycheck	Total Annual Salary	And or	Dollar Amount	Annual # of Pay Periods	A Gross Benefit Annual Total	B GRANT PROGRAM % of Salary	A X B	MATCH
1.	Mike Johnson -Year 1	12.65%	\$ 50,000.00	And or			\$ 6,325.00	3.50%	\$ 221.38	No -
2.	Jane Wilson-Year 1	0.00%	\$ 0.00	And or	\$ 250.00	26	\$ 6,500.00	80.00%	\$ 5,200.00	No -
3.		0.00%		And or			\$ 0.00	0.00%	\$ 0.00	No -
4.		0.00%		And or			\$ 0.00	0.00%	\$ 0.00	Yes -
5.	Year 1 Match	0.00%		And or			\$ 0.00	0.00%	\$ 0.00	Yes -
6.	Mike Johnson	12.65%	\$ 50,000.00	And or			\$ 6,325.00	1.50%	\$ 94.88	Yes -
7.	Jane Wilson	0.00%		And or	\$ 250.00	26	\$ 6,500.00	20.00%	\$ 1,300.00	Yes -
8.		0.00%		And or			\$ 0.00	0.00%	\$ 0.00	Yes -
9.	Year 2	0.00%		And or			\$ 0.00	0.00%	\$ 0.00	Yes -
10.	Mike Johnson	12.65%	\$ 50,000.00	And or			\$ 6,325.00	3.50%	\$ 221.38	No -
11.	Jane Wilson	0.00%		And or	\$ 250.00	26	\$ 6,500.00	80.00%	\$ 5,200.00	No -
12.		0.00%		And or			\$ 0.00	0.00%	\$ 0.00	Yes -
13.	Year 2 Match	0.00%		And or			\$ 0.00	0.00%	\$ 0.00	Yes -
14.	Mike Johnson	12.65%	\$ 50,000.00	And or			\$ 6,325.00	1.50%	\$ 94.88	Yes -

Travel

Purpose

The purpose of the Travel section is to itemize travel expenses of project personnel by purpose.

Instructions

A realistic estimate of travel needs shall be entered, with an explanation of unusual requests in relation to past usage. Only travel costs that are directly related to HMEP program business shall be included on the request, excluding any disaster response. If any of the requested travel is outside the state of Illinois, then the “Out-of- State Travel Request” form included as a link in this section must be completed and approved by IEMA. Requests must be submitted through the IEMA Grants Portal a minimum of 30 days prior to the intended dates of travel. The “Travel Request” form is located under the Forms and Information tab on the portal. The form includes the name of traveler(s), destination, travel start date and end date, purpose of travel, why out-of-state travel is critical to Illinois’ emergency management program, and estimated cost. Upon completion of travel, travelers must submit with their completed travel reimbursement a summary of the workshop/conference, including purpose statement, goals/objectives and key outcomes (lessons learned). IEMA will not process reimbursements without the workshop/conference summary.

If the sub-award recipient has travel regulations covering mileage, lodging, meals and/or per diem, or other items, copies of such regulations must be submitted into the Grants Management System (GMS) web portal for the jurisdiction. In the event that the political subdivision does not have regulations covering all of the above, it must adhere to state travel regulations for other costs. There is no alternative to the use of either local or state regulations.

State travel regulations are available at:

<http://www2.illinois.gov/cms/Employees/travel/Pages/default.aspx>

Please note that state travel regulations are usually updated on or about July 1 and January 1, so it is important to check the site for updated information, particularly as it relates to the mileage rate.

Required Fields

There is one required field in the Travel section.

1	Travel Regulations	Applicants must choose whether or not their local government has travel regulations.
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Examples

TRAVEL

Local Government Has No Travel Regulations - If this is the case, you will be covered by current state of Illinois travel regulations. State Travel Board site link	<input type="radio"/>
Local Government Has Travel Regulations - If you are awarded a HMEP grant, you will be required to upload your local travel regulations to the IEMA Grants Portal at that time.	<input checked="" type="radio"/>

If you chose Local Government Has Travel Regulations, complete the boxes below:		Is any of the travel requested out of the state of Illinois?	No
Local Mileage (cents per mile)	\$ 0.54		
Meals and/or per diem	\$ 28.00		
Lodging Allowance	\$ 80.00		

LINE #	TRAVEL ACTIVITY	AMOUNT	MATCH
1.	Mileage, meals, lodging for attending HMEP meetings and conferences (Year 1)	\$ 800.00	No
2.	Mileage, meals, lodging for attending HMEP meetings and conferences (Year 1 match)	\$ 200.00	Yes
3.	Mileage, meals, lodging for attending HMEP meetings and conferences (Year 2)	\$ 800.00	No
4.	Mileage, meals, lodging for attending HMEP meetings and conferences (Year 2 match)	\$ 200.00	Yes
5.	Mileage, meals, lodging for attending HMEP meetings and conferences (Year 3)	\$ 800.00	No
6.	Mileage, meals, lodging for attending HMEP meetings and conferences (Year 3 match)	\$ 200.00	Yes
7.		\$ 0.00	Yes
8.	(Mileage claims only for personal vehicles)	\$ 0.00	Yes
9.	(Conference registration fees listed under contractual/sub-awards)	\$ 0.00	Yes
10.		\$ 0.00	Yes

Equipment

Purpose

The purpose of the Equipment section is to list non-expendable items that are to be purchased. (Note: Organization's own capitalization policy for classification of equipment should be used). Expendable items should be included in the "Supplies" 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 "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used. *There are very few Equipment items that would be eligible using HMEP funds.*

Required Fields

There are no required fields on this page.

Examples

EQUIPMENT

LINE #	AEL	DESCRIPTION	QTY	UNIT PRICE	TOTAL	EHP	NARRATIVE	MATCH
1.						No		Yes ▾
2.						No		Yes ▾
3.						No		Yes ▾

Supplies

Purpose

The purpose of the Supplies section is to document the items that are necessary and essential for the day-to-day operations of the approved HMEP activities.

Instructions

List consumable supplies such as paper, toner, ink, pens, folders, postage, maps, copies of HAZMAT transportation plans, first aid supplies, etc. for HAZMAT transportation only; laptop for HAZMAT transportation only; and National Fire Protection 472 Guide

Required Fields

There are no required fields on this page.

Examples

SUPPLIES

LINE #	ITEM	QTY	COST PER ITEM	SUPPLIES COST	MATCH
1.	Office supplies-pens, folders, binders, postage etc. (All years)	1	\$ 800.00	\$ 800.00	No
2.	Office supplies-pens, folders, binders, postage etc. (All years match)	1	\$ 200.00	\$ 200.00	Yes
3.	Consumable exercise supplies (All years)	1	\$ 350.00	\$ 350.00	No
4.	Consumable exercise supplies (All years match)	1	\$ 150.00	\$ 150.00	Yes
5.	National Fire Protection 472 Guide	20	\$ 20.00	\$ 400.00	No
6.	National Fire Protection 472 Guide (match)	5	\$ 20.00	\$ 100.00	Yes
7.	Laptop	1	\$ 2,500.00	\$ 2,500.00	No
8.	Laptop (match)	1	\$ 500.00	\$ 500.00	Yes
9.	Paper and maps	1	\$ 750.00	\$ 750.00	No
10.	Paper and maps (match)	1	\$ 250.00	\$ 250.00	Yes
11.	(All supplies listed can only be used for HMEP)			\$ 0.00	Yes

Contractual/Sub-awards

Purpose

The purpose of the Contractual/Sub-awards section is to identify contractual services and obligations that will be made under the grant program.

Instructions

List contractual services and obligations, such as the following:

Conference/registration fees

Meeting room rental

Commodity Flow Study fees to a company

Website fees for HAZMAT transportation only

Software (License and Maintenance Annual Fees only) for HAZMAT transportation only

Catering services for HAZMAT transportation exercises that extend before and after the lunch hour

Required Fields

There are no required fields on this page.

Examples

CONTRACTUAL / SUBAWARDS

LINE #	ITEM	CONTRACTUAL SERVICES	MATCH
1.	Copier rental (All years)	\$ 400.00	No
2.	Copier rental (All years) match	\$ 100.00	Yes
3.	HMEP/HAZMAT Transportation Conference Registration Fees (All years)	\$ 800.00	No
4.	HMEP/HAZMAT Transportation Conference Registration Fees (All years) match	\$ 200.00	Yes
5.	Software Annual License and Maintenance for HMEP (All years)	\$ 1,250.00	No
6.	Software Annual License and Maintenance for HMEP (All years) Match	\$ 250.00	Yes
7.	Commodity Flow Study Fees (Companies only) (All years)	\$ 8,500.00	No
8.	Commodity Flow Study Fees (Companies only) (All years) match	\$ 1,500.00	Yes
9.	Website fee for HMEP only (All years)	\$ 1,250.00	No
10.	Website fee for HMEP only (All years) Match	\$ 250.00	Yes
11.		\$ 0.00	Yes
12.	(All contractual expenses can only be for HMEP)	\$ 0.00	Yes

Consultant

Purpose

The purpose of the Consultant section is to document consultant expenses.

Instructions

The Consultant section is divided into two parts: Services and Expenses

Under Consultant Services, list each individual's name and service to be provided. This is not for vendors or contractors, but for people hired.

Under Consultant Expenses list travel, meals, and lodging

Required Fields

There are no required fields on this page.

Examples

CONSULTANT

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

LINE #	CONSULTANT SERVICES (FEES)	SERVICES PROVIDED	FEE	BASIS	QUANTITY	CONSULTANT SERVICES (FEE) COST	MATCH
1.	Jim Jones	Commodity Flow Study	\$ 100.00	hour	800.00	\$ 80,000.00	No
2.	Jim Jones	Commodity Flow Study	\$ 100.00	hour	200.00	\$ 20,000.00	Yes
3.							Yes

Occupancy

Purpose

The purpose of the Occupancy section is to request reimbursement of rent, janitorial, maintenance and utility service charges other than rent, or charges made in lieu thereof.

Instructions

In accordance with provisions of 2 CFR, Part 200.465, reimbursement in these categories is allowable only for emergency management offices, or those portions of local offices, that are used for day-to-day activities and other grant eligible activities only for HMEP. A detailed, scaled floor plan of the area must be submitted in the Grants Management System (GMS) web portal for that jurisdiction, which sets forth usage of the entire area. Documentation of rates claimed is required, e.g. letter from your local central billing department, lease or contract.

Total Square Footage refers to the grant eligible area being used. For example, if the applicant's office is in the courthouse, the square footage should be only for the office space and not for the entire courthouse.

Record expenses for rent, janitorial maintenance and utilities such as gas, water, electricity, trash removal, cable services, yardwork and snow removal.

Required Fields

There are no required fields on this page.

Examples

OCCUPANCY (Page 1)

This section of the application is for requesting reimbursement of rent, janitorial, maintenance, utility service charges, yard maintenance, and snow removal.

Read each section carefully, fill out information accurately, and provide all documentation as requested.

REIMBURSEMENT WILL BE BASED ON THE FOLLOWING FACTS	
Location of Property	ABC Street
Owner of Property	ABC County
Total Square Footage of Area	1200

REIMBURSEMENT REQUEST FOR THE FOLLOWING COSTS OR SERVICES					
1.	Rent	Yearly Cost \$	\$ 8,000.00	Match	No

Rent Includes: (Checkmark if applicable)	
<input checked="" type="checkbox"/> Janitorial Services	<input checked="" type="checkbox"/> Utilities
<input checked="" type="checkbox"/> Yard	<input checked="" type="checkbox"/> Snow

Telecommunications

Purpose

The purpose of the Telecommunications section is to list the items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service.

Instructions

Use this section for office phones, fax lines and cell phones only for HMEP.

List all numbers (applicants may have to put more than one on each line)

Also list STARCOM, EmNet, Internet, repairs to radios, and video conferencing charges (not equipment).

Recurring landline charges may be claimed on HMEP submissions. The telephone number and purpose of the landline charges must be listed.

Required Fields

There are no required fields on this page.

Examples

TELECOMMUNICATIONS

LINE #	TELECOMMUNICATION DESCRIPTION	QUANTITY	COST PER ITEM	TELECOM COST	MATCH
1.	HMEP Planner Cell phone (All years)	1.00	\$ 3,000.00	\$ 3,000.00	No
2.	123-456-7899				Yes
3.					Yes
4.	HMEP Planner Cell phone (All years) match	1.00	\$ 600.00	\$ 600.00	Yes
5.	123-456-7899				Yes
6.					Yes
7.	(All telecommunications charges for HMEP only)				Yes
8.					Yes

Indirect Costs

Purpose

The purpose of the Indirect Costs section is to determine the type of indirect cost rate the applicant has and if indirect costs will be claimed.

Instructions

Indirect Costs are the overhead, the cost of doing business that has not already been documented.

Applicants must choose one of the following:

- Option 1

The applicant's organization already has a negotiated indirect cost rate.

- Option 4

The applicant's organization has never received an indirect cost rate but wishes to use the de minimis rate of 10 percent modified total direct cost.

- Option 6

The applicant's organization will not request indirect cost reimbursement.

No other option is currently available.

If Option 1 is selected, the applicant must document:

- The period covered by Negotiated Indirect Cost Rate Agreement (NICRA)
- The approving federal or state agency
- The indirect cost rate
- The distribution base

Use the Indirect Cost Table on page 22 to list the costs that will be claimed.

Required Fields

There is one required field in the Indirect Cost section.

1	Select Indirect Cost	Applicants must choose if reimbursement of indirect cost is being requested and, if so, what is the type, rate and base.
---	----------------------	--

Examples

INDIRECT COSTS

Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

In order for your organization to be reimbursed for the Indirect Costs from the State of Illinois your organization must either:

- a. Have a negotiated federal Indirect Cost Rate, or
- b. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC).

If no reimbursement is being requested please consult your program office regarding possible match requirements.

SELECT ONLY ONE	
<input type="radio"/>	1. Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations.
<input type="radio"/>	2. Our Organization currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within 6 months after the close of each fiscal year pursuant to 2 CFR 200, Appendix (C)(2)(c).
<input type="radio"/>	3. Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than 3 months after the effective date of the State award pursuant to 2 CFR 200 Appendix (C)(2)(b). The initial ICRP will be sent to the State of Illinois Indirect Cost unit.
<input type="radio"/>	4. Our Organization has never received a Negotiated Indirect Cost Rate Agreement and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely pursuant to 2 CFR 200.414(C)(4)(f) and 200.68.
<input type="radio"/>	5. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix (V)(5); or Complies with other statutory policies. RATE % <input type="text"/>
<input checked="" type="radio"/>	6. No reimbursement of Indirect Cost is being requested
Basic Negotiated Indirect Cost Rate Information (Use only if option 1 or 2, above is selected.)	
Period Covered by NICRA: From:	To: 2018
Approving Federal or State Agency:	<input type="text"/>
Indirect Cost Rate: <input type="text"/>	The Distribution Base Is: <input type="text"/>

INDIRECT COSTS

Indirect Cost Table

Indirect costs are allowed only if the applicant has federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

LINE #	DESCRIPTION	BASE	RATE	INDIRECT COST	MATCH
1.					Yes
2.					Yes
3.					Yes
4.					Yes
5.					Yes
6.					Yes
7.					Yes
8.					Yes
9.					Yes
10.					Yes
11.					Yes
12.					Yes
13.					Yes
14.					Yes
15.					Yes
TOTAL INDIRECT COSTS					

Program Narrative

Purpose

The purpose of the Program Narrative section is to have applicants describe what they plan to do in the performance period.

Instructions

This is a high-level overview of what the program wants to accomplish during this performance period.

Required Fields

There is one required field in the Program Narrative section.

1	Program Narrative	A high level overview of the emergency management program activities. Open text field.
---	-------------------	--

Examples

PROGRAM NARRATIVE

<p>Provide a brief description of the proposed activities that summarizes the use of the grant award. Please note that all grant activities must come from one of the three eligible grant programmatic categories. The eligible grant programmatic categories consist of:</p> <ol style="list-style-type: none">1. Writing or Updating hazardous materials transportation plans2. Exercising the hazardous materials transportation plans3. Commodity Flow Studies
<p>During the FFY 19-22 HMEP grant performance period, ABC County will update the HAZMAT transportation plans on an annual basis including all information gathered from hazard analysis, commodity flow studies, exercises, and actual incidents.</p> <p>ABC County will have a HMEP planner that is dedicated to updating the plans, along with coordinating the HAZMAT transportation exercise.</p> <p>ABC County will conduct an exercise along with partners in XYZ county that will be a train derailment simulation involving multiple hazardous materials. ABC and XYZ counties will first conduct a table top exercise and if funding permits a functional or full scale exercise could also be conducted.</p> <p>Also, ABC County will partner with XYZ county on a commodity flow study that will be conducted using a company that specializes in commodity flow studies.</p> <p>The results of the exercise and commodity flow study will be shared with IEMA, as well as incorporated into the HAZMAT transportation plan updates.</p> <p>ABC County will also send the HMEP planner, and LEPC members to both the Winnebago LEPC workshop/exercise and the LEPC/SERC sessions at the IEMA training summit during the 3 year grant performance period.</p> <p>All activities that will be conducted during the 3 year performance period are budgeted and listed in the categories above and will be completed by September 30, 2022.</p>

FFATA

Purpose

The purpose of the FFATA section is to capture data for federal reporting requirements.

The Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Public Law 109-282) requires for each federal award of \$25,000 or more that OMB create a searchable, no-cost, publicly accessible website (<http://usaspending.gov/>) that includes basic information about the recipient and the project being funded.

Instructions

Read both questions and answer yes or no. If the answer to question 1 is Yes and the answer to question 2 is No, then the applicant must provide the names and total compensation of its top five officials.

Required Fields

There are two required fields in the FFATA section.

1	Question 1	Yes/No drop-down box.
2	Question 2	Yes/No drop-down box.

Examples

FFATA

The "Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website, which is www.USASpending.gov."

<p>Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?</p> <p>If Yes, must answer Q2 below. If No, you are not required to provide data.</p>		Yes
<p>Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?</p> <p>If No, you must provide the data. Please fill out the rest of this form.</p>		No
Please provide names and total compensation of the top five officials:		
NAME		AMOUNT
1.		
2.		
3.		
4.		
5.		

HOME	SUBSCRIPTION	REPORT SUMMARY	PERSONNEL	PHONE REPORTS	TRAVEL
BOLSPRINT	SUPPLIES	CONTRACTUALS	CONSULTANT	OCCUPANCY	TELECOMMUNICATIONS
INVENTORY COSTS	ANNUAL WORK PLAN	FFATA	STATE FUNDS	NON-STATE FUNDS	CERTIFICATION

Programmatic Risk Assessment Questionnaire

Purpose

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant's degree of risk but will not prohibit the applicant from becoming a grantee.

Instructions

Applicants should answer completely each question on the programmatic risk assessment to the best of their knowledge.

Certification

Purpose

The purpose of the Certification section is to collect data on the financial point of contact and the authorized signatory.

Instructions

Complete the information for the Executive Director. The Remittance Address is where the reimbursement checks will be sent.

Required Fields

There are 10 required fields in the Certification section.

1	First Name (Executive Director)	First name
2	Last Name (Executive Director)	Last name
3	Title (Executive Director)	Title
4	Email (Executive Director)	Email
5	Phone (Executive Director)	Phone of the Executive Director. Field must contain 10 numbers.
6	Street	Street of remittance address. Text field.
7	City	City of remittance address. Text field.
8	State	State of remittance address. The field is limited to two characters.
9	County	County of remittance address. Text field.
10	Zip	Zip of remittance address. 5 digits only in this field.

Examples

CERTIFICATION

By submitting this application, I certify to the best of my knowledge and belief that the information is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

EXECUTIVE DIRECTOR OR EQUIVALENT			
First Name:	Boss	Last Name:	Incharge
Title:	President		
Email:	Bob.P.Evans@illinois.gov	Phone:	(222) 222-2222

REMITTANCE ADDRESS	
Street:	123 Street
City:	Any City
State:	IL
County:	Any County
ZIP:	55555



SAM Expiration and Cage Code

The FFY 2019 HMEP application requires that applicants check the expiration date and cage code in SAM in order to submit. Applicants must check on a yearly basis and must be active at the time of grant application. The expiration date can be found by following the directions below.

Please ensure that your SAM information contains an address with a four-digit Zip Code extension. To confirm that your organization's information is accurate and up-to-date in SAM:

1. Go to the SAM Homepage: WWW.SAM.GOV
2. If you have opted to have your entity's information viewable in SAM, you can search for your entity by name or DUNS by clicking "Search Records."
3. If you opted to have your entity's information hidden to other viewers in SAM, enter your username and password in the top right-hand corner and then click the "Log In" button.
4. Select "Entity Registrations" on the left side of your screen.
5. You will see options for "Active" and "Inactive." Click on "Active" to confirm that your registration is noted as Active.
6. If your entity is not "Active," or if you have changes that you want to enter, please select the entity record that you want to update and click the "Update" button. For more details on updating your registration, please refer to the SAM Quick Guide at:

[https://www.sam.gov/sam/transcript/Quick Guide for Grants Registrations v1.7.pdf](https://www.sam.gov/sam/transcript/Quick%20Guide%20for%20Grants%20Registrations%20v1.7.pdf)

Effective June 2017, you can no longer access the System for Award Management (SAM) using Internet Explorer (IE) Versions older than IE11.

You either need to upgrade to an Internet Explorer version of IE11 or higher, or access SAM with another supported browser type (Chrome, Firefox, Safari, etc).

Submitting the Application

Use these steps to submit the application.

1. Save your application
2. Navigate to the Cover Page and review the Application Summary Section.
The maximum allowable federal share must not be less than the requested federal share. If it is, then the required match has not been met. Navigate to the Budget Summary Page to compare the Federal/State Pass-through and Local Match columns to see where adjustments could be made.

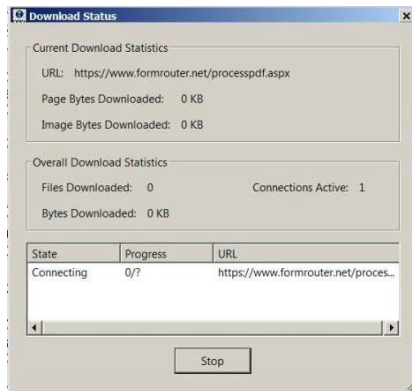
Click on the Budget Category hot link to quickly navigate to the category that needs changed.

The State of Illinois Funds (page 30) and the Non-State of Illinois Funds (page 31) need to be updated if any amounts in the Budget Categories are changed. Click the *check values* button to update the values on those pages.

3. To submit your completed application to IEMA, click the “Submit” button. This button is located at the top right of cover page.



4. Incomplete Form or Form Errors
 - a. If there are required fields without any data, the form will focus on them to alert the applicant.
 - b. The Required Minimum Match must be met.
 - c. Both State of Illinois Funds (page 30) and the Non-State of Illinois Funds (page 31) must have the correct totals in the Year 1 column.
5. A download status window will appear. It may take 30 seconds for the application form to be transmitted.



6. Once the application has been sent, a Success screen will appear.



7. Close the Success screen by clicking the X in the upper right corner, and click NO to the dialog box to save changes.



8. Close Adobe.

Troubleshooting

Contact IEMA.grants@illinois.gov with any questions regarding form errors or with any problems downloading, saving or submitting the form.

Required Fields

If you try to submit the application with a required field left blank, you will get the following error:



Incorrect Totals

If the totals in the Budget Summary section look to be incorrect for a particular Budget Category, then it is possible that changes did not get committed on the form. To resolve this, navigate to that Budget Category and tab through the values on the page.