

		Provides intended LEPC purchases along with a justification & application to training, exercises and/or planning
Comment		

Cover sheet official signature page for 2019 application

Submittal Date: _____

LEPC/D Name:	
County Name(s):	
CEPF Certification Year:	
Primary Contact Name:	
Primary Phone Number:	

Statement of certification that the application is true and correct to the best of our knowledge, that the county and LEPC/D intends to maintain/pursue compliance with applicable regulations, and agree to spend the CEPF money consistent with applicable laws.

_____ LEPC Chair Name (Typed) _____ LEPC Chair Signature

COUNTY	PRESIDING COMMISSIONER NAME	SIGNATURE

The LEPC Presiding Commissioner must sign and for LEPC's, the Presiding Commissioner of each county must sign

Are any funds from this Packet being used as a match for any federal Grant? Yes No
 If yes please name the Grant _____

Payments will be sent from Missouri Emergency Response Commission to the County Government [RSMO Sec 292.604.1(b)]. Your LEPC will receive a concurrent letter advising them of the amount.

MERC Use Only			
Payment Request Date:		Payment for Years:	
Payment Date:		Payment Amount:	
Check/Transaction Number:			
Signature MERC Executive Director		Date	

LEPC/D Contact Information

LEPC/D Name:					
LEPC Mailing Address			LEPC Street Address		
Mailing Address Line 1			Street Address Line 1		
City	MO	Zip	City	MO	Zip

LEPC Coordinator			LEPC Chairperson		
Name			Name		
Email			Email		
Phone			Phone		

LEPC Vice Chairperson			Alternate Contact		
Name			Name		
Email			Email		
Phone			Phone		

Presiding Commissioner			Emergency Management Director		
Name			Name		
Email			Email		
Phone			Phone		

Hazmat Exercise	
Last Exercise Date:	Exercise Type:
Scenario (brief description) :	
Next Exercise Date:	Exercise Type:
Scenario (brief description) :	
Hazmat Plan	
Last LEPC Review Date:	Last MERC Review Date:

Proposed Budget 2019 for _____ County

The budget should reflect all expenses **planned** for the coming year.

Budget Year Start Date	Budget Year End Date
Beginning Balance	
Estimated Income	
CEPF (This is only an estimation, using the previous years is acceptable)	
Other (i.e., interest, donations)	
Total Estimated Funds Available	

Expense Category	Cost share amount	LEPC expense
Administrative		Total
Contract Labor (NO full-time employees) *Attach copy of contract		
Postage		
Printing		
Phone/Fax/Internet		
Office Supplies and Equipment		
Computer/Electronic Equipment		
Public Notice		
LEPC meetings (publications, meals, etc.)		
Other		
Projects		Total
Hazmat Plan Distribution		
Hazard Communication		
Facility Review and ID		
Hazmat Flow Study		
Other		
Training & Exercise		Total
Course and Instructor Fees		
Materials and Supplies		
Equipment (See Appendix D)		
Other		
Travel		Total
Mileage, Meals, Registration and Lodging		
Other		Total

(Specify)		
Total Estimated Expenses		
End Balance (Unallocated Funds)		

LEPC Chair Signature

Date

[2018 LEPC/D Financial Report](#) (This is for **actual** expenses in your previous year)

Ensure that all receipts, contracts, and other documentation are attached, labeled with the appropriate category and check number.

Reporting Year Start Date		Reporting Year End Date	
Beginning Balance			
Actual Income			
CEPF			
Other			
Total Funds Available			

Expense Category	Cost-Share Amount	LEPC Amount
Administrative		Total:
Personnel (NO full-time employees) *Attach copy of contract		
Postage		
Printing		
Phone/Fax/Internet		
Office Supplies and Equipment		
Computer/Electronic Equipment		
Public Notice		
LEPC Meetings (publication, meals, etc.)		
Other		
Projects		Total:
Hazmat Plan Distribution		
Hazard Communication		
Facility Review and ID		
Hazmat Flow Study		
Other		
Training & Exercise		Total:
Course and Instructor Fees		
Materials and Supplies		
Equipment (See Appendix B)		
Other		
Travel		Total:
Mileage, Meals, Registration and Lodging		
Other		Total:

(Specify)		
Total Expenses		Total:
End Balance		Total:

LEPC Chair Signature

Date

APPENDIX A - LEPC/D Membership List

This page can be used as a guide for those LEPC/Ds that already have digital member lists and as a tool for the LEPC/Ds without digital member lists. If you already have a membership list, you may provide that as long as it has been signed by the Presiding Commissioner.

	Elected State/Local Official	Emergency Management
Name		
Affiliation		
Email		
Phone		

	Fire Department	Law Enforcement
Name		
Affiliation		
Email		
Phone		

	EMS	Hospital
Name		
Affiliation		
Email		
Phone		

	Health	Media
Name		
Affiliation		
Email		
Phone		

APPENDIX A - LEPC/Ds Membership List (cont.)

	Environmental	Transportation
Name		Name
Affiliation		Affiliation
Email		Email
Phone		Phone
	Industry	General Public
Name		Name
Affiliation		Affiliation
Email		Email
Phone		Phone

	Community groups	
Name		Name
Affiliation		Affiliation
Email		Email
Phone		Phone

Name		Name
Affiliation		Affiliation
Email		Email
Phone		Phone

Name		Name
Affiliation		Affiliation
Email		Email

Phone

Phone

APPENDIX D - 2019 Proposed Equipment Purchases

Equipment Description	Purpose / justification / application to training, exercises and/or planning	LEPC Share (If Applicable)

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