



		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

<b>LEPC/D Name:</b>					
<b>LEPC Mailing Address</b>			<b>LEPC Street Address</b>		
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.

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

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

(Specify)		
<b>Total Estimated Expenses</b>		
<b>End Balance (Unallocated Funds)</b>		

\_\_\_\_\_

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.**

<b>Reporting Year Start Date</b>		<b>Reporting Year End Date</b>	
<b>Beginning Balance</b>			
<b>Actual Income</b>			
CEPF			
Other			
<b>Total Funds Available</b>			

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

(Specify)		
<b>Total Expenses</b>		<b>Total:</b>
<b>End Balance</b>		<b>Total:</b>

\_\_\_\_\_  
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

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Phone

Phone
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**APPENDIX C - 2019 Travel Log**

Check the appropriate box below:

- No travel expenses were incurred; or travel expenses were incurred but not claimed (STOP HERE)
- Travel expenses were incurred and claimed (COMPLETE THIS FORM)

Mileage Reimbursement Rate:

Traveler	Date(s)	Destination & Purpose	Miles	Meals	Lodging	Registration	LEPC Share
Travel Totals							

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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