Form 1. Acknowledgements

Acknowledgement of completed application:

By **initialing next to each line** below you acknowledge that each item has been completed and agreed upon.

Initial

Completed Application

Budget Information Sheet: **Up to \$420,000 total for all awards will be available this grant period.** The ranking list is an important part of your grant application.

A completed Texas Division of Emergency Management (TDEM) 151 Form must be submitted with this application. Forms can be accessed from the TDEM website under Forms or at <u>TDEM-151</u>.

Deadline for Submission Grant applications must be received by the TCEQ no later than 5:00 p.m. Central Time, December 2, **2022**. Applications can be submitted by mail or electronically to:

Texas Commission on Environmental Quality Attention Brian Holmes, MC 177 PO Box 13087 Austin, TX 78711-3087

or

LEPCGRANTS@tceq.texas.gov

Applications received after this deadline may be awarded on a case-by-case basis as funds are available. Applicants are encouraged to submit an application as early as possible.

Evaluation Criteria: Subject to TCEQ's discretion, first time applicants may be eligible to receive larger award amounts than LEPCs that have previously received awards under this program.

Acknowledgement of timeline of events:

If you are selected for a grant award, by **initialing next to each line** below you acknowledge that each item will be completed and is agreed upon.

Initial

Submit an initial Financial Status Report to allow upfront funding within 30 days of receiving your official notice to proceed.

Quarterly Financial Status Reports will be due within 15 days following the end of the reporting quarter.

Request approval for any cost or description change in writing from the TCEQ Grant Manager **prior** to purchase.

This grant will only allow a three-quarter purchasing period as outlined in the Scope of Work, Section II, Schedule of Quarterly Reports of the Contract.

Form 2. Overview and Signature Page

| 1. LEPC Name: | |
|-------------------|--|
| 2. Federal Tax ID | |
| Number: | |
| 3. Total Amount | |
| Requested: | |

County Judge or Emergency Management Coordinator Authorization

The <u>County Judge or appointed Emergency Management Coordinator must sign</u> <u>below</u> to authorize this grant application. By signing this document, you certify that you have reviewed this Grant Application and the Budget Information Sheet and that the funds will be expended in accordance with Budget Information Sheet unless otherwise stated in writing by the TCEQ Grant Manager.

I hereby certify that to the best of my knowledge all information provided in this application and any attachments is true and correct. If the application was prepared by a third party, I certify that I have read the complete application after all forms and information were completed, I agree with the information provided, and the date provided below is the date I signed the form. I further understand that prior to incorporating this information into a grant contract the data and information may be revised by TCEQ for accuracy and that the acceptance of a grant contract will constitute agreement with those revisions. Failure to sign the application or signing it with a false statement may make the submitted offer or any resulting contracts voidable.

| Signature of County | |
|---------------------|--|
| Judge or Emergency | |
| Management | |
| Coordinator: | |
| Printed Name: | |
| Official's Title: | |
| Date of Signature: | |

Form 3. LEPC Contact Information

The application contact will be the primary person the TCEQ can contact regarding information provided in the grant application.

| Application Contact | Please Print or Type |
|---|----------------------|
| a. Name: | |
| b. Title: | |
| c. Phone Number: | |
| d. Fax Number: | |
| e. Email Address: | |
| f. Mailing Address: | |
| g. Physical Address: <i>(if different than mailing address)</i> | |

The secondary contact will be available in the absence of the primary contact.

| Secondary Application Contact | Please Print or Type |
|--|----------------------|
| a. Name: | |
| b. Title: | |
| c. Phone Number: | |
| d. Fax Number: | |
| e. Email Address: | |
| f. Mailing Address: | |
| g. Physical Address: (if different than mailing address) | |

Form 4. Emergency Planning Community Right-to-Know Act (EPCRA) Requirements -Description and Justification

EPCRA Requirements Being Fulfilled

Directions: The purpose of this grant is to assist LEPCs in fulfilling their requirements under EPCRA. The A-D list below are the four main requirements under EPCRA. Please use the list of EPCRA requirements to describe how each line item on this application will assist in implementing EPCRA. Note: Section references come from Public Law 99-499 and subsection references come from the United States Code 42.

Applications requesting a total of less than \$10,000 will not be considered. Priority will be given to first time grantees and to LEPCs with fewer than 250 facilities.

- A. Emergency planning (Sections 301-303, Subchapter I 11001-11003)
- B. Emergency release notification (Section 304, Subchapter I 11004)
- C. Hazardous chemical storage reporting requirements (Section 311-312, Subchapter I 11021-11022)
- D. Toxic chemical release inventory (Section 313, Subchapter I 11023)

| Item 1 | |
|---------------------------------|---|
| EPCRA Fulfilment | <i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i> |
| A | |
| В | |
| C | |
| D | |
| LEPC or Community Benefit | |

| Item 2 | |
|---------------------------------|---|
| EPCRA Fulfilment | <i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i> |
| A | |
| В | |
| C | |
| D | |
| LEPC or Community Benefit | |

Form 4. Emergency Planning Community Right-to-Know Act (EPCRA) Requirements -Description and Justification (continued)

EPCRA Requirements Being Fulfilled (continued)

Please use the list of EPCRA requirements to describe how each line item on this application will assist in implementing EPCRA. Note: Section references come from Public Law 99-499 and subsection references come from the United States Code 42.

- A. Emergency planning (Sections 301-303, Subchapter I 11001-11003)
- B. Emergency release notification (Section 304, Subchapter I 11004)
- C. Hazardous chemical storage reporting requirements (Section 311-312, Subchapter I 11021-11022)
- D. Toxic chemical release inventory (Section 313, Subchapter I 11023)

| Item 3 | |
|---------------------------------|---|
| EPCRA Fulfilment | <i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i> |
| Α | |
| В | |
| C | |
| D | |
| LEPC or Community Benefit | |

| Item 4 | |
|---------------------------------|---|
| EPCRA Fulfilment | <i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i> |
| A | |
| В | |
| С | |
| D | |
| LEPC or Community Benefit | |

Form 4. Emergency Planning Community Right-to-Know Act (EPCRA) Requirements -Description and Justification (continued)

EPCRA Requirements Being Fulfilled (continued)

- A. Emergency planning (Sections 301-303, Subchapter I 11001-11003)
- B. Emergency release notification (Section 304, Subchapter I 11004)
- C. Hazardous chemical storage reporting requirements (Section 311-312, Subchapter I 11021-11022)
- D. Toxic chemical release inventory (Section 313, Subchapter I 11023)

| Item 5 | |
|---------------------------------|--|
| EPCRA Fulfilment | Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item. |
| A | |
|] | |
| (| |
| Ι | |
| LEPC or Community Benefit | |

| Item 6 | |
|---------------------------------|---|
| EPCRA Fulfilment | <i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i> |
| A | |
| В | |
| С | |
| D | |
| LEPC or Community Benefit | |

*Attach additional pages for additional items being applied for.

Form 5. Grant Item Ranking

Item Ranking: TCEQ will take the item rankings into consideration if the entire application cannot be funded. Please use numbered bullets to list the most important projects at the top (1) and the least important projects at the bottom (10). Please use this area to rank each project listed above by importance.

(Please include additional pages if more space is necessary)

| 1. | | |
|-----|--|--|
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |