

Hazardous Materials Training Grants

The Public Utilities Commission of Ohio (PUCO) awards grants for the training of public safety and emergency services personnel in the proper techniques for the management of hazardous materials spills and releases that occur during transportation. Grants are awarded on a reimbursement basis. Although grants may be awarded to educational institutions, state agencies and political subdivisions, first priority will be given to political subdivisions. If political subdivisions contract with outside consultants or institutions to conduct the training programs or planning activities for them, the political subdivision is charged with the responsibility of ascertaining the qualifications and accountability of the consultants or institutions.

This is a Reimbursement Grant

Once the Commission approves a grant, the grant applicant performs the training and submits bills to the PUCO for reimbursement.

Approval of Grants

The PUCO retains the right to approve, modify or deny grant applications based upon the needs of the applicants and the total amount of funds available. The PUCO may approve grants conditioned on stipulations that applicants must agree to fulfill. For example, the PUCO may agree to fund a portion of the training costs, with the stipulation that the applicant provides matching funds necessary to fully fund the training course.

The Grant Agreement

All grant recipients must sign a grant agreement with the PUCO to authorize receipt and expenditure of grant funds for the approved hazardous materials training/planning activities.

Funding through Hazardous Materials Grant for Planning

If the grant is being requested for a planning study the following information must be included:

- a) Summary of goals for the study
- b) A timeline for goals to be attained
- c) A cost summary for the study
- d) Agencies and/or personnel involved in performing the study
- e) Credentials for personnel involved with performing the study
- f) Summary of the effect the information obtained from the study will have on the area involved.

Joint Applications and Train the Trainer Courses

Two or more political subdivisions may apply for a grant to fund one joint training program. Joint applications are encouraged for smaller political subdivisions of close proximity that may anticipate a joint response to hazardous materials spills or releases. Joint training programs may be cost effective for such applicants. In order to have the greatest impact with the limited amount of grant funds, the PUCO strongly encourages applicants to pursue train the trainer courses.

The grant recipient commits to minimum, the following conditions:

1. Use grant funds only for activities delineated in the grant application and authorized in the grant agreement.
2. PUCO hazardous materials training grant funds may not be used to offset payroll costs for students attending training or events funded through a PUCO hazardous materials training grant.
3. Requests for reimbursement will be submitted on required reports of activities and expenditures;
4. Comply with state and federal equal employment opportunity and hiring practices; and
5. Implement the program in compliance with all conditions set forth in the grant agreement.

Submit Completed Applications to:

Training Grant Program
Public Utilities Commission of Ohio
180 East Broad Street
Columbus, OH 43215-3793
Email: HazMatGrants@puco.ohio.gov

Contact the PUCO about the Grant Program

Please contact Dan Fisher (614) 752-7991 or Danial.Fisher@puco.ohio.gov if you have questions regarding the grant application procedures or the training program.

Contact Cleveland State University

Cleveland State University (CSU) receives specific statutory grant funds for hazardous materials training courses. Training courses are conducted in Cleveland and at other locations within the state. Applicants may contact CSU before applying for a PUCO grant to determine if CSU can provide the proposed training.

Please write or call:

Cleveland State University
Center for Emergency Preparedness
1717 Euclid Ave, UR 244
Cleveland, OH 44115
(216) 687-5497

Public Comments

The PUCO welcomes your comments regarding the hazardous materials training grants. If you have any suggestions to improve the grants program, please send them to:

Public Utilities Commission of Ohio
Hazardous Materials Training Grants
180 East Broad Street
Columbus, OH 43215-3793

Instructions for Completing Application Forms

Hazardous Materials Training Grants Application – Pages 5 - 8

1. Fill in the requested information - Agency Name, Address, Tax Identification Number, Contact Person, Phone Number, County and Area Served.
2. If joint application with another agency or area, please provide name and address.
3. Fill in number of hazardous materials personnel.
4. List all hazardous materials manufactured within the area the agency serves and transported through the area the agency serves.
5. List incident information by type of occurrence in the area served.
6. Amount of all courses requested.
7. Total of contributions for the training requested.
8. Total cost of all the courses requested.
9. Total hazardous materials budget for the agency requesting funding and certification all information is correct.

Chart - Types of responses that exist in the area requesting funding. Please fill in a number to represent the amount of personnel trained in each level of response.

Certification – Complete & sign information requested.

Proposed Budget Worksheet - Please complete one per each course funding is being requested. Pages 9 - 11

1. Course title.
2. Training speaker information.
3. Audience to attend course: number of responders at each level.
4. Total number of students to attend course.
5. Cost per student - choose format A.
OR
If only a cost for the instructor - choose format B.
6. Travel/Lodging - instructor cost - choose format A.
Student cost - choose format B.
7. Specialized equipment - follow chart format and attach lists.
8. Other costs-follow chart format on attached lists.
9. Totals:
A - add boxes 3, 6, 9 and 12.
B - add boxes 2, 5, 8 and 11.
Last box - sum A and B.

Proposed Budget Worksheet for Speakers - Please complete one request funding for each speaker. Pages 12-14

1. Speaker title.
2. Training speaker information.
3. Audience to attend speaker: number of responders at each level.
4. Total number of students to attend.
5. Complete speaker expense.
6. Travel/Lodging - instructor cost - choose format A.
Student cost - choose format B.
7. Specialized equipment - follow chart format on attached lists.
8. Other costs-follow chart format on attached lists.
9. Totals:
A - add boxes 3, 6, 9 and 12.
B - add boxes 2, 5, 8 and 11.
Last box - sum A and B.

Proposed Budget Worksheet for Planning Study Page 15-16

1. Study title.
2. Study manager.
3. Audience participants (number of responders for study at each level).
4. Summarize goals of study.
5. Provide timeline for study.
6. Cost of study – Breakdown requested amount and list contributions.
7. Complete Agency/Personnel chart with all participants in study.
8. Summarize impact of study on area served.

Hazardous Materials Training Grants Application

Please refer to instructions to avoid a rejection of your application due to insufficient information.

1. **Name of Agency or Organization:** _____

Address: _____

Federal tax identification number: _____

Contact person: _____ Contact Phone #: _____

Email Address: _____

Company Phone #: _____ Fax Phone #: _____

County: _____

Previous Years of Grant Application submissions (if applicable): _____

Describe areas served by applicant (name of communities, zip code; highways/main intersections)

2. **Is this a joint application?** Yes No

If yes, provide information of joint applicant

Name of Agency or Organization: _____

Address: _____

Federal tax identification number: _____

Contact person: _____ Contact Phone #: _____

Email Address: _____

Company Phone #: _____ Fax Phone #: _____

County: _____

Previous Years of Grant Application submissions (if applicable): _____

Describe areas served by joint applicant (name of communities, zip code; highways/main intersections)

3. Current number of Hazardous Material Response personnel: _____
4. List hazardous materials classifications and/or extremely hazardous substances that are manufactured in or transported through applicant's jurisdiction:

Hazardous material manufactured within jurisdiction	Hazardous material transported through jurisdiction

5. Please specify the number of hazardous material-related incidents/accidents (rail, highway or facility) *that occurred* in the area you serve in the last calendar year. (Educational institutions can put Not Applicable.)

HIGHWAY	
RAIL	
FACILITY	
OTHER (please specify)	

*Your LEPC and EMA may have this information available.

6. Amount requested on grant application \$ _____
(Total of all Box A's on Budget Worksheets)
7. Total of contributions from grant application \$ _____
(Total of all Box B's on Budget Worksheets)
8. Total cost of courses/planning \$ _____
(Line 7 + Line 8)

9. What is your total budget for all hazardous materials response training for your current budget year?

\$ _____

Please indicate the number of personnel who have already received hazardous materials training. Indicate the type of responder and type of training:

	RESPONSE		PLANNING				
	1st Response Awareness	1st Response Operations	HazMat Technician	HazMat Specialist	Incident Command	Emergency Medical	Regional & LEPC Planning
Firefighters							
Law Enforcement							
EMS							
Emergency Managers							
Public Officials (Please specify)							
Other (Please specify)							
TOTAL (Persons with Training, by type of Training)							

I certify on behalf of _____

(Applicant)

that the above information is true and correct to the best of my knowledge and behalf.

Signature: _____ Title: _____

(Please print and mail a signed original of pages 1-3 to the grant submission address if submitting this application via email)

Print Name: _____ Date: _____

Phone #: _____

Please provide any additional information (if applicable)

Examples:

- Web address of course provider
- Course catalogs
- Letters of reference and/or evaluation
- Cost estimates

Proposed Budget Worksheet for Training Courses

A proposed budget worksheet must be completed for each course being requested. Make additional copies of the blank worksheet as needed. Also attach course information to the packet (such as course outlines, pamphlets or training facility information).

Please complete one worksheet per each course requested.

(Print and attach additional forms for each course requested if necessary.)

1. Course Title:

(Attach link to course description/website if applicable or copy documents from contractor summarizing training to be provided and mail to grant submission address.)

2. Training is being provided by:

3. Audience for the course:

Number of Students

Fire Service	
Law Enforcement	
EMS	
SERC/LEPC Member	
Emergency Managers	
Others (Please specify)	
Total	

4. Total number of students attending course:

5. Instruction Costs: (A or B)

A) Cost per student: # of Students: _____(x) Cost per Student: _____ = \$ _____

OR

B) Course fee per training class: \$ _____

Instruction Cost: amount being requested: (1) _____

+ grantee contribution: (2) _____

= total cost of instruction: (3) _____ *(equals final amount in A or B)*

6. Travel/Lodging: (A or B)

A) Instructor \$ _____

OR

B) Student: # students _____ (x) travel cost per student \$ _____ = \$ _____

Travel/Lodging Cost: amount being requested: (4) _____

+ grantee contribution: (5) _____

= total cost of travel: (6) _____ *(equals final amount in A or B)*

7. Specialized Equipment

Please attach an itemized list describing needed equipment in the following manner:

<u>Item Description</u>	<u>Amount Needed</u> (X)	<u>Cost Per Item</u> (=)	<u>Total Equipment Cost</u> {9}

Attach additional information on specialized equipment.

Total Equipment cost: \$ _____ {9}

amount being requested: (7) _____

+ grantee contribution: (8) _____

= total cost of specialized equipment: (9) _____

8. Other Costs:

Please attach an itemized list describing needed equipment in the following manner:

<u>Item Description</u>	<u>Amount Needed</u> (X)	<u>Cost Per Item</u> (=)	<u>Total Other Cost</u> {12}

Total Other Costs: \$ _____ {12}

amount being requested: (10) _____

+ grantee contribution: (11) _____

= total cost of other expenses: (12) _____

9 TOTALS:

(A) Total Cost of this Course:-----	\$ _____	[Add boxes 3, 6, 9 and 12]
(B) Total Grantee Contribution for this course:--	\$ _____	[Add boxes 2, 5, 8 and 11]
Total Amount Requested:-----	\$ _____	[Subtract line B from line A]

Please provide any other budget clarifications or additional information (if applicable):

Proposed Budget Worksheet for Speakers

A proposed budget worksheet must be completed for each speaker being requested. Make additional copies of the blank worksheet as needed. Also attach speaker information to the packet (such as speaker outlines, pamphlets or training facility information).

Please complete one worksheet per each course requested. (Print and attach additional forms for each request if necessary.)

1. Speaker Title:

(Attach link to description/website if applicable or copy documents from contractor summarizing training to be provided and mail to grant submission address.)

2. Speaker Information:

3. Audience for the course:

Number of Attendees

Fire Service	
Law Enforcement	
EMS	
SERC/LEPC Member	
Emergency Managers	
Others (Please specify)	
Total	

4. Total number of attendees:

5. Speaker Cost:

Speaker fee per session: \$ _____

Speaker Cost: amount being requested: (1) _____

+ grantee contribution: (2) _____

= total cost of presentation: (3) _____

6. Travel/Lodging:

Speaker \$ _____ (x) travel cost per Speaker \$ _____ = \$ _____

Travel/Lodging Cost: amount being requested: (4) _____
+ grantee contribution: (5) _____
= total cost of travel: (6) _____

7. Specialized Equipment

Please attach an itemized list describing needed equipment in the following manner:

<u>Item Description</u>	<u>Amount Needed</u> (X)	<u>Cost Per Item</u> (=)	<u>Total Equipment Cost</u> {9}

Attach additional information on specialized equipment.

Total Equipment Cost: \$ _____ {9}
amount being requested: (7) _____
+ grantee contribution: (8) _____
= total cost of specialized equipment: (9) _____

8. Other Costs:

Please attach an itemized list describing needed equipment in the following manner:

<u>Item Description</u>	<u>Amount Needed</u> (X)	<u>Cost Per Item</u> (=)	<u>Total Other Cost</u> {12}

Total Other Costs: \$ _____ {12}
amount being requested: (10) _____
+ grantee contribution: (11) _____
= total cost of other expenses: (12) _____

9 TOTALS:

(A) Total Cost of this Speaker Request:	\$ _____	<i>[Add boxes 3, 6, 9 and 12]</i>
(B) Total Grantee Contribution for this Speaker Request:	\$ _____	<i>[Add boxes 2, 5, 8 and 11]</i>
Total Amount Requested:	\$ _____	<i>[Subtract line B from line A]</i>

Please provide any other budget clarifications or additional supporting documentation (if applicable):

Proposed Budget Worksheet for Planning

A proposed budget worksheet must be completed for each study being requested. Make additional copies of the blank worksheet as needed. Also attach study information to the packet (such as outlines, pamphlets or training facility information).

Please complete one worksheet per each course requested.

(Print and attach additional forms for each planning program requested if necessary.)

1. Study Title:

2. Study is being compiled by:

3. Audience for the Study:

Number of Attendees

Fire Service	
Law Enforcement	
EMS	
SERC/LEPC Member	
Emergency Managers	
Others (Please specify)	
Total	

4. Summary of Goals for the Study (please attach):

5. Time line for Goal completion (please attach):

6. Costs Summary Breakdown for Study (please attach breakdown of expenses):

Amount being requested: (1) _____
 + grantee contribution: (2) _____
 + additional contributor(s): (3) _____
 = total cost of Planning Program: (4) _____

(Please list any additional contributors):

<u>Name</u>	<u>Contact Information</u>	<u>Contact</u>

7. List Agencies/Personnel involved with Planning Study (attach additional information):

<u>Name</u>	<u>Title</u>	<u>Agency</u>	<u>Contact Info</u>	<u>Planning Study Responsibility</u>

Please attach credentials for all individuals involved in Planning Study and attach to application.

8. Provide Summary of the impact the Planning Study information will have on area(s) involved.

Attach additional pages as needed.