

Grant Program: Local Emergency Planning Committee (LEPC) Grant

State Grant Number:

Date Prepared:

Tax ID#:

Name of Applicant (Jurisdiction):

Point of Contact Information
Project Manager, Chief Financial Officer, and Signatory Official must be three (3) different individuals.

	<i>Primary Signatories: Grant Award/Amendments and Quarterly Grant Reports</i>	<i>Primary Delegations: Quarterly Financial and Narrative Grant Reports (only)</i>	<i>Secondary Delegations: Quarterly Financial and Narrative Grant Reports (only)</i>
LEPC Chairperson			
Name			
LEPC Chairperson			
Address City, State Zip			
LEPC Chairperson			
Telephone			
LEPC Chairperson			
Fax			
LEPC Chairperson			
Email			
Project Manager			
Name <i>Individual who will manage project</i>			
Project Manager			
Address City, State Zip			
Project Manager			
Telephone			
Project Manager			
Fax			
Project Manager			
Email			
Chief Financial Officer			
Name <i>Highest level financial officer, authorized to certify financial expenditures and records</i>			
Chief Financial Officer			
Address City, State Zip			
Chief Financial Officer			
Telephone			
Chief Financial Officer			
Fax			
Chief Financial Officer			
Email			
Signatory Official			
Name <i>Jurisdiction's Chief Executive Governing Official</i>			
Signatory Official			
Address City, State Zip			
Signatory Official			
Telephone			
Signatory Official			
Fax			
Signatory Official			
Email			

Signatures

Signature required by each of the above named individuals.

LEPC Chairperson			
	<i>Primary Signatory</i>	<i>Primary Delegate</i>	<i>Secondary Delegate</i>
Project Manager			
	<i>Primary Signatory</i>	<i>Primary Delegate</i>	<i>Secondary Delegate</i>
Chief Financial Officer			
	<i>Primary Signatory</i>	<i>Primary Delegate</i>	<i>Secondary Delegate</i>
Signatory Official			
	<i>Primary Signatory</i>	<i>Primary Delegate</i>	<i>Secondary Delegate</i>