

# HMEP (FY03) Grant Application

OMB Approval No. 0348-0044

## APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction  <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> <p style="text-align: center;"><b>07/25/02</b></p>	<b>APPLICANT IDENTIFIER</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> <p style="text-align: center;"><b>Oklahoma County</b></p>		<b>Organizational Unit:</b> <p style="text-align: center;"><b>Oklahoma County LEPC</b></p>	
<b>Address (give city, county, state, and zip code):</b> <p style="text-align: center;"><b>PO BOX 2775 Oklahoma City, Ok. 73101</b></p>		<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> <p style="text-align: center;"><b>Clint Greenwood, 405-670-4950</b></p>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <p style="text-align: center;"><b>73-6006400</b></p>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. <input checked="" type="checkbox"/> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <b>LEPC</b>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). A. Increase Award    C. Increase Duration B. Decrease Award    D. Decrease Duration Other (specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> <p style="text-align: center;"><b>U.S. Department of Transportation</b></p>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: N/A <p style="text-align: center;">2 0 - 7 0 3</p>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <p style="text-align: center;"><b>Hazardous Materials Emergency Preparedness, Planning and Training</b></p>	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc):</b> <p style="text-align: center;"><b>OKLAHOMA COUNTY</b></p>			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date <p style="text-align: center;"><b>10/01/02</b></p>	End Date <p style="text-align: center;"><b>09/30/03</b></p>	Applicant <p style="text-align: center;"><b>V</b></p>	District <p style="text-align: center;"><b>4, 5 and 6</b></p>
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	<b>\$2,000</b>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
b. Applicant	<b>\$0</b>		
c. State	<b>\$0</b>		
d. Local	<b>\$0</b>		
e. Other (In-Kind)	<b>\$500</b>		
f. Program Income	<b>\$0</b>		
g. TOTAL	<b>\$2,500</b>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE APPLICATION/PRE-APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCE IF THE ASSISTANCE IS AWARDED.</b>			
a. Typed Name of Authorized Representative <p style="text-align: center;"><b>Clint Greenwood</b></p>		b. Title <p style="text-align: center;"><b>Chairman</b></p>	c. Telephone Number <p style="text-align: center;"><b>405-670-4950</b></p>
d. Signature of Authorized Representative			e. Date Signed <p style="text-align: center;"><b>07/25/02</b></p>

Previous Editions Not Useable

Standard Form 424 (REV 4-88)

Prescribed by OMB Circular A-102