

HMEP GRANT CLOSE OUT CHECKLIST

COUNTY NAME _____

AWARD YEAR _____

AWARD AMOUNT _____

WAS AN EXTENSION GRANTED (YES) _____ (NO) _____?

1. NUMBER OF PEOPLE TRAINED

- a) Fire _____
- b) Police _____
- c) EMS _____
- d) Refresher _____
- e) Other (Public works, clean up, EOC, emergency support functions, liaison officer, safety office) _____

2. Please separate the above total into levels of training

- Awareness _____
- Operations _____
- Technician _____
- Refresher _____
- ICS _____
- Site Specialist _____

3. Were any commodity flow, hazards or risk analyses completed (yes) _____ (no) _____

(a) How many _____

4. Was your HazMat plan updated with this grant money?

5. Did you include any certificates, pamphlets, class roster, student evaluations, or any vital information that shows that the project was completed?

6. Include receipts, invoices and copies of payments made for HMEP mission.

7. Course Description(s) needs to be included

8. Were exercise goals and objectives met? Please include a narrative stating how the project benefited your county.

ANY FUNDS THAT ARE NOT SPENT BEFORE THE CLOSEOUT DATE (SEPTEMBER 30TH) WILL NOT BE CARRIED OVER. **ANY UNSPENT FUNDS MUST BE RETURNED TO KDEM.**