

HMEP Final Report

***Please complete the following information
attach additional documents as needed***

Jurisdiction LEPC/TERC:

Date:

Mailing Address:

Date completed	HMEP Required Activities
	Have submitted a copy of HazMat Emergency Response Plan and/or Copy of Jurisdiction's EOP to the DEM Regional Liaison
	Have submitted a copy of LEPC/TERC attendance Roster
	Held at a minimum a quarterly LEPC/TERC meeting
	Attached a signed original copy of 85-21 reimbursement request form
	Other – Please identify based on work plan

Please describe the project-based accomplishments of your LEPC/TERC for this fiscal year.
Brief Narrative: (as described in HMEP Grant Guidance)

Print name of LEPC/TERC Chairperson

Signature of LEPC/TERC Chairperson

Date