



MICHAEL R. PENCE, Governor  
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY  
302 West Washington Street  
Indianapolis, IN 46204

**APPLICATION FOR REIMBURSEMENT MEMORANDUM  
OF UNDERSTANDING  
FOR REDISTRIBUTION OF LEPC FUNDS  
UNDER P.L. 45-2012**

**Date submitted:** \_\_\_\_\_

1. Applicant Local Emergency Planning Committee (LEPC) Name

\_\_\_\_\_

Mailing Address (City, State, Zip)

\_\_\_\_\_

Street Address (City, State, Zip)

(\_\_\_\_) \_\_\_\_\_  
Business Telephone No.

(\_\_\_\_) \_\_\_\_\_  
Business Fax Number

2. Applicant contact

\_\_\_\_\_

Name

Telephone No.

E-Mail Address

3. Amount of funding requested: \_\_\_\_\_

4. Attach a description of the proposed use(s) of the funds and benefit(s) to the county or counties with a non-compliant LEPC, with a specific budget.



An Equal Opportunity Employer

5. Does any of the public safety response agencies represented on your LEPC have an existing mutual aid agreement with the county or counties that will benefit from the funding you are requesting?

Yes \_\_\_\_\_ If yes, please describe and attach copies of any written agreements.

No \_\_\_\_\_

6. Within the last 3 years, have any of the public safety response agencies represented on your LEPC responded to hazardous materials incidents in the county or counties that will benefit from the funding you are requesting?

Yes \_\_\_\_\_

No \_\_\_\_\_

7. If your project is aimed at assisting with emergency preparedness/response in another county, please attach a letter of support for your project from a representative of that county's commission/council or, if this cannot be attained, a statement to this effect along with a letter from another county official in emergency response, such as from the Emergency Management Agency, a fire department, hazmat team, etc.

**ATTESTATION** In signing this application, I am attesting that all of the information contained herein is true and correct and that the Applicant agrees to be bound by the policies and decisions of the Indiana Emergency Response Commission regarding application.

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Chairman Signature

Printed Name

Date