

**Local Emergency Planning Committee Grant Program Application
2026-2027
Texas Commission on Environmental Quality**

The Texas Local Emergency Planning Committee (LEPC) Grant Program is an opportunity for LEPCs to receive grant funds to help implement the requirements of the Emergency Planning and Community Right-to-Know Act (EPCRA). Chapters 505.016(d), 506.017(d), and 507.013(d) of the Texas Health and Safety Code authorize up to 20% of chemical reporting fees to be awarded as grants to the LEPCs. The grant is awarded to assist LEPCs in fulfilling their responsibilities under EPCRA.

Only LEPCs officially recognized by the State Emergency Response Commission (SERC) are eligible for this grant.

Application Submission Information - If an application is found to be incomplete, Texas Commission on Environmental Quality (TCEQ) will notify the applicant in writing and provide details about what is missing from the application. Applicants will be given a deadline to submit the missing information to TCEQ. A complete application and required attachments must be submitted electronically to LEPCGRANTS@tceq.texas.gov, or by postal mail to:

Texas Commission on Environmental Quality
Attention: LEPC Grant Program, MC 177
PO Box 13087
Austin, TX 78711-3087

All applications must be received by TCEQ no later than 5:00 p.m. Central Time, on the application submission deadline, August 31, 2026.

Applications are reviewed and awarded at TCEQ's discretion. Priority will be given to first-time grantees that are unfunded, requesting items that preserve life and safety. Any funds awarded will first be allocated towards items that preserve life and safety.

TCEQ is not obligated to select applications for funding, even if received within the application deadline. TCEQ may also select parts of a proposal for funding and may offer to fund less than the dollar amount requested in a proposal.

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Acknowledgements

The documents listed in this section must be submitted to be considered a complete application. By initialing next to each line below you acknowledge that each item has been completed and agreed upon.

Initial

_____ LEPC Grant Application

_____ Budget Information Sheet: **Approximately \$670,000 total for all awards will be available this grant period.** The ranking list is an important part of your grant application.

_____ A complete Texas Division of Emergency Management (TDEM) 151 Form must be submitted with this application. Forms can be accessed from the TDEM website under Forms or at [TDEM-151](#).

Acknowledgement of timeline of events:

If you are selected for a grant award, by **initialing next to each line** below, you acknowledge that each item will be completed and is agreed upon.

Initial

_____ Submit an initial Financial Status Report to allow upfront funding within 30 calendar days of receiving your official notice to proceed.

_____ Quarterly Financial Status Reports will be due within 15 calendar days following the end of the reporting quarter.

_____ Request approval for any cost or description change in writing from the TCEQ Grant Manager **prior** to purchase.

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LEPC Contact Information

The application contact will be the primary person the TCEQ can contact regarding information provided in the grant application.

Application Contact	<i>Please Print or Type</i>
a. Name:	
b. Title:	
c. Phone Number:	
d. Fax Number:	
e. Email Address:	
f. Mailing Address:	
g. Physical Address: (if different than mailing address)	

The secondary contact will be available in the absence of the primary contact.

Secondary Application Contact	<i>Please Print or Type</i>
a. Name:	
b. Title:	
c. Phone Number:	
d. Fax Number:	
e. Email Address:	
f. Mailing Address:	
g. Physical Address: (if different than mailing address)	

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LEPC Status and Funding Needs Statement

LEPC Status Information	<i>Please Print or Type</i>
How long has the LEPC been active?	
Date of last LEPC meeting. (MM/DD/YY)	
Has the LEPC received any non-TCEQ funding in the last three years?	

Funding Needs Statement	<i>Please Print or Type</i>
In your own words, explain the LEPC needs for funding. Explain how these funds would benefit the LEPC's growth and development in fulfilling their requirements under the Emergency Planning Community Right-to-Know Act (EPCRA).	

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EPCRA Requirements – Item Justification

Directions: **This grant's purpose is to help LEPCs fulfill their requirements under EPCRA.** The A-D list below are the four main requirements under EPCRA. *Your item or items must be applicable to at least one of A-D, and your justifications should be for only the relevant of A-D.*

Please use the list of EPCRA requirements to describe how each line item on this application will assist in implementing EPCRA. Attach additional pages as needed.

Note: Section references come from Public Law 99-499 and subsection references come from the United States Code 42.

- A. Emergency planning (Sections 301-303, Subchapter I - 11001-11003)
- B. Emergency release notification (Section 304, Subchapter I - 11004)
- C. Hazardous chemical storage reporting requirements (Section 311-312, Subchapter I - 11021-11022)
- D. Toxic chemical release inventory (Section 313, Subchapter I - 11023)

Item 1	
EPCRA Fulfilment	<i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i>
A	
B	
C	
D	
LEPC or Community Benefit	
Life and Safety Need or Benefit	

Item 2	
EPCRA Fulfilment	<i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i>
A	
B	
C	
D	
LEPC or Community Benefit	
Life and Safety Need or Benefit	

Item 3	
EPCRA Fulfilment	<i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i>
A	
B	
C	
D	
LEPC or Community Benefit	
Life and Safety Need or Benefit	

Item 4	
EPCRA Fulfilment	<i>Write Justification below for each applicable EPCRA Requirement that will be fulfilled with this item.</i>
A	
B	
C	
D	
LEPC or Community Benefit	
Life and Safety Need or Benefit	

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Item Ranking: Please use this area to rank each item requested by importance, with the most important items at the top (1) and the least important items at the bottom (10). TCEQ will take the item rankings into consideration if the entire application cannot be funded. Please include additional pages if more space is required.

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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Signature Page

1. LEPC Name:	
2. Federal Tax ID Number:	
3. Total Amount Requested:	

County Judge or Emergency Management Coordinator Authorization:

The County Judge or appointed Emergency Management Coordinator must sign below to authorize this grant application. By signing this document, you certify that you have reviewed this Grant Application and the Budget Information Sheet and that the funds will be expended in accordance with Budget Information Sheet unless otherwise stated in writing by the TCEQ Grant Manager.

I hereby certify that to the best of my knowledge all information provided in this application and any attachments is true and correct. If the application was prepared by a third party, I certify that I have read the complete application after all forms and information were completed, I agree with the information provided, and the date provided below is the date I signed the form. I further understand that before incorporating this information into a grant contract, the data and information may be revised by TCEQ for accuracy, and that accepting a grant contract will constitute agreement with those revisions. Failure to sign the application or signing it with a false statement may make the submitted offer or any resulting contracts voidable.

Signature of County Judge or Emergency Management Coordinator:	
Printed Name:	
Official's Title:	
Date of Signature:	

Budget Information Sheet

LEPC Name:

a. Cost Budget Overview*

Directions: Fill in each budget category that is part of your grant application. Place zeros in fields for the budget categories that will not be included. **Please note:** No match is required for this grant.

Budget Categories	TCEQ Grant Application Totals
Equipment	
Supplies	
Travel	
Training	
Salaries	
Contracts	
Other	
Total:	

*The itemized lists on the following pages must be filled in and include a justification for each purchase. All items will require supporting documentation such as receipts, training transcripts, certificates, and/or proof of product delivery.

b. Current Funding Sources

Directions: List all funding sources the LEPC received in the 2026 calendar year. This should include City or County allocation, donations, fundraising, and any other funding received.

Funding Source	Funding Amount (yearly)
Total:	

c. Application Budget Plan

Directions: Fill in each table that pertains to your budget proposal. Grant funds cannot be used to purchase food, drinks, alcohol and grant preparation services. **To ensure accurate pricing, a quote must be provided for each item that is applied for and submitted with the Application.** All funds must be expended during the timeframe outlined in the Scope of Work, Section II, Schedule of Quarterly Reports of the Contract.

Equipment:

Item	Price Per Unit	Quantity	Total	Description and Purchase
<i>ex. Laptop Computers</i>	<i>\$1,500/per laptop</i>	<i>3 laptops</i>	<i>\$4,500</i>	<i>Laptops will be used in EOC and available to be taken into the field for emergency response.</i>
Total:				

Supplies:

Item	Price Per Unit	Quantity	Total	Description and Purchase
<i>ex. Printer paper</i>	<i>\$15/box</i>	<i>30 boxes</i>	<i>\$450</i>	<i>Printer paper will be used to create flyers and informational packets for employees and public citizens for outreach activities.</i>
Total:				

Travel: All travel must take place during the timeframe outlined in the Scope of Work, Section II, Schedule of Quarterly Reports of the Contract. This grant can only fund actual costs and requires meal receipts and documentation of all purchases and expenses.

Item (Include Travel Dates)	Price Per Unit	Quantity	Total	Description and Purchase
<i>ex. Hazardous Management Training - Travel (December 2-5, 2018)</i>	<i>\$250/person</i>	<i>2 people</i>	<i>\$500</i>	<i>The purpose of this travel is to attend the Hazardous Management Training in Dallas, Texas.</i>
Total:				

Training: A training schedule, transcript, or certificate must be submitted as supporting documentation after the training has been completed.

Item	Price Per Unit	Quantity	Total	Description and Purchase
<i>ex. CAMEO Training</i>	<i>\$500/person</i>	<i>5 people</i>	<i>\$2,500</i>	<i>Training on CAMEO Data Manager to keep track of chemical inventories and contact information for facilities; to assist in emergency response and planning.</i>
Total:				

Salaries: Must submit documentation showing this position will only be filled during the grant period.

Item	Price Per Unit	Quantity	Total	Description and Purchase
<i>ex. John Smith</i>	<i>\$2,500/month</i>	<i>12 months</i>	<i>\$30,000</i>	<i>Budget/Contract Manager salary for one fiscal year.</i>
Total:				

Contracts:

Item	Price Per Unit	Quantity	Total	Description and Purchase
<i>ex. Emergency Plan Review</i>	<i>\$1,250/month</i>	<i>1 plan</i>	<i>\$1,250</i>	<i>Example Company will review and revise the County Emergency Plan and improve the effectiveness and quality of the plan.</i>
Total:				

Other:

Item	Price Per Unit	Quantity	Total	Description and Purchase
Total:				



Local Emergency Planning Committee Annual Membership Update Form

Email completed form to State Emergency Response Commission:
SpecialHazards@tdem.texas.gov

Name of LEPC/TEPC:

City/County/Counties/Tribe Covered:

LEPC Type (Select one):

☐ City ☐ Single County ☐ Multi-County ☐ Regional/COG ☐ Tribal

LEPC Focus (Select one):

☐ Hazmat Only ☐ All-Hazards

Highest-Priority Special Hazard Concerns- Identify major risk categories:

☐ Tier II Facilities ☐ Chemical Manufacturing ☐ Refineries ☐ Mines
☐ Ports ☐ Rail Lines ☐ HHFT Trains ☐ Pipelines
☐ Stored Energy/Battery Energy Storage Systems ☐ Data Centers/Bitcoin Mining
☐ Ammonium Nitrate/Explosives Storage ☐ Bulk Fuel Terminals

Other:

Members:

Chairperson-

Name:

Job Title:

Phone:

Organization:

Email:

Information Coordinator-

Name:

Job Title:

Phone:

Organization:

Email:

County Judges/Tribal Council Approvals (Required):

County Judge/Council Chair:

County/Tribe:

Signature:

Date:

Additional County Judges Approvals (If Applicable):

County Judge Name:
Signature:

County:
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