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| **Agency Name :** | **Address:** |
| **Agency Website:** | **What County or Tribe is this for?** |
| **Federal Employer Identification Number (FEIN):** | **SAM: Unique Entity ID Number:** |
| **Project Name:** | |

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| **SIGNATORY CONTACT** | | | |
| Name: | | Title: | |
| Address: | City: | State: CA | Zip Code: |
| Phone Number: | Email Address: | | |

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| **PRIMARY CONTACT** | | | |
| Name: | | Title: | |
| Address: | City: | State: CA | Zip Code: |
| Phone Number: | Email Address: | | |
| Are you new in this position? If no, have you worked with SHSGP grants before? | | | |

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| **FINANCE CONTACT** | | | |
| Name: | | Title: | |
| Address: | City: | State: | Zip Code: |
| Phone Number: | Email Address: | | |
| Are you new in this position? If no, have you worked with SHSGP grants before? | | | |

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| **FUNDING REQUESTED** |

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| --- | --- | --- | --- |
| Training | $ | Equipment | $ |
| Planning | $ | Exercise | $ |
| Organization | $ |  |  |

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| **TOTAL PROJECT REQUEST** | $ |

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| **Is this a Regional Project? If a multi-agency project – which agency will take the lead?** |
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| **If Regional, List Partners:** |
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| **Is your request a National Priority project?** |  |
| **Will you accept partial funding for this project? If yes, how much?** |  |
| **Is this project Sharable?** |  |
| **Is this project Deployable?** |  |
| **Does this project require an MOU? If yes, do you have one in place?** |  |
| **Will your project require an EHP, Sole Source, Performance Bond, or SAFECOM consult?** |  |

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| **Milestones #** | **Milestone: (**Description/action being taken- such as going to bid, getting quotes, paying vendors etc.) | **Completion Date** | **Criterion/Deliverables: (**Results) |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

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| **PROJECT Investment Justifications:** Place an “X” in the corresponding box | | |
|  | IJ #1. Enhance Information and Intelligence Sharing and analysis **(National Priority)** |
|  | IJ #2. Enhance the Protection of Soft Targets/Crowded Places **(National Priority)** |
|  | IJ #3. Enhance Cybersecurity **(National Priority)** |
|  | IJ #4. Enhance Community Preparedness and Resilience **(National Priority)** |
|  | IJ #5. Combating Domestic Violent Extremism **(National Priority)** |
|  | IJ #6. Strengthen Emergency Communications Capabilities Through Planning, Governance, Technology, and Equipment |
|  | IJ #7. Enhance Medical and Public Health Preparedness |
|  | IJ #8. Strengthen Information Sharing and Collaboration (non-Fusion Center) |
|  | IJ #9. Enhance Multi-Jurisdictional/Inter-Jurisdictional All-Hazards/Whole Community Incident Planning, Response & Recovery Capabilities |
|  | IJ #10. Protect Critical Infrastructure and Key Resources (includes Food and Agriculture) |
|  | IJ#11. Election Security **(National Priority)** |

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| **PROJECT DESCRIPTION**. All funding from this grant must be used within the borders of Sacramento County. *All questions must be answered.* |

1. **Project Title and Description.** Include the following information when developing and describing a project: **Who** the project is for, e.g., local HazMat Team, Bomb Squad, EOC, Water Treatment Plant, Fusion Center, etc. **What** the project entails, e.g., plans, equipment, training, exercises, etc. Describe **where** the project will take place, e.g., which city, county, or region, etc. Describe **when** the project will start and end- needs to be within the period of performance of the grant. Describe **why** the project is necessary, or what the intended benefit will be. (Limit 750 words)
2. Explain the **terrorism nexus** for this project? Give specific terrorism related potential incidences and explain how your projects (equipment, training, exercise, and plans) prevent such events? How does your project relate to the mission of Homeland Security “to ensure a homeland that is safe, secure, and resilient against terrorism and other hazards”?
3. If your request is a **National Priority project**? If so, please explain which category you are applying for and please explain in detail how this meets the federal requirement. *(Please note that National Priority projects are extremely hard to modify. This requires FEMA approval and it usually takes 6-9 months.)*
4. If this project funds **equipment,** describe the jurisdiction’s maintenance and sustainability plans for the item(s).
5. If **training** is involved, how many persons will be trained and at what level? How will this training improve the general readiness of our Operational Area?
6. Explain the basis for all **costs**. Has a cost analysis been performed? Are all of the costs reasonable, necessary and allowable as defined in 2CFR 200 Subpart E?

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| **Risk Assessment** | |
| 1. General Information |

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| 1. Has your organization received a federal grant award in the last 2 years? |  |
| 1. Has your organization been audited by a Certified Public Accounting firms within the past two years? |  |
| 1. Has your organization completed a recent A-133/Subpart D (Single Audit)? |  |
| 1. Does your organization have established policies for procurement, procedures, payroll, and travel? |  |
| 1. Has your organization been suspended or debarred from receiving federal grant funding? |  |
| 1. Is your organization current with all financial and programmatic reporting for previously awarded federal grants? |  |
| 1. Does your organization have new personnel administering SHSGP grants? |  |
| 1. Does your organization have new management? |  |

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| 1. Financial Management |

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| 1. Does your agency have a new financial system? |  |
| 1. How often is the general ledger reconciled? |  |
| 1. Does the accounting system completely and accurately track the receipt and disbursement of grant funds? |  |
| 1. Are time and activity records maintained by funding source and/or project for each employee? |  |
| 1. Is your organization familiar with federal cost principles and requirements? |  |
| 1. Are time & effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee’s time? |  |
| 1. Is your organization’s account system “manual”, “automated”, or “combination of both”? |  |
| 1. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item? |  |

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| 1. Internal Controls |

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| 1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement within your organization? |  |
| 1. Is there a procedure in place for procurement approvals and is it documented? |  |
| 1. Are all account entries and expenditures supported by appropriate documentation? |  |
| 1. Are employee timesheets supported by appropriately approved/signed documents? |  |
| 1. Are there documented procedures for complying with the cost principles and conditions of grant awards? |  |

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| 1. Procurement |

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| 1. Does your organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts? |  |
| 1. Does your organization conduct purchases in a manner that encourages open and free competition among vendors? |  |
| 1. Does your organization complete some level of cost or price analysis for every purchase? |  |
| 1. Does your organization maintain files and other source documentation sufficient to detail the history of each grant fund? |  |
| 1. Does your organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract/grant? |  |
| 1. Is your organization or anyone working with this grant on the disbarred/suspended list? |  |

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| **PROJECT DETAILS:** | | |
| **Planning** | | |
| Full or Part Time Staff |  | |
| Contractors or Consultants |  | |
| Conferences or Meetings |  | |
| Materials or Supplies |  | |
| Travel (based on per diem) |  | |
| **Planning Subtotal** | |  |

|  |  |  |
| --- | --- | --- |
| **Organization** | | |
| Full or Part Time Staff |  | |
| Contractors or Consultants |  | |
| Conferences or Meetings |  | |
| Materials or Supplies |  | |
| Travel (based on per diem) |  | |
| **Organization Subtotal** | |  |

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| **Equipment** | | | | | |
| Equipment Item | AEL Code | AEL Title | Quantity | Unit Cost | Total Cost |
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| **Equipment Subtotal** | | | | |  |

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| **Training** | | | |
| Class Title Per Catalog | Catalog From Which Class Is Listed | Course Catalog Number | Number of Students |
|  |  |  |  |
|  |  |  |  |
| Full or Part Time Staff | | |  |
| Contractors or Consultants | | |  |
| Travel (based on per diem) | | |  |
| Materials and Supplies | | |  |
| **Training Subtotal** | | |  |

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| --- | --- |
| **Exercise** | |
| Full or Part Time Staff |  |
| Contractors or Consultants |  |
| Travel (based on per diem) |  |
| Materials or Supplies |  |
| **Exercise Subtotal** |  |
| **Total Project Request** |  |