



**MISSISSIPPI OFFICE OF HOMELAND  
SECURITY**  
**FY23 HOMELAND SECURITY**  
**NON-PROFIT**  
**GRANT IMPLEMENTATION**



# Welcome and Introductions

## MOHS Grants Staff:

- Catrina Stamps-Non-Profit Programs
- Kim Johnson-Non-Profit Programs
- Micheal Hall-Northern HSGP Programs
- Kayla Stewart-Central/South HSGP Programs
- Orlando Hoard-Admin
- Beth Loflin, Director of Grants and Finance

# Orientation Topics

Information about  
the FY23 Non-Profit  
Grant

Let's Talk Award  
Documents &  
Grant  
Requirements

Getting Started...  
UEI #'s, MAGIC,  
EHP

Program  
Management 101

Requests for Funds  
& What Needs to  
be Submitted

Program  
Adjustments

Monitoring –  
We are coming for  
a visit!

How do I Closeout  
the Grant?

Let's Go Home



# FY23 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Information about the FY23 Federal Non-Profit Security Grant Program

# Homeland Security Non-Profit Grant Program

The Fiscal Year (FY) 2023 Homeland Security Non-Profit Grant Program (HSGP) is provided by Department of Homeland Security and the Federal Emergency Management Agency.

This grant is provided funding for physical and cybersecurity enhancements and other security-related activities to non-profit organizations that are at high risk for terrorist attacks.

# PROGRAM NATIONAL PRIORITIES FOR NON-PROFIT GRANT PROGRAMS:

Enhancing the  
Protection of Soft  
Targets/ Crowded  
Places



# Federal Funding for FY23

For the Fiscal Year of the 2023 Homeland Security Grant, Mississippi Office of Homeland Security will award a total of:

**FY23 Homeland Security Non-Profit Grant  
Program Grant Awards**

**\$2,852,459.00**



# FY23 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Let's Talk Award Documents & Grant Requirements



# Award Letter



STATE OF MISSISSIPPI  
TATE REEVES, GOVERNOR  
DEPARTMENT OF PUBLIC SAFETY  
SEAN J. TINDELL, COMMISSIONER

## MISSISSIPPI OFFICE OF HOMELAND SECURITY HOMELAND SECURITY NON-PROFIT GRANT PROGRAM SUB-RECIPIENT GRANT AWARD

**Sub-Recipient Name:** Anytown Church

**Project Title:** Homeland Security Non-Profit Grant Program

**Grant Period:** September 1, 2023-August 30, 2024      **Date of Award:** September 1, 2023

**Total Amount of Award:** \$150,000.00      **Grant Number:** 23NP234

In accordance with the provisions of Federal Fiscal Year 2022 Homeland Security Non-Profit Grant Program, the Mississippi Office of Homeland Security (MOHS), State Administrative Agency (SAA), hereby awards to the foregoing Sub-Recipient a grant in the federal amount shown above. The CFDA number is 97.008 and MOHS federal grant number is EMW-2023-UA-00. Authorizing Authority for Program: Section 2002 of the *Homeland Security Act of 2002*, as amended (Pub. L. No. 107-296), (6 U.S.C.603).

Enclosed is a signed grant agreement obligating federal funds as outlined above. Please review the grant agreement in full, sign in the designated signature areas and return to the MOHS by **November 1, 2023**. Strict adherence to these provisions is essential to ensure compliance with applicable federal and state statutes, rules, regulations, and guidelines.

Grant funds will be disbursed to Sub-Recipients (according to the approved project budget) upon receipt of evidence that funds have been invoiced and products received and/or that funds have been expended (i.e., invoices, contracts, itemized expenses, etc.).

I certify that I understand and agree that funds will only be expended for those projects outlined in the funding amounts as individually listed above. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of the grant including special conditions and the Mississippi Department of Public Safety, Office of Homeland Security, Homeland Security Grant Program, Policies and Procedures Manual; to comply with provisions of the Act governing these funds and all other federal laws and regulations; that all information is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the applicant to these requirements; that costs incurred prior to grant application approval will result in the expenses being absorbed by the Sub-Recipient; and that all agencies involved with this project understand that all federal funds are limited to a twelve-month period.

**Supplantation:** The Sub-Recipient provides assurance that funds will not be used to supplant or replace local, state funds or other resources that would otherwise have been available for homeland security activities. In compliance with that mandate, I certify that the receipt of federal funds through the MOHS shall in no way supplant or replace state or local funds or other resources that would have been made available for homeland security activities.

### ACCEPTANCE OF THE FEDERAL GRANT AWARD FOR THE SUB-RECIPIENT

**1. Signatory Authorized Official (Commissioner, Mayor, Board President, Pastor, Chairman of Board)**

Signature of Authorized Signatory Official

*Pete Banks-Executive Director*

Signature of MOHS Executive Director/SAA

# Award Packet

The Grant Award Packet will  
need to be returned by  
**November 1, 2023**, to the  
MOHS Email Address at:

**[mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)**

## MISSISSIPPI OFFICE OF HOMELAND SECURITY



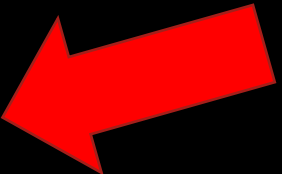
**FY23 HOMELAND SECURITY GRANT  
NON-PROFIT PROGRAM  
GRANT AGREEMENT AND  
AWARD PACKET-EXAMPLE**

# Signature Sheet

This sheet will be personalized for you with all the information already filled out for you, budgeted items in the cost categories.

Signature Required the Authorized Signatory Official.

FY23 MISSISSIPPI OFFICE OF HOMELAND SECURITY NON-PROFIT GRANT AGREEMENT				
1. Sub-Recipient's Name: Anytown Church		2. Effective Date of Grant: September 1, 2023		
Mailing Address: 123 Main Street Anytown, MS 39541		3. Sub-Recipient Grant Number: 23NP234		
Telephone Number: (662)874-1422		4. Grant Identifier (Funding Source & Year): EMW-2023-UA-00		
E-Mail: churchsecretary@anytownchurch.com		5. Period of Performance: Start and End Dates: September 1, 2023-August 31, 2024		
7. CFDA # - 97.008- Nonprofit Security Grant Program		8. UEI # - 6HP7M391D6HV		9. Congressional District: 1
10. FAIN #: 646000779		11. Initial Federal Award Date: September 1, 2023		12. Federal Awarding Agency: Homeland Security (800)368-6498
13. Research and Development Grant: ___ Yes ___ X No		14. Indirect Cost Rate Charged: \$0.00		
15. The following grant funds are obligated:				
A. COST CATEGORY		B. SOURCE OF FUNDS		C. MATCH
(1) Personal Service-Salary	\$7,000.00	(1) Federal	\$150,000.00	\$0.00
(2) Personal Services-Fringe	\$500.00	(2) State	\$0.00	\$0.00
(3) Contractual Services	\$0.00	(3) Local	\$0.00	\$0.00
(4) Travel	\$0.00	(4) Other	\$0.00	\$0.00
(5) Equipment	\$142,500.00	Total:	\$150,000	\$0.00
(6) Commodities/Supplies	\$0.00	E. TOTAL OF ALL FEDERAL GRANTS THROUGH MOHS TO AGENCY:		
(7) Other	0.00	Number of Grants:	FY19	FY20
TOTAL	\$150,000.00	TOTAL:	\$0.00	\$0.00
TOTAL: \$0.00				
The Sub-Recipient agrees to operate the program outlined in this Grant Agreement in accordance with all provisions of this Agreement as included herein. The following sections are attached and incorporated into this Agreement: Final Approved Agreement which includes Sub-Recipient Signature Sheet; Project Description; Goals and Objectives; Implementation Schedule; Cost Summary Support Sheet; and Agreement of Understanding and Compliances.				
All policies, terms, conditions, and provisions listed in funding guidelines, grant agreement, and agreement of understanding which has been provided to Sub-Recipient, are also incorporated into this agreement, and Sub-Recipient agrees to fully comply therewith.				
14. Approval from Grantee: <i>Pete Banks-Executive Director 9/1/2023</i>		15. Approval from Sub-Recipient 1. Signature of Authorized Official 2. Date of Signature		
Signature	Date	Signature	Date	
Name: Pete Banks		Name: 3. Printed Name of Signatory Official		
Title: MOHS Executive Director/SAA		Title: Authorized Signatory Official		



## **FY23 HOMELAND SECURITY NON-PROFIT GRANT PROJECT DESCRIPTION**

The Mississippi Office of Homeland Security grant program are provided by Federal grant funds assist local, state, and tribal efforts in obtaining the resources required to support the National Preparedness Goal's mission areas and core capabilities to build a culture of preparedness. All grant programs funded will help the State of Mississippi in the prevention, preparation, protection, and response to acts of terrorism.

These efforts will be coordinated through the grants and operation programs, along with training and exercises developed during the grant year. All programs will utilize risk assessments, data, and community knowledge to target and deploy resources that are community and state-wide threats and hazards.

## **FY23 HOMELAND SECURITY NON-PROFIT PROJECT GOALS AND OBJECTIVES**

### **PROJECT:**

Strengthen the nation's communities against terrorist attacks.

### **GOAL:**

Increase community participation with community partners to prevent, protect against, respond to, and recover from Terrorism incidents and attacks.

Reduce Mississippi's vulnerability to terrorism through preparedness and protective efforts.

### **OBJECTIVES:**

Provide funding for physical security enhancements and other security-related activities to nonprofit organizations that are at high risk for a terrorist attack.

Seeks to integrate the preparedness activities of nonprofit organizations with broader state and local preparedness efforts.

# Program Milestones

## FY23 PROGRAM MILESTONE SCHEDULE

The program implementation schedule is intended to provide the Sub-Recipient, a proposed list of planned activities, implementation dates, and person responsible for documenting implementation. Program milestones will be provided in the Sub-Recipients quarterly reporting, as to what tasks have been completed and when completed.

### **1<sup>st</sup> QUARTER (September, October, November)**

- Completed Environmental Historic Preservation Form and submitted to MOHS. Please include the form and photographs of the outside of the building, as well as places where equipment will be installed.
- Complete NIMS Training (100, 200, 700 and 800), recommended.
- Solicit quotes and/or bids for equipment. (If equipment is over \$5,000.00, two (2) quotes are required)
- Review proposals, quotes, bids and select vendors.
- Purchase approved equipment during the 1st quarter for the grant year.
- Begin Preparation of 1st Quarter Report. (September 1-November 30). Due to MOHS December 15th.
- Send the full Grant Agreement with signatures to MOHS.
- Assess and review program's threats, hazards, core capabilities and needs.
- Participate and attend any trainings, meetings, or conference calls with MOHS, as required and necessary.

# Program Milestones

## FY23 PROGRAM MILESTONE SCHEDULE

### **2<sup>nd</sup> QUARTER (December, January & February)**

- Submit 1<sup>st</sup> Quarter Report to MOHS. Due December 15th.
- Receive approved equipment or grant funded items.
- Prepare Equipment/Inventory Sheet for MOHS. Take pictures of all Equipment. Submit to MOHS.
- Prepare Reimbursement paperwork if equipment received.
- Begin preparation of 2nd Quarter Report. (December 1-February 28). Due to MOHS March 15th.
- Participate and attend any trainings, meetings, or conference calls with MOHS, as required and necessary.
- Assess and review program's threats, hazards, core capabilities and needs.

### **3<sup>rd</sup> QUARTER (March, April & May)**

- Submit 2<sup>nd</sup> Quarter Report to MOHS. Due March 15<sup>th</sup>.
- Receive approved equipment or grant funded items.
- Prepare Equipment/Inventory Sheet for MOHS. Take pictures of all Equipment. Submit to MOHS.
- Prepare Reimbursement paperwork if equipment received.
- Begin preparation of 3rd Quarter Report. (March 1-May 31). Due to MOHS June 15.
- Participate and attend any trainings, meetings, or conference calls with MOHS, as required and necessary.
- Assess and review program's threats, hazards, core capabilities and needs.

### **4<sup>th</sup> QUARTER (June, July & August)**

- Submit 3rd Quarter Report to MOHS. Due June 15.
- Receive approved equipment or grant funded items.
- Prepare Equipment/Inventory Sheet for MOHS. Take pictures of all Equipment. Submit to MOHS.
- Prepare Reimbursement paperwork if equipment received.
- Begin preparation of 4<sup>th</sup> Quarter Report. (June 1-August 31). Due to MOHS September 15.
- Participate and attend any trainings, meetings, or conference calls with MOHS, as required and necessary.
- Assess and review program's threats, hazards, core capabilities and needs.

### **CLOSEOUT (September 1-October 1)**

- Submit 4<sup>th</sup> Quarter Report. (June 1-August 31). Due to MOHS September 15.
- Prepare Closeout Documents and submit them to MOHS. Due October 15<sup>th</sup>.
- Assess and review program's threats, hazards, core capabilities and needs.

**FY23 Mississippi Office of Homeland Security-Cost Summary Support Sheet**

<b>1. Sub-Recipient Agency: Anytown Police Department</b>				
<b>2. Sub-Recipient Grant Number: 23NP234</b>		<b>3. Grant ID: FY23 NP</b>	<b>4. Beginning: September 1, 2023</b>	<b>5. Ending: August 31, 2024</b>
<b>6. Activity: Homeland Security Grant Program</b>				
7. Category & Line Item	8. Description of item and/or Basis for Valuation	9. Budget		
		Federal	All Other	Total
Personal Services-Salary	Management and Administration Salary Costs . Not to Exceed \$6,500.00	\$6,500.00	\$0.00	\$6,500.00
Personal Services-Fringe	Management and Administration Fringe Costs. Not to Exceed \$1,000.00	\$1,000.00	\$0.00	\$1,000.00
Contractual Services		\$0.00	\$0.00	\$0.00
Travel/Training		\$0.00	\$0.00	\$0.00
Equipment	Radio 4@ \$250.00 each= \$1,000.00 Access Panel= \$10,000.00 Fencing \$84,000.00 Bollards \$15,500.00 Fixed Area Lighting -\$32,000.00	\$142,500.00	\$0.00	\$142,500.00
Commodities/Supplies		\$0.00	\$0.00	\$0.00
Other:		\$0.00	\$0.00	\$0.00

<b>TOTALS</b>	\$150,000.00	\$0.00	\$150,000.00
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**BUDGET EXAMPLE**

**Budget  
Page**

## MISSISSIPPI OFFICE HOMELAND SECURITY-NON-PROFIT GRANT AGREEMENT OF UNDERSTANDING AND COMPLIANCES

This Grant Agreement (GA) is made and entered into by and between the State of Mississippi by and through the Mississippi Department of Public Safety and the Mississippi Office of Homeland Security, hereto referred to as State, and governmental unit or agency named in this Agreement, hereinafter referred to as Sub-Recipient.

*Section 2002 of the Homeland Security Act of 2023 and the Department of Homeland Security Appropriation Act, 2021*, as amended, provides federal funds to the State for approved homeland security projects for the purpose of enhancing, the ability of state, local, tribal, and territorial governments, as well as non-profits, to prevent, protect against, respond to, and recover from terrorist attacks, and

The State may make said funds available to state, local, tribal, and territorial governments, as well as non-profits entities upon application and approval from the State and Homeland Security, and

The Sub-Recipient must comply with all requirements listed herein, to be eligible for federal funds in approved homeland security projects, and

Now, therefore in consideration of mutual promises and other consideration, the parties agree as follows:

### **Federal Terms and Conditions:**

Terms and conditions pertain not only to Recipients, but grant funded Sub-Recipients, as well. The following list of terms and conditions should be reviewed and followed. The FY2023 Department of Homeland Security Standard Terms and Conditions, can be found at: <https://www.dhs.gov/sites/default/files/2023-01/FY%202023%20DHS%20Terms%20and%20Conditions%20Version%202023%20Dated%20November%2029%202023.pdf#:~:text=The%20Fiscal%20Year%20%28FY%29%202023%20DHS%20Standard%20Terms,right%20to%20seek%20judicial%20enforcement%20of%20these%20obligations>.

The Fiscal Year (FY) 2023 DHS Standard Terms and Conditions apply to all new federal financial assistance awards funded in FY 2023. These terms and conditions flow down to subrecipients unless an award term or condition specifically indicates otherwise. The United States has the right to seek judicial enforcement of these obligations.

All legislation and digital resources are referenced with no digital links. The FY 2023 DHS Standard Terms and Conditions will be housed on dhs.gov at [www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions](http://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions).

### **A. Assurances, Administrative Requirements, Cost Principles, Representations and Certifications**

I. DHS financial assistance recipients must complete either the Office of Management and Budget (OMB) Standard Form 424B Assurances – Non-Construction Programs, or OMB Standard Form 424D Assurances – Construction Programs, as applicable. Certain assurances in these documents may not be applicable to your program, and the DHS financial assistance office (DHS FAO) may require applicants to certify additional assurances. Applicants are required to fill out the assurances as instructed by the awarding agency.

II. DHS financial assistance recipients are required to follow the applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards located at Title 2, Code of Federal Regulations (C.F.R.) Part 200 and adopted by DHS at 2 C.F.R. Part 3002.

# Federal Terms and Conditions



# MOHS Terms and Conditions

## MOHS Terms and Conditions-Non-Profits

1. Sub-Recipient must comply with the rules and regulations of 2 CFR 200.
2. Sub-Recipients are required to modify their existing incident management and emergency operations plans in accordance with the National Response Plan's coordinating structures, processes, and protocols.
3. All Sub-Recipients must fully engage citizens by expanding plans and task force memberships to address citizen participation; awareness and outreach to inform and engage the public; include citizens in training and exercise; and develop or expand programs that integrate citizen/volunteer support for the emergency responder disciplines.
4. Internet service fees, radio service fees, cellular phone fees, satellite phone fees, etc. paid for with grant funds are for twelve (12) months during the year of equipment purchase only.
5. Position descriptions for each person to be paid with grant funds and organizational chart identifying grant funded position(s).
6. A physical inventory of property and equipment must be completed, and the results reconciled with the MOHS property control, at least once every two years.
7. The MOHS requires that property and equipment acquired with grant funds be tagged and tracked using a computer-based inventory system.
8. The FCC has chosen the Project 25 suite of standards for voice and low-moderate speed data interoperability. To improve interoperability, all radios purchased under this grant should be APCO 25 compliant.
9. The designated representative certifies that he/she has legal authority to receive assistance.
10. All Sub-Recipients shall provide all necessary financial and managerial resources to meet the terms and conditions of receiving Federal and State assistance.
11. All Sub-Recipients shall use awarded funds solely for the purpose for which these funds are provided and as approved by the DPS Authorized Representative.
12. The Sub-Recipient is aware of and shall comply with cost-sharing requirements, if applicable.
13. The Sub-Recipient shall establish and maintain a proper accounting system to record expenditures of awarded funds in accordance with generally accepted accounting standards and OMB Circulars 2 CFR 200 as applicable and/or as directed by the DPS Authorized Representative.
14. The Sub-Recipient shall comply with the Single Audit Act of 1996 and 2 CFR 200.501. Copies of audit reports when issued and provide audit findings to the MOHS, if applicable.
15. The Sub-Recipient shall give State and Federal agencies designated by the DPS Authorized Representative access to and the right to examine all records and documents related to the use of award funds.
16. The Sub-Recipient shall return to the State, within thirty (30) days of such request by the DPS Authorized Representative, any advance funds which are not supported by audit or other Federal or State review of

## MOHS Terms and Conditions:

One of the Most Important Terms and Conditions is #1.

- 1. Sub-Recipient must comply with the rules and regulations of 2CFR 200.**

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

## MOHS Terms and Conditions:

24. The Quarterly Reimbursement Claim and Progress Report: Request for reimbursement is due within 15 days after each reporting quarter:

Grant Period	Quarter	Date Report is Due
September 1-November 30	1 <sup>st</sup> Quarter	December 15
December 1-February 28/29	2 <sup>nd</sup> Quarter	March 15
March 1-May 31	3 <sup>rd</sup> Quarter	June 15
June 1-August 31	4 <sup>th</sup> Quarter	September 15
Closeout	Closeout	October 15

## MOHS Terms and Conditions:

29. Grant funds expended prior to the date of the award letter are not authorized to be reimbursed.

30. Each quarter the SGA will prepare and submit a Quarterly Request for Reimbursement to the MOHS. This request shall contain all appropriate supporting documentation to substantiate expenses made in accordance with all applicable requirements. The MOHS will review the reimbursement package for completeness and process for payment through the Mississippi accounting system, MAGIC.

31. The Recipient will not be liable under this Agreement for any amount greater than the award allocated by the FEMA and the Office for Domestic Preparedness to the State for the grant performance period.

## MOHS Terms and Conditions:

### Equipment:

40. All equipment awarded in this grant agreement **must be ordered** within ninety (90) days after project implementation. If unforeseen circumstances arise which prohibit this being accomplished, the MOHS must be notified as to the reason for the delay and projected purchase date of the equipment.

41. Property records **must be maintained** that include a description of the property, a serial number or other identification number, the source of the property, who holds the title, the acquisition date, cost of the property, percentage of Federal participation in the cost of the property, the location use and condition of the property and any ultimate disposition data including the data of disposal and sale price of the property.

42. A physical inventory of the property **must be taken**, and the results reconciled with the property records at least once every two (2) years for the useful life of the property.

43. A control system **must be developed** to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage or theft shall be investigated.

## MOHS Terms and Conditions:

### **Non-performance of Grant Activities**

49. Failure by the Sub-Recipient to comply with the terms of this Grant Agreement **may result in suspension** from the program and loss of any outstanding grant fund allocation balance, as determined by the Recipient.

50. Failure to expend all grant funds awarded (by date stated on Awards Letter) and to comply with Recipient request and guidelines **will result in the reallocation** of unspent grant funds and the immediate redistribution of all equipment purchased with grant funds.

51. In addition, the failure to maintain adequate response capability (as determined by the MOHS) **will also result in the reallocation** of grant funds and the immediate redistribution of all equipment purchased with grant funds.

## MOHS Terms and Conditions:

### Monitoring

54. Pursuant to Federal guidelines (2 CFR§200.328-329), the State has developed a plan for evaluating all projects. Each Sub-Recipient **may be required**, to have at least one (1) on-site monitoring visits during the grant year. All written documents will be reviewed to determine progress, problems, and reimbursements of the project. The State evaluates all sub recipient's risk of noncompliance with Federal statutes, regulations and the terms and conditions of the sub-award for the purposes of determining the appropriate level of sub-recipient monitoring.

55. Management will evaluate audit findings, questioned costs and corrective action plans. The issuance of a written decision will be issued to the Sub-Recipient, which will entail whether or not the audit finding is sustained; the reasons for the decision; the expected action of the Sub-Recipient to repay any disallowed costs, make financial adjustments or take other actions; the reference number(s) the auditor assigned to each audit finding; and a description of any appeal process available to the Sub-Recipient regarding the management decision, as required by 2 CFR 200.521. If the Sub-Recipient has not completed corrective action, a timetable follow-up will be given.

## MOHS Terms and Conditions:

### Other Provisions

58. This agreement is not intended to conflict with current laws or regulations of Mississippi or your jurisdiction. If a term of this agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this agreement shall remain in full force and effect.

59. Sub-Recipient is required to ensure that grant monies are used to support all Emergency Service-related agencies and departments, specifically law enforcement, fire, and rescue. **Senior officials of these agencies must sign this agreement and familiarize themselves with the rules and regulations governing each grant program.** They are encouraged to work together in determining and prioritizing their needs and requirements prior to submitting their plan.



## MOHS Terms and Conditions:

### Other Provisions

60. All final requests for reimbursement, performance reports and closeout documents must be received in the Mississippi Office of Homeland Security within **forty-five (45) days of completion of the project.**

61. Any Sub-Recipient delinquent in submitting reimbursements, quarterly reports, and/or other required reports, or incomplete reports that lack sufficient detail of progress during the period in question, may be subject to having submitted reimbursement requests delayed, pending additional justification. Once completed reports are received, reimbursement requests will be processed.

# Assurance of Understanding Requirement for Sub-Recipients

## ASSURANCE OF UNDERSTANDING REQUIREMENT FOR SUB-RECIPIENTS:

As the Authorized Official for, **1. Anytown Church** (Sub-Recipient), I certify by my signature below, that I have fully read and am cognizant of our duties and responsibilities under this requirement. I acknowledge by my signature below, that I understand that the Grant Agreement is not effective until both parties (MOHS and Authorized Signatory Official) have signed, dated, and fully executed the Grant Agreement.

Therefore, the Agency I represent promises and will comply with all Federal, State and Mississippi Office of Homeland Security Certifications and Assurances and their conditions.

SUB-RECIPIENT:  
ATTESTS:

2. Chris Watkins

4. 9/10/2023

Authorized Signatory Official's Signature:  
(Sub-Recipient)

Date:

3. Chris Watkins

5. Reverend

Authorized Signatory Official's Printed Name:

Organizational Title:

UEI Number: **5. 5H41P26Y4MH9**

APPROVED: STATE OF MISSISSIPPI/DEPARTMENT OF PUBLIC SAFETY/MISSISSIPPI OFFICE OF HOMELAND SECURITY

By: Pete Banks

Date: 9/1/2023

Executive Director/SAA  
Mississippi Office of Homeland Security

- 1. Name of Sub-Recipient**
- 2. Authorized Signatory Officials Signature**
- 3. Printed Name of Authorized Signatory Official**
- 4. Date of Signature**
- 5. Title of Authorized signatory Official**
- 6. UEI Number**



**MOHS APPENDIX  
DOCUMENTS  
OF THE GRANT  
AWARD**

### Grant Agreement Certifications

Below please assign **three (3) separate persons** to hold the following responsibilities: Sub-Recipient Grant Administrator, Financial Officer, and the Grant Authorized Signatory Official. The Sub-Recipient Administrator will be responsible for the day-to-day activities, correspondence, and management of the grant program. The Financial Officer is responsible for the payment, purchasing and gathering of all financial information and back up documentation. The Grant Authorized Signatory Official is the overall head of the agency that holds the full responsibility of the program to remain in state and federal compliances.

Staff that may be grant funded cannot be an authorized official on the grant without the written approval of the Executive Director.

Agency Name: **Anytown Church**      Grant Number: **23NP234**

Agency Address: **123 Main Street Anytown, MS 39541**

Agency Phone Number: **662-874-1422**      Agency Fax Number: **662-888-5412**

### Sub-Recipient Grant Administrator Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Sub-Recipient Grant Administrator (SGA), as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: **Paula Smith**      Title: **Secretary**  
(Designated Sub-Recipient Grant Administrator)

Phone Number: **662-874-1446 (The Number where we can reach the SGA)**

Email Address: **churchsecretary@anytownchurch.com (Email address where we can reach the SGA)**

Signature of Sub-Recipient Grant Administrator: *Paula Smith*

### Financial Officer Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Financial Officer, as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: **Patricia Harris**      Title: **Financial Clerk**  
(Sub-Recipient Financial Officer)

Phone Number: **662-874-1447 (The Number where we can reach the Financial Person)**

Email Address: **financialguru@anytown.gov (Email where we can reach the Financial Person)**

Signature of Sub-Recipient Financial Officer: *Patricia Harris*

### Authorized Signatory Official Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Grant Authorized Signatory Official, as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: **Chris Watkins**      Title: **Reverend**  
(Grant Authorized Signatory Official)

Phone Number: **662-874-1448 (The Number where we can reach the Signatory Official)**

Email Address: **reverendofanytownchurch@anytown.gov**

Signature of Authorized Signatory Official: *Chris Watkins*

## Designation of Sub-Recipient Grant Administrator (SGA)

Pursuant to the Mississippi Office of Homeland's requirements that the signatory official is the only person authorized to sign official documentation in relation to the sub-grant, such as financial reimbursement, performance reports, etc. The (agency/department name) **Anytown Church** has authorized and approved (print designated sub-recipient grant administrator official name) **Paula Smith** to sign any/all forms related to this Grant Agreement.

Upon approval of this request said person will then be **Responsible/Liable**, as the signatory official, for claims and reporting submitted by them to this agency. The approval of this request will allow this person to complete the required documentation in the absence and/or on behalf of the signatory official.

The following person is officially appointed to represent your jurisdiction as the Sub-Recipient Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Grant Agreement during the performance period on behalf of the Sub-Recipient.

### Sub-Recipient Grant Administrator (SGA)

Name: **Paula Smith**

Title: **Secretary**  
(Designated Sub-Recipient Grant Administrator)

Agency Name: **Anytown Church**

Mailing Address: **123 Main Street**

City: **Anytown**

Zip Code: **39541**

Telephone Number: **662-874-1422**

Fax Number: **662-874-1449**

Email Address: **churchsecretary@anytownchurch.com** (Email address where we can reach the SGA)

Signature of Sub-Recipient Grant Administrator: *Paula Smith*

### Grant Authorized Signatory Official

Appointed by Authorized Signatory Official: (Mayor, Board President, Commissioner, Director, Superintendent)

Authorized Signatory Official Signature: *Chris Watkins*

Title: **Reverend of Anytown Church**

Date: **9/15/2023**

# Designation of the Sub-Recipient Grant Administrator or SGA

## Grant Agreement-Scope of Work

Please provide a detailed description of work and grant activities that the awarded jurisdiction will take part in with the use of grant funds. Please include how the grant funds, equipment, supplies, etc. will be used to prevent and protect against terrorist activities.

The Anytown Church will use the approved federal grant funds to work within our local community and provide additional security features within our church to harden security for our congregation and community.

Funds will be used to provide the agency with needed equipment for security hardening. Equipment will be ordered within the 1<sup>st</sup> quarter and will follow all federal and state procurement guidelines. The agency will work with the MOHS to secure reimbursement once the equipment is received.

The agency will prepare all the required Quarterly Reimbursements Claims and Reports, as required. These reports will be filled out and will provide information needed on the agency program and activities. The SGA will be responsible for preparing and submitting all required reports.

The funding for radios will help increase the responsiveness and communication capability that the agency identified through gap analysis. The agency will use the funds to provide lighting in the parking lot and around the building to increase visibility. Bollards will be placed in front of the church to reduce vehicle impact to the front of the building. Access Panels will be installed throughout the church to reduce accessibility. Fencing will be added to the children's play area to keep children safe and reduce the number of outside people entering the grounds.

# Scope of Work

## Federal Funding Accountability and Transparency Act (FFATA)

### Compliance Form

To comply with the Federal Funding Accountability and Transparency Act (FFATA), the MOHS must report award information for all sub-recipients of federal awards as directed. Information provided will be made publicly available on USA Spending <http://www.usaspending.gov/> per the Transparency Act requirement.

#### Section 1: Award Information:

Agency Name	Anytown Church
City	Anytown
Zip Code +4 Digits (Required)	39541-9999
Unique Entity Identification (UEI) #	5H41P26Y4MH9
Amount of Award:	\$150,000.00

#### Section 2: Compensation Information: Answer only is award is \$30,000.00 or more in federal funds)

- More than 80% of the Agency organization's annual gross revenue is federal funds.  
 Yes (If yes, proceed to Question 2)  
 No (If No, stop, proceed to Section 3)
- Federal Revenue exceeds twenty-five (25) million dollars.  
 Yes (If Yes, proceed to Question 3)  
 No (If No, stop, proceed to Section 3)
- Compensation information is not publicly available via federal tax filings, Securities and Exchange Commission (SEC) reporting, or any other source. (If other, please indicate: \_\_\_\_\_)  
 Yes (If Yes, proceed to Table)  
 No (If No, stop, proceed to Section 3)

#### Names and Salary of Organizations Top Five (5) Executives (By Salary)

	First and Last Name	Title	Annual Salary
1.			
2.			
3.			
4.			
5.			

#### Section 3: Certification of Information:

I certify that the above information is true and accurate.

*Chris Watkins*

Authorized Signatory Official (Signature)

Chris Watkins

Authorized Signatory Official (Printed Name)

9/15/2023

Date

Reverend

Title

# Federal Funding Accountability and Transparency Act (FFATA) Compliance Form



# Other Award Forms



# Orientation Acknowledgement Form



## FY23 Homeland Security Grant Program Orientation Acknowledgment Form

By signing this Orientation Acknowledgment form, I acknowledge that I have received and viewed a copy of the FY23 Mississippi Office of Homeland Security (MOHS)-Homeland Security Grant Program (HSGP) Orientation documents.

I understand and agree that it is my responsibility to read, understand and follow all guidance set forth in the grant award and the grant program documents.

I acknowledge that if I have any questions, comments or concerns related to the grant award documents or grant program documents, I am encouraged to discuss matters with MOHS staff and seek guidance and technical assistance.

Date: **August 15, 2023**

Name: Paul Smith-Grant Writer

Signature: **Paul Smith**

Agency Name: Anytown Police Department

Please return this form to: MOHS Grants: [mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)

**Form can be returned during Implementation or with Award Packet**

Get all Award Documents Signed and  
Return to:

[mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)

**By November 1, 2023**

Need to Include all Award Documents with  
Appendix, and EHP



# FY23 HOMELAND SECURITY GRANT PROGRAM

## Getting Started



# FY23 HOMELAND SECURITY GRANT PROGRAM

Setting up a UEI #

# FY23 FEDERAL UNIQUE ENTITY IDENTIFICATION NUMBER

- Unique Identification Number will be a twelve (12) character numeric and letter-based identification.
- Identification will not expire or required to be renewed, it will just need to be updated, as changes or personnel changes occur in your agency.
- Agencies will have a choice to have information that can be viewed by the public or not.

# SETTING UP AN UEI NUMBER

Home Search Data Bank Data Services Help

**SAM.GOV**

Official U.S. Government Website  
100% Free

The Official U.S. Government System for:

- Contract Opportunities**  
(was fbo.gov)
- Contract Data**  
(Reports ONLY from fpds.gov)
- Wage Determinations**  
(was wdol.gov)
- Federal Hierarchy**  
Departments and Subtiers
- Assistance Listings**  
(was cfda.gov)
- Entity Information**  
Entities, Disaster Response Registry, Exclusions, and Responsibility/Qualification (was fapiis.gov) **NEW**
- Entity Reporting**  
SCR and Bio-Preferred Reporting

Register Your Entity or Get a Unique Entity ID

Register your entity or get a Unique Entity ID to get started doing business with the federal government.

**Get Started**

**Renew Entity**

**Check Entity Status**

Already know what you want to find?

Select Domain... e.g. 1606N020Q02

<https://sam.gov/content/home>

# Setting up an UEI Number

<https://sam.gov/content/home>



[Home](#) [Search](#) [Data Bank](#) [Data Services](#) [Help](#)

## Get Started with Registration and the Unique Entity ID

Submitting a registration and getting a Unique Entity ID are FREE.

### Before You Get Started

Review these steps to choose which option is right for you. You can register to bid and apply for federal awards or you can request a Unique Entity ID only without having to complete a registration.



#### 1 About Registration

If you want to apply for federal awards as a prime awardee, you need a **registration**.

A registration allows you to bid on government contracts and apply for federal assistance. As part of registration, we will assign you a Unique Entity ID.

To see comprehensive instructions and checklist for entity registration, download our [Entity Registration Checklist](#).

If you do not want to apply directly for awards, then you do not need a registration. If you only conduct certain types of transactions, such as reporting as a sub-awardee, you may not need to complete a registration. You may only need a **Unique Entity ID**.

[What does it mean to get only a Unique Entity ID and not register?](#)




# Entity Registration Checklist (iae-prd- videos.s3.amazonaws.com)



## Entity Registration Checklist

### Prepare for Entity Registration in SAM.gov

 SAM.gov is an official website of the United States government. SAM.gov is FREE to use. There is no charge to get a Unique Entity ID, register your entity, and maintain your entity registration at SAM.gov.

#### What can you do with this guide?

The questionnaires and checklists here will help you gather the information you need and prepare to answer the questions in your entity registration.



**All Awards** registration allows you to bid on contracts and other procurements, as well as apply for financial assistance. Look for the icon on the left to submit an All Awards registration.

[Jump to All Awards entity registration questionnaires and checklists](#)



**Financial Assistance Awards Only** registration allows you to apply for financial assistance, or grants and loans, only. Look for the icon on the left to submit a Financial Assistance Only registration.

[Jump to Financial Assistance Awards Only entity registration questionnaires and checklists](#)

For <b>All Awards</b> registrations, prepare these sections:	For <b>Financial Assistance Awards Only</b> registrations, prepare these sections:
<ul style="list-style-type: none"><li>• Unique Entity ID</li><li>• Core Data</li><li>• Assertions</li><li>• Reps &amp; Certs</li><li>• Architect and Engineering Responses</li><li>• Defense FAR Supplement (DFARS) questionnaire (if applicable)</li><li>• Points of Contact (POCs)</li><li>• SBA supplemental page (If you are a small business)</li></ul>	<ul style="list-style-type: none"><li>• Unique Entity ID</li><li>• Core Data</li><li>• Reps &amp; Certs</li><li>• Points of Contact (POCs)</li></ul>





# FY23 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

## Setting up in MAGIC



All Sub-Recipients must be signed up and registered with the Mississippi Accountability System for Government Information and Collaboration (MAGIC).

All payments and reimbursement will come to you through this system. You **MUST** be registered in MAGIC, or we will not be able to reimburse your agency.

# GRANT REIMBURSEMENT REQUEST PROCESS-MAGIC<sup>43</sup>

All sub-recipients must register as a vendor in the Mississippi Accountability System for Government Information and Collaboration system (MAGIC).

Link to Vendor MAGIC Page: <https://www.dfa.ms.gov/vendors>

Link to Vendor MAGIC Setup: <https://www.dfa.ms.gov/mmrs-vendors>

# GRANT REIMBURSEMENT REQUEST PROCESS- MAGIC

<https://www.dfa.ms.gov/media/1689/supplier-registration-form.pdf>

<https://www.dfa.ms.gov/media/1688/state-of-mississippi-supplier-form-extended.pdf>

# GRANT REIMBURSEMENT REQUEST PROCESS- MAGIC

45

Please call the MMRS Call Center at (601) 359-1343, Option 2 for assistance in locating your vendor information.

MAGIC Help Desk: (601) 359-1346

MAGIC Registration Questions: (601) 576-1160



# FY23 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Developing your EHP

# Environmental and Historic Preservation Screening Form Tip Sheet

## Environmental Historic Preservation Screening Form (REQUIRED)

Once the Environmental Historic Preservation Screening Form is filled out, please return to MOHS Grants: [mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)

EHP's will be forwarded to FEMA and will go through the review process. The review process can take up to 6-9 months to complete. No work or activities can be started or performed until the EHP is completed and approved by FEMA. If work or activities do proceed without the EHP, these costs will be unallowable.

- Projects should require Flood Zone Notices
- Special Conditions

### Items Needed:

- Screening Form
  - Include Address and Latitude/Longitude Coordinates
  - Detailed Description
- Specifications of Equipment (If Available)
  - Product Brochures
- Pictures:
  - Detailed pictures of where the items will be located.
  - Detailed pictures of building where the items will be located.
  - Inside and Exterior Pictures.
  - Street Views of where items will be located (LPR)
  - Overhead views of location (Google Earth)
  - Camera's: If you are installing cameras
    - Pictures of EVERY location of the camera.
    - Picture of the type of cameras
- Details: Can be provided on additional sheets
  - Tree Removal:
    - Root balls Removed?
    - Removal Process?
    - Debris Staging?
  - Exterior Lighting
    - Pictures of Lights
    - Will lights be attached to building on or light poles?
    - Will poles be new or existing?
    - How will electrical be provided to pole?
  - Fencing:
    - Material of the fence
    - Details of the fence (Type, Length, Material)
    - Ground Disturbance Dimensions
    - How deep will the fence be installed?
    - Will fill dirt be used?

# Environmental and Historic Preservation Screening Form

## Environmental and Historic Preservation Screening Form Grants will have a EHP Form Required (If Applicable)

### SECTION A. PROJECT INFORMATION

DHS Grant Award Number: EMW-202X-XX-XXX

Grant Program: Homeland Security Non-Profit Grant Program

Grantee: Mississippi Office of Homeland Security

Grantee POC: MOHS Grants Department

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sub-Grantee: 1.

Sub-Grantee POC: 2.

Mailing Address: 3.

E-Mail: 4.

Estimated cost of project: 5.

Project title: 6.

Project location (physical address or latitude-longitude): 7.

**Project Description.** Provide a complete project description. The project description should contain a summary of what specific action is proposed, where it is proposed, how it will be implemented. Include a brief description of the objectives the project is designed to accomplish (the purpose), and the reason the project is needed. Use additional pages if necessary. If multiple sites are involved, provide the summary for each site:

8.

1. Sub-Grantee: Please include name of agency, district or non-profit organization.
2. Sub-Grantee POC: Please include the name of the person that is the main Point of Contact (POC) for the grant.
3. Mailing Address: Please include the physical mailing address for the location of the project.
4. Email: Please include the email address for the POC of the project.
5. Estimated Cost of the Project: Please include the amount of the grant.
6. Project Title: Provide a title for the project. Ex. New Faith Church
7. Project Location: Provide the physical location of the project, please include, if possible, latitude and longitude location.
8. Project Description: Please include a description of the project, plans for the project, such as building or installing equipment. Please be as detailed as possible of the equipment being installed, reasons for the installation and details that may be pertinent to the project.



# Environmental and Historic Preservation Screening Form

## Environmental and Historic Preservation Screening Form

All Non-Profit Grants will have an EHP Form Required. Some HSCP may require an EHP Submission.

### SECTION B. PROJECT TYPE

Based on the proposed project activities, determine which project type applies below and complete the corresponding sections that follow. For multi-component projects or those that may fit into multiple project types, complete the sections that best apply and fully describe all major components in the project description. If the project involves multiple sites, information for each site (such as age of structure, location, ground disturbance, etc.) must be provided. Attach additional pages to this submission, if needed.

1.  **Purchase of equipment.** Projects in this category involve the purchase of equipment that will require installation on or in a building or structure. Complete other portions of Section B as needed. Complete Section C.1.
2.  **Training and exercises.** Projects in this category involve training exercises with any field-based components, such as drills or full-scale exercises. Complete Section C.2.
3.  **Renovations/upgrades/modifications or physical security enhancements to existing structures.** Projects in this category involve renovations, upgrades, retrofits, and installation of equipment or systems in or on a building or structure. Examples include, but are not limited to: interior building renovations; electrical system upgrades; sprinkler systems; vehicle exhaust systems; closed circuit television (CCTV) cameras; security fencing; access control for an area, building, or room; bollards; motion detection systems; alarm systems; security door installation or upgrades; lighting; and audio-visual equipment (projectors, smart boards, whiteboards, monitors, displays, and projector screens). Complete Section C.3.
4.  **Generator installation.** Projects in this category involve installation of new or replacement generators, to include the concrete pads, underground fuel and electric lines, and if necessary, a fuel storage tank. Complete Section C.4.
5.  **New construction/addition.** Projects in this category involve new construction, addition to, or expansion of a facility. These projects involve construction of a new building, or expansion of the footprint or profile of a current structure. Complete Section C.5.
6.  **Communication towers, antennas, and related equipment.** Projects in this category involve construction of new or replacement communications towers, or installation of communications-related equipment on a tower or building or in a communications shelter or building. Complete Section C.6.
7.  **Other.** Projects that do not fit in any of the categories listed above. Complete Section C.7.

Please review Section B and mark the number on the left to which your project best fits for this EHP submission. In most cases, the selection will be number (1) one and (3) three.

# Environmental and Historic Preservation Screening Form

## Environmental and Historic Preservation Screening Form

### SECTION C. PROJECT TYPE DETAILS

Check the box that applies to the proposed project and complete the corresponding details.

1.  **Purchase of equipment.** If the entire project is limited to purchase of mobile/portable equipment and there is no installation needed, this form does not need to be completed and submitted.
  - a. Specify the equipment, and the quantity of each: \_\_\_\_\_
  - b. Provide the Authorized Equipment List (AEL) number(s) (if known): \_\_\_\_\_
  - c. Complete Section D.
2.  **Training and exercises.** If the training is classroom and discussion-based only, and is not field-based, this form does not need to be completed and submitted.
  - a. Describe the scope of the proposed training or exercise (purpose, materials, and type of activities required): \_\_\_\_\_
  - b. Provide the location of the training (physical address or latitude-longitude): \_\_\_\_\_
  - c. Would the training or exercise take place at an existing facility which has established procedures for that particular proposed training or exercise, and that conforms with existing land use designations?  Yes  No
  - d. If yes, provide the name of the facility and the facility point of contact (name, telephone number, and e-mail address): \_\_\_\_\_
  - e. If no, provide a narrative description of the area where the training or exercise would occur (e.g., exercise area within four points defined by latitude/longitude coordinates): \_\_\_\_\_
  - f. Does the field-based training/exercise differ from previously permitted training or exercises in any way, including, but not limited to frequency, amount of facilities/land used, materials or equipment used, number of participants, or type of activities? \_\_\_\_\_
  - g. If yes, explain any differences between the proposed activity and those that were approved in the past, and the reason(s) for the change in scope: \_\_\_\_\_
  - h. If no, provide reference to previous exercise (e.g., FEMA grant name, number, and date): \_\_\_\_\_
  - i. Would any equipment or structures need to be installed to facilitate training? \_\_\_\_\_
  - j. If yes, complete Section D.
3.  **Renovations/upgrades/modifications, or physical security enhancements to existing structures. If so, Complete Section D.**
4.  **Generator installation.**
  - a. Provide capacity of the generator (KW): \_\_\_\_\_
  - b. Identify the fuel to be used for the generator (diesel/propane/natural gas): \_\_\_\_\_
  - c. Identify where the fuel for the generator would be stored (e.g. stand-alone tank, above or below ground, or incorporated in generator): \_\_\_\_\_
  - d. Complete Section D.
5.  **New construction/addition.**
  - a. Provide detailed project description (site acreage, new facility square footage/number of stories, utilities, parking, stormwater features, etc): \_\_\_\_\_
  - b. Provide technical drawings or site plans of the proposed project:  Attached
  - c. Complete Section D.
6.  **Communication towers, antennas, and related equipment.**
  - a. Provide the current net height (in feet above ground level) of the existing tower or building (with current attached equipment): \_\_\_\_\_
  - b. Provide the height (in feet above ground level) of the existing tower or building after adding/replacing equipment: \_\_\_\_\_

Please review Section C and fill out the sections that best fit the project. In most cases, it will be section (1) one.

# Environmental and Historic Preservation Screening Form

## Environmental and Historic Preservation Screening Form

### 3. Site photographs, maps and drawings

a. Attach site photographs. Site photographs are required for all projects. Use the following as a checklist for photographs of your project. Attach photographs to this document or as accompanying documents in your submission.

- Labeled, color, ground-level photographs of the project site:  Required
  - Labeled, color photograph of each location where equipment would be attached to a building or structure:  Required
  - Labeled, color aerial photographs of the project site:  Required
  - Labeled, color aerial photographs that show the extent of ground disturbance (if applicable):  Attached
  - Labeled, color ground-level color photographs of the structure from each exterior side of the building/structure (applicable only if building/structure is more than 45 years old):  Attached
- b. Are there technical drawings or site plans available?  Yes  No
- If yes, attach:  Attached

Appendix A has guidance on preparing photographs for EHP review

### 4. Environmental documentation

a. Is there any previously completed environmental documentation for this project at this proposed project site (e.g., Environmental Assessment, or wetland delineation, or cultural/archaeological study)?

Yes  No

• If yes, attach documentation with this form:

Attached

b. Is there any previously completed agency coordination for this project (e.g., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

Yes  No

• If yes, attach documentation with this form:

Attached

c. Was a NEPA document prepared for this project?

Yes  No

• If yes, what was the decision? (Check one, and please attach):

Finding of No Significant Impact (FONSI) from an Environmental Assessment (EA) or

Record of Decision (ROD) from an Environmental Impact Statement (EIS).

Name of preparing agency: \_\_\_\_\_

Date Attached: \_\_\_\_\_

Please fill out Section 3, with site photographs, maps and or drawings.

**Examples of  
Pictures for  
EHP-Fencing**

**Google Earth  
with Location  
Markers for  
Fence**



# Examples of Pictures for EHP-Fencing

## Google Earth with Location Markers for Fence



Blue line represents where fence would be placed, along property line.



Line indicates where fencing is to be placed.

# Examples of Pictures for EHP-Access Controls



Outside ED

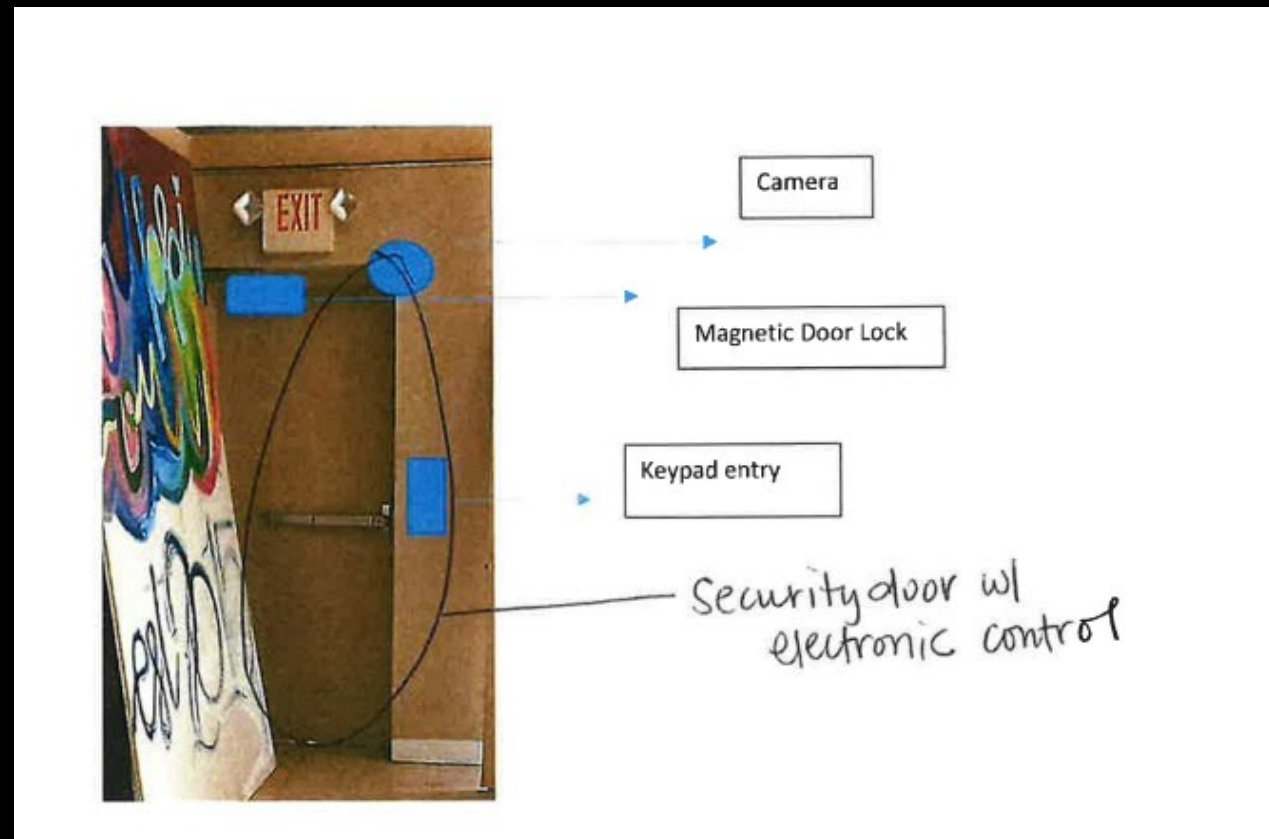
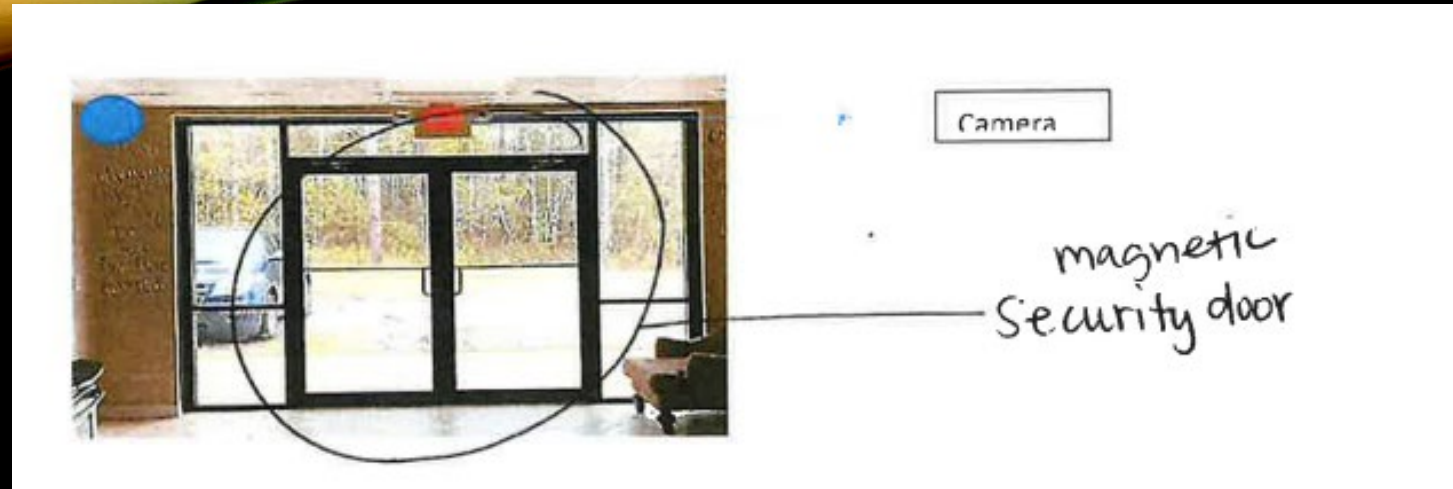


ED Entrance from Conference room hall

# Examples of Pictures for EHP-Access Controls



# Examples of Pictures for EHP-Security Doors





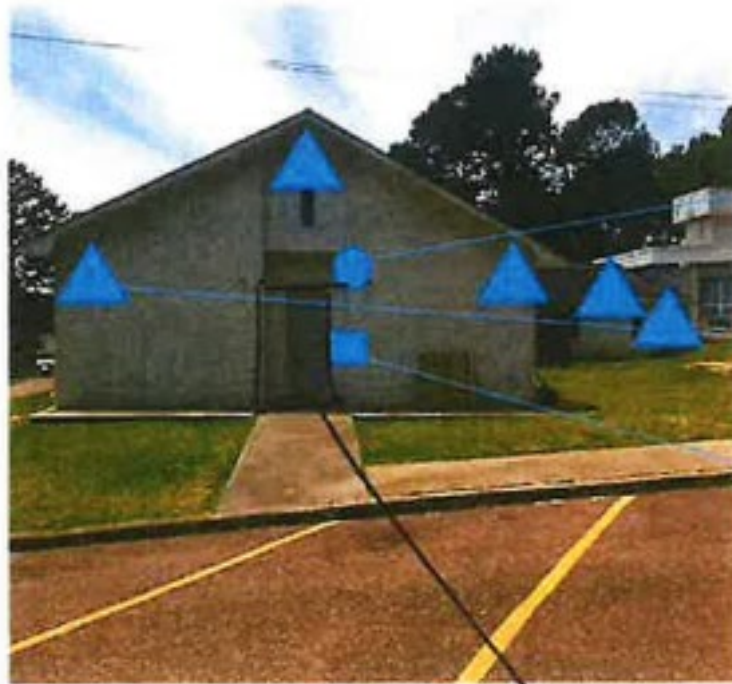
# Examples of Pictures for EHP- Bollards



# Examples of Pictures for EHP- PA System & Cameras



# Examples of Pictures for EHP- Multi-Items



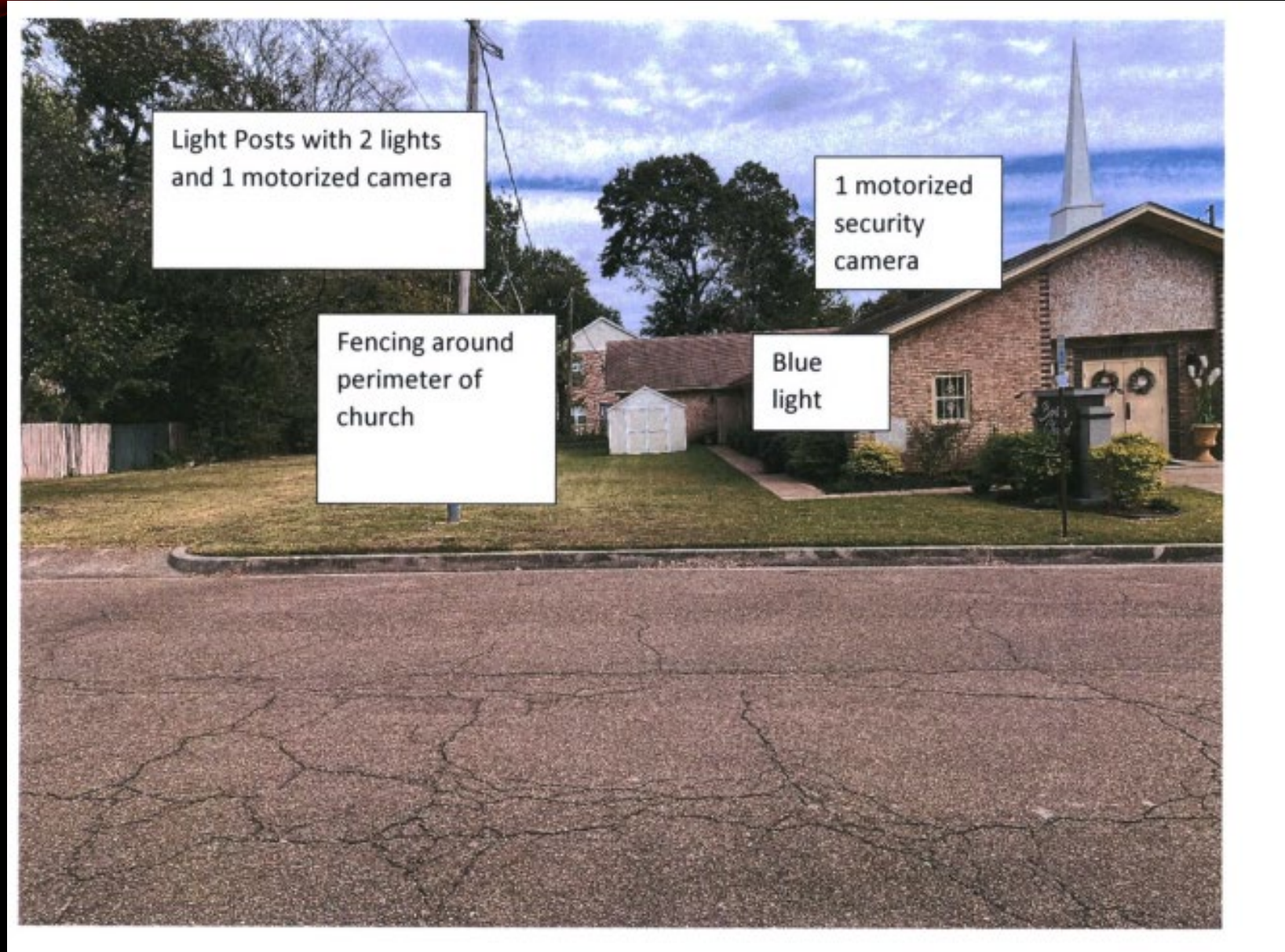
Camera

Lighting

Access Control


Security door

# Examples of Pictures for EHP- Multi-Items




# Examples of Pictures for EHP- Lighting.

## Include Spec Sheets and Design, if possible



### RSX2 LED Area Luminaire



Category Number: \_\_\_\_\_

Site: \_\_\_\_\_

Type: \_\_\_\_\_

**Introduction**

The new RSX LED Area family delivers maximum value by providing significant energy savings, long life and outstanding photometric performance at an affordable price. The RSX2 delivers 11,000 to 31,000 lumens allowing it to replace 250W to 1000W HID luminaires.

The RSX features an integral universal mounting mechanism that allows the luminaire to be mounted on most existing drill hole patterns. This "no-drill" solution provides significant labor savings. An easy-access door on the bottom of mounting arm allows for wiring without opening the electrical compartment. A mast arm adaptor, adjustable integral slipfitter and other mounting configurations are available.

**Specifications**

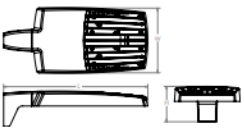
**EPA (HxW):** 0.69 ft<sup>2</sup> (0.06 m<sup>2</sup>)

**Length:** 29.3" (74.4 cm) (SPA mount)

**Width:** 13.4" (34.0 cm)

**Height:** 3.0" (7.6 cm) Main Body  
7.2" (18.3 cm) Arm

**Weight:** 30.0 lbs (13.6 kg) (SPA mount)



RSX2 LED		EXAMPLE: RSX2 LED P6 40K R3 MVOLT SPA DDBXD			
Series	Performance Package	Color Temperature	Distribution	Voltage	Mounting
RSX2 LED	P1	30K 3000K	R2	120V (120V-277V)*	SPA Square pole mounting (1.0" min. SQ pole for 1 at 90°, 3.5" min. SQ pole for 2, 1, 4 at 90°)
	P2	40K 4000K	R3	277V (247V-480V)*	RPA Round pole mounting (3.2" min. dia. R90 pole for 2, 1, 4 at 90°, 3.0" min. dia. R90 pole for 1 at 90°, 2 at 180°, 3 at 120°)
	P3	50K 5000K	R2S	120V (277V-480V)*	MA Mast arm adaptor (fits 2-3/8" OD horizontal tenon)
	P4		R4		IS Adjustable slipfitter (fits 2-3/8" OD tenon)*
	P5		R4S		WBA Wall bracket*
	P6		RS	120* 277*	WBASC Wall bracket with surface conduit box
			RSS	208* 347*	AASP Adjustable tilt arm square pole mounting*
			AFR	240* 480*	AAMP Adjustable tilt arm round pole mounting*
			AFRR90		AANW Adjustable tilt arm with wall bracket*
			AFRL90		ANWSC Adjustable tilt arm wall bracket and surface conduit box*

Options	Finish
<b>Shipped Installed</b>	<b>Shipped Installed</b>
HS Hose-side shield <sup>1</sup>	**Standalone and Networked Sensors/Controls (factory default settings, see table page 9)
PE Photocontrol, button style <sup>10</sup>	NELAR2 nLight AIR generation 2 <sup>14,15</sup>
PER Photocontrol external threaded, adjustable <sup>10</sup>	PIRHN Networked, Bi-Level motion/ambient sensor (for use with NELAR2) <sup>14,15</sup>
PER7 Seven-wire twist-lock receptacle only (no controls) <sup>10,11,12</sup>	BAA Buy America(s) Act Compliant
CE34 Conduit entry 3/4" NPT (Qty 2)	
SF Single fuse (1.0A, 277, 347) <sup>1</sup>	
DF Double fuse (2.0A, 340, 480) <sup>1</sup>	
SPD20KV 20KV surge pack (10KV standard)	
FAO Field adjustable output <sup>13</sup>	
DMG 0-10V dimming extend-out back of housing for external control (control and/or separate) <sup>13</sup>	
DS Dual switching <sup>14</sup>	
	<b>Shipped Separately (requires some field assembly)</b>
	ECS External glare shield <sup>1</sup>
	EGFV External glare full view (360° around light aperture) <sup>1</sup>
	BS Bird spikes <sup>16</sup>
	DDBXD Dark Bronze
	DBLX Black
	DNAXD Natural Aluminum
	DNDWD White
	DDBTD Textured Dark Bronze
	DDBTD Textured Dark Bronze
	DDBTD Textured Black
	DNDXD Textured Natural Aluminum
	DNDXD Textured White

**Options**

**Shipped Installed**

HS Hose-side shield<sup>1</sup>

PE Photocontrol, button style<sup>10</sup>

PER Photocontrol external threaded, adjustable<sup>10</sup>

PER7 Seven-wire twist-lock receptacle only (no controls)<sup>10,11,12</sup>

CE34 Conduit entry 3/4" NPT (Qty 2)

SF Single fuse (1.0A, 277, 347)<sup>1</sup>

DF Double fuse (2.0A, 340, 480)<sup>1</sup>

SPD20KV 20KV surge pack (10KV standard)

FAO Field adjustable output<sup>13</sup>

DMG 0-10V dimming extend-out back of housing for external control (control and/or separate)<sup>13</sup>

DS Dual switching<sup>14</sup>

**Shipped Separately (requires some field assembly)**

ECS External glare shield<sup>1</sup>

EGFV External glare full view (360° around light aperture)<sup>1</sup>

BS Bird spikes<sup>16</sup>

**Finish**

DDBXD Dark Bronze

DBLX Black

DNAXD Natural Aluminum

DNDWD White

DDBTD Textured Dark Bronze

DDBTD Textured Dark Bronze

DDBTD Textured Black

DNDXD Textured Natural Aluminum

DNDXD Textured White

**Approval Drawing**  
Light Std: F108-L-U-P405-2-4PC-18

**Diffuser Type:** External Prismatic Acrylic. UV Stabilized.

**Hardware:** Stainless steel.

**Optical System:** LED

**Light distribution:** IES Type V.

**Luminaire Housing:** The whole luminaire and cage are made of cast aluminum with four set screws.

**Ballast:** High power LED mounted on removable plate. A quick disconnect wiring system allows for fast easy maintenance.

Lumens - 14000LMS (LED)  
Voltage - 120-277V  
Color Temp. - 5000K

**Photocontrol:** None.

**Pole Material:** Extruded and plain aluminum Ø4" O.D. with 0.226 wall thickness shaft welded to base plate.

**Base Cover:** Two piece cast aluminum attached to shaft with stainless steel screws.

**Anchor Bolts:** 4 galvanized 3/4" x 24" long. Anchor bolts and template are supplied by HCI. (B.C.7.5")

**Finish:** Electrostatically applied, thermoset polyester powder-coat finish.

**Colour:** RAL9011-Black.

Please Note: Fabrication will not begin until this drawing is approved, signed and returned to HCI.

APPROVED

APPROVED AS NOTED

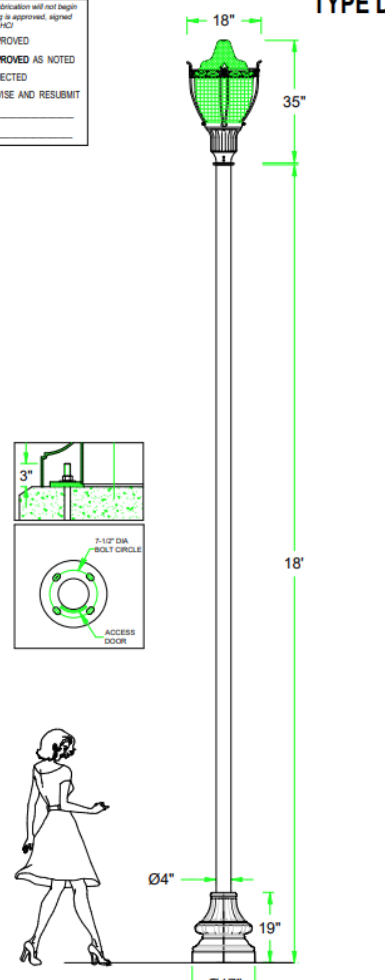
REJECTED

REVISE AND RESUBMIT

By \_\_\_\_\_

Date \_\_\_\_\_

### TYPE D



	QTY.
LUMINAIRES	15
POLE	4

Sales: SHAYNE Designer: ROMIL  
Date: APR.07.2022 Drawing No: 13498-V1-M1  
Model: F108-L-CAGE-U-EAC-14000LMS-LED-120-277V  
-5000K-IESS-NONE-P405-2-4PC-18-RAL9011  
Project: ASU CAMPUS (QTY:\_)  
Rep: HARTWELL COOK

Please Note: Fabrication will not begin until this drawing is approved, signed and returned to HCI

**HCI**  
Heritage Coating & Ironworks

1280 Fewster Drive, Mississauga, Ontario, Canada L4W 1A4  
Tel: (905) 238-2648 Fax: (905) 238-9060  
Toll Free Canada & USA 1-800-267-3175  
E: sales@hclighting.com WEB: www.hclighting.com

# Submit EHP Form to MOHS

## Get EHP Completed ASAP

After you completed the EHP form, you will submit to MOHS Grant Email: [mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)

Program Manager will review.

Grants Director will submit to FEMA.

Submit EHP Form to MOHS

## **PLEASE BE PATIENT**

FEMA review can take up to 6 months to approve and get through the process.

The process will take longer if there is ground disturbance, if you are in a historical area or near water.

Submit EHP Form to MOHS

ABSOLUTELY **NO** WORK CAN BEGIN, UNTIL THE  
EHP IS APPROVED!!!!!!

IF YOU BEGIN WORK BEFORE THE EHP IS  
APPROVED, **WE WILL NOT BE ABLE TO**  
**REIMBURSE YOU.**



## After FEMA Approval

Once the EHP is Approved, you will be provided with an Approval Letter from FEMA.

You will be approved With Conditions or Without Conditions. Please read through the EHP approval letter.

Once Approval **has been received** you may start your projects.



# FY23 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Program Management 101

# Sub-Recipient Grant Administrator's Guide

## Authority:

For a State to receive federal funds under Homeland Security Act, the Governor must establish a Homeland Security Agency that has adequate powers and is suitably and organized to carry out homeland security program to the satisfaction of the U.S. Department of Homeland Security (DHS) and the Federal Emergency Management Agency (FEMA). See Sections 2002 to 2004 of the Homeland Security Act of 2002 (Pub. L. No. 107-296), codified as amended (6 U.S.C. §§ 603-605) and the Department of Homeland Security Appropriations Act, 2021 (Pub. L. No. 116-260).

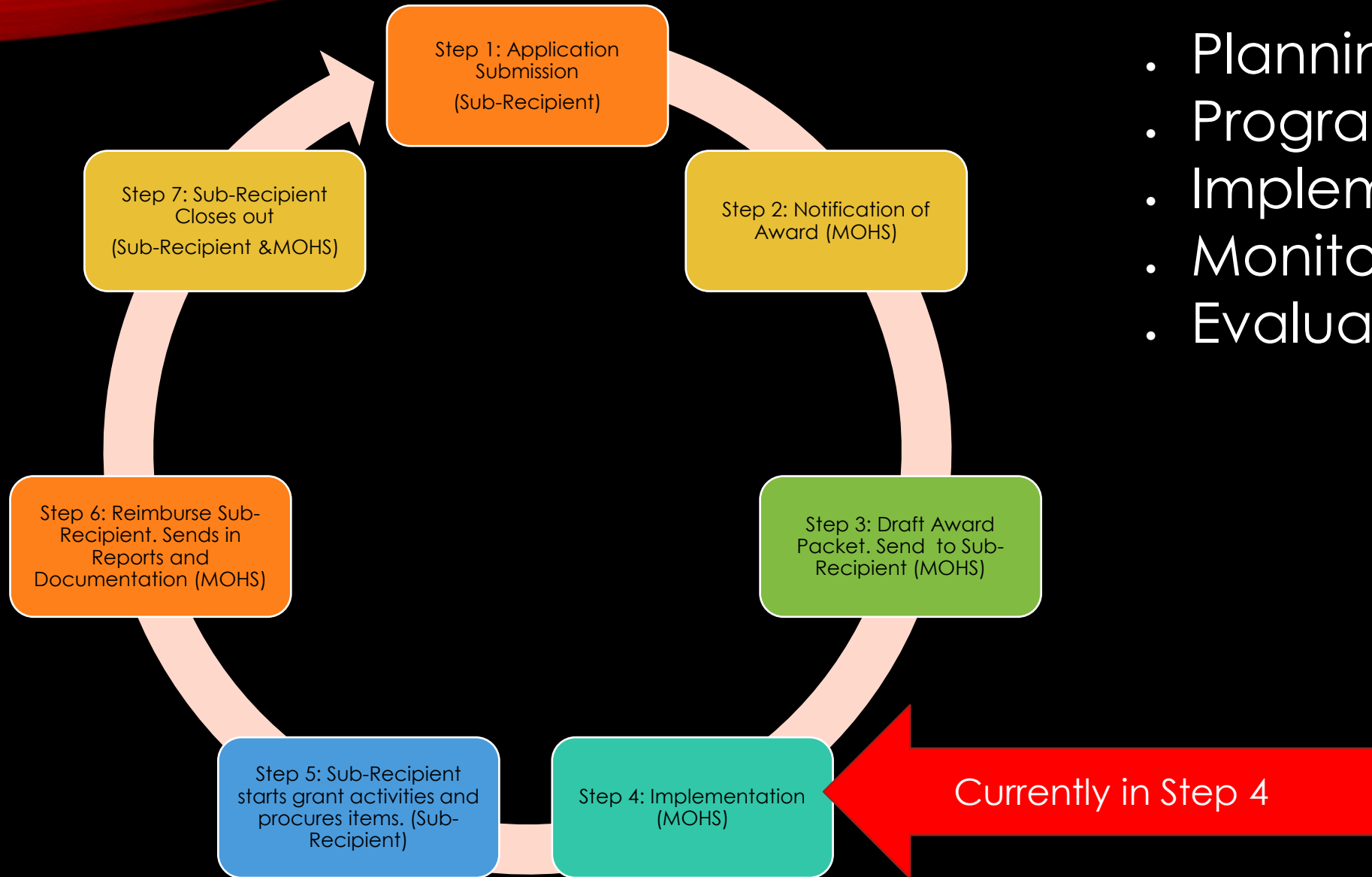
# Sub-Recipient Grant Administrator's Guide-Federal Rules

Uniform Administrative Requirements, Cost Principles, Audit Requirements for Federal Awards (Super Circular): 2CFR Part 200 and 1201: The Super Circular super-cedes 49 CFR Parts 18 and 19 (Common Rule). The Super Circular was adopted by the Department of Homeland Security on December 26, 2014. All grants will follow the requirements in the Supercircular, 2 CFR Parts 200 and 1201.

Other Applicable Office of Management and Budget Circulars: Federal regulations at 2 CFR Parts 200 and 1201 supersede OMB Circulars A-21, A-50, A-87, A-89, A-102, A-110, A-122 and A-133. FEMA recipients are responsible for following all standards in 2 CFR Part 200 as modified by 2 CFR Part 1201.

Internal Management Controls: The MOHS shall have policies and procedures to reasonably ensure that: (a) programs achieve their intended results; (b) resources are consistent with agency mission; (c) programs and resources are protected from waste, fraud, and mismanagement; (d) Federal laws and regulations are followed; (e) reliable and timely information is obtained, maintained, reported and used for decision making; and (f) reasonable measures are taken to safeguard protected personally identifiable information and other information designated as sensitive, see 2 CFR Part 200.303.

# Sub-Recipient Grant Administrator's Guide-Planning



- Planning
- Programming
- Implementation
- Monitoring or Review
- Evaluation

Currently in Step 4

# Sub-Recipient Grant Administrator's Guide-Planning Schedule

## 2023 Planning Schedule- (Updated Annually)

September	
September 1	New Grant Year Begins
September 15	4 <sup>th</sup> Quarter Report Due (If Sub-Recipient was funded during previous year).
October	
October 1	National Cybersecurity Review Opens (Federal Requirement)
October 15	Sub-Recipients Grant Closeouts Due (FY21)
October 15	Deadline for All Award Paperwork to be provided to MOHS Grants Dept.
November	
November 30	1 <sup>st</sup> Quarter Ends. Begin Preparation of 1 <sup>st</sup> Quarter Financial and Progress Report
December	
December	Strategic Planning Meetings (All Staff)
December 15	1 <sup>st</sup> Quarter Financial and Progress Reports Due to MOHS
January	
January	Strategic Planning Meetings
February	
February	Strategic Planning Meetings (All Staff)
February 1	Notice of Application Released for Upcoming Grant Funding
February 15	MOHS Homeland Security Grant Program Grant Released
February 28/29	National Cybersecurity Review Closes (Federal Requirement)
February 28/29	2 <sup>nd</sup> Quarter Ends. Begin Preparation of 2 <sup>nd</sup> Quarter Financial and Progress Report

# Sub-Recipient Grant Administrator's Guide-SGA Responsibilities

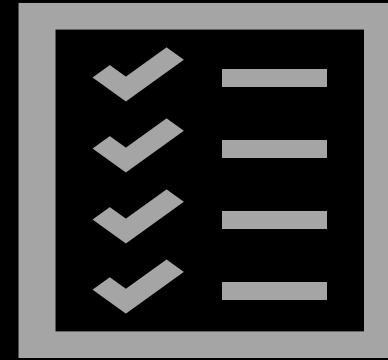
The SGA **MUST** read the Grants Agreement, Notice of Funding, and the Preparedness Manual for a working knowledge of the grant and the processes for the grant funding. All expenses incurred for the project must be within the specified period of performance of the grant award.

- Costs incurred before September 1st or after August 31st of the fiscal year are not eligible for reimbursement.

# Sub-Recipient Grant Administrator's Guide-SGA Responsibilities



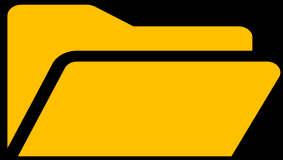
**Maintain records showing actual hours utilized in project-related activity by all grant-funded personnel and by all other staff personnel or volunteers. (if applicable)**



**Any proposed changes in the project objectives, scope of work, key project personnel, time, budget or mailing address must be requested in writing and receive approval from MOHS.**



# Sub-Recipient Grant Administrator's Guide-SGA Responsibilities



**Maintain records, files and equipment purchased for all activities for the MOHS**



**Submit a claim for reimbursement no later than the 15th day of the following month, after the quarter ends, in which expenses were incurred, using the form provided by MOHS as follows:**

Copies of invoices and/or receipts for all specified items must be submitted upon request with the claim for reimbursement. Claims must be submitted quarterly, even if activity did not occur.



**Claims must be signed by the authorized signatory official or designated representative of the grant.**



# FY23 HOMELAND SECURITY GRANT PROGRAM

Purchasing-What to do Before?????

# GRANT REIMBURSEMENT REQUEST PROCESS

Grant Period	Quarter	Date Report is Due
September 1-November 30	1 <sup>st</sup> Quarter	December 15 <sup>th</sup>
December 1-February 28/29	2 <sup>nd</sup> Quarter	March 15 <sup>th</sup>
March 1-May 31	3 <sup>rd</sup> Quarter	June 15 <sup>th</sup>
June 1-August 31	4 <sup>th</sup> Quarter	September 15 <sup>th</sup>
Closeout	Closeout	October 15

# Sub-Recipient Grant Administrator's Guide- Purchasing

All purchases regardless of cost **must meet all state purchasing laws and regulations and be in accordance to Section 7-7-23, Miss. Code Ann. (1972)**, state in part: "Purchases of equipment, supplies, materials or services of whatever kind of nature for a department, officer, institutions, or other agency of the state, the cost of which is to be paid from funds in the State Treasury on State Fiscal Officer disbursement warrants, may be made only by written purchase orders duly signed by the official authorized so to do, on forms prescribed by the State Fiscal Officer.

Purchases of such equipment, supplies, materials, or services, as specified herein, made without the issuance of such purchase orders shall not be deemed to be obligations of the state unless the State Fiscal Officer, by general rule or special order, permits certain purchases to be made without the same."

# Sub-Recipient Grant Administrator's Guide- Purchasing

## Mississippi Procurement Rules

We MUST Follow all Rules  
for Procurement. MS Code  
31-7-13

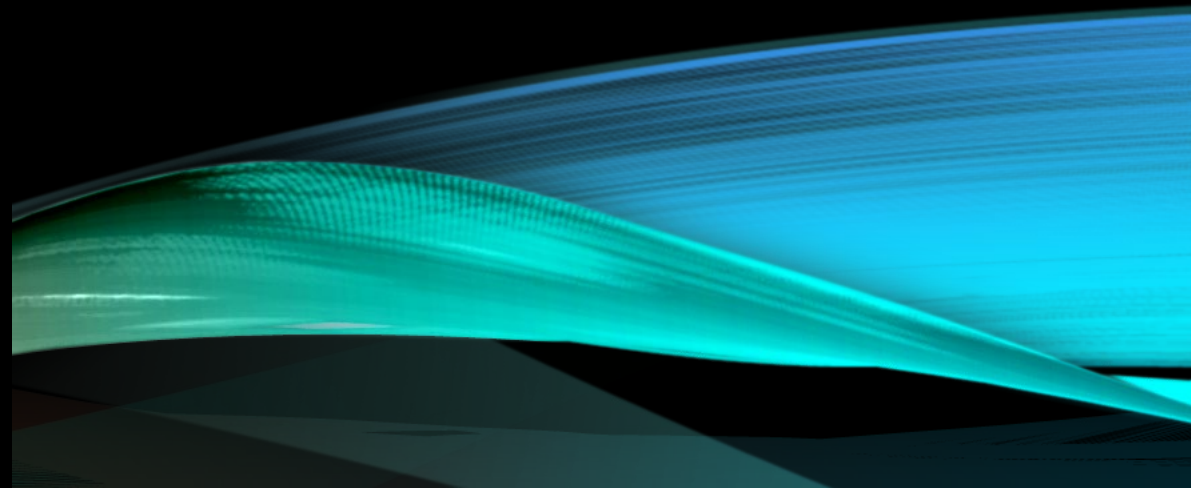
Required documentation: (See Purchasing  
Laws by State Auditor)

- 0-\$5,000. Requires one quote.
- Over \$5,000 to \$74,999. Requires two quotes. (Lowest and Best Bid Must be Documented)
- Over \$75,000. Requires advertising for bids. If bids are not received, bids must be rebid. (Lowest and Best Bid Must be Documented). Bid must be posted once each week for (2) two consecutive weeks.
- Over \$500,000 requires PPRB Approval.





# GRANT FORMS AND GRANT REQUIREMENTS



# GRANT REIMBURSEMENT REQUEST PROCESS: BEFORE YOU BEGIN



Must be permissible under MS and Federal law;



Must not be allowable to or included as a cost of any other federally funded program;



Must not result in a profit to the agency;



Must be incurred on or after the 1<sup>st</sup> day of the approved grant period; and



Must be adequately supported by source documentation.

# GRANT ADVANCE REQUEST PROCESS:



## Homeland Security Grant Program Request Form

<b>Type of Request:</b> Please check the box for the type of request:	
<b>1.</b>	<b>Request for Advance:</b> An advance is for jurisdictions may not be able to provide monies up front for purchases and wait to be reimbursed later within the period of performance.
<b>2.</b>	<b>Request for Extension-</b> An extension will extend the period of performance to complete all program tasks and activities.
<b>3.</b>	<b>Request for Minor Change-</b> A minor change is budget change within a single line item within the program budget.
<b>4.</b>	<b>Request for Modification-</b> A modification is a budget change within more than one line item within the program budget. Authorized Signatory Official signatures are required. For a Request for Modification, please fill out the request form and proceed to the Budget Modification Signature Sheet and Budget Summary Sections. All sections must be provided.



# GRANT ADVANCE REQUEST PROCESS:


**Program Information:** Please provide the following information regarding the request:

Date:	1.
Grant Number:	2.
Agency:	3.
Sub-Recipient Grant Administrator Name:	4.
Sub-Recipient Grant Administrator Email:	5.
Amount of Grant:	6.
Amount of Requested Advance/Minor Change:	7.
Date of Extension for Grant to be Extended:	8.

1. Date: Date of the Request
2. Grant Number: Grant Number
3. Agency: Include the Agency Name
4. Sub-Recipient Grant Administrator Name: Please include the name of the person that is assigned as the SGA
5. Sub-Recipient Grant Administrator Email: Please include email address of the person that is assigned as the SGA.
6. Amount of the Grant: Please include the amount that the grant was awarded.
7. Amount of Requested Advance/Minor Change: Please include the amount of the advance amount requested.
8. Date of the Extension for Grant to be Extended: Please include the date requested for the extended date.

# GRANT REIMBURSEMENT REQUEST PROCESS: SUBMISSION OF REQUESTS

Please provide a detailed justification for the requested advance/extension or minor change:



Attach a copy of supporting documentation for the requested advance/extension or minor change.  
(Quotes, Bids, Purchase Order, Invoice) Please return form to MOHS Grants at: [mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)

Include a detailed justification statement of the request (Advance, Extension or Minor Change). Also attach supporting documentation for the request that will support the request, such as quotes, bid, and/or invoices.

# GRANT REIMBURSEMENT REQUEST PROCESS

83

## Reimbursement or to Clear an Advance

Submit Quarterly Reimbursement Claim and Progress Report form

- Copy of the Paid Invoice(s)
- Copy of the Purchase Order, Cancelled Check(s), expenditure report, or any other proof of payment
- Submit “Equipment Inventory” form
- Submit two (2) Quotes for any piece of equipment is \$5,000 or more and/or state contract (DFA Rule)
- Pictures of equipment displaying the serial/vin number

# GRANT REIMBURSEMENT REQUEST FORM

Quarterly Reimbursement Claim and Progress Report				
Agency Information				
Type of Grant: (Please Check Grant Type for Reimbursement)	Homeland Security:	Non Profit:	Cybersecurity:	Other:
	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Agency Quarter of Report (Please Check Grant Quarter of Report)	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	<b>X</b>			
Agency Name:	<b>2</b>			
Grant Number #:	<b>3</b>			
Report Prepared By:	<b>4</b>		Telephone:	<b>5</b>
Date of Report:	<b>6</b>		Is this the Final Claim? (Y/N)	<b>7</b>

1. **Type of Grant:** Place an (X) in the grant field that your grant is awarded.
2. **Agency Name:** Place the name of the agency in the field.
3. **Grant Number:** Place the assigned grant number from the grant award in the field.
4. **Reported by:** Place the name of the person that is filling out the report.
5. **Telephone:** Place a telephone number where the person filling out the report can best be reached.
6. **Date of Report:** Place the date of when the report is submitted.
7. **Final Claim:** Place an (Y) for Yes in the grant field, only if this is the final submission, otherwise, please mark (N) for No.

# GRANT REIMBURSEMENT REQUEST FORM

## Advance:

Advances **are allowable** for NPGP Grants. A NPGP Request Form will be required for an advance, along with required documentation. Once reviewed an advance can be processed. Follow-up documents will be required to clear the advance. Only one advance will be allowed at a time.

<b>Quarterly Advance Claim: Only Fill out for Advance Payments</b>				
	<b>A. Grant Award Amount</b>	<b>B. Funds Spent Through Last Claim</b>	<b>C. Grant Advance Amount Requested</b>	<b>D. Total Grant Funds:</b>
	(Amounts Same Each Claim)	(Previous Claim Totals, If Available)		
<b>Personal Services-Salary:</b>	A.	B.	C.	\$0.00
<b>Personal Services-Fringe:</b>	A.	B.	C.	\$0.00
<b>Contractual Services</b>	A.	B.	C.	\$0.00
<b>Training/Travel:</b>	A.	B.	C.	\$0.00
<b>Equipment:</b>	A.	B.	C.	\$0.00
<b>Commodities/Supplies:</b>	A.	B.	C.	\$0.00
<b>Other Grant Expenses:</b>	A.	B.	C.	\$0.00
<b>Total of Reimbursement:</b>	\$0.00	\$0.00	\$0.00	\$0.00

**Financial Documentation Required:** Please provide back-up documentation for all advance requests to include, but not limited to: quotes, purchase orders and information to justify advance.

- A. Grant Amount:** Amount Listed from the Grant Award Amounts for each category.
- B. Cumulative Expenditures:** Funds spent from the previous quarter. \*1<sup>st</sup> Quarter should be listed as \$0.00.
- C. Grant Advance Amount:** Amount requested for current quarter.

Areas that are highlighted have formulas built into the worksheet, the grant will automatically populate the amounts for the Sub-Recipient.

# GRANT REIMBURSEMENT REQUEST FORM

## Reimbursement:

Quarterly Reimbursement Claim:				
	A. Grant Award Amount	B. Cumulative Expenditures Thru Last Claim	C. Grant Reimbursement Amount	D. Cumulative Grant Amount:
	(Amounts Same Each Claim)	(Previous Claim Totals, If Available)		
Personal Services-Salary:	A.	B.	C.	\$0.00
Personal Services-Fringe:	A.	B.	C.	\$0.00
Contractual Services	A.	B.	C.	\$0.00
Training/Travel:	A.	B.	C.	\$0.00
Equipment:	A.	B.	C.	\$0.00
Commodities/Supplies:	A.	B.	C.	\$0.00
Other Grant Expenses:	A.	B.	C.	\$0.00
<b>Total of Reimbursement:</b>	\$0.00	\$0.00	\$0.00	\$0.00

**Financial Documentation Required:** Please provide back-up documentation for all request reimbursements to include, but not limited to: timesheets, invoices, purchase orders, cancelled check, proof of payment. If agency has purchased and received equipment during the reporting period, please provide the Equipment Inventory Sheet, along with photographs of equipment purchased.

- A. **Grant Amount:** Amount Listed from the Grant Award Amounts for each category.
- B. **Cumulative Expenditures:** Funds spent from the previous quarter. \*1<sup>st</sup> Quarter should be listed as \$0.00.
- C. **Grant Reimbursement Amount:** Amount requested for current quarter.

Areas that are highlighted have formulas built into the worksheet, the grant will automatically populate the amounts for the Sub-Recipient.

# GRANT REIMBURSEMENT REQUEST PROCESS

*Ex. 1<sup>st</sup> Quarter: EHP (if applicable) is required, must be turned into the MOHS to send to FEMA.*

Quarterly Programmatic Report			
1st Quarter			
Please Mark If Milestones are Incomplete, In Process or Completed/Not Applicable	Incomplete	In Process	Complete/Not Applicable
Completed Environmental Historic Preservation Form and submit to MOHS (If Applicable)			
Complete NIMS Training (100, 200, 700 and 800). (If Applicable)			
Complete Cyber-Security Assessment and Questions. Return completion form and responses to MOHS. (If Applicable)			
Solicit quotes and/or bids for equipment. (If equipment is over \$5,000.00, two (2) quotes are required)			
Review proposals, quotes, bids and select vendors.			
Purchase approved equipment during 1st quarter for the grant year.			
Send full Grant Agreement with signatures to			
Assess and review program's threats, hazards, core capabilities and needs.			
Participate and attend any trainings, meetings, or conference calls with MOHS, as required and necessary			
Other Grant Activities			

If the agency has completed "Other Grant Activities", please provide a description of activities performed.

# GRANT REIMBURSEMENT REQUEST PROCESS

## Quarterly Programmatic Report

The following questions on the Quarterly Report should not be left blank and not filled in. There should be responses into each question.

**Do you anticipate any changes/modifications to the original objectives? If yes, will these changes/modifications prevent your jurisdiction from completing this project within the approved grant performance period?**

--

Please include information regarding any changes or modifications to the original objective of the grant. Please do not leave a blank.

**List any jurisdictional changes for authorized persons involved in completing this project. Can include: Program Manager, Finance Staff, etc.**

--

Please include any information regarding any changes to authorized persons on the grant. Please do not leave a blank.



# GRANT REIMBURSEMENT REQUEST PROCESS

**List any MOHS Grant Training or Exercises that Agency participated in during the Quarter:**

--

Please list any training or exercises that the Agency participated in during the quarter. Please do not leave a blank.

**Please list any challenges or delays encountered related to grant funded activities during reporting period.**

--

Please list any challenges or delays that the agency may have encountered related to grant activities during the grant period. Please do not leave a blank.

**Please describe any success stories related to grant funded activities during current or previous reporting period.**

--

Please include and successes that your agency has experienced during the current or previous reporting period. Please do not leave a blank.

# GRANT REIMBURSEMENT REQUEST PROCESS

**Sub-Recipient Certification:** I hereby certify that the costs incurred are taken from agency funds, costs are valid, consistent and allowable with the terms of the grant, and all backup documentation is maintained by the agency. I also certify none of the vendors used in purchasing these items were on the Federal Excluded Parties Listing prior to purchase and that all purchases were made in accordance with agency, state and federal procurement procedures. I also certify that this agency is in compliance with the OMB A-133 Single Audit. I understand that this information is being submitted to support a claim against a federally funded grant program. False statements on this form may be prosecutable under 18 USC 1001. The information on this form is true, correct, and complete to the best of my knowledge and ability.

<b>Authorized Signatory Official/ Authorized Sub- Recipient Grant Administrator (SGA):</b>		<b>Date:</b>	
--	--	--------------	--

Please review all information provided for the report. Once all information is validated and back-up documentation attached, please have the Authorized Signatory Official (Board President, Commissioner, Top Official)

**Note:** Please make sure all supporting documents are provided along with the Quarterly Report. You must have documents to support the reimbursement claims.

Let's Take a Break



10  
Minutes

# EQUIPMENT BREAKDOWN FOR REIMBURSEMENT

## Equipment Breakdown for Reimbursement (New Form)

As the Agency submits reimbursement for equipment, please provide the following form to breakout each piece of equipment with the required information.

Equipment Breakdown for Reimbursement		
For each Quarterly Report/Reimbursement Report, where equipment is requested for reimbursement, please provide the following information.		
Grant #:		
Agency Name:		
Equipment Description:	Check #	Amount:
Example:		
<i>5 Motorola <u>MSWin</u> Radios</i>	<i>11532</i>	<i>\$10,000.00</i>
<b>Total Reimbursement Request:</b>		

# GRANT REIMBURSEMENT REQUEST PROCESS: SUBMISSION OF REQUESTS

Submission of all reports and supporting documentation should be emailed to:

[mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)

Any sub-recipient delinquent in submitting reports, or incomplete reports that lack sufficient detail of progress during the period in question, will be subject to having submitted reimbursement requests delayed.

Once completed reports are received, reimbursement requests will be processed.



# DEEPER DIVE INTO THE REIMBURSEMENT

# BUDGET/ REIMBURSEMENT



# GRANT REIMBURSEMENT REQUEST PROCESS: BUDGET

Maximum Amount Eligible for Reimbursement: MOHS policy requires all agreements include a 'maximum amount eligible for reimbursement. This maximum amount is the grant reimbursable amount and is MOHS's share of the estimated project cost. The budget specifies each line item and cannot exceed the specified line-item amount for reimbursement. A line item in the budget is the authorization for funds to be expended on the item.

Increased Costs: If costs exceed the awarded amount in the contract, reimbursement will not be authorized. The MOHS will send a letter





PERSONNEL SERVICE  
(SALARY AND FRINGE)  
(ONLY IF APPROVED)

GRANT  
REIMBURSEMENT  
REQUEST  
PROCESS:  
PERSONNEL  
(SALARY/FRINGE)

**Personal Services (if applicable)**: Salaries & Wages-- The agreed amount to be paid by federal share and amount to be paid as state or local match. The personnel section lists each position by title, showing the yearly salary and the percentage of time to be utilized for the project. All time reported to conduct program activities must be specifically for the funded project and must be program activities only for reimbursement of salary. Documentation must be provided for any amount claimed.

**Proof of Payment**: Proof of Payment can include Time Sheets, Monthly Time Activity Reports, payroll registry, account ledger, copy of payroll checks/cancelled checks, bank statement, direct deposit statement.

GRANT REIMBURSEMENT REQUEST PROCESS: PERSONNEL (SALARY/FRINGE)



Mississippi Office of Homeland Security  
Grant Funded Activity Sheet

Name: \_\_\_\_\_ Grant Number: \_\_\_\_\_  
Agency/Organization: \_\_\_\_\_  
Month of Activity: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Please include this form to each quarterly reimbursement claim to keep record of all hours for grant funded activity. All activities must be allowable under the grant and must be included in the approved Grant Agreement.

Date of Activity:	Activity Description:	Number of Hours:

Please add all contact information for the Agency/Organization.

Add in the Month of Activity and the Total Hours.

# GRANT REIMBURSEMENT REQUEST PROCESS: PERSONNEL (SALARY/FRINGE)

Date of Activity:	Activity:	Number of Hours:

Grant Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Signatory Authorized Official/SGA: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign the Grant Personnel and Signatory Authorized  
Official



# CONTRACTUAL SERVICES

GRANT  
REIMBURSEMENT  
REQUEST  
PROCESS:  
CONTRACTUAL  
SERVICES  
(1 YEAR ONLY)

**Contractual Services:**

Fees, Professional & Other -- The actual cost of outside contractual services, if applicable. Any consultant contracts must follow the bid procedures required by the state, or local ordinance if more restrictive, and must follow federal guidelines. The duties and qualifications of the consultant should be detailed in a narrative along with itemized budget detail outlining cost for service and included with the subcontract agreement. Agreements and sub-contracts must have prior approval from MOHS.

Installation cost – associated with equipment installation such as radio, camera, etc. Documentation must be provided for any amount claimed.



# EQUIPMENT



# EQUIPMENT: DEFINITION

\*Items regardless of value must also be considered part of inventory and equipment.

- Weapons
- Camera and Camera Equipment (greater than or equal to \$250.00)
- Two-way Radio equipment
- Televisions (greater than or equal to \$250.00)
- Lawn maintenance equipment
- Cellular Phones





# EQUIPMENT: DEFINITION

\*Items regardless of value must also be considered part of inventory and equipment.

- Computers and computer equipment (greater than or equal to \$250.00)
- Chainsaws
- Air Compressors
- Welding Machines
- Generators
- Motorized Vehicles



## EQUIPMENT: DEFINITION

Per the Mississippi Office of the State Auditor, Property Officer's Manual (2018), equipment is defined as:

- 1) They are for acquisition of visible, tangible state property.
- 2) They are non-consumable in nature.
- 3) Their anticipated life is at least one year.
- 4) If the cost of acquisition is \$1,000.00 or more\*, the equipment shall be on the inventory.

# EQUIPMENT: AUTHORIZED EQUIPMENT LIST (AEL)

All Equipment purchased with MOHS grant funds **MUST** be listed on the FEMA Authorized Equipment List (AEL)

The Authorized Equipment List (AEL) is a list of approved equipment types allowed under FEMA's preparedness grant programs. The intended audience of this tool is emergency managers, first responders, and other homeland security professionals. The list consists of 21 equipment categories divided into categories, sub-categories and then individual equipment items. NOTE: There are no commercially available products listed; it only consists of equipment types.

<https://www.fema.gov/grants/guidance-tools/authorized-equipment-list>

# EQUIPMENT: AUTHORIZED EQUIPMENT LIST (AEL)

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Unless otherwise stated, equipment must meet all mandatory statutory, regulatory, and FEMA-adopted standards to be eligible for purchase using these funds, including the Americans with Disabilities Act.

In addition, recipients will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment.

Per the Mississippi Department of Finance and Administration, along with the Department of Public Safety, two (2) Quotes must be received for any piece of equipment is \$5,000 or more and/or state contract.

# EQUIPMENT: PURCHASING

Equipment purchased with federal grant funds is intended to be purchased and used within the grant period.

Agencies should begin procurement of equipment within the 1<sup>st</sup> Quarter of the grant. This may require receiving quotes, purchase orders, etc.

All activities toward the purchase of awarded equipment should be placed on the agency Quarterly Progress Report.

# EQUIPMENT: PURCHASING DELAYS AND EXTENSIONS.

Go ahead and begin looking for  
Vendors

If procurement is delayed and the acquirement of equipment and materials will be outside the grant award date (8/31/2024), please request an extension.

# EQUIPMENT: USE OF EQUIPMENT

## Reporting Use of Equipment:

Sub-Recipients are required to report the use of the equipment that has been purchased with federal funds, during the FULL use of the equipment.

Equipment must be used for its intended purpose and only for **GRANT Activity**.



## EQUIPMENT: PROPERTY MANAGEMENT SYSTEMS

All equipment purchased with federal grant funds, must be tracked through the awarded agency property management system for the life of the equipment.





# EQUIPMENT:

Useful Life Schedule: The MOHS/Sub-Recipient property and equipment purchased in whole or in part with federal funds will be monitored for its useful life according to the following schedule. The MOHS uses several sources for the Useful Life Schedule for more information, please contact the MOHS.

Equipment	Equipment & Property Cost Range	Useful Life Schedule
<b>Building/Installation Items</b>		
Intercom Systems/Public Announcement	No Threshold	25 Years
Ventilation Fans	No Threshold	5 Years
Propane Water Heater	No Threshold	20 Years
Security System	No Threshold	15 Years

GRANT  
REIMBURSEMENT  
REQUEST PROCESS:  
EQUIPMENT FORM  
APPENDIX B.  
PAGE 11

<b>MOHS Homeland Security Non-Profit Equipment Inventory Form</b>								
<b>Sub-grantee (Organization Name):</b>								<b>1</b>
<b>Grant Number:</b>								<b>2</b>
<b>Contact Name for Equipment:</b>								<b>3</b>
<b>Contact Phone Number for Equipment:</b>								<b>4</b>
<b>Email:</b>								<b>5</b>
<p>Each piece of equipment/property MUST be listed on its own individual line. For example, If you purchased three (3) radios, list them on their own separate lines. Items to be included on the Equipment Inventory Form shall be equipment of a durable nature with an expected service life of more than one year, an acquisition cost of \$1,000.00 or designated by DFA.</p>								
Property Identification Number (Asset Tag)	Asset Name	Description of Item: (Include Model Number)	Serial/VIN #	Acquisition Date	Unit Cost	% MOHS Grant funded	Location of Item	
<b>6.</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	



MOHS WILL NEED PICTURE  
OF ALL EQUIPMENT  
PURCHASED WITH GRANT  
FUNDS. PLEASE INCLUDE  
SERIAL AND VIN NUMBERS,  
IF APPLICABLE.

# GRANT REIMBURSEMENT REQUEST PROCESS: ADDITIONAL FORM (IF APPLICABLE)

Please fill out if you  
have items that  
are being  
purchased for  
\$75,000.01 and  
above.



Mississippi Department of Public Safety  
Office of Homeland Security



REQUEST FOR PRE-APPROVAL OF \$75,000 and OVER PROCUREMENT

1. Total Estimated Cost	2. Requesting Jurisdiction	3. Grant Number
4. Project Description	5. Date Required	6. Requesting Jurisdiction Address
	7. Sub-Recipient Grant Administrator's Name	Phone
8. Mandatory Pre-Approval Items		
A. <input type="checkbox"/> Copy of Proposed Invitation to Bid or Request for Proposal document		
B. <input type="checkbox"/> Copy of Proposed Advertisement or Public Notice		
C. <input type="checkbox"/> Copy of Award Selection Criteria		
D. <input type="checkbox"/> If Noncompetitive, attach Request for Noncompetitive Procurement		
E. <input type="checkbox"/> List of Bids Received		
9. Other: Provide any additional information which needs to be considered when evaluating approval of this procurement.		
10. Jurisdiction Signatory Authority or Authorized Representative Name and Title (typed or printed)		I certify to the best of my knowledge and belief, that all the information on this request, including any attachment, is true and accurate
		Signature _____ Date _____
Mississippi Office of Homeland Security		
11. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="checkbox"/> Returned for Further Justification (See back)    Date _____
12. SAA Point of Contact or Authorized Representative		Date _____

# GRANT REIMBURSEMENT REQUEST PROCESS: ADDITIONAL FORM (IF APPLICABLE)

## MISSISSIPPI OFFICE OF HOMELAND SECURITY SOLE SOURCE PROCUREMENT FORM

Sole source procurement is procurement through solicitation of a proposal from only one source. Sole source procurements must adhere to the standards set forth in 2 C.F.R. § 200.320(c) in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

The use of sole source procurement is discouraged and should only be used if comparable items are unavailable. Sole source procurement will be awarded only under exceptional circumstances and must follow precisely the procedure set forth in the Mississippi Procurement Manual (3.109-3.109.04-Effective 1/1/2018) and the federal requirements.

*Conditions for Use of Sole-Source / Research Procurement(s) Sole-source procurement is not permissible unless a requirement is available from only a single supplier. A requirement for a particular proprietary item does not justify sole-source procurement if there is more than one potential bidder or offeror for that item.*

If a sub-grantee is considering a sole source procurement for an item, it is the responsibility of the sub-grantee to follow all procurement rules.

1. All sole source procurement requires the prior written approval of the Mississippi Office of Homeland Security-State Administrative Agency (SAA).
2. Submit the Sole Source Procurement form with the sub-grantee Signatory Official signature prior to purchase and follow the requirements according to dollar amounts as outlined in the Mississippi Homeland Security Grant Program Procurement Procedures.
3. Send the form to the following address to the Mississippi Office of Homeland Security at [mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov).
4. Upon review and receipt of the Sole Source Procurement form, a response will be provided to your agency via email.

# SOLE SOURCE FORM

## SOLE SOURCE PROCUREMENT FORM

Grant Number: \_\_\_\_\_

Sub-Grantee Name: \_\_\_\_\_

This form must also contain sufficient documentation to justify the request and should address the following information:

- Brief description of the program and need for the item.
- Complete description of requested item(s) as they are listed in the grant application, and costs for which the sole source procurement is being sought.
- Explanation of need to contract noncompetitively to include the expertise of the contractor, management, responsiveness, knowledge of program, and experience of contractor personnel.
- Time constraints such as when contractual coverage is required and why, impact on the program if dates are not met, time it would take another contractor to reach the same level of competence (equate to dollars if desired).
- Uniqueness of the item:
- Other points that should be expressed to substantiate the request.
- A declaration that this action is in the "best interest" of the agency.

Sub-Grantee Financial/Procurement Officer \_\_\_\_\_ Date \_\_\_\_\_

Sub-Grantee (SGA) Project Director \_\_\_\_\_ Date \_\_\_\_\_

Mississippi Office of Homeland Security \_\_\_\_\_ Date \_\_\_\_\_  
Executive Director

# EQUIPMENT: DISPOSITION

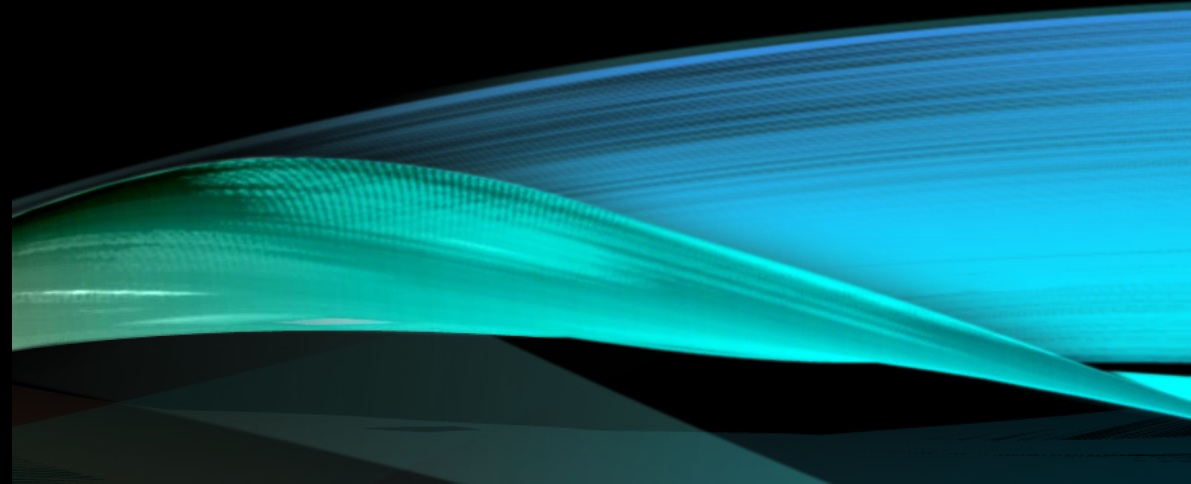


If any material or equipment ceases to be used in project activities, the sub-recipient agrees to promptly notify MOHS.

In such event, MOHS may direct the sub-recipient to transfer, return, keep, or otherwise dispose of the equipment.



# COMMODITIES/ SUPPLIES



# COMMODITIES/SUPPLIES

## Commodities:

Equipment Under \$1,000.00-- The actual cost of minor equipment will be reimbursed, if applicable. Documentation must be provided for any amount claimed.



# UNALLOWABLE

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Limitations and Conditions: The provisions stated in the following section are not intended to deny flexibility in supporting potential accident and injury reduction activities; however, the conditions do serve as a guide in describing costs that are **not allowable** for Homeland Security funding. See FEMA Homeland Security Grant Preparedness Manual.

<https://www.fema.gov/grants/preparedness/homeland-security>

FEMA Approval: Grant funds may not be used for the purchase of equipment not approved by DHS/FEMA. Grant funds must comply with IB 426 and may not be used for the purchase of the following equipment: firearms; ammunition; grenade launchers; bayonets; or weaponized aircraft, vessels, or vehicles of any kind with weapons installed.

If its not listed in your Grant Award,  
its unallowable.

# UNALLOWABLE

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Supplanting: Supplanting is the act of replacing existing funds with federal funds. Specifically, funding that is established for the payment of personnel or operations required in the normal and usual conduct of business may not be replaced using federal funds awarded via the grant.

Supplanting, including: (a) replacing routine and/or existing State or local expenditures with Federal grant funds and/or (b) using Federal grant funds for costs of activities that constitute general expenses required to carry out the overall responsibilities of State, local, or Federally recognized Indian tribal governments.

# GRANT MODIFICATIONS



# MODIFICATIONS

During the active period of a project, changing conditions may require that the original project agreement be modified. If both parties consent to altering the project in some way, then a modification request (either activity or budget or both) must be completed. **All modification requests must be submitted on the required MOHS forms signed and dated by the signatory authorized official.**

# MODIFICATIONS-CHANGE IN SGA

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Change in SGA: The Sub-Recipient agrees to notify in writing, the MOHS of any change and the reason for the request of change in personnel, no later than the submission of the next claim of reimbursement. Agency must resubmit an SGA form, if the SGA is changed from the responsibilities of grant activities.

### Designation of Sub-Recipient Grant Administrator (SGA)

Pursuant to the Mississippi Office of Homeland's requirements that the signatory official is the only person authorized to sign official documentation in relation to the sub-grant, such as financial reimbursement, performance reports, etc. The (agency/department name) \_\_\_\_\_ has authorized and approved (print designated sub-recipient grant administrator official name) \_\_\_\_\_ to sign any/all forms related to this Grant Agreement.

Upon approval of this request said person will then be **Responsible/Liable**, as the signatory official, for claims and reporting submitted by them to this agency. The approval of this request will allow this person to complete required documentation in the absence and/or on behalf of the signatory official.

The following person is officially appointed to represent your jurisdiction as the Sub-Recipient Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Grant Agreement during the performance period on behalf of the Sub-Recipient.

#### Sub-Recipient Grant Administrator (SGA)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Designated Sub-Recipient Grant Administrator)

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Sub-Recipient Grant Administrator: \_\_\_\_\_

#### Grant Authorized Signatory Official

Appointed by Authorized Signatory Official: (Mayor, Board President, Commissioner, Director, Superintendent)

Authorized Signatory Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# MODIFICATIONS- CHANGE IN SGA

# MODIFICATIONS - REQUEST FORM



## Homeland Security Grant Program Request Form

<b>Type of Request:</b> Please check the box for the type of request:	
<input type="checkbox"/>	<b>Request for Advance:</b> An advance is for jurisdictions may not be able to provide monies up front for purchases and wait to be reimbursed later within the period of performance.
<input type="checkbox"/>	<b>Request for Extension-</b> An extension will extend the period of performance to complete all program tasks and activities.
<input type="checkbox"/>	<b>Request for Minor Change-</b> A minor change is budget change within a single line item within the program budget.
<input type="checkbox"/>	<b>Request for Modification-</b> A modification is a budget change within more than one line item within the program budget. Authorized Signatory Official signatures are required. For a Request for Modification, please fill out the request form and proceed to the Budget Modification Signature Sheet and Budget Summary Sections. All sections must be provided.

**Program Information:** Please provide the following information regarding the request:

<b>Date:</b>	<b>1.</b>
<b>Grant Number:</b>	<b>2.</b>
<b>Agency:</b>	<b>3.</b>
<b>Sub-Recipient Grant Administrator Name:</b>	<b>4.</b>
<b>Sub-Recipient Grant Administrator Email:</b>	<b>5.</b>
<b>Amount of Grant:</b>	<b>6.</b>
<b>Amount of Requested Advance/Minor Change:</b>	<b>7.</b>
<b>Date of Extension for Grant to be Extended:</b>	<b>8.</b>

Please provide a detailed justification for the requested advance/extension or minor change:

Attach a copy of supporting documentation for the requested advance/extension or minor change. (Quotes, Bids, Purchase Order, Invoice) Please return form to MOHS Grants at: [mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)

**MUST BE RECEIVED BY:**  
**MAY 31<sup>st</sup>**

# MODIFICATIONS- MODIFICATION OF GRANT

With Non-Profit Grants, any changes to the grant will require FEMA approval.

Please speak with your Program Manager before you make any changes to the project.

The MOHS will work with you on the modification and what will be needed for the changes.



# MODIFICATIONS- MODIFICATION OF GRANT

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All Modifications to Non-Profits will be submitted to FEMA as an Amendment. Amendments are a formal process, which FEMA will review the change, reasons for the change and provided documentation.

If the Amendment is approved, then FEMA will send an Approval Notice and the Notice will be forwarded to you.

After the Amendment, has been approved, then the MOHS will work with you on the paperwork needed for the revision to the grant.

# MODIFICATIONS- MODIFICATION OF GRANT REQUEST FOR CHANGE

## MS OFFICE OF HOMELAND SECURITY BUDGET MODIFICATION SIGNATURE SHEET

1. Sub-Recipient's Name:		2. Effective Date:		
Mailing Address:		3. Sub-Recipient Number:		
Telephone Number:		4. Modification Number:		
Email:		5. Grant Identifier: (Funding Source and Year)		
		6. Period of Performance: Start and End Dates:		
7. The above sub-grant is hereby modified as follows:				
Budget Category	Current Budget	Change		New Budget
		Federal	State/Local	
Personal Services-Salary			\$0.00	
Personal Services-Fringe			\$0.00	
Contractual Services			\$0.00	
Travel			\$0.00	
Equipment			\$0.00	
Commodities			\$0.00	
Other			\$0.00	
<b>TOTAL</b>			\$0.00	
8. Except as hereby modified, all terms and conditions of the sub-grant remain unchanged.				
<b>AGENCY APPROVAL</b>		<b>SUB-GRANTEE ACCEPTANCE</b>		
9. Approval from Grantee:		10. Name & Title of Authorized Signatory Official: (Mayor/Board President)		
11. Signature of Grantee and Date:		12. Signature of Authorized Signatory Official & Date:		

# MODIFICATIONS- MODIFICATION OF GRANT REQUEST FOR CHANGE

MS OFFICE OF HOMELAND SECURITY BUDGET MODIFICATION COST SUMMARY SUPPORT SHEET				
1. Applicant Agency:				Page ___ of ___
2. Sub-Recipient Number:		3. Grant ID:	4. Grant Beginning:	5. Grant Ending:
6. Activity:			7. Modification Effective Date:	
8. Category 9. Line Item	10. Description of item and/or Basis for Valuation	11. Budget		
		Federal	All Other	Total
Salary & Wages: Original Grant Amount Revised Grant Amount				
Fringe: (If Applicable) Original Grant Amount Revised Grant Amount				
Contractual Services: Original Grant Amount Revised Grant Amount				
Travel: Original Grant Amount Revised Grant Amount				
Equipment: Original Grant Amount Revised Grant Amount				
Commodities/Supplies: Original Grant Amount Revised Grant Amount				
Other Costs: Original Grant Amount Revised Grant Amount				
<b>TOTALS</b>				

FY23  
HOMELAND  
SECURITY  
NON-PROFIT  
GRANT  
PROGRAM

Monitoring Visits



# MONITORING VISITS: WHY DO WE MONITOR?

133

- MOHS is required to monitor, by federal guidelines.
- To confirm the funds were used for the purpose stated in the grant request.
- Assist with compliance observations for future visits.
- Ensure that State and Federal programs are programmatically and financially compliant to State and Federal Guidelines and are in line with the approved grant contract.
- Detect and identify concerns from the sub-recipients or the contracts.
- Assure targets and performance measures are being met and achieved.

# MONITORING VISITS: BENEFITS OF MONITORING

- Develops and builds relationships
- Proactively educates sub-recipient
- Identifies any problems or questions
- Prevents fund waste, fraud, or misuse
- Improves communication processes
- Gives opportunities for improvements
- Ensures equipment inventory is in good working condition and maintenance records are current



# MONITORING VISITS: BENEFITS OF MONITORING

135

Project Monitoring Policy: It is the responsibility of MOHS to maintain oversight for all federally funded grants that are awarded to their sub-recipients. MOHS will provide technical assistance as needed to assist the sub-recipient with fulfilling their project targets and performance measures. MOHS will ensure that the contract provisions are in compliance. **(2CFR 200.328)**

Depending on the monitoring criteria and policy as stated above, each grant will be reviewed either by on-site monitoring, desk reviews, via telephone calls, reimbursement processing, staff meetings, conference calls, and other correspondence, as appropriate.

# MONITORING VISITS: SUB-GRANTEE RECORD KEEPING GUIDE

- Signed Award Letter and Grant Application
- Agreement
- Financial and Quarterly Reports
- Reimbursement Documents
- Equipment Inventory Form(s) and Photos
- EHP Forms





# MONITORING VISITS: TYPES OF MONITORING

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Monitoring is formal and informal, financial and operational. MOHS will utilize the following types of monitoring:

- Ongoing monitoring/contact with the sub-recipient through phone calls, meetings, and written/verbal correspondence;
- On-site monitoring reviews of project operations, management, and financial systems;
- Review and approval of reimbursement claims;
- Desk monitoring of grant files; and/or
- Compliance monitoring of statewide security activities and grant oversight.

# MONITORING VISITS: TYPES OF MONITORING-ONGOING

Ongoing monitoring occurs every time a MOHS staff holds a discussion or communicates with a sub-recipient project director.

Ongoing monitoring can occur daily, weekly, or monthly. Weekly phone calls may be appropriate, if there are concerns. More regularly scheduled meetings may be needed for complex projects.

If concerns are identified, the project could require quarterly review meetings between the sub-recipient and MOHS staff. This is left at the discretion of MOHS staff and any additional monitoring requirements will be documented in the official file. MOHS staff will rely on regular correspondence and the annual monitoring to handle routine project issues.

# MONITORING VISITS: TYPES OF MONITORING-ON-SITE

## On-Site Monitoring will include:

- Entry Meeting to answer questions and provide an overview of the monitoring process.
- Review of Program Files
  - General Financial Documents
  - Grant Specific Financial Documents
  - Program Related Source Documents
- Inspection of Equipment
- Exit Meeting to report any findings and explanation of additional information needed.



# MONITORING VISITS: WHAT TO EXPECT?

- Pre-Monitoring Notification Letter/Email
  - 30 days prior to monitoring visit
  - Notification of date and time
  - What grant(s) is being monitored (can be multiple grant years)
  - What documentation is needed for review
  - What equipment is needed for inspection/photos
  - Name of person to complete the monitor visit and contact information
- You will receive a confirmation call 3-5 days prior to the scheduled visit.



# MONITORING VISITS: TYPES OF MONITORING-ON-SITE

## On-Site Monitoring will include:

- Inspection of Equipment. Please have all grant funded equipment available for viewing.
- During on-site monitoring equipment will be photographed with the serial and identification numbers.



# SINGLE AUDIT REQUIREMENTS

The State of Mississippi requires a sub-recipient expending \$750,000.00 or more in federal funds in the organization's fiscal year to conduct an organization-wide audit in accordance with 2CFR200, Sub-Part F (previously OMB Circular A-133).

The sub-recipient will permit the State of Mississippi project officials, program officials and auditors to have access to the sub-recipient's and third party contractor's records and financial statements as necessary for the State of Mississippi to comply with the 2CFR200, Sub-Part F.

# RECORD KEEPING

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Grant financial, programmatic, and administrative records shall be maintained for a period of three years following the date of the closure of the grant award, or audit if required. Property and equipment records shall be maintained for a period of **three (3) years** following the final disposition replacement or transfer of property and equipment. **Reference 2CFR 200.333**

# RECORD KEEPING

Sub-Recipients are expected to keep records of different federal fiscal periods separately identified and maintained so that information can be readily located. sub-recipients are also obligated to protect records adequately against fire and damage.

Access to sub-recipient records must include MOHS, FEMA granting agency, Office of the Inspector General, or any of agency requesting records, who shall have the right to access to any pertinent books, documents, papers or other records of the sub-recipient, which are pertinent to the award, in order to make audits, examinations, excerpts and transcripts. The right to access must not be limited to the required retention period but shall last as long as the records are retained. **Reference 2CFR 200.336**





# GRANT COMPLIANCE AND NON-COMPLIANCE

# NON-COMPLIANCE

MOHS considered non-compliance for the following concerns:

- Lack of Activity/No Activity
- Award Paperwork- Not Submitted on Time
- Quarterly Reimbursement Claim and Progress Report –Not Submitted on Time
- EHP's Not Submitted. EHP's not Approved and work has started.
- Inventory/Equipment Forms-Not Submitted with Reimbursement.
  - No Pictures submitted

## Non-Compliance with Quarterly Reimbursement/Reports:

- **Miss a Report-** You will get an email to the SGA regarding the missing report
- **Miss 2 Reports-** You and the SGA will get an email regarding missing reports. Will Require (1) and (2) Reports to be submitted

## Non-Compliance with Quarterly Reimbursement/Reports:

- **Miss 3 Reports**-You and the SGA will get an email regarding missing reports and a DEADLINE to complete required documentation
  - Will Require (1), (2) and (3) Reports to be submitted by the set DEADLINE

## **Non-Compliance with Quarterly Reimbursement/Reports:**

**If DEADLINE is missed and reports not provided, grant will be administratively closed out!**

# NON-COMPLIANCE

The sub-recipient **must respond within five (5) days of receipt of notification** of the reasons listed below.

- Unwillingness or inability to attain project goals, performance measures or strategies;
- Unwillingness or inability to adhere to the conditions of the grant agreement;
- Failure or inability to adhere to grant guidelines and federal compliance requirements;
- Improper procedures regarding agreements, contracts, and procurements;
- Inability to submit reliable, documented and/or timely reports; and
- Management systems do not meet State or federal required management standards.

## NON-COMPLIANCE-CHANGES TO AGREEMENT

Sub-recipient failure to meet all reporting, attendance at meeting(s), scheduled events and timely submission of reimbursement requests set forth in the agreement by MS Office of Homeland Security, may result in the withholding of reimbursement payments. **Reference 2CFR 200.339 and 2CFR 200.340**

# TERMINATION OF AGREEMENT

The sub-recipient may terminate its participation in this agreement by notifying and submitting the required closeout documentation to the MS Office of Homeland Security, thirty (30) days in advance of the termination date.





# FY23 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Closeout and End of Grant



# CLOSEOUT AND END OF GRANT:

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All grant funded equipment should be purchased, as well as grant funded activities, should take place during the grant award dates of:

**9/1/2023-8/31/2024**

If the agency needs additional time to meet grant activity requirements and/or receive grant awarded equipment, please submit a Request for Extension.

# CLOSEOUT AND END OF GRANT:

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**Grant Closeout is due to MOHS (45) forty-five days after the end of the Grant Award Year.**

Grant Closeout should include the following:

- Final reimbursement requests (If Needed), along with supporting documentation.
- Closeout Form

# CLOSEOUT AND END OF GRANT: EXTENSION

If a Request for Extension is not received within the forty-five (45) prior to the grant end. The grant will be closed out on the grant award end date and any remaining funds may be re-allocated to other projects.



# CLOSEOUT FORM

Sub-Recipient Grant Closeout Form				
<b>Type of Grant:</b> (Please Check Grant Type for Reimbursement)	<b>Homeland Security:</b>	<b>Non Profit:</b>	<b>Cybersecurity:</b>	<b>Other:</b>
<b>Agency Name:</b>				
<b>Grant Number #:</b>				
<p>In compliance with the requirements of the Mississippi Office of Homeland Security (MOHS) Sub-Recipient Closeout Procedures and the Terms and Conditions of the Grant Agreement, the following Closeout Authorization will serve as the Sub-Recipient Grant Closeout. Please attach a copy of the last/final Request for Grant Reimbursement form. <b>All grant reimbursements have been submitted to the MOHS for payment and no further costs will be requested after the date of this closeout.</b></p>				
Grant Closeout Authorization:				
<b>Grant Award Budget Type:</b>		<b>Federal Amount</b>	<b>Match Amount (If Applicable)</b>	
<b>Grant Award Total:</b>				
<b>Grant Reimbursements Total:</b>				
<b>Unexpended Grant Balance:</b>		\$0.00	\$0.00	

# CLOSEOUT FORM

<b>Explanation/Comments/Additional Information:</b>
<b>Compliance for Closeout</b>
<p>The Sub-Recipient of the above referenced Grant Agreement certifies that all term, conditions, grant activities, scope of work, reimbursement and any additional grant requirements have been met and achieved. I understand that all information submitted for the grant referenced above has been in support of a federally funded grant program. False statements and/or documentation may be prosecutable under 18 USC 1001. The information provided on this form and for the grant is true, correct, complete and in compliance with all local, state and federal regulations, to be best of my knowledge and ability.</p>
<b>Sub-Recipient Grant Administrator: Signature and Date</b>
<b>Authorized Signatory Official: Signature and Date</b>

# CLOSEOUT FORM

<b>Mississippi Office of Homeland Security Use Only:</b>	
<b>MAGIC Number:</b>	
<b>Program Manager:</b>	
<b>Grant Director:</b>	
<b>Date Grant Agreement Closed in MAGIC</b>	

**MOHS Staff will fill this section of the Closeout form.**



Let's go to Lunch



# FY23 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

## Hands-On Exercises



# FY23 HOMELAND SECURITY GRANT PROGRAM

Upcoming MOHS Grant Opportunities



# NON-PROFIT GRANT FUNDS FY24



All Information on MOHS Website:  
Grants>Grant Forms

<https://www.homelandsecurity.ms.gov/grants/grant-forms>

- Notice of Funding Releases: February 2024
- Application Releases: March 2024
- Grant Writing: March 2024
- Application Deadline: April 2024
- Notification of Award: July 2024
- Grant Orientation: August 2024
- Grant Period: September 1, 2024-August 31, 2025\*

# MOHS GRANTS STAFF CONTACTS

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Beth Loflin-Finance and Grants Director

Kayla Stewart (Grants Program Management Lead-Homeland/NP)

- Email Address: [ksstewart@dps.ms.gov](mailto:ksstewart@dps.ms.gov)
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Micheal Hall (Grants Program Management-Homeland and EOC)

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- Phone Number (601)987-1519

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- Email Address: [kjohnson@dps.ms.gov](mailto:kjohnson@dps.ms.gov)
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# QUESTIONS



GRANT AWARDS AND  
DOCUMENTS WILL BE  
EMAILED TO YOUR  
POINT OF CONTACT  
WITHIN THE NEXT FEW  
DAYS.

