



Date: 11/15/2021

From: Jim Brinson, Acting Executive Director, Mississippi Office of Homeland Security (MOHS)

Re: FY20 Homeland Security Grant Program-Election Cyber-Security Initiative

The purpose of the Financial Year (FY) Homeland Security Grant Program (HSGP) is to provide the funds to eligible local, tribal and state agencies to assist in the prevention of catastrophic or terrorist events. The HSGP aids in the National Preparedness goal in the five mission areas of prevention, protection, mitigation, response and recovery. The Federal Emergency Management Agency (FEMA) and the MOHS have identified cyber-security as a national and state threat.

With the potential threats of election security, the MOHS would like to offer all Mississippi Circuit Clerks and Election Commissioners with an opportunity to help protect election data and identification information. The following grant is the official application for this grant funding opportunity. If awarded, the funds will provide for the purchase of specialized equipment to enhance the capability of local agencies to prevent, respond and mitigate incidents of terrorism involving cyber-attacks.

This document serves as a request for funding and must be completed in its entirety. Incomplete applications will not be considered for funding. Once the application is completed, please submit your application electronically to: mohsgrants@dps.ms.gov

All applications are due by **December 3, 2021 by 5:00 p.m.** If you should have any questions or need additional information, please contact our MOHS Grants Director, Beth Loflin @beth.loflin@dps.ms.gov or (601)346-1504.

**MOHS FY21 Homeland Security Grant Program
Mini Grant Application-Cyber Security**

I. Agency Applicant Information

Date	
Name of District	
Mailing Address	
County of District	
District Contact Name and Position Title	
Contact Phone Number	
Contact Email Address	
DUNS Number	
Congressional District	

Cost Category:	Source of Funds: All Funds will be federal funds.		
Equipment		Federal	100% Federally Funded
Total of Grant		State	
		Local	
		Other	
		Total	

The applicant agrees to operate the program outlined in this application with all provisions as included herein.

Approved Signature of Authorized Official for Jurisdiction to Apply:

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II. Problem Identification

This section must be completed.

County Name:	
Number of Square Miles:	
Number of Population:	
Number of Registered Voters:	

III. Jurisdiction's Top Threat

FEMA describes "threat" as a natural, technological or human caused occurrence, individual, entity or action that has or indicated potential to harm life information, operations the environment and/or property.

Briefly describe the jurisdiction's top cybersecurity threat:

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IV. Jurisdictions Top Hazard

FEMA Describes "Hazard" as something that is potential dangerous or harmful, often the root cause of an unwanted outcomes.

Briefly describe the jurisdiction's top cybersecurity hazard:

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V. Capability Gaps

Provide a description of any capability gap(s) which inhibits the jurisdiction's ability to Prevent, Protect, Mitigate, Respond and/or Recovery. Explain how you determined the capability gaps (i.e. a response to a real life event, an exercise, training event or threat assessment). Please address how utilization of existing state-wide assets may/may not mitigate the threats and hazards that have been identified.

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VI. National Priority/Mission Area and Core Capabilities

Please mark which National Priority that the Agency will support with funding received.

Cybersecurity

Soft Targets/Crowded Places

Information and Intelligence Sharing

Domestic Extremism

Emerging Threats

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Please describe how the funding will be used to support the National Priority.

Please mark which Mission Area that the Agency will support with funding received.

- | | |
|------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Prevention | <input checked="" type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Protection | <input checked="" type="checkbox"/> Recovery |
| <input checked="" type="checkbox"/> Mitigation | |

Please describe how the funding will be used to support the Mission Area.

Please mark which Core Capability that the Agency will support with funding.

<input type="checkbox"/>	Community Resilience	<input type="checkbox"/>	Situational Assessment
<input type="checkbox"/>	Environmental Response/Health and Safety	<input checked="" type="checkbox"/>	Threats and Hazard Identification
<input type="checkbox"/>	Interdiction and Disruption	<input checked="" type="checkbox"/>	Cybersecurity
<input type="checkbox"/>	Operational Communications	<input type="checkbox"/>	Mass Care Services
<input type="checkbox"/>	Access Control and Identity Verification	<input type="checkbox"/>	Mass Search and Rescue Operations
<input type="checkbox"/>	Fatality Management Services	<input type="checkbox"/>	On-Scene Security and Protection
<input checked="" type="checkbox"/>	Intelligence and Information Sharing	<input type="checkbox"/>	Operational Coordination
<input type="checkbox"/>	Long-term Vulnerability Reduction	<input type="checkbox"/>	Planning
<input type="checkbox"/>	Physical Protective Measures	<input type="checkbox"/>	Critical Transportation
<input type="checkbox"/>	Public Health and Medical Services	<input type="checkbox"/>	Forensics and Attribution
<input type="checkbox"/>	Rick and Disaster Resilience Assessment	<input type="checkbox"/>	Health and Social Services
<input type="checkbox"/>	Housing	<input type="checkbox"/>	Public/Private Services and Resources
<input type="checkbox"/>	Infrastructure Systems	<input type="checkbox"/>	Public Information and Warning
<input type="checkbox"/>	Risk Management-Protection Programs/Activities	<input type="checkbox"/>	Economic Recovery
<input type="checkbox"/>	Screening, Search, and Detection	<input type="checkbox"/>	Supply Chain Integrity and Security
<input type="checkbox"/>	Natural and Cultural Resources		

Please describe how the funding will be used to support the Core Capabilities marked above.

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VII. Grant Budget

Equipment

Please list the cost for each piece of equipment requested.

All Equipment must be allowable, reasonable and must be essential to the project. All equipment must be on the FEMA Authorized Equipment List. Unallowable equipment: Guns, Ammunition, Body Cameras and Drones. (See Guidance for More Information)

AEL Number:		Discipline	CyberSecurity
Cost of Equipment		Quantity	
Total Equipment Cost			
Item Description			

How will equipment be used to reduce Threats and Hazard?

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AEL Number:		Discipline	CyberSecurity
Cost of Equipment		Quantity	
Total Equipment Cost			
Item Description			

How will equipment be used to reduce Threats and Hazard?

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AEL Number:		Discipline	CyberSecurity
Cost of Equipment		Quantity	
Total Equipment Cost			
Item Description			

How will equipment be used to reduce Threats and Hazard?

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Total Grant Amount	
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VIII. Prior Experience

Please answer YES or NO to the Following Questions.	YES	NO
Has your agency received federal and/or state grants similar to the MOHS grant?		
Does your agency have at least three (3) years of receiving federal grant funds? Does not have to be MOHS related.		
Has your agency received MOHS Grant funds within the past three (3) years?		
Does your agency use a property management system?		
Has your agency ever received any corrective actions from a Single Audit Report regarding your agency's financial system?		
Has the agency administration remained unchanged during the previous year?		

IX. NIMS Compliance Form

The National Incident Management System (NIMS) guides all levels of government, nongovernmental organizations (NGO), and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents. NIMS provides stakeholders across the whole community with the shared vocabulary, systems, and processes to successfully deliver the capabilities described in the National Preparedness System. As recipients and subrecipients of federal preparedness (non-disaster) grant awards, jurisdictions and organizations must achieve, or be actively working to achieve, all of the NIMS Implementation Objectives. The objectives can be found on the NIMS webpage at <https://www.fema.gov/emergency-managers/nims/implementation-training>

Under Executive Order #932, Mississippi established NIMS as the standard for incident management within the State. The U.S. Department of Homeland Security/Federal Emergency Management Agency guidance provides that accepting grant funding is conditioned upon NIMS compliance. This jurisdiction attests that we continue to strive toward NIMS compliance, as provided under federal and State NIMS guidance. This jurisdiction understands receiving and/or using U.S. Department of Homeland Security grant funds remains conditional upon NIMS compliance. Non-compliance of NIMS can result in funds being withheld or reallocated from our jurisdiction because of ineffective NIMS support and participation.

This agency understand and attests to:

Signatory Official Name:	
Signatory Official Signature:	

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X. Submission Compliance

The application submitted to the Mississippi Office of Homeland Security is a request for funding. Funding based on available funds to the MOHS through federal and state funds. Application requests received are not guaranteed and will be subject to adjustment, as funding is available. Application requests will be funded based on national priorities, mission area, threats and hazards, agency needs and proposed projects that fit with the State's overall mission for homeland security.

Each application will be reviewed by MOHS staff, Peer Committee and an Executive Committee for application completeness, threat and hazards, budget requests and expenses requested to enhance the existing program. Grants will also be funded based on the review of past grant performance, expenditures and information from program documentation and assessments.

Incomplete Applications:

All sections of the application are required to be filled out. Sections on the budget should only be filled out, if applicable to the project. All required documentation should be provided at the time of the application. If sections are incomplete, documentation not provided or the application has missing signature, the application will be considered incomplete and will not be considered for review.

Applicant Contact Information and Authorization

Applicant Name

Applicant Title

Date

I certify that I am an employee of the aforementioned agency and/or jurisdiction or have been hired by the agency/jurisdiction to apply on their behalf of this grant.

Applicant Signature