

**FY22 Mississippi Homeland Security Grant Program-Training Application**

I. Agency Applicant Information			
<b>Date</b>			
<b>Name of Agency</b>			
<b>Mailing Address</b>			
<b>Agency Contact Name</b>			
<b>Agency Contact Phone Number</b>			
<b>Agency Contact Email Address</b>			
<b>DUNS Number</b>		<b>Unique Entity ID #:</b>	
Cost Category	Source of Funds		
<b>Training/Travel</b>	<b>Federal</b>		
	<b>State</b>	\$0.00	
	<b>Local</b>	\$0.00	
	<b>Total</b>		
II. Jurisdiction's Top Threat			
<p>FEMA describes a "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.</p>			
<b>Briefly describe the jurisdiction's first top threat:</b>			
III. Jurisdiction's Top Hazard			
<p>FEMA describes a "Hazard" as something that is potential dangerous or harmful, often the root cause of an unwanted outcomes.</p>			
<b>Briefly describe the jurisdiction's top threat hazard:</b>			
IV. Capability Gaps			
<p>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 (task forces, force protection units, bomb teams, etc.) may/may not mitigate the threats and hazards that have been identified.</p>			

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**V. National Priority, Mission Area and Core Capabilities**

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

<input type="checkbox"/>	Cybersecurity	<input type="checkbox"/>	Soft Targets/Crowded Places
<input type="checkbox"/>	Information and Intelligence Sharing	<input type="checkbox"/>	Domestic Violent Extremism
<input type="checkbox"/>	Emerging Threats		

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

**Please mark the Mission Area(s) that the Agency will support with funding received.**

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

**Please describe how the funding will be used to support the Mission Area(s).**

**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 & Safety	<input type="checkbox"/>	Threats & Hazard Identification
<input type="checkbox"/>	Interdiction and Disruption	<input 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"/>	Search & Rescue Operations
<input type="checkbox"/>	Fatality Management Services	<input type="checkbox"/>	On-Scene Security & Protection
<input 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"/>	Risk & Disaster Resilience Assessment	<input type="checkbox"/>	Health and Social Services
<input type="checkbox"/>	Housing	<input type="checkbox"/>	Public/Private Service & Resource
<input type="checkbox"/>	Infrastructure Systems	<input type="checkbox"/>	Public Information and Warning
<input type="checkbox"/>	Risk Mgt.-Protection Programs/Activities	<input type="checkbox"/>	Economic Recovery
<input type="checkbox"/>	Screening, Search, and Detection	<input type="checkbox"/>	Supply Chain Integrity & 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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<b>VI. Grant Budget</b>			
<b>Training/Travel</b>			
Include a detailed assessment of travel needs within the program area in which you will be applying. Also, include a cost estimate for all travel needs (airfare, hotel, hotel taxes, registration, per diem, mileage, parking, baggage, and gratuity). All expenses must be in accordance to current state and federal guidelines.			
<b>Type of Travel</b>	<b>Number of People</b>	<b>Cost</b>	<b>Total</b>
<b>Total Travel Expense</b>			
If approved for funding, all pay rates requested for reimbursement will be verified with the agency check stub and/or agency payroll documentation.			
How will this training help support the jurisdiction, help support with the mission of Homeland Security and benefit Mississippi?			

<b>VIII. Prior Experience</b>		
<b>Please answer YES or NO to the Following Questions.</b>	<b>YES</b>	<b>NO</b>
Has your agency received federal and/or state grants similar to the Mississippi Office of Homeland Security grant?		
Does your agency have at least three (3) years of receive 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 jurisdiction administration remained unchanged during the 2021 grant year? For example, Chief, Sheriff, SGA, Program Staff.		

<b>IX. NIMS Compliance Form</b>
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: <a href="https://training.fema.gov/nims/">https://training.fema.gov/nims/</a>

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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:**

<b>Authorized Signatory Official Name:</b>	
<b>Authorized Signatory Official Signature:</b>	

**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 Authorization:**

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.

<b>Applicant Name</b>	
<b>Applicant Title</b>	
<b>Date</b>	
<b>Applicant Signature</b>	