Appendix B

Instructions to Complete Homeland Security Grant Program (HSGP) Program Forms

Sub-Recipient Program Manager Workbook:
Quarterly Reimbursement Claim and Progress Report

To simplify the grant reimbursement, claim and progress report process, the MOHS has combined all required submission forms into (1) one workbook to claim reimbursement and track progress. There are four (4) quarters that will be required for the FY23 grant year, along with a final closeout form.

Each tab in the workbook corresponds with the quarter that the grant activity should take place. Please see the chart below.

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

Each quarter, the Sub-Recipient should fill out the tab that is required for the quarter, prepare all information, provide required documentation, and submit to the MOHS Grant Address:

mohsgrants@dps.ms.gov.

Quarterly Forms are due no later than the 15th day of the following month.

Any Sub-Recipient delinquent in submitting quarterly reports, or incomplete progress 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.

Reimbursement Conditions: Reimbursement of costs under a MOHS grant is **contingent** upon the following conditions:
- The availability of appropriated funds.
- Actual costs having been incurred (that is, services provided, hours worked, etc.) in accordance with the approved grant agreement and associated budget.
- Compliance with applicable cost principles referenced in the Grant Agreement.

Documentation: The MOHS requires the Sub-Recipient to submit complete documentation for claims with each Quarterly Report submitted. Source documents include time sheets (if applicable), invoices, quotes, proof of payment, and other records of costs incurred. The Quarterly Report must be completed in its entirety.

Advances of Funds: Advances **are allowable** for HSGP Grants. A HSGP 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.

Obtaining Claim Forms: All required reporting forms are included in the Orientation packet distributed and can be obtained on the MOHS Grants website.

Missing or insufficient Documentation: Reimbursement claims submitted to the MOHS with missing or insufficient documentation **will be returned to the Sub-Recipient.** The Program Manager will notify the agency of missing or inaccurate information to be revised and returned.

The Sub-Recipient and all authorized persons listed for the sub-grant will be notified, via email, that the required reports are missing and/or insufficient documentation to rework and resubmit to MOHS email. If any adjustments are made to the Quarterly Report, a copy of the adjusted will be sent to the Sub-Recipient reflecting the changes.

Undocumented items removed from a Quarterly Report will be eligible for payment throughout the grant period pending resubmission with proper documentation.

Authorized Signatures: The following individuals are authorized to sign the Quarterly Reimbursement Claim and Progress Report:
- Quarterly Reimbursement Claim and Progress Report:
    o Authorized Signatory Official; or
    o Designated Sub-Recipient Grant Administrator (SGA)

Checklist for submitting the FY23 Quarterly Reimbursement Claim and Progress Reports:

__ **(1) Salaries and Fringes (If applicable)**
- Check Register or copies Payroll Checks
- Timesheets/Activity Sheets
- Hours Breakdown

__ **(2) Contractual Services: (If applicable)**
- Any Documentation Needed to Justify Purchases
- Copies of all contracts MUST be submitted with 1st Reimbursement.
- Contracts MUST be within the period of performance.

__ **(3) Training/Travel (If applicable)**
A. Travel Voucher
B. Any Documentation Needed to Justify Purchases

__ **(4) Equipment**
A. Inventory Form
B. Breakdown for Reimbursement
C. Pictures of all Equipment
D. Any Documentation Needed to Justify Purchases

__ **(5) Commodities/Supplies: (If applicable)**
- Any Documentation Needed to Justify Purchases

__ **(6) Other Grant Expenses: (If applicable)**
- Any Documentation Needed to Justify Purchases

__ **(7) Check all forms for Signature:**
A. Quarterly Reimbursement Claim and Progress Report
B. Travel Vouchers
C. Time Sheets/Activity Sheets
D. Breakdown for Reimbursement Form
E. Agency Routine Intelligence Form

**Always refer to the Grant Agreement for each claim submitted for reimbursement to verify that the claim for reimbursement is allowable.

Quarterly Reimbursement Claim and Progress Report

Please refer to the chart above for the schedule of reports for submission and the due dates of the reports. Each report has been created for each Quarterly Reimbursement Claim and Progress Report.

*Note: All areas that are shaded have formulas and should be changed or revised.

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

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 or a (N) for No, in the grant field, only if this is the final submission.

Advance or Reimbursement:

Agency will fill out the section for the type of payment that the agency will request.

Advance:

Advances **are allowable** for HSGP Grants. A HSGP 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.

Quarterly Advance Claim: Only Fill out for Advance Payments	**A. Grant Award Amount**	**B. Funds Spent Through Last Claim**	**C. Grant Advance Amount Requested**	**D. Total Grant Funds:**
	(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
Total of Reimbursement:	$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. *1st 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.

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
Total of Reimbursement:	$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. *1st 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.

Quarterly Programmatic Report

Fill out the Quarterly Programmatic Report for the quarter that the Agency will be submitting. Each Quarter is personalized for each quarter and the tasks that are required. Equipment should be "in process" with quotes, starting procurement and selection within the 1st Quarter.

Ex. 1st 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", plesae provide a description of activities performed.

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.

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.

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 ablilty.			
Authorized Signatory Official/ Authorized Sub-Recipient Grant Administrator (SGA):		Date:	

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

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

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:		
5 Motorola MSWin Radios	*11532*	*$10,000.00*
Total Reimbursement Request:		

Agency Routine Intelligence Reporting Form (New)

As part of our continued partnership with the Mississippi Analysis and Information Center (MSAIC), we are requesting that each agency provide the Agency Routine Intelligence Reporting Form, along with the Quarterly Program Manager Workbook. Each quarter the agency will fill out the following incidents, number of occurrences and a description of occurrences. Information will be used for continued data collection for intelligence gathering and information sharing amount agencies and the State.

Agency Routine Intelligence Reporting Form

Agency Name:	
Contact Name:	
Contact Number:	
Contact Email Address:	
Quarter for Reporting:	

Agency Incidents within Jurisdiction

Type of Incidents	# of Occurrences	Description
Bomb Threats		
Carjacking		
Commercial Arson		
Critical Infrastructure-Damage		
Cyber Crime		
Drug-Trafficking Organization		
Gang Activity		
Interaction with Hate/Extremist Groups		
Homicide		
Human Trafficking		
White Collar Crime		
Public Corruption		
Public Health		

MOHS Equipment Inventory Form

Form is included, along with the FY22 Program Manager Workbook. Please fill out each section on the Equipment Inventory Form.

MOHS Equipment Inventory Form

Sub-grantee (Jurisdiction/Agency Name): **1** _____

Grant Number: **2** _____

Contact Name for Equipment: **3** _____

Contact Phone Number for Equipment: **4** _____ After Hours Number: **5** _____

Email: **6** _____

Local Property Identification Number	Property Description						
7	**8**						

Acquisition Date	Serial/VIN #	Unit Cost	% Grant Funded		Vendor (Source)		New Equipment
9	**10**	**11**	100%		**13**		☑ Yes ☐ No

Capital Asset	Description of Location of Equipment		County Located In	USAR Task Force
☐ Yes ☑ No	**16**		**17**	☐ TF-1 ☐ TF-2 ☐ TF-3

Agency Type							
☐ State Agency	☐ Local Jurisdiction	☐ College	☐ EMA	☐ Fire	☐ Law Enforcement	☐ Non-Profit	☐ Search/Rescue

Asset Category (Choose One)					
☐ Air Asset	☐ Communications	☐ Fire Suppression	☐ Law Enforcement	☐ Search/Rescue	☐ Vehicle Asset
☐ Bomb Team	☐ Cyber Security	☐ Hazmat	☐ Medical Asset	☐ Technical Rescue	☐ Other

Asset Type (Choose One)

☐ ALPR (Stand Alone)	☐ Generator, Trailer Mounted	☐ Tents / Cots
☐ ALPR (Trailer)	☐ GPS / Tracking Devices	☐ Trailer, / RV, Communications
☐ Audio/Visual Training	☐ Interoperability Gateway (Coms.)	☐ Trailer, Command
☐ Boat - Flood Water	☐ K-9	☐ Trailer, Cooking / Food Unit
☐ Boat - Swift Water	☐ Mobile Repeaters	☐ Trailer, Enclosed
☐ Camera, Other	☐ Monitor, EMS	☐ Trailer, Flat Bed
☐ Camera, Thermal	☐ Monitor, Hazmat	☐ Trench Rescue Equipment
☐ Camera, Video	☐ PD Ballistic Equipment	☐ Vehicle, ATV - 4 Wheeler
☐ Cameras, Surveillance	☐ PD Tactical Equipment	☐ Vehicle, High Water
☐ Computer, Desktop	☑ Personal Protective Equipment	☐ Vehicle, Prime Mover
☐ Computer, Laptop	☐ Radio, Mobile	☐ Vehicle, UTV - Side by Side - 2 seater
☐ Computer, Tablet	☐ Radio, Portable	☐ Vehicle, UTV - Side by Side - 4 seater
☐ Confined Space Cache	☐ Rope Rescue Cache	☐ Other_____
☐ Cyber Security Equipment	☐ Satellite Data	
☐ Dive Equipment	☐ Satellite Phone	
☐ Drone/UAV	☐ Security Equipment	
☐ Fuel - Portable Tank	☐ Shoring Equipment (USAR)	
☐ Generator, Portable	☐ Sonar	

1. Sub-Grantee Name: Please fill out the name of the Agency.
2. Grant Number: Please fill out the grant year equipment is being purchased for.
3. Contact Name for Equipment: Please include the person responsible for equipment. Ex. SGA, Equipment Manager, etc.
4. Contact Number for Equipment: Please include the number for the person responsible for equipment.
5. After-Hours Number: Please include if the agency has a number.
6. Email: Please include the email address for the person responsible for the equipment.
7. Local Property Identification Number: Please include the number that is assigned by your Agency for the piece of equipment.
8. Property Description: Please include a detailed description of the Equipment. Include the type, model, identifying features, etc.
9. Acquisition Date: Please include the date of purchase for the equipment.

10. Serial/Vin Number: Please include the identification number for the equipment.
11. Unit Cost: Please include the price per piece of equipment.
12. % of Grant Funds: **Already filled out. 100% grant funded.**
13. Vendor (Source): Please include the vendor of the equipment. Ex: Raider Manufacturing
14. New Equipment: **Already filled out.**
15. Capital Asset: Please mark if the equipment is a Capital Asset.
16. Description of Location of Equipment: Please include where the equipment will be located. Ex. Deputy #43's Prime Mover or Storage Room at Freemont Fire Station
17. County Located in: Where is the Agency located?
18. USAR Task Force: Please include whether the equipment is part of the USAR Task Force.
19. Agency Type: Please mark the agency type that your agency is designated under.
20. Asset Category: Please mark the category that best fits the category of equipment.
21. Asset Type: Please mark the type of equipment that best fits the equipment.

Note: When providing the Equipment Inventory Log, please also include photographs of the equipment to include serial number, distinguishing marks, and identification numbers.

Mississippi Office of Homeland Security
Closeout Form

Sub-Recipient Grant Closeout Form

Type of Grant: (Please Check Grant Type for Reimbursement)	Homeland Security:	Non Profit:	Cybersecurity:	Other:
	1	1	1	1
Agency Name:	2			
Grant Number #:	3			

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. **All grant reimbursements have been submitted to the MOHS for payment and no further costs will be requested after the date of this closeout.**

Grant Closeout Authorization:

Grant Award Budget Type:		Federal Amount	Match Amount (If Applicable)
Grant Award Total:		A.	C.
Grant Reimbursements Total:		B.	C.
Unexpended Grant Balance:		#VALUE!	#VALUE!

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.

A. **Grant Award Total:** Please include the total amount that the Agency was federal awarded.

B. **Grant Reimbursements Total:** Please include the total amount that the Agency has requested for grant reimbursement.

C. **Match Amount:** Please add $0.00 as the match amount. No HSGP grants currently have match requirements.

Mississippi Office of Homeland Security
Closeout Form

Explanation/Comments/Additional Information:

Compliance for Closeout

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.

Sub-Recipient Grant Administrator: Signature and Date

Authorized Signatory Official: Signature and Date

Please include any additional information needed for the program. Once the form was reviewed and all information in confirmed, please date, and sign the areas designated for the SGA and the Authorized Signatory Official.

Once signed, please return to the MOHS at: mohsgrants@dps.ms.gov

Other MOHS Forms

(If Applicable and/or needed)
Please request from the MOHS Grants Department or Documents can be found on MOHS Website.

MOHS Travel Voucher Form

Travel Voucher

TRAVEL VOUCHER

								Check One:	

Form 13.20.10

Revised 07/2017

	Check One:	
Employee	
Contract Worker	
Board Member	

State of Mississippi: **1**

(Agency or Institution)

Employee SSN: _____ PIN/WIN: _____

Trip Optimizer Attached	
Yes	
No	

Name: **2** PID#: _____

Address: **3**

Reason Why Trip Optimizer _is not_ Attached

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from

4 to **4** . The itemized statement follows.

5	Check Box(es):	In-State	Out-of-State	Out-of-Country	PTE Request		Per Diem in Lieu of Subsistence		**7**
	Prior to Trip Expenses (PTE) Request:						Taxable Meals		
	Lodging	Do Not Fill Out					Non-Taxable Meals		
	Public Carrier	Do Not Fill Out					Lodging		
	Registration	Do Not Fill Out					Registration		#REF!
	Payment Information (Traveler complete, if known)						Travel in Private Vehicle		
	Trip #		Do Not Fill Out				Travel in Rented Vehicle		#REF!
	Travel Voucher #		Do Not Fill Out				Travel in Public Carrier	Do Not Fill Out	
	SAAS Ag #		Do Not Fill Out				Other:		
	SPAHRS Ag #		Do Not Fill Out				Sub Total		#REF!
	Fund #		Do Not Fill Out				Less: Travel Advance		#REF!
	Activity / Location		Do Not Fill Out				Less: PTE Lodging		#VALUE!
	Org / Sub Org		Do Not Fill Out				Less: PTE Public Carrier		#VALUE!
	Rpt Category		Do Not Fill Out				Less: PTE Registration		#VALUE!
	Project / Sub Proj	**6**					Net Payment (Overpayment)		#REF!

Subject to any difference determined by verification, I certify that the above claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

Traveler: ___ **8**	Title: **8**	Date: **8**
Approved by: ___ **9**	Title: **9**	Date: **9**
Verified by: ___ **10**	Title: **10**	Date: **10**

PENALTY FOR FRAUDULENT CLAIM - fine of not more than $250; civilly liable for full amount received illegally; removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code Ann.-1972)

Travel Voucher Step by Step
(This form consists of two pages)

Page 1

1. Enter agency name.
2. Enter employee name.
3. Enter the agency address.
4. Enter date travel began and date travel ended.
5. Indicate whether travel is in-state or out-of-state in the appropriate box.
6. Project Name (Grant Number)
7. Items listed in the column on the right side of the page will populate from the itemized statement of travel expense form on page 2.
8. The form should be signed by the person traveling. Enter title of traveler and date.
9. The form should be signed by the supervisor. Enter title of supervisor and date.
10. The form should be signed by a signatory official. Enter title and date.

Travel Voucher Step by Step
(This form consists of two pages)

Form 13.20.10											
Itemized Statement of Travel Expense			SPAHRS Ag #: Do Not Fill Out	Name: 1						PID#: Do not fill out	
Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Max	Daily Meals Allowed	Hotel	Other Authorized Expenses Item	Amount
	Non-Taxable										
2	3	4	5	6	6	6	7	8	9	10	11
Total											
	Taxable										
Total											
		Mileage Reimbursement Rate		($.535 if no state vehicle available; $.17 if state vehicle is available)							
		Total Mileage Dollar Amount-Non Taxable									

Page 2: Itemized Statement of Travel Expense

1. Enter employee name.
2. Enter date of travel.
3. Enter purpose of travel.
4. Enter points of travel (departure and return locations).
5. Enter miles, if applicable.
6. Enter actual breakfast, lunch and/or dinner costs, if applicable.
7. Daily max (the total cost of meals; this amount should populate).
8. Enter allowable cost of daily meals. (Refer to travel line item in approved grant agreement.)
9. Enter hotel cost. (Refer to travel line item in approved grant agreement.)
10. Enter other authorized expenses, i.e., item: gratuity and the amount.
11. Total should populate with information.

This page should populate totals. If not, totals should be manually entered and transferred to page 1 in appropriate boxes.

Homeland Security Grant Program Request Form

Please fill out each section on the Request Form. Requests must include required back up documentation to support the need and the expenditures for the request. Only one (1) advance will be allowed at a time, before any additional advances can be processed, all previous advances will need to be cleared.

Homeland Security Grant Program Request Form

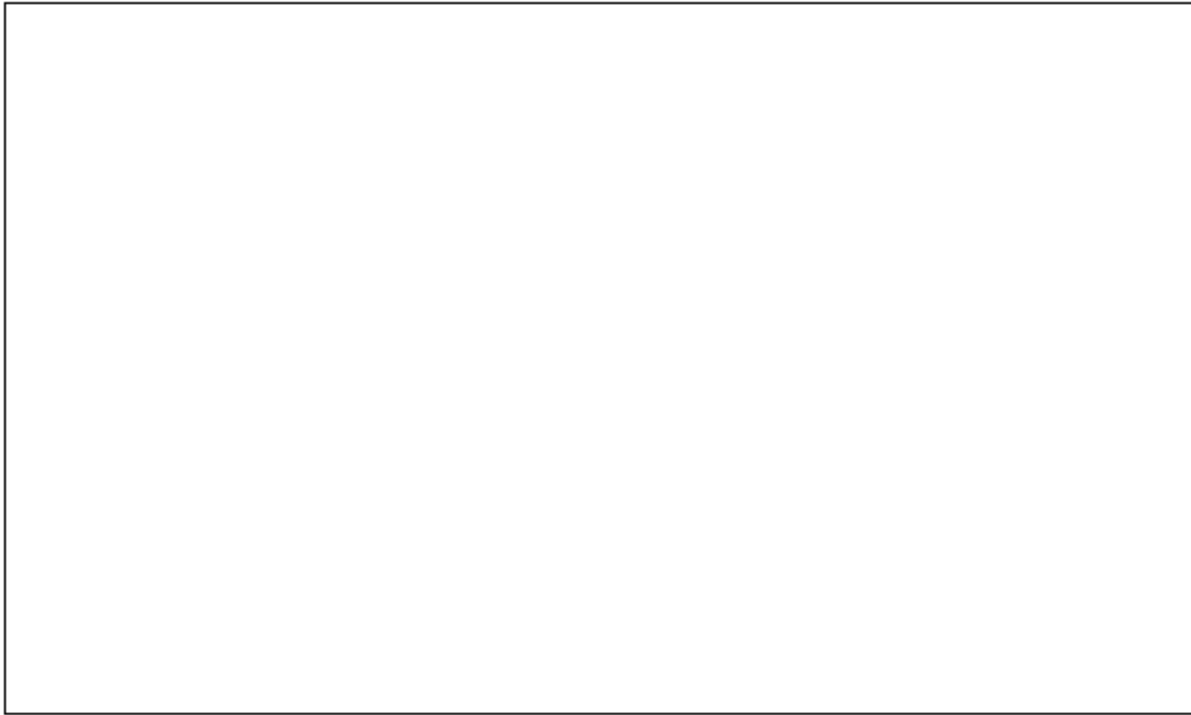| Type of Request: Please check the box for the type of request:	
1.	**Request for Advance:** An advance is for jurisdictions may not be able to provide monies up front for purchases and wait to be reimbursed later within the period of performance.
2.	**Request for Extension**- An extension will extend the period of performance to complete all program tasks and activities.
3.	**Request for Minor Change**-A minor change is budget change within a single line item within the program budget.
4.	**Request for Modification**- 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.

Agency will check the Type of Request that will fit the agencies request.

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 the 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.

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

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.

MOHS Budget Modification: (If Applicable)

MOHS staff will help with the drafting and creation of the MOHS Budget Modification. Many items will not need a complete budget change. Budget modifications are for the modification of grant item categories. Example: Removing funds from Salary to now be included in Equipment. If Sub-Recipient is not changing budget amounts, then the Agency may need a Request for Change.

MS OFFICE OF HOMELAND SECURITY
BUDGET MODIFICATION SIGNATURE SHEET

1. Sub-Recipient's Name:

Mailing Address

Telephone Number:

Email:

2. Effective Date:

3. Sub-Recipient Number:

4. Modification Number:

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 Federal	Change State/Local	New Budget
Personal Services-Salary	A	B	$0.00	C
Personal Services-Fringe	A	B	$0.00	C
Contractual Services	A	B	$0.00	C
Travel	A	B	$0.00	C
Equipment	A	B	$0.00	C
Commodities/Supplies	A	B	$0.00	C
Other	A	B	$0.00	C
TOTAL	A	B	$0.00	C

8. Except as hereby modified, all terms and conditions of the sub-grant remain unchanged.

AGENCY APPROVAL	SUB-GRANTEE ACCEPTANCE
9. Approval from Grantee:	**10.** Typed Name & Title of Authorized Sub-Recipient Official: (Mayor/Board President)
11. Signature of Grantee and Date:	**12.** Signature of Authorized Sub-Recipient Official & Date:

1. Enter Sub-Recipients Name, Mailing Address, Telephone Number and Email
2. Effective Date: Enter the Effective Date Requested.
3. Sub-Recipient Number: Enter the Sub-Recipient Grant Number
4. Modification Number: Please enter the number of Modifications that have been issued Ex. Modification #3
5. Grant Identifier: Please include the Funding Source and the Grant Year. Ex. HSGP2020
6. Period of Performance: Please include the current Period of Performance that has been approved for the grant.
7. Budget Details:
   a. Current Budget: Please include the amount that is currently awarded for the grant.
   b. Change/Federal: Please include the amount of the change. Example +$400.00.
   c. New Budget: Please include the amount of the modification.
8. Statement of the Modification-Will Not Change
9. Approval from Grantee-Name of the MOHS Executive Director
10. Name of the Authorized Sub-Recipient Official-Name of the Authorized Signatory Official (Not the SGA or other Agency Personnel.
11. Signature of the Grantee and Date: Signature of the MOHS Executive Director
12. Signature of Authorized Sub-Recipient Official-Signature of the Signatory Official (Not the SGA or other Agency Personnel.

MS OFFICE OF HOMELAND SECURITY BUDGET MODIFICATION COST SUMMARY SUPPORT SHEET				
1. Sub-Recipient Agency:				
2. Sub-Recipient Grant Number:		**3. Modification Effective Date:**		
4. Grant Budget Category	**5. Grant Budget Detail**	**6. Revised Budget**		
		Federal	All Other	Total
Salary & Wages: Original Grant Amount $ Revised Grant Amount $		$	$0.00	$
Fringe: (If Applicable) Original Grant Amount $ Revised Grant Amount $		$	$0.00	$
Contractual Services: Original Grant Amount $ Revised Grant Amount $		$	$0.00	$
Travel: Original Grant Amount $ Revised Grant Amount $		$	$0.00	$
Equipment: Original Grant Amount $ Revised Grant Amount $		$	$0.00	$
Commodities/Supplies: Original Grant Amount $ Revised Grant Amount $		$	$0.00	$
Other Costs: Original Grant Amount Revised Grant Amount		$	$0.00	$
	TOTALS	$	$0.00	$

1. Sub-Recipient Agency: Enter the name of the Agency.
2. Sub-Recipient Grant Number: Enter the Grant Number for the Agency
3. Modification Effective Date: Enter the date of the Modification.
4. Grant Category: Please add in the information of the grant that is changing.
    i. Original Amount: Example: $700.00
    ii. Revised Amount: Example: $750.00
5. Grant Budget Detail. Enter any details for the change. Example. (5) Kenwood Mobile Radios @ $125.00 each.
6. Revised Budget: Enter the amount of the revised budget.
    i. Add in the Federal Amount
    ii. All Other: Should remain $0.00.
7. Total: Total of the amount for each category.
8. Total: Please add in the totals at the bottom of the form.

Once form has been submitted to the MOHS email address at: mohsgrants@dps.ms.gov., the form will be reviewed and approved. Once the form has been executed, a copy will be emailed back to the Sub-Recipient for their files.

MOHS Request for Pre-Approval of $75,000.00 and Over Procurement: (If Applicable)

Please fill out each section on the Request for Pre-Approval of $75,000.00 and Over Procurement. This form should be used when an Agency wants to extend funds for items over $75,000.00. Agency should follow local, state, and federal procurement for any items purchased with funds.

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. ☐ Copy of Proposed Invitation to Bid or Request for Proposal document

B. ☐ Copy of Proposed Advertisement or Public Notice

C. ☐ Copy of Award Selection Criteria

D. ☐ If Noncompetitive, attach Request for Noncompetitive Procurement

E. ☐ 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. ☐ Approved ☐ Disapproved	☐ Returned for Further Justification (See back)	Date
12. SAA Point of Contact or Authorized Representative		Date

Request for Equipment over $75,000.00

MOHS Sole Source: (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 offerer 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.

4. Upon review and receipt of the Sole Source Procurement form, a response will be provided to your agency via email.

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

National Incident Management System (FEMA)

Per FEMA, The National Incident Management System (NIMS) guides all levels of government, nongovernmental organizations 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. NIMS defines operational systems that guide how personnel work together during incidents.

Certificates will be required as part of the HSGP Grant and will be requested for review during MOHS Monitoring.

- ICS-100: Introduction to the Incident Command System

  ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).

- ICS-200: ICS for Single Resources and Initial Action Incidents

  IS200, Basic Incident Command System for Initial Response, reviews the Incident Command System (ICS), provides the context for ICS within initial response, and supports higher level ICS training. This course provides training on, and resources for, personnel who are likely to assume a supervisory position within ICS.

- IS-700: National Incident Management System, An Introduction

  This course provides an overview of the National Incident Management System (NIMS). The National Incident Management System defines the comprehensive approach guiding the whole community - all levels of government, nongovernmental organizations (NGO), and the private sector - to work together seamlessly to prevent, protect against, mitigate, respond to, and recover from the effects of incidents. The course provides learners with a basic understanding of NIMS concepts, principles, and components.

- IS-800: National Response Framework, An Introduction

  The goal of the IS-0800.d, National Response Framework, An Introduction, is to provide guidance for the whole community. Within this broad audience, the National Response Framework focuses especially on those who are involved in delivering and applying the response core capabilities.