I. Agency Applicant Information			
Date [			
Name of Agency			
Mailing Address			
	1		
County of Agency			
Agency Contact Name			
Contact Phone Number			
Contact Email Address			
UEI Number		]	
UEI Activation Date		_ _	
Congressional District		_ 7	
Cost Category		Source of Funds	
Personnel Services-Salary		Federal	
Personnel Services-Fringe		State	\$0.00
Contractual Service		Local	\$0.00
Training/Travel		Other	\$0.00
Equipment		Total	, , , , , , , , , , , , , , , , , , , ,
Commodities/Supplies			
Total of Grant			
The applicant agrees to ope	erate the program outlined in t	nis application with	all provisions as included
herein.	, 0	• • •	·
	horized Official (Mayor/Board o	of Supervisor Preside	ent/Commissioner) for
Jurisdiction to Apply:	(,		, , , , , , , , , , , , , , , , , , , ,

II. Problem Identification		
	This section must be completed.	
City of Agency		
County Name		
Number of Square Miles		
Number of Population		
Number of Staff working in Agency		
	III. Jurisdiction's Top Three Threats	
	s a natural, technological or human caused occurrence, individual, entity or action	
that has or indicated poten	tial to harm life information, operations the environment and/or property.	
	Briefly describe the jurisdiction's first top threat:	
	Briefly describe the jurisdiction's second top threat:	
	briefly describe the jurisdiction's second top threat.	
	Briefly describe the jurisdiction's third top threat:	

#### **IV. Jurisdictions Top Three Hazards**

FEMA Describes "Hazard" as something that is punwanted outcomes.	potential dangerous or harmful, often the root cause of an
	the jurisdiction's top hazard:
•	·
Briefly describe t	he jurisdiction's second hazard:
Briefly describe a	ne jurisdiction 3 Second Nazara.
Briefly describe	the jurisdiction's third hazard:
•	•

# 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 statewide assets (task forces, force protection units, bomb teams, etc.) may/may not mitigate the threats and hazards that have been identified. 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 **Community Preparedness Violent Extremism Election Security** 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. Prevention Response **Protection** Recovery Mitigation

Please describe how the funding will be used to	support the Mission Area.		
Diagramay, which Cara Canability that the Agam	overvill assessment with founding		
Please mark which Core Capability that the Agend Community Resilience	Situational Assessment		
Environmental Response/Health and Safety	Threats and Hazard Identification		
Interdiction and Disruption	Cybersecurity		
Operational Communications	Mass Care Services		
Access Control and Identity Verification	Mass Search and Rescue Operations		
Fatality Management Services	On-Scene Security and Protection		
Intelligence and Information Sharing	Operational Coordination		
Long-term Vulnerability Reduction	Planning		
Physical Protective Measures	Critical Transportation		
Public Health and Medical Services	Forensics and Attribution		
Rick and Disaster Resilience Assessment	Health and Social Services		
Housing	Public/Private Services and Resources		
Infrastructure Systems	Public Information and Warning		
Risk Management-Protection Programs/Activities	Economic Recovery		
Screening, Search, and Detection	Supply Chain Integrity and Security		
Natural and Cultural Resources	Supply Chain integrity and Security		
Natural and Oditural Resources			
Please describe how the funding will be used to support	the Care Canabilities marked above		
Flease describe now the funding will be used to support	the core capabilities marked above.		

VII. Grant Budget					
I. Personnel-Salary					
Submit information for pro	posed proje	ect staff that will be fu	unded with	federal fun	ds under the grant
agreement. All expenses m	ust be in ac	cordance to current s	tate and fe	deral guidel	ines. (Task Force,
Operation Stonegarden, Tr	aining and (	Community Preparedr	ness Grants	Only)	
Personnel Title: Rate of Pay # of Hours Total			Total		
Total Salary					
	_				
_				• •	ficer is paid by your agency.
The rate of pay should not			• •		•
for reimbursement will be	verified wit			igency payr	oll documentation.
		II. Personnel-F	ringe		
Submit information for pro	posed proj	ect staff that will be fu	unded with	federal fun	ds under the grant
agreement. All expenses m	ust be in ac	ccordance to current s	tate and fe	deral guidel	ines. (Task Force,
Operation Stonegarden, Tr	aining and (	<b>Community Preparedr</b>	ness Grants	Only)	
Personnel Title:		Fringe Item:		%	Total
Total Fringe					
If approved for funding, al	l pay rates i	requested for reimbur	sement wil	l be verified	l with the agency check
stub and/or agency payroll	document				
III. Contractual Services					
Include a detailed assessm	ent of conti	ractual services within	the progra	m area in w	hich you will be applying.
Also, include a cost estimate for all contractual needs (rental, shipping costs, etc.). All expenses must be in					
accordance to current state and federal guidelines. (Task Force, Operation Stonegarden, Training and					
Community Preparedness	<b>Grants Only</b>	·)			
Type of Contractual	Amount of	Service/Amount per	Quantity	of Service	Total
Total Contractual					
If approved for funding, al	l pay rates i	requested for reimbur	sement wil	l be verified	l with the agency check
stub and/or agency payroll	documenta	ation.			

	Grant Application	<b></b>		
	IV. Travel			
Include a detailed assessm	ent of travel needs within the progr	ram area i	in which yo	u will be applying. Also,
include a cost estimate for all travel needs (airfare, hotel, hotel taxes, per diem, mileage, parking, baggage,				
and gratuity). All expenses	must be in accordance to current s	tate and f	ederal guid	lelines. (Task Force,
Operation Stonegarden, Tr	aining and Community Preparednes	ss Grants	Only)	
Type of Travel	Number of People		Cost	Total
Total Travel Expense				
If approved for funding, al	I pay rates requested for reimburse	ment will	be verified	with the agency check
stub and/or agency payrol	documentation.			
	V. Equipment			
	lease list the cost for each piece of		-	
• •	wable, reasonable and must be ess			• •
•	oment List. Unallowable equipment	:: Guns, A	mmunition	, Body Cameras and
Drones. (See Guidance for	More Information)			
AEL Number:	Di	iscipline		
Cost of Equipment	Q	uantity		
Total Equipment Cost				
Item Description				
How will equipment be use	led to reduce Threats and Hazard?			
now will equipment be use	ed to reduce Tilleats and Hazard:			
AEL Number:	D	iscipline		
Cost of Equipment	Q	uantity		
Total Equipment Cost				
Item Description				
How will equipment be use	 ed to reduce Threats and Hazard?			
THE WITH CHAIPMENT DE US	to reduce illicate and nazara:			

AEL Number:		Discipline	
Cost of Equipment		Quantity	
Total Equipment Cost			
Item Description			
How will equipment be use	ed to reduce Threats and Hazard?		

AEL Number:		Discipline		
Cost of Equipment		Quantity		
Total Equipment Cost				
Item Description				
How will equipment be use	ed to reduce Threats and Hazard	?		
AEL N l		D: . : . I:		
AEL Number:		Discipline		
Cost of Equipment		Quantity		
Total Equipment Cost				
Item Description				
How will equipment be use	ed to reduce Threats and Hazard	?		
		1		
AEL Number:		Discipline		
Cost of Equipment		Quantity		
Total Equipment Cost				
Item Description				
How will equipment be use	ed to reduce Threats and Hazard	?		
Total Equipment:				
	VI. Commodities,	Supplies		
Include a detailed assessme	ent of other grant expenses with	in the progr	am area in	which you are applying.
Type of Commodity	Quantity		Cost Per	Total
			Item	
<b>Total Commodity Expense</b>				
. Jan Commodity Expense				
Total Grant Amount				

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 receive federal grant funds?			
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			
Has the agency administration remained unchanged during the 2022 grant 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.

	X. Submission Compliance
I certify that I am an emplo	yee of the aforementioned agency and/or jurisdiction or have been hired by the
agency/jurisdiction to appl	y on the behalf of this grant application.
Applicant Contact Informat	tion and Authorization
Applicant Name	
Applicant Title	
Date	
Applicant Signature	