

**MOHS FY24 Homeland Security Grant Program
Grant Application**

I. Agency Applicant Information

Date of Application

Name of Agency

Mailing Address

County of Agency

Agency Contact Name

Contact Phone Number

Contact Email Address

UEI Number

Congressional District

Cost Category		Source of Funds	
Contractual Services		Federal	
Equipment		State	\$0.00
Commodities/Supplies		Local	\$0.00
Training/Travel		Other	\$0.00
Other		Total	
Total of Grant			

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

Approved Signature of Authorized Official (Mayor/Board of Supervisor President/Commissioner) for Jurisdiction to Apply:

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II. Problem Identification	
City of Agency	
County Name	
Number of Square Miles	
Number of Population	
Number of Staff working in Agency	
III. Jurisdiction's Top Terrorism 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 terrorism threat:	

IV. Jurisdictions Top Terrorism Hazard
FEMA Describes "Hazard" as something that is potentially dangerous or harmful, often the root cause of an unwanted outcomes.
Briefly describe the jurisdiction's top terrorism 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 state-wide assets (task forces, force protection units, bomb teams, etc.) 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.

- | | |
|---|--|
| <input type="checkbox"/> Cybersecurity | <input type="checkbox"/> Soft Targets/Crowded Places |
| <input type="checkbox"/> Information and Intelligence Sharing | <input type="checkbox"/> Community Preparedness |
| <input type="checkbox"/> Violent Extremism | <input type="checkbox"/> 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.

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

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 type="checkbox"/> Threats and 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"/> Mass Search and Rescue Operations |
| <input type="checkbox"/> Fatality Management Services | <input type="checkbox"/> On-Scene Security and 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 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 | |

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VII. Grant Budget

If approved for funding, all pay rates requested for reimbursement will be verified with the agency check stub and/or agency payroll documentation.

I. Contractual Services

Include a detailed assessment of contractual services within the program area in which 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 Grants Only). Contractual Services are for (1) Year-Period of Performance.

Type of Contractual	Amount of Service/Amount per	Quantity of Service	Total
Total Contractual			

If approved for funding, all contractual services must be with the period of performance and copies of all contract will be provided.

II. 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 (AEL). Unallowable equipment: Guns, Ammunition, Uniforms, Patrol Vehicles, Body Cameras, and Drones. Agency should not request funding for the whole agency, but for a particular project. Equipment MUST be for Terrorism Based Programs and Activities. (See Guidance for More Information)

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

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Cost of Equipment		Quantity	
Total Equipment Cost			
Item Description			

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Cost of Equipment		Quantity	
Total Equipment Cost			
Item Description			

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Total Equipment Cost			
Item Description			

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

Total Equipment:	\$		
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III. Commodities/Supplies

Include a detailed assessment of other grant expenses within the program area in which you are applying. Also, include a cost estimate for all additional grant expenses (, gloves, traffic safety cones, flashlights, reflective safety vests, etc.). All expenses must be in accordance to current state and federal guidelines. Items are not identified as equipment.

Type of Commodity	Quantity	Cost Per Item	Total
Total Commodity Expense			

IV. Travel/Training

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, per diem, mileage, parking, baggage, and gratuity). All expenses must be in accordance to current state and federal guidelines. (Task Force, Operation Stonegarden, Training and Community Preparedness Grants Only)

Type of Travel	Number of People	Cost	Total
Total Travel Expense			

If approved for funding, all travel and training reimbursements must include required MOHS documentation to include, but not limited to travel vouchers, receipts, agendas, etc.

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V. Other Expenses

Include a detailed assessment of additional needs within the program area in which you will be applying.
Additional items listed in this category must have a detailed justification for requests.

Type of Expense	Description	Cost	Total
Total Other Expenses.			

Total Amount of Grant Application Requested

Total Amount of Grant Application Requested		
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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 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		
Has the agency administration remained unchanged during the 2023 grant year? For example, Chief, Sheriff, SGA, Program Staff.		

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. Application Submission Compliance

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 the behalf of this grant application.

Applicant Contact Information and Authorization

Applicant Name	
Applicant Title	
Date	
Applicant Signature	