



**MISSISSIPPI OFFICE OF HOMELAND SECURITY
FY24 HOMELAND SECURITY
NON-PROFIT
GRANT IMPLEMENTATION**

WELCOME AND INTRODUCTIONS

MOHS Non-Profit Staff:

Grants Lead: Kayla Stewart

Kim Johnson: Non-Profit Program Manager

Non-Profit Program Manager: Keondra Wallace

Rachelle McKinley: Finance Program Manager



Welcome and Introductions



Grant Monitors

Bebea Boney

Steve Latham

Welcome and Introductions



MOHS Administration:

- Orlando Hoard, II-Admin Assistant
- Beth Loflin-Grants/Finance Director

Welcome and Introductions

Main Contacts:

Main Phone Number: 601-987-1278

Email Address: mohsgrants@dps.ms.gov

Website:

<https://www.homelandsecurity.ms.gov/>





Show of Hands.....

How many of you have never worked on a grant before?



Show of Hands.....

**How many have worked on grants before and
think..... I GOT THIS?**

IMPLEMENTATION OF NON-PROFIT GRANTS



Implementation Topics-NEW GRANTS

Information about
the FY24 Non-
Profit Grant
Program

Getting Started for
Non-Profit
Grants
Grants 101

Let's Talk Award
Document Paperwork
& Requirements

EHP and Exercise

WHAT'S AHEAD
FOR FY24 NON-
PROFIT GRANTS

Let's Finish Up and
Let's Go Home



Orientation Acknowledgement Form



FY24 Homeland Security Non-Profit Grant Program Orientation Acknowledgment Form

By signing this Orientation Acknowledgment form, I acknowledge that I have received and viewed a copy of the FY24 Mississippi Office of Homeland Security (MOHS)-Homeland Security Non-Profit Grant Program Orientation documents.

I understand and agree that it is my responsibility to read, understand and follow all guidance set forth in the grant award and the grant program documents.

I acknowledge that if I have any questions, comments or concerns related to the grant award documents or grant program documents, I am encouraged to discuss matters with MOHS staff and seek guidance and technical assistance.

Date: _____

Name: _____

Signature: _____

Agency Name: _____

Please return this form to: MOHS Grants: mohsgrants@dps.ms.gov



FY24 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Information about the FY24 Federal Non-Profit Security Grant Program

HOMELAND SECURITY NON- PROFIT GRANT PROGRAM



The Fiscal Year (FY) 2024 Homeland Security Non-Profit Grant Program (HSGP) is provided by Department of Homeland Security and the Federal Emergency Management Agency.



This grant is provided funding for physical and cybersecurity enhancements and other security-related activities to non-profit organizations that are at high risk for terrorist attacks.

PROGRAM NATIONAL PRIORITIES FOR NON-PROFIT GRANT PROGRAMS:

Enhancing the
Protection of Soft
Targets/ Crowded
Places



FEDERAL FUNDING FOR FY24

For the Fiscal Year of the 2024
Homeland Security Grant, Mississippi
Office of Homeland Security will
award a total of:

**FY24 Homeland Security
Non-Profit Grant Program Grant
Awards**

\$3,805,277.00-32 Grants





GETTING
STARTED WITH
NON-PROFIT
GRANTS

GET
ORGANIZED

IDENTIFY KEY GRANT PERSONNEL

For effective grant management, the MOHS requires at least (3) three separate Key Personnel to assist will assist with this grant.

Signatory Authorized Official:

Top Person of your organization.
(President, Pastor, CEO,
Committee Chair, etc.) Top
authority of the grant and will be
the main person responsible for the
grant.

Finance Manager/Coordinator:

Person that will be responsible for
the payment of any purchases
within the grant.

**Sub-Recipient Grant
Administrator:**

Responsible for the day-to-day
operations of the grant and main
contact for the grant.

GET ORGANIZED AND SET UP FOR SUCCESS

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- Review Grant Award Agreement and Requirements
- Meet with your Key Grant Personnel about the Grant
 - Discuss Regularly Grant Updates
 - Timelines
 - Financial Discussion
 - Program Progress
 - Set Goals for Project
- Set Timelines on a Calendar



FINANCIAL PRACTICES FOR GRANT FUNDS

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Think you're your organization as a business. You have to good financial practices for a successful business. Grants are the same way.

- All Grant Programs must have:
- Active Financial Account with a banking institution
- Ability to track expenses
- Ability to ensure budget adherence
- Ability to conduct financial reporting and balance of funds
- Good standing with all federal agencies and not be debarred or suspended from receiving federal funds (UEI on SAM.gov)
- Adhere to all federal and state guidelines for procurement, purchasing and payments
- Establish a Mississippi Department of Finance and Administrations MAGIC Account to receive grant funds (Magic Vendor #)

GRANT FILE AND RECORD KEEPING

- Items needed for a Grant File:
 - Investment Justification (Application)
 - Risk Assessment (Submitted with Application)
 - Proof of Unique Identification Number and Good Standing (UEI)
 - Award Letter, Award Agreement and Appendix Documents
 - Environmental Historic Preservations Form and Completion
 - Quarterly Reports and Reimbursements with Back Up Documentation
 - Equipment Forms and Pictures
 - Close Out Forms
 - Monitoring Visit Documents

Mississippi Office of
Homeland Security
FY24 Sub-Recipient
Non-Profit
Grant Administrator's
Guide



FY24 SUB-RECIPIENT NON-
PROFIT GRANT
ADMINISTRATOR'S GUIDE

Sub-Recipient Grant Administrator's Guide- Page 3

Authority:

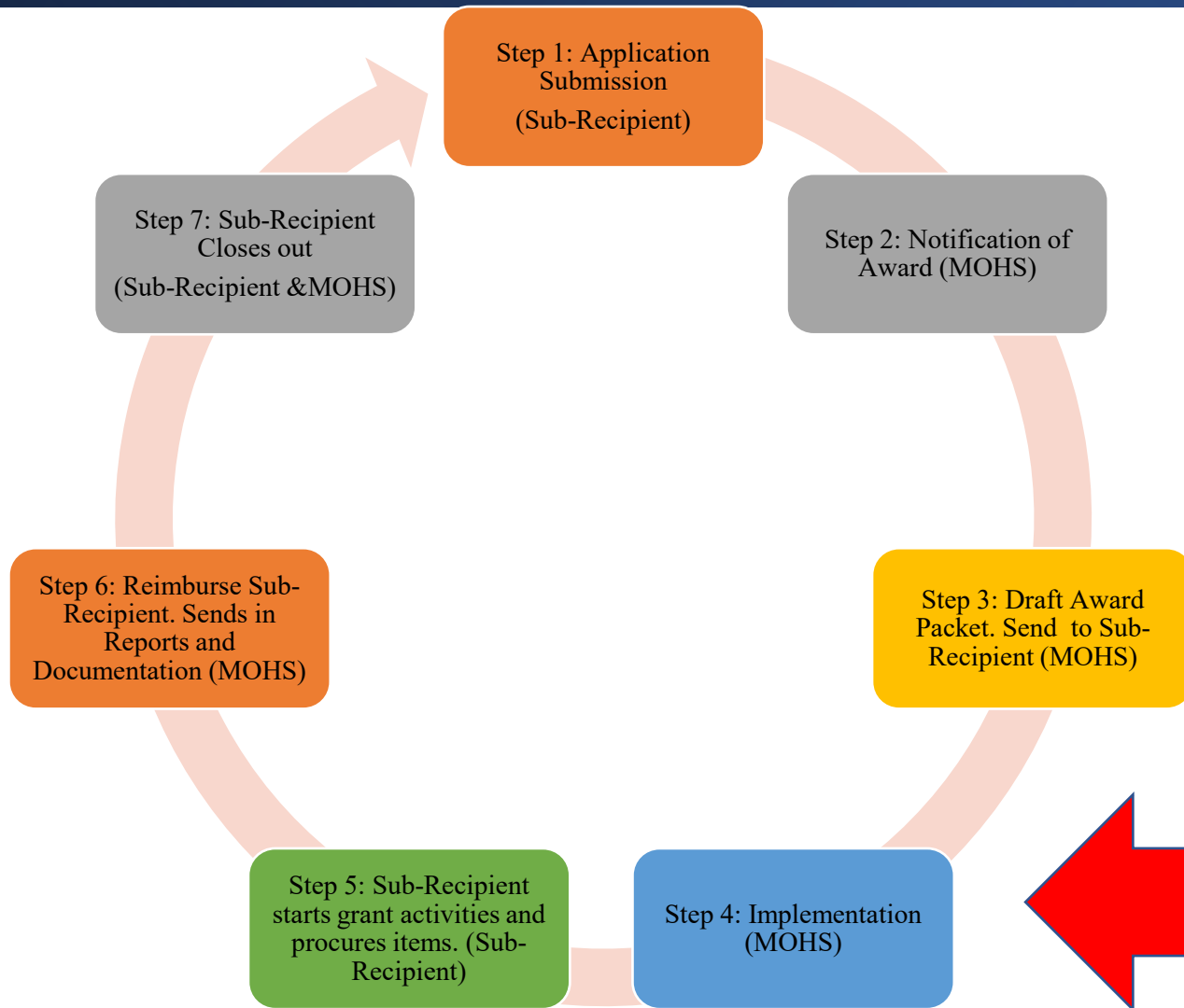
For a State to receive federal funds under Homeland Security Act, the Governor must establish a Homeland Security Agency that has adequate powers and is suitably and organized to carry out homeland security program to the satisfaction of the **U.S. Department of Homeland Security (DHS) and the Federal Emergency Management Agency (FEMA)**. See Sections 2002 to 2004 of the Homeland Security Act of 2002 (Pub. L. No. 107-296), codified as amended (6 U.S.C. §§ 603-605) and the Department of Homeland Security Appropriations Act, 2021 (Pub. L. No. 116-260).

Sub-Recipient Grant Administrator's Guide-Federal Rules We MUST Follow-Page 4

Uniform Administrative Requirements, Cost Principles, Audit Requirements for Federal Awards (Super Circular): 2CFR Part 200 and 1201: The Super Circular super-cedes 49 CFR Parts 18 and 19 (Common Rule). The Super Circular was adopted by the Department of Homeland Security on December 26, 2014. All grants will follow the requirements in the Supercircular, 2 CFR Parts 200 and 1201.

Internal Management Controls: The MOHS shall have policies and procedures to reasonably ensure that: (a) programs achieve their intended results; (b) resources are consistent with agency mission; (c) programs and resources are protected from waste, fraud, and mismanagement; (d) Federal laws and regulations are followed; (e) reliable and timely information is obtained, maintained, reported and used for decision making; and (f) reasonable measures are taken to safeguard protected personally identifiable information and other information designated as sensitive, see [2 CFR Part 200.303](#).

Sub-Recipient Grant Administrator's Guide-Planning



- Planning
- Programming
- Implementation
- Monitoring or Review
- Evaluation

Currently in Step 4

Sub-Recipient Grant Administrator's Guide- Planning Schedule.

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2024 Planning Schedule (Updated Annually)

September	
September 1	New Grant Year Begins
September 15	4 th Quarter Report Due (If Sub-Recipient was funded during previous year).
October	
October 1	National Cybersecurity Review Opens (Federal Requirement)
October 15	Sub-Recipients Grant Closeouts Due (FY23)
October 15	Deadline for All Award Paperwork to be provided to MOHS Grants Dept.
November	
November 30	1 st Quarter Ends. Begin Preparation of 1 st Quarter Financial and Progress Report
December	
December	Strategic Planning Meetings (All Staff)
December 15	1 st Quarter Financial and Progress Reports Due to MOHS
January	
January	Strategic Planning Meetings
February	
February	Strategic Planning Meetings (All Staff)
February 1	Notice of Application Released for Upcoming Grant Funding
February 15	MOHS Homeland Security Grant Program Grant Released
February 28/29	National Cybersecurity Review Closes (Federal Requirement)
February 28/29	2nd Quarter Ends. Begin Preparation of 2nd Quarter Financial and Progress Report
March	
March	Strategic Planning Meetings (All Staff)
March 15	2nd Quarter Financial and Progress Reports Due to MOHS
April	
April	Strategic Planning Meetings (All Staff)
April 1	MOHS Grant Applications are Due to mohsgrant@dps.ms.gov
April 1-30	MOHS-Staff: Application Financial Risk Assessment Review.
May	
May	Strategic Planning Meetings (All Staff)
May 1-May 31	MOHS-Peer Review: Peer Review of Applications
May 31	3 rd Quarter Ends. Begin Preparation of 3 rd Quarter Financial and Progress Report
May 31	Last day for Grant Modification or Grant Changes
May 31	Grant Extension Justifications are due to MOHS
June	
June 15	3 rd Quarter Financial and Progress Report Due to MOHS

**Raise your Hand if you
are assigned as the
Sub-Recipient Grant
Administrator (SGA)**



Sub-Recipient Grant Administrator's Guide-SGA Responsibilities-Page 7

The SGA **MUST** read the Grants Agreement, Notice of Funding, and the Preparedness Manual for a working knowledge of the grant and the processes for the grant funding. All expenses incurred for the project must be within the specified period of performance of the grant award.

Costs incurred before September 1st or after August 31st of the fiscal year are not eligible for reimbursement.

Sub-Recipient Grant Administrator's Guide-SGA Responsibilities



Maintain records showing actual hours utilized in project-related activity by all grant-funded personnel and by all other staff personnel or volunteers. (if applicable)



Any proposed changes in the project objectives, scope of work, key project personnel, time, budget or mailing address must be requested in writing (PRIOR TO THE WORK) and receive approval from MOHS.

Sub-Recipient Grant Administrator's Guide-SGA Responsibilities



Maintain records, files and equipment purchased for all activities for the MOHS



Submit a claim for reimbursement no later than the 15th day of the following month, after the quarter ends, in which expenses were incurred, using the form provided by MOHS as follows:

Copies of invoices and/or receipts for all specified items must be submitted upon request with the claim for reimbursement. Claims must be submitted quarterly, even if activity did not occur.



Claims must be signed by the authorized signatory official or designated representative of the grant.



FY24 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Let's Talk Award Documents & Grant Requirements

**Turn to Appendix A-
Page 26 in the SGA
Manual**



Appendix A

Instructions to Complete
Award Agreement
Forms

Award Packets are Due to
MOHS:

December 1, 2024

Award Packet:

In the Award Packet, you will receive the following documents, all must be signed and returned to the MOHS, before activities begin.

- Award Letter
 - Signed by Signatory Authorized Official
- Award Agreement Packet
 - Signature Page- Page 2
 - Assurance of Understanding Requirements for Sub-Recipients- Page 24
- Appendix to Agreement Packet
 - Grant Agreement Certifications- and Sub-Recipient Grant Administrator Certifications-Page 2
 - Financial Officer Certification and Authorized Signatory Official Certification-Page 3
 - Scope of Work- Page 4
 - Federal Funding Accountability and Transparency Act (FFATA)-Page 5

In Addition, each Sub-Grantee must provide the following documents:

- Orientation Acknowledgement Form
- Environmental Historic Preservation Act Form Packet (If Applicable)

Must be provided to the MOHS @ mohsgrants@dps.ms.gov by [REDACTED]

Here is your Cheat
Sheet of everything
you are going to
need to Return with
the Award Packet
Page 25

Award Letter-Page 26 & 27



STATE OF MISSISSIPPI
TATE REEVES, GOVERNOR
DEPARTMENT OF PUBLIC SAFETY
SEAN J. TINDELL, COMMISSIONER

MISSISSIPPI OFFICE OF HOMELAND SECURITY HOMELAND SECURITY NON-PROFIT GRANT PROGRAM SUB-RECIPIENT GRANT AWARD

Sub-Recipient Name: Anytown Church

Project Title: Homeland Security Non-Profit Grant Program

Grant Period: September 1, 2024-August 30, 2025

Date of Award: September 1, 2024

Total Amount of Award: \$150,000.00

Grant Number: 24NP234

In accordance with the provisions of Federal Fiscal Year 2024 Homeland Security Non-Profit Grant Program, the Mississippi Office of Homeland Security (MOHS), State Administrative Agency (SAA), hereby awards to the foregoing Sub-Recipient a grant in the federal amount shown above. The CFDA number is 97.008 and MOHS federal grant number is EMW-2024-UA-00. Authorizing Authority for Program: Section 2002 of the *Homeland Security Act of 2002*, as amended (Pub. L. No. 107-296), (6 U.S.C.603).

Enclosed is a signed grant agreement obligating federal funds as outlined above. Please review the grant agreement in full, sign in the designated signature areas and return to the MOHS by **October 15, 2024**. Strict adherence to these provisions is essential to ensure compliance with applicable federal and state statutes, rules, regulations, and guidelines.

Grant funds will be disbursed to Sub-Recipients (according to the approved project budget) upon receipt of evidence that funds have been invoiced and products received and/or that funds have been expended (i.e., invoices, contracts, itemized expenses, etc.).

I certify that I understand and agree that funds will only be expended for those projects outlined in the funding amounts as individually listed above. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of the grant including special conditions and the Mississippi Department of Public Safety, Office of Homeland Security, Homeland Security Grant Program, Policies and Procedures Manual; to comply with provisions of the Act governing these funds and all other federal laws and regulations; that all information is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the applicant to these requirements; that costs incurred prior to grant application approval will result in the expenses being absorbed by the Sub-Recipient; and that all agencies involved with this project understand that all federal funds are limited to a twelve-month period.

Supplantation: The Sub-Recipient provides assurance that funds will not be used to supplant or replace local, state funds or other resources that would otherwise have been available for homeland security activities. In compliance with that mandate, I certify that the receipt of federal funds through the MOHS shall in no way supplant or replace state or local funds or other resources that would have been made available for homeland security activities.

ACCEPTANCE OF THE FEDERAL GRANT AWARD FOR THE SUB-RECIPIENT

1. Signatory Authorized Official (Commissioner, Mayor, Board President, Pastor, Chairman of Board)

Signature of Authorized Signatory Official

Pete Banks-Executive Director

Signature of MOHS Executive Director/SAA

Award Packet

The Grant Award Packet will need to
be returned by
December 1, 2024, to the MOHS
Email Address at:

mohsgrants@dps.ms.gov

MISSISSIPPI OFFICE OF HOMELAND SECURITY



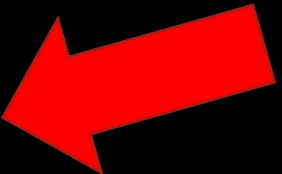
FY24 HOMELAND SECURITY
NON-PROFIT GRANT PROGRAM
GRANT AGREEMENT AND
AWARD PACKET-**EXAMPLE**

Signature Sheet

This sheet will be personalized for you with all the information already filled out for you, budgeted items in the cost categories.

Signature Required by the Authorized Signatory Official.

FY24 MISSISSIPPI OFFICE OF HOMELAND SECURITY NON-PROFIT GRANT AGREEMENT				
1. Sub-Recipient's Name: Anytown Church		2. Effective Date of Grant: September 1, 2024		
Mailing Address: 123 Main Street Anytown, MS 39541		3. Sub-Recipient Grant Number: 23NP234		
Telephone Number: (662)874-1422		4. Grant Identifier (Funding Source & Year): EMW-2023-UA-00		
E-Mail: churchsecretary@anytownchurch.com		5. Period of Performance: Start and End Dates: September 1, 2024-August 31, 2025		
6. Subgrant Payment Method: <input checked="" type="checkbox"/> Cost Reimbursement Method <input checked="" type="checkbox"/> Cost Advance Method				
7. CFDA # - 97.008- Nonprofit Security Grant Program	8. UEI # - 6HP7M391D6HV	9. Congressional District: 1		
10. FAIN #: 646000779	11. Initial Federal Award Date: September 1, 2024	12. Federal Awarding Agency: Homeland Security (800)368-6498		
13. Research and Development Grant: ___ Yes ___X No	14. Indirect Cost Rate Charged: \$0.00			
15. The following grant funds are obligated:				
A. COST CATEGORY		B. SOURCE OF FUNDS		C. MATCH
(1) Personal Service-Salary	\$7,000.00	(1) Federal	\$150,000.00	\$0.00
(2) Personal Services-Fringe	\$500.00	(2) State	\$0.00	\$0.00
(3) Contractual Services	\$0.00	(3) Local	\$0.00	\$0.00
(4) Travel	\$0.00	(4) Other	\$0.00	\$0.00
(5) Equipment	\$142,500.00	Total:	\$150,000	\$0.00
(6) Commodities/Supplies	\$0.00	E. TOTAL OF ALL FEDERAL GRANTS THROUGH MOHS TO AGENCY:		
(7) Other	0.00	Number of Grants:	FY19	FY20
TOTAL	\$150,000.00	TOTAL:	\$0.00	\$0.00
The Sub-Recipient agrees to operate the program outlined in this Grant Agreement in accordance with all provisions of this Agreement as included herein. The following sections are attached and incorporated into this Agreement: Final Approved Agreement which includes Sub-Recipient Signature Sheet; Project Description; Goals and Objectives; Implementation Schedule; Cost Summary Support Sheet; and Agreement of Understanding and Compliances.				
All policies, terms, conditions, and provisions listed in funding guidelines, grant agreement, and agreement of understanding which has been provided to Sub-Recipient, are also incorporated into this agreement, and Sub-Recipient agrees to fully comply therewith.				
14. Approval from Grantee: <i>Pete Banks-Executive Director 9/1/2024</i>		15. Approval from Sub-Recipient 1. Signature of Authorized Official 2. Date of Signature		
Signature _____ Date _____ Name: Pete Banks Title: MOHS Executive Director/SAA		Signature _____ Date _____ Name: 3. Printed Name of Signatory Official Title: Authorized Signatory Official		



FY24 HOMELAND SECURITY NON-PROFIT GRANT PROJECT DESCRIPTION

The Mississippi Office of Homeland Security grant program are provided by Federal grant funds assist local, state, and tribal efforts in obtaining the resources required to support the National Preparedness Goal's mission areas and core capabilities to build a culture of preparedness. All grant programs funded will help the State of Mississippi in the prevention, preparation, protection, and response to acts of terrorism.

These efforts will be coordinated through the grants and operation programs, along with training and exercises developed during the grant year. All programs will utilize risk assessments, data, and community knowledge to target and deploy resources that are community and state-wide threats and hazards.

FY24 HOMELAND SECURITY NON-PROFIT PROJECT GOALS AND OBJECTIVES

PROJECT:

Strengthen the nation's communities against terrorist attacks.

GOAL:

Increase community participation with community partners to prevent, protect against, respond to, and recover from Terrorism incidents and attacks.

Reduce Mississippi's vulnerability to terrorism through preparedness and protective efforts.

OBJECTIVES:

Provide funding for physical security enhancements and other security-related activities to nonprofit organizations that are at high risk for a terrorist attack.

Seeks to integrate the preparedness activities of nonprofit organizations with broader state and local preparedness efforts.

Program Milestones

1st QUARTER (September, October, November)

- Send the full Grant Agreement with Appendix documents, with authorized signatory signatures to MOHS.
 - Complete and submit Environmental Historic Preservation (EHP) Form to MOHS (If required). Please include the EHP form and photographs of the outside of the building, as well as places where equipment will be installed.
 - Complete NIMS Training (100, 200, 700 and 800), recommended.
 - Provide Sub-Recipient MAGIC Vendor Number where funds will be disbursed. Funds will be advanced and/or reimbursed to the MAGIC Vendor Number agency provides. It is the agency's responsibility to notify the MOHS of any account changes.
 - 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 the 1st quarter for the grant year.
 - Begin preparation of 1st Quarter Report. (September 1-November 30). Due to MOHS **December 15th**.
 - 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

Program Milestones

2nd QUARTER (DECEMBER, JANUARY & FEBRUARY)

- Submit 2nd Quarter Report to MOHS. Due **March 15**.
- Receive approved equipment and/or grant funded items.
- Prepare Equipment/Inventory Sheet for MOHS. Take pictures of all Equipment. Submit to MOHS.
- Prepare Reimbursement paperwork if equipment received.
- Begin preparation of 3rd Quarter Report. (**March 1- May 31**). Due to MOHS **June 15**.
- 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.

3rd QUARTER (March, APRIL & MAY)

- Submit 3rd Quarter Report to MOHS. Due **June 15**.
- Receive approved equipment or grant funded items.
- Prepare Equipment/Inventory Sheet for MOHS. Take pictures of all Equipment. Submit to MOHS.
- Prepare Reimbursement paperwork if equipment received.
- Begin preparation of 4th Quarter Report. (**June 1-Aug 31**). Due to MOHS **Sept 15**.
- 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.

4th QUARTER (June, July, and August)

- Submit 4th Quarter Report to MOHS. Due **September 15**.
- Receive approved equipment or grant funded items.
- Prepare Equipment/Inventory Sheet for MOHS. Take pictures of all Equipment. Submit to MOHS.
- Prepare Reimbursement paperwork if equipment received.
- Begin preparation of 1st Supplemental Report. (**Sept 1-Nov 30**). Due to MOHS **December 15**.
- 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.

CLOSEOUT (September 1-October 1)

- Submit 4th Quarter Report. (June 1-August 31). Due to MOHS **September 15th**.
 - Prepare Closeout Form and supporting documentation to MOHS. Due **October 15th**.
- Assess and review program's threats, hazards, core capabilities and needs.

FY24 Mississippi Office of Homeland Security-Cost Summary Support Sheet

1. Sub-Recipient Agency: Anytown Police Department				
2. Sub-Recipient Grant Number: 24NP234		3. Grant ID: FY24 NP	4. Beginning: September 1, 2024	5. Ending: August 31, 2025
6. Activity: Homeland Security Non-Profit Grant Program				
7. Category & Line Item	8. Description of item and/or Basis for Valuation	9. Budget		
		Federal	All Other	Total
Personal Services-Salary	Management and Administration Salary <u>Costs</u> . Not to Exceed \$6,500.00	\$6,500.00	\$0.00	\$6,500.00
Personal Services-Fringe	Management and Administration Fringe Costs. Not to Exceed \$1,000.00	\$1,000.00	\$0.00	\$1,000.00
Contractual Services		\$0.00	\$0.00	\$0.00
Travel/Training		\$0.00	\$0.00	\$0.00
Equipment	Radio 4@ \$250.00 each= \$1,000.00 Access Panel= \$10,000.00 Fencing \$84,000.00 Bollards \$15,500.00 Fixed Area Lighting -\$32,000.00	\$142,500.00	\$0.00	\$142,500.00
Commodities/Supplies		\$0.00	\$0.00	\$0.00
Other:		\$0.00	\$0.00	\$0.00

TOTALS	\$150,000.00	\$0.00	\$150,000.00
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BUDGET EXAMPLE

Budget
Page

MISSISSIPPI OFFICE HOMELAND SECURITY-NON-PROFIT GRANT AGREEMENT OF UNDERSTANDING AND COMPLIANCES

This Grant Agreement (GA) is made and entered into by and between the State of Mississippi by and through the Mississippi Department of Public Safety and the Mississippi Office of Homeland Security, hereto referred to as State, and governmental unit or agency named in this Agreement, hereinafter referred to as Sub-Recipient.

Section 2002 of the Homeland Security Act of 2003 and the Department of Homeland Security Appropriation Act, 2021, as amended, provides federal funds to the State for approved homeland security projects for the purpose of enhancing, the ability of state, local, tribal, and territorial governments, as well as non-profits, to prevent, protect against, respond to, and recover from terrorist attacks, and

The State may make said funds available to state, local, tribal, and territorial governments, as well as non-profits entities upon application and approval from the State and Homeland Security, and

The Sub-Recipient must comply with all requirements listed herein, to be eligible for federal funds in approved homeland security projects, and

Now, therefore in consideration of mutual promises and other consideration, the parties agree as follows:

Federal Terms and Conditions:

Terms and conditions pertain not only to Recipients, but grant funded Sub-Recipients, as well. The following list of terms and conditions should be reviewed and followed. The FY2023 Department of Homeland Security Standard Terms and Conditions, can be found at: <https://www.dhs.gov/sites/default/files/2023-01/FY%202023%20DHS%20Terms%20and%20Conditions%20Version%202%20Dated%20November%2029%202023.pdf#:~:text=The%20Fiscal%20Year%20%28FY%29%202023%20DHS%20Standard%20Terms,right%20to%20seek%20judicial%20enforcement%20of%20these%20obligations>.

The Fiscal Year (FY) 2023 DHS Standard Terms and Conditions apply to all new federal financial assistance awards funded in FY 2023. These terms and conditions flow down to subrecipients unless an award term or condition specifically indicates otherwise. The United States has the right to seek judicial enforcement of these obligations.

All legislation and digital resources are referenced with no digital links. The FY 2023 DHS Standard Terms and Conditions will be housed on dhs.gov at www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions.

A. Assurances, Administrative Requirements, Cost Principles, Representations and Certifications

I. DHS financial assistance recipients must complete either the Office of Management and Budget (OMB) Standard Form 424B Assurances – Non-Construction Programs, or OMB Standard Form 424D Assurances – Construction Programs, as applicable. Certain assurances in these documents may not be applicable to your program, and the DHS financial assistance office (DHS FAO) may require applicants to certify additional assurances. Applicants are required to fill out the assurances as instructed by the awarding agency.

II. DHS financial assistance recipients are required to follow the applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards located at Title 2, Code of Federal Regulations (C.F.R.) Part 200 and adopted by DHS at 2 C.F.R. Part 3002.

Federal Terms and Conditions

MOHS Terms and Conditions

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MOHS Terms and Conditions-Non-Profits

1. Sub-Recipient must comply with the rules and regulations of 2 CFR 200.
2. Sub-Recipients are required to modify their existing incident management and emergency operations plans in accordance with the National Response Plan's coordinating structures, processes, and protocols.
3. All Sub-Recipients must fully engage citizens by expanding plans and task force memberships to address citizen participation; awareness and outreach to inform and engage the public; include citizens in training and exercise; and develop or expand programs that integrate citizen/volunteer support for the emergency responder disciplines.
4. Internet service fees, radio service fees, cellular phone fees, satellite phone fees, etc. paid for with grant funds are for twelve (12) months during the year of equipment purchase only.
5. Position descriptions for each person to be paid with grant funds and organizational chart identifying grant funded position(s).
6. A physical inventory of property and equipment must be completed, and the results reconciled with the MOHS property control, at least once every two years.
7. The MOHS requires that property and equipment acquired with grant funds be tagged and tracked using a computer-based inventory system.
8. The FCC has chosen the Project 25 suite of standards for voice and low-moderate speed data interoperability. To improve interoperability, all radios purchased under this grant should be APCO 25 compliant.
9. The designated representative certifies that he/she has legal authority to receive assistance.

MOHS Terms and Conditions:

One of the Most Important Terms and Conditions is #1.

- 1. Sub-Recipient must comply with the rules and regulations of 2CFR 200.**

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

MOHS Terms and Conditions:

24. The Quarterly Reimbursement Claim and Progress Report: Request for reimbursement is due within 15 days after each reporting quarter:

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

MOHS Terms and Conditions:

29. Grant funds expended prior to the date of the award letter are not authorized to be reimbursed.

30. Each quarter the SGA will prepare and submit a Quarterly Request for Reimbursement to the MOHS. This request shall contain all appropriate supporting documentation to substantiate expenses made in accordance with all applicable requirements. The MOHS will review the reimbursement package for completeness and process for payment through the Mississippi accounting system, MAGIC.

31. The Recipient will not be liable under this Agreement for any amount greater than the award allocated by the FEMA and the Office for Domestic Preparedness to the State for the grant performance period.

MOHS Terms and Conditions:

Equipment:

40. All equipment awarded in this grant agreement **must be ordered** within ninety (90) days after project implementation. If unforeseen circumstances arise which prohibit this being accomplished, the MOHS must be notified as to the reason for the delay and projected purchase date of the equipment.

41. Property records **must be maintained** that include a description of the property, a serial number or other identification number, the source of the property, who holds the title, the acquisition date, cost of the property, percentage of Federal participation in the cost of the property, the location use and condition of the property and any ultimate disposition data including the data of disposal and sale price of the property.

42. A physical inventory of the property **must be taken**, and the results reconciled with the property records at least once every two (2) years for the useful life of the property.

43. A control system **must be developed** to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage or theft shall be investigated.

MOHS Terms and Conditions:

Non-performance of Grant Activities

49. Failure by the Sub-Recipient to comply with the terms of this Grant Agreement **may result in suspension** from the program and loss of any outstanding grant fund allocation balance, as determined by the Recipient.

50. Failure to expend all grant funds awarded (by date stated on Awards Letter) and to comply with Recipient request and guidelines **will result in the reallocation** of unspent grant funds and the immediate redistribution of all equipment purchased with grant funds.

51. In addition, the failure to maintain adequate response capability (as determined by the MOHS) **will also result in the reallocation** of grant funds and the immediate redistribution of all equipment purchased with grant funds.

MOHS Terms and Conditions:

Monitoring

54. Pursuant to Federal guidelines (2 CFR§200.328-329), the State has developed a plan for evaluating all projects. Each Sub-Recipient may be required, to have at least one (1) on-site monitoring visits during the grant year. All written documents will be reviewed to determine progress, problems, and reimbursements of the project. The State evaluates all sub recipient's risk of noncompliance with Federal statutes, regulations and the terms and conditions of the sub-award for the purposes of determining the appropriate level of sub- recipient monitoring.

55. Management will evaluate audit findings, questioned costs and corrective action plans. The issuance of a written decision will be issued to the Sub-Recipient, which will entail whether or not the audit finding is sustained; the reasons for the decision; the expected action of the Sub-Recipient to repay any disallowed costs, make financial adjustments or take other actions; the reference number(s) the auditor assigned to each audit finding; and a description of any appeal process available to the Sub-Recipient regarding the management decision, as required by 2 CFR 200.521. If the Sub-Recipient has not completed corrective action, a timetable follow-up will be given.

MOHS Terms and Conditions:

Other Provisions

58. This agreement is not intended to conflict with current laws or regulations of Mississippi or your jurisdiction. If a term of this agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this agreement shall remain in full force and effect.

59. Sub-Recipient is required to ensure that grant monies are used to support all Emergency Service-related agencies and departments, specifically law enforcement, fire, and rescue. **Senior officials of these agencies must sign this agreement and familiarize themselves with the rules and regulations governing each grant program.** They are encouraged to work together in determining and prioritizing their needs and requirements prior to submitting their plan.

MOHS Terms and Conditions:

Other Provisions

60. All final requests for reimbursement, performance reports and closeout documents must be received in the Mississippi Office of Homeland Security within **forty-five (45) days of completion of the project.**

61. Any Sub-Recipient delinquent in submitting reimbursements, quarterly reports, and/or other required reports, or incomplete reports that lack sufficient detail of progress during the period in question, may be subject to having submitted reimbursement requests delayed, pending additional justification. Once completed reports are received, reimbursement requests will be processed.

Assurance of Understanding Requirement for Sub-Recipients

ASSURANCE OF UNDERSTANDING REQUIREMENT FOR SUB-RECIPIENTS:

As the Authorized Official for 1. Anytown Church (Sub-Recipient), I certify by my signature below, that I have fully read and am cognizant of our duties and responsibilities under this requirement. I acknowledge by my signature below, that I understand that the Grant Agreement is not effective until both parties (MOHS and Authorized Signatory Official) have signed, dated, and fully executed the Grant Agreement.

Therefore, the Agency I represent promises and will comply with all Federal, State and Mississippi Office of Homeland Security Certifications and Assurances and their conditions.

SUB-RECIPIENT:

ATTESTS:

2. Chris Watkins

4. 9/10/2024

Authorized Signatory Official's Signature:
(Sub-Recipient)

Date:

3. Chris Watkins

5. Reverend

Authorized Signatory Official's Printed Name:

Organizational Title:

UEI Number: 5. 5H41P26Y4MH9

APPROVED: STATE OF MISSISSIPPI/DEPARTMENT OF PUBLIC SAFETY/MISSISSIPPI OFFICE
OF HOMELAND SECURITY

By: Pete Banks

Date: 9/1/2024

Executive Director/SAA
Mississippi Office of Homeland Security

1. Name of Sub-Recipient
2. Authorized Signatory Officials Signature
3. Printed Name of Authorized Signatory Official
4. Date of Signature
5. Title of Authorized signatory Official
6. UEI Number



MOHS APPENDIX DOCUMENTS

Grant Agreement Certifications

Below please assign **three (3) separate persons** to hold the following responsibilities: Sub-Recipient Grant Administrator, Financial Officer, and the Grant Authorized Signatory Official. The Sub-Recipient Administrator will be responsible for the day-to-day activities, correspondence, and management of the grant program. The Financial Officer is responsible for the payment, purchasing and gathering of all financial information and back up documentation. The Grant Authorized Signatory Official is the overall head of the agency that holds the full responsibility of the program to remain in state and federal compliances.

Staff that may be grant funded cannot be an authorized official on the grant without the written approval of the Executive Director.

Agency Name: **Anytown Church** Grant Number: **23NP234**

Agency Address: **123 Main Street Anytown, MS 39541**

Agency Phone Number: **662-874-1422** Agency Fax Number: **662-888-5412**

Sub-Recipient Grant Administrator Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Sub-Recipient Grant Administrator (SGA), as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: **Paula Smith** Title: **Secretary**
(Designated Sub-Recipient Grant Administrator)

Phone Number: **662-874-1446 (The Number where we can reach the SGA)**

Email Address: **churchsecretary@anytownchurch.com (Email address where we can reach the SGA)**

Signature of Sub-Recipient Grant Administrator: **Paula Smith**

Financial Officer Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Financial Officer, as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: **Patricia Harris** Title: **Financial Clerk**
(Sub-Recipient Financial Officer)

Phone Number: **662-874-1447 (The Number where we can reach the Financial Person)**

Email Address: **financialguru@anytown.gov (Email where we can reach the Financial Person)**

Signature of Sub-Recipient Financial Officer: **Patricia Harris**

Authorized Signatory Official Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Grant Authorized Signatory Official, as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: **Chris Watkins** Title: **Reverend**
(Grant Authorized Signatory Official)

Phone Number: **662-874-1448 (The Number where we can reach the Signatory Official)**

Email Address: **reverendofanytownchurch@anytown.gov**

Signature of Authorized Signatory Official: **Chris Watkins**

Designation of Sub-Recipient Grant Administrator (SGA)

Pursuant to the Mississippi Office of Homeland's requirements that the signatory official is the only person authorized to sign official documentation in relation to the sub-grant, such as financial reimbursement, performance reports, etc. The (agency/department name) **Anytown Church** has authorized and approved (print designated sub-recipient grant administrator official name) **Paula Smith** to sign any/all forms related to this Grant Agreement.

Upon approval of this request said person will then be Responsible/Liable, as the signatory official, for claims and reporting submitted by them to this agency. The approval of this request will allow this person to complete the required documentation in the absence and/or on behalf of the signatory official.

The following person is officially appointed to represent your jurisdiction as the Sub-Recipient Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Grant Agreement during the performance period on behalf of the Sub-Recipient.

Sub-Recipient Grant Administrator (SGA)

Name: **Paula Smith**

Title: **Secretary**
(Designated Sub-Recipient Grant Administrator)

Agency Name: **Anytown Church**

Mailing Address: **123 Main Street**

City: **Anytown**

Zip Code: **39541**

Telephone Number: **662-874-1422**

Fax Number: **662-874-1449**

Email Address: **churchsecretary@anytownchurch.com** (Email address where we can reach the SGA)

Signature of Sub-Recipient Grant Administrator: *Paula Smith*

Grant Authorized Signatory Official

Appointed by Authorized Signatory Official: (Mayor, Board President, Commissioner, Director, Superintendent)

Authorized Signatory Official Signature: *Chris Watkins*

Title: **Reverend of Anytown Church**

Date: **9/15/2023**

Designation of the Sub-Recipient Grant Administrator or SGA

If you need to add additional SGA's to your Grant

Grant Agreement-Scope of Work

Please provide a detailed description of work and grant activities that the awarded jurisdiction will take part in with the use of grant funds. Please include how the grant funds, equipment, supplies, etc. will be used to prevent and protect against terrorist activities.

The Anytown Church will use the approved federal grant funds to work within our local community and provide additional security features within our church to harden security for our congregation and community.

Funds will be used to provide the agency with needed equipment for security hardening. Equipment will be ordered within the 1st quarter and will follow all federal and state procurement guidelines. The agency will work with the MOHS to secure reimbursement once the equipment is received.

The agency will prepare all the required Quarterly Reimbursements Claims and Reports, as required. These reports will be filled out and will provide information needed on the agency program and activities. The SGA will be responsible for preparing and submitting all required reports.

The funding for radios will help increase the responsiveness and communication capability that the agency identified through gap analysis. The agency will use the funds to provide lighting in the parking lot and around the building to increase visibility. Bollards will be placed in front of the church to reduce vehicle impact to the front of the building. Access Panels will be installed throughout the church to reduce accessibility. Fencing will be added to the children's play area to keep children safe and reduce the number of outside people entering the grounds.

Scope of Work

Federal Funding Accountability and Transparency Act (FFATA)

Compliance Form

To comply with the Federal Funding Accountability and Transparency Act (FFATA), the MOHS must report award information for all sub-recipients of federal awards as directed. Information provided will be made publicly available on USA Spending <http://www.usaspending.gov/> per the Transparency Act requirement.

Section 1: Award Information:

Agency Name	Anytown Church
City	Anytown
Zip Code +4 Digits (Required)	39541-9999
Unique Entity Identification (UEI) #	5H41P26Y4MH9
Amount of Award:	\$150,000.00

Section 2: Compensation Information: Answer only is award is \$30,000.00 or more in federal funds)

- More than 80% of the Agency organization's annual gross revenue is federal funds.
☐ Yes (If yes, proceed to Question 2)
☒ No (If No, stop, proceed to Section 3)
- Federal Revenue exceeds twenty-five (25) million dollars.
☐ Yes (If Yes, proceed to Question 3)
☒ No (If No, stop, proceed to Section 3)
- Compensation information is not publicly available via federal tax filings, Securities and Exchange Commission (SEC) reporting, or any other source. (If other, please indicate: _____)
☐ Yes (If Yes, proceed to Table)
☒ No (If No, stop, proceed to Section 3)

Names and Salary of Organizations Top Five (5) Executives (By Salary)

	First and Last Name	Title	Annual Salary
1.			
2.			
3.			
4.			
5.			

Section 3: Certification of Information:

I certify that the above information is true and accurate.

Chris Watkins

Authorized Signatory Official (Signature)

Chris Watkins

Authorized Signatory Official (Printed Name)

9/15/2023

Date

Reverend

Title

Federal Funding Accountability and Transparency Act (FFATA) Compliance Form



Get all Award Documents Signed and Return to:

mohsgrants@dps.ms.gov

By December 1, 2024

Need to Include all Award Documents with
Appendix, and EHP



FY24 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Setting up in MAGIC to Receive Funds



All Sub-Recipients must be signed up and registered with the Mississippi Accountability System for Government Information and Collaboration (MAGIC).

All payments and reimbursement will come to you through this system. You **MUST** be registered in MAGIC, or we will not be able to reimburse your agency.

GRANT REIMBURSEMENT REQUEST PROCESS-MAGIC

All sub-recipients must register as a vendor in the Mississippi Accountability System for Government Information and Collaboration system (MAGIC).

- Link to Vendor MAGIC Page: <https://www.dfa.ms.gov/vendors>
- Link to Vendor MAGIC Setup: <https://www.dfa.ms.gov/mmrs-vendors>

GRANT REIMBURSEMENT REQUEST PROCESS- MAGIC



Link to MAGIC Registration Form
Instructions:

[https://www.dfa.ms.gov/media/1689/
supplier-registration-form.pdf](https://www.dfa.ms.gov/media/1689/supplier-registration-form.pdf)



Link to MAGIC Request for Change
Form:

[https://www.dfa.ms.gov/media/1688/
state-of-mississippi-supplier-form-
extended.pdf](https://www.dfa.ms.gov/media/1688/state-of-mississippi-supplier-form-extended.pdf)

GRANT
REIMBURSEMENT
REQUEST
PROCESS-
MAGIC

Please call the MMRS Call Center at
(601) 359-1343, Option 2 for assistance
in locating your vendor information.

MAGIC Help Desk: (601) 359-1346

MAGIC Registration Questions:
(601) 576-1160



FY24 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Developing your EHP

Environmental and Historic Preservation Screening Form Tip Sheet

Environmental Historic Preservation Screening Form (REQUIRED)

Once the Environmental Historic Preservation Screening Form is filled out, please return to MOHS Grants: mohsgrants@dps.ms.gov

EHP's will be forwarded to FEMA and will go through the review process. The review process can take up to 6-9 months to complete. No work or activities can be started or performed until the EHP is completed and approved by FEMA. If work or activities do proceed without the EHP, these costs will be unallowable.

- Projects should require Flood Zone Notices
- Special Conditions

Items Needed:

- Screening Form
 - Include Address and Latitude/Longitude Coordinates
 - Detailed Description
- Specifications of Equipment (If Available)
 - Product Brochures
- Pictures:
 - Detailed pictures of where the items will be located.
 - Detailed pictures of building where the items will be located.
 - Inside and Exterior Pictures.
 - Street Views of where items will be located (LPR)
 - Overhead views of location (Google Earth)
 - Camera's: If you are installing cameras
 - Pictures of EVERY location of the camera.
 - Picture of the type of cameras
- Details: Can be provided on additional sheets
 - Tree Removal:
 - Root balls Removed?
 - Removal Process?
 - Debris Staging?
 - Exterior Lighting
 - Pictures of Lights
 - Will lights be attached to building on or light poles?
 - Will poles be new or existing?
 - How will electrical be provided to pole?
 - Fencing:
 - Material of the fence
 - Details of the fence (Type, Length, Material)
 - Ground Disturbance Dimensions
 - How deep will the fence be installed?
 - Will fill dirt be used?

Environmental and Historic Preservation Screening Form

Environmental and Historic Preservation Screening Form Grants will have a EHP Form Required (If Applicable)

SECTION A. PROJECT INFORMATION

DHS Grant Award Number: EMW-202X-XX-XXX

Grant Program: Homeland Security Non-Profit Grant Program

Grantee: Mississippi Office of Homeland Security

Grantee POC: MOHS Grants Department

Mailing Address: _____

E-Mail: _____

Sub-Grantee: 1.

Sub-Grantee POC: 2.

Mailing Address: 3.

E-Mail: 4.

Estimated cost of project: 5.

Project title: 6.

Project location (physical address or latitude-longitude): 7.

Project Description. Provide a complete project description. The project description should contain a summary of what specific action is proposed, where it is proposed, how it will be implemented. Include a brief description of the objectives the project is designed to accomplish (the purpose), and the reason the project is needed. Use additional pages if necessary. If multiple sites are involved, provide the summary for each site:

8.

1. Sub-Grantee: Please include name of agency, district or non-profit organization.
2. Sub-Grantee POC: Please include the name of the person that is the main Point of Contact (POC) for the grant.
3. Mailing Address: Please include the physical mailing address for the location of the project.
4. Email: Please include the email address for the POC of the project.
5. Estimated Cost of the Project: Please include the amount of the grant.
6. Project Title: Provide a title for the project. Ex. New Faith Church
7. Project Location: Provide the physical location of the project, please include, if possible, latitude and longitude location.
8. Project Description: Please include a description of the project, plans for the project, such as building or installing equipment. Please be as detailed as possible of the equipment being installed, reasons for the installation and details that may be pertinent to the project.

Environmental and Historic Preservation Screening Form

Environmental and Historic Preservation Screening Form

All Non-Profit Grants will have an EHP Form Required. Some HSCP may require an EHP Submission.

SECTION B. PROJECT TYPE

Based on the proposed project activities, determine which project type applies below and complete the corresponding sections that follow. For multi-component projects or those that may fit into multiple project types, complete the sections that best apply and fully describe all major components in the project description. If the project involves multiple sites, information for each site (such as age of structure, location, ground disturbance, etc.) must be provided. Attach additional pages to this submission, if needed.

1. ☐ **Purchase of equipment.** Projects in this category involve the purchase of equipment that will require installation on or in a building or structure. Complete other portions of Section B as needed. Complete Section C.1.
2. ☐ **Training and exercises.** Projects in this category involve training exercises with any field-based components, such as drills or full-scale exercises. Complete Section C.2.
3. ☐ **Renovations/upgrades/modifications or physical security enhancements to existing structures.** Projects in this category involve renovations, upgrades, retrofits, and installation of equipment or systems in or on a building or structure. Examples include, but are not limited to: interior building renovations; electrical system upgrades; sprinkler systems; vehicle exhaust systems; closed circuit television (CCTV) cameras; security fencing; access control for an area, building, or room; bollards; motion detection systems; alarm systems; security door installation or upgrades; lighting; and audio-visual equipment (projectors, smart boards, whiteboards, monitors, displays, and projector screens). Complete Section C.3.
4. ☐ **Generator installation.** Projects in this category involve installation of new or replacement generators, to include the concrete pads, underground fuel and electric lines, and if necessary, a fuel storage tank. Complete Section C.4.
5. ☐ **New construction/addition.** Projects in this category involve new construction, addition to, or expansion of a facility. These projects involve construction of a new building, or expansion of the footprint or profile of a current structure. Complete Section C.5.
6. ☐ **Communication towers, antennas, and related equipment.** Projects in this category involve construction of new or replacement communications towers, or installation of communications-related equipment on a tower or building or in a communications shelter or building. Complete Section C.6.
7. ☐ **Other.** Projects that do not fit in any of the categories listed above. Complete Section C.7.

Please review Section B and mark the number on the left to which your project best fits for this EHP submission. In most cases, the selection will be number (1) one and (3) three.

Environmental and Historic Preservation Screening Form

Environmental and Historic Preservation Screening Form

SECTION C. PROJECT TYPE DETAILS

Check the box that applies to the proposed project and complete the corresponding details.

1. ☐ **Purchase of equipment.** If the entire project is limited to purchase of mobile/portable equipment and there is no installation needed, this form does not need to be completed and submitted.
 - a. Specify the equipment, and the quantity of each: _____
 - b. Provide the Authorized Equipment List (AEL) number(s) (if known): _____
 - c. Complete Section D.
2. ☐ **Training and exercises.** If the training is classroom and discussion-based only, and is not field-based, this form does not need to be completed and submitted.
 - a. Describe the scope of the proposed training or exercise (purpose, materials, and type of activities required): _____
 - b. Provide the location of the training (physical address or latitude-longitude): _____
 - c. Would the training or exercise take place at an existing facility which has established procedures for that particular proposed training or exercise, and that conforms with existing land use designations? ☐ Yes ☐ No
 - d. If yes, provide the name of the facility and the facility point of contact (name, telephone number, and e-mail address): _____
 - e. If no, provide a narrative description of the area where the training or exercise would occur (e.g., exercise area within four points defined by latitude/longitude coordinates): _____
 - f. Does the field-based training/exercise differ from previously permitted training or exercises in any way, including, but not limited to frequency, amount of facilities/land used, materials or equipment used, number of participants, or type of activities? _____
 - g. If yes, explain any differences between the proposed activity and those that were approved in the past, and the reason(s) for the change in scope: _____
 - h. If no, provide reference to previous exercise (e.g., FEMA grant name, number, and date): _____
 - i. Would any equipment or structures need to be installed to facilitate training? _____
 - j. If yes, complete Section D.
3. ☐ **Renovations/upgrades/modifications, or physical security enhancements to existing structures. If so, Complete Section D.**
4. ☐ **Generator installation.**
 - a. Provide capacity of the generator (kW): _____
 - b. Identify the fuel to be used for the generator (diesel/propane/natural gas): _____
 - c. Identify where the fuel for the generator would be stored (e.g. stand-alone tank, above or below ground, or incorporated in generator): _____
 - d. Complete Section D.
5. ☐ **New construction/addition.**
 - a. Provide detailed project description (site acreage, new facility square footage/number of stories, utilities, parking, stormwater features, etc): _____
 - b. Provide technical drawings or site plans of the proposed project: ☐ Attached
 - c. Complete Section D.
6. ☐ **Communication towers, antennas, and related equipment.**
 - a. Provide the current net height (in feet above ground level) of the existing tower or building (with current attached equipment): _____
 - b. Provide the height (in feet above ground level) of the existing tower or building after adding/replacing equipment: _____

Please review Section C and fill out the sections that best fit the project. In most cases, it will be section (1) one.

Environmental and Historic Preservation Screening Form

Environmental and Historic Preservation Screening Form

3. ☐ Site photographs, maps and drawings

a. Attach site photographs. Site photographs are required for all projects. Use the following as a checklist for photographs of your project. Attach photographs to this document or as accompanying documents in your submission.

- Labeled, color, ground-level photographs of the project site: ☐ Required
 - Labeled, color photograph of each location where equipment would be attached to a building or structure: ☐ Required
 - Labeled, color aerial photographs of the project site: ☐ Required
 - Labeled, color aerial photographs that show the extent of ground disturbance (if applicable): ☐ Attached
 - Labeled, color ground-level color photographs of the structure from each exterior side of the building/structure (applicable only if building/structure is more than 45 years old): ☐ Attached
- b. Are there technical drawings or site plans available? ☐ Yes ☐ No
- If yes, attach: ☐ Attached

Appendix A has guidance on preparing photographs for EHP review

4. ☐ Environmental documentation

- a. Is there any previously completed environmental documentation for this project at this proposed project site (e.g., Environmental Assessment, or wetland delineation, or cultural/archaeological study)? ☐ Yes ☐ No
- If yes, attach documentation with this form: ☐ Attached
- b. Is there any previously completed agency coordination for this project (e.g., correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)? ☐ Yes ☐ No
- If yes, attach documentation with this form: ☐ Attached
- c. Was a NEPA document prepared for this project? ☐ Yes ☐ No
- If yes, what was the decision? (Check one, and please attach):
- ☐ Finding of No Significant Impact (FONSI) from an Environmental Assessment (EA) or
 - ☐ Record of Decision (ROD) from an Environmental Impact Statement (EIS).

Name of preparing agency: _____

Date Attached: _____

Please fill out Section 3, with site photographs, maps and or drawings.

**Examples of
Pictures for
EHP-Fencing**

**Google Earth
with Location
Markers for
Fence**



Examples of Pictures for EHP- Fencing

Google Earth with Location Markers for Fence



Blue line represents where fence
would be placed, along property line.



Line indicates where
fencing is to be placed.

Examples of Pictures for EHP-Access Controls



Outside ED

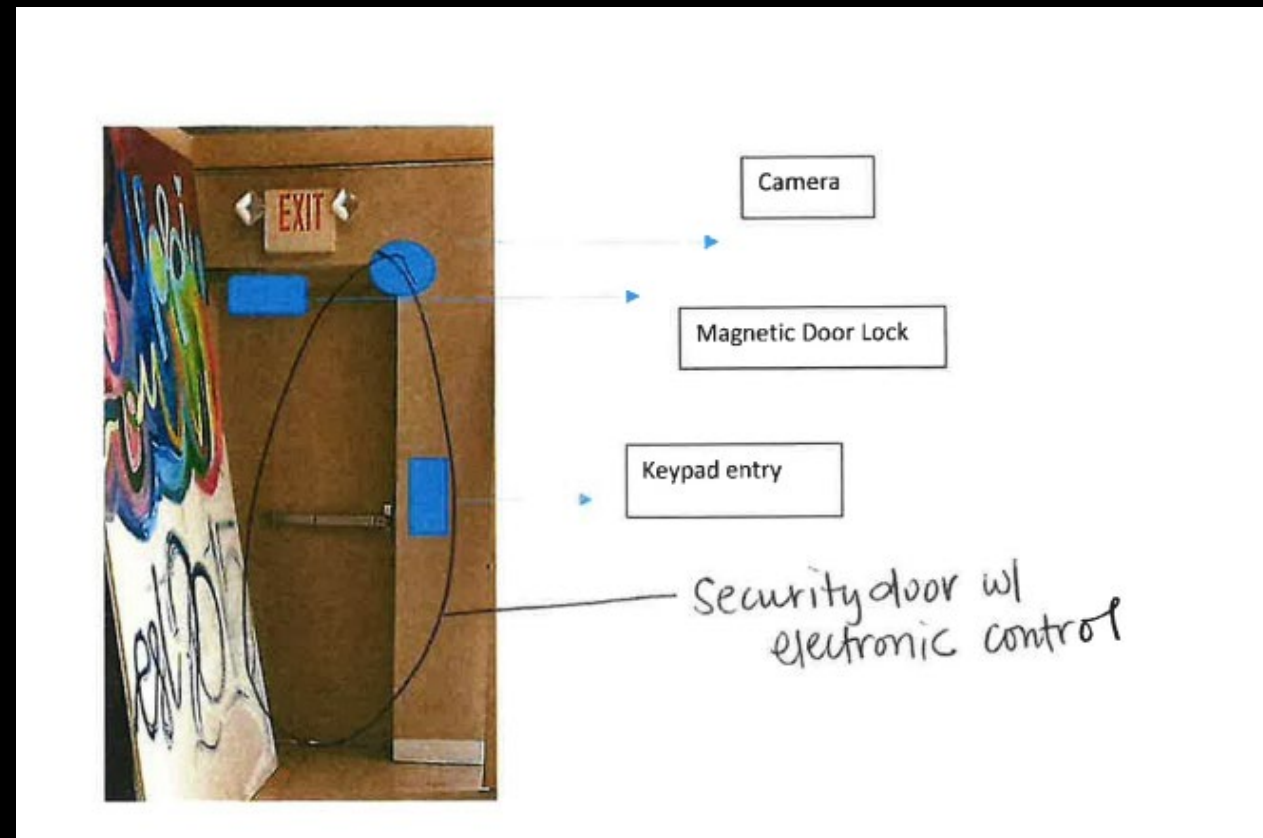
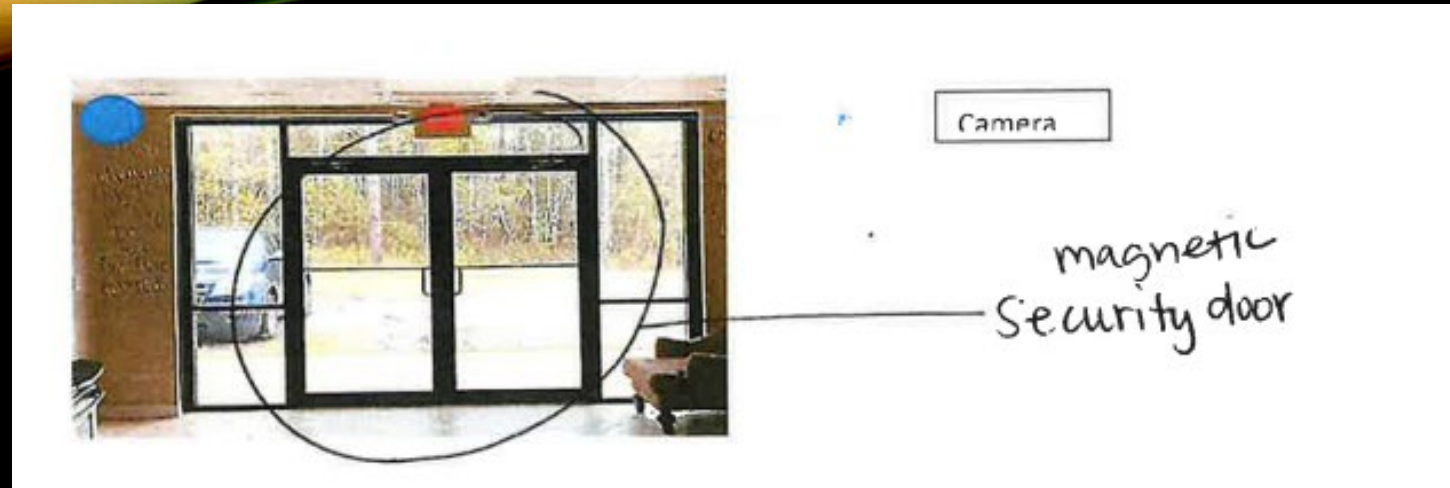


ED Entrance from
Conference room hall

Examples of Pictures for EHP-Access Controls



Examples of Pictures for EHP-Security Doors



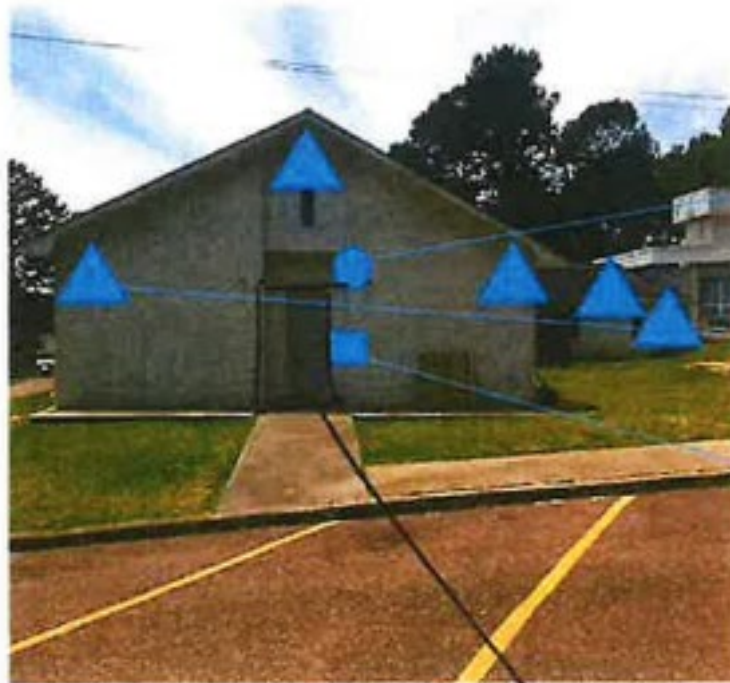
Examples of Pictures for EHP- Bollards



Examples of Pictures for EHP- PA System & Cameras



Examples of Pictures for EHP- Multi- Items



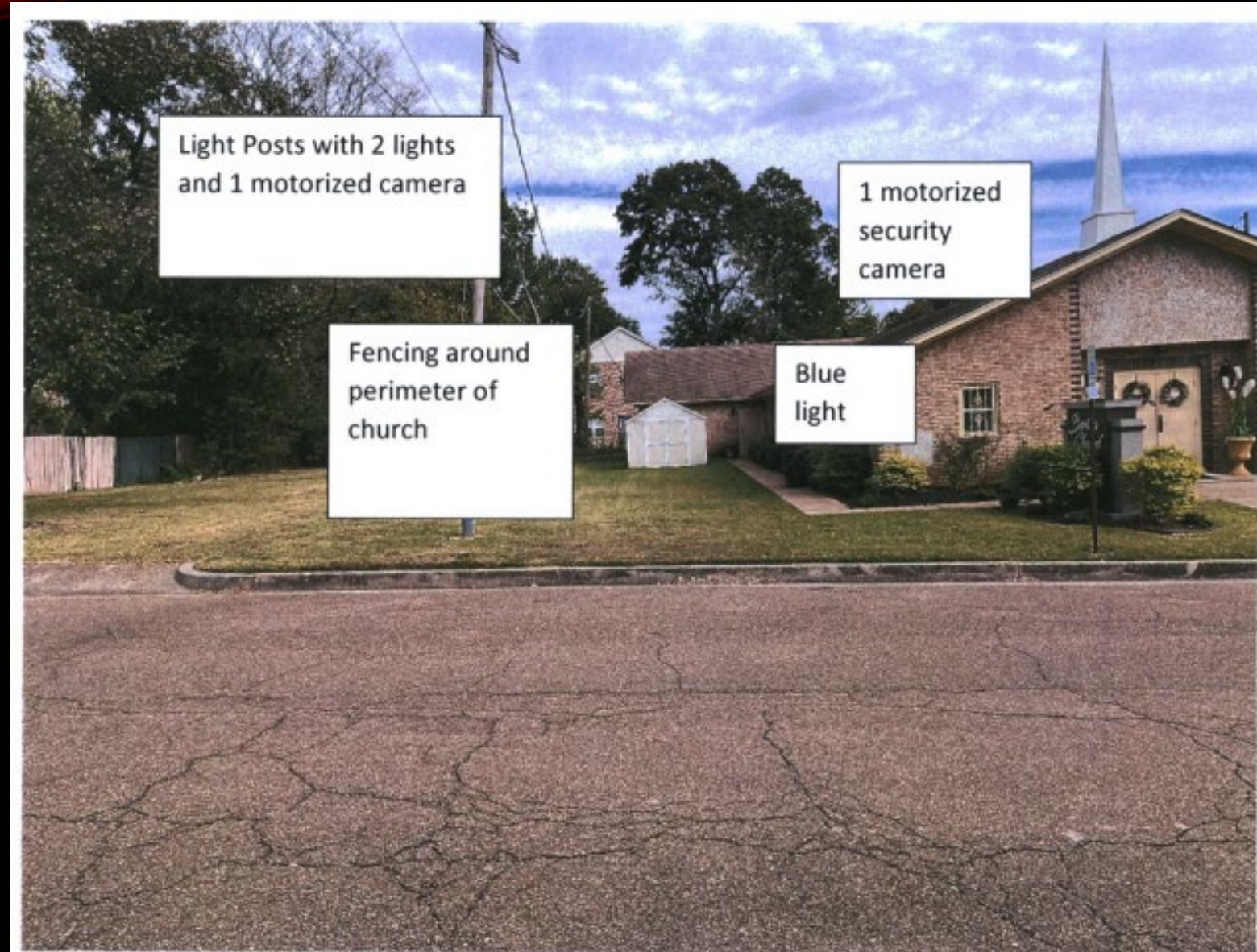
Camera

Lighting

Access
Control

Security door


Examples of Pictures for EHP- Multi- Items



Examples of Pictures for EHP- Lighting

Include Spec Sheets and Design, if possible

76



RSX2 LED Area Luminaire

Specifications

EPA (HxW): 0.69 ft² (0.06 m²)

Length: 29.3" (74.4 cm) (SPA mount)

Width: 13.4" (34.0 cm)

Height: 3.0" (7.6 cm) Main Body
7.2" (18.3 cm) Arm

Weight: 30.0 lbs (13.6 kg) (SPA mount)

Ordering Information

Series	Performance Package	Color Temperature	Distribution	Voltage	Mounting
RSX2 LED	P1	30K 3000K	R2	120V (120V-277V) *	SPA
	P2	40K 4000K	R3	120V (120V-277V) *	RPA
	P3	50K 5000K	R2S	120V (120V-277V) *	MA
	P4		R4	120V (120V-277V) *	IS
	P5		R4S	120V (120V-277V) *	WBA
	P6		R5	120V (120V-277V) *	WBASC
			R5S	120V (120V-277V) *	AASP
			AFR	120V (120V-277V) *	ANWS
			AFR90	120V (120V-277V) *	
			AFR190	120V (120V-277V) *	

Options

Option	Description
HS	House side shield
PE	Photocontrol, button style
PER	Photocontrol external threaded, adjustable
CE34	Seven-wire twist-lock receptacle only (no controls)
SE	Conduit entry 3/4" NPT (Qty 2)
DF	Single face (120, 240, 360)
SPD20KV	20KV surge pack (10KV standard)
FAO	Field adjustable output
DMG	0-10V dimming extend out back of housing for external control (control ordered separately)
DS	Dual switching

Shipped Installed

NEAR2
PIRIN
BAA

Shipped Separately (requires some field assembly)

EGS
EGPV
BS

Finish

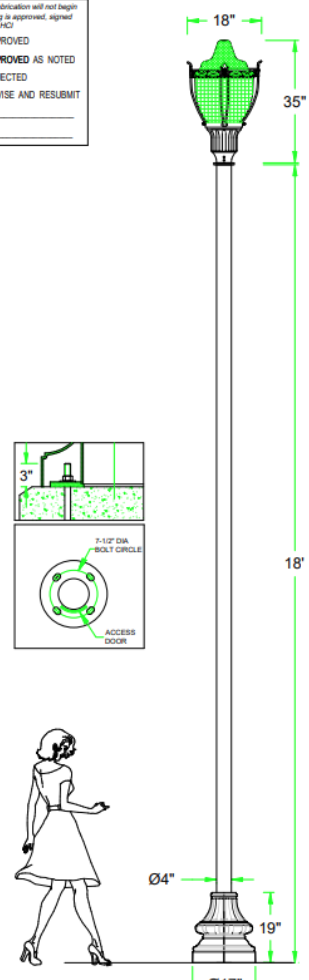
Finish	Color
DOBX	Dark Bronze
DLBX	Black
DNAX	Natural Aluminum
DWDX	White
DOBXD	Textured Dark Bronze
DLBXD	Textured Black
DNAXD	Textured Natural Aluminum
DWDXD	Textured White

Please Note: Fabrication will not begin until this drawing is approved, signed and returned to HCI.

☐ APPROVED
☐ APPROVED AS NOTED
☐ REJECTED
☐ REVISE AND RESUBMIT

By _____
Date _____

TYPE D



18"
35"
18"
19"
Ø4"
Ø17"

Approval Drawing
Light Std: F108-L-U-P405-2-4PC-18

Diffuser Type: External Prismatic Acrylic.
UV Stabilized.

Hardware: Stainless steel.

Optical System: LED
Light distribution: IES Type V.

Luminaire Housing: The whole luminaire and cage are made of cast aluminum with four set screws.

Ballast: High power LED mounted on removable plate. A quick disconnect wiring system allows for fast easy maintenance.

Lumens - 14000LMS (LED)
Voltage - 120-277V
Color Temp.- 5000K
Photocontrol: None.

Pole Material: Extruded and plain aluminum Ø4" O.D. with 0.226 wall thickness shaft welded to base plate.

Base Cover: Two piece cast aluminum attached to shaft with stainless steel screws.

Anchor Bolts: 4 galvanized 3/4"x 24" long. Anchor bolts and template are supplied by HCI. (B.C.7.5")

Finish: Electrostatically applied, thermoset polyester powder-coat finish.

Colour: RAL9011-Black.

	QTY.
LUMINAIRES	15
POLE	4

Sales: SHAYNE Designer: ROMIL
Date: APR.07.2022 Drawing No: 13498-V1-M1
Model: F108-L-CAGE-U-EAC-14000LMS-LED-120-277V
-5000K-IES-NONE-P405-2-4PC-18-RAL9011
Project: ASU CAMPUS (QTY:)
Rep: HARTWELL COOK
Please Note: Fabrication will not begin until this drawing is approved, signed and returned to HCI

HCI
Heritage Coating & Ironworks
1280 Fewster Drive, Mississauga, Ontario, Canada L4W 1A4
Tel: (905) 238-2648 Fax: (905) 238-9060
Toll Free Canada & USA 1-800-267-3175
E: sales@hclighting.com WEB: www.hclighting.com

SUBMIT EHP FORM TO MOHS

- Get EHP Completed ASAP
- After you completed the EHP form, you will submit to MOHS Grant Email: mohsgrants@dps.ms.gov
- Program Manager will review
- Grants Director will submit to FEMA



Submit EHP Form to MOHS

PLEASE BE PATIENT

FEMA review can take up to 6 months to approve and get through the process.

The process will take longer if there is ground disturbance, if you are in a historical area or near water.

Submit EHP Form to MOHS

ABSOLUTELY **NO** WORK CAN BEGIN, UNTIL
THE EHP IS APPROVED!!!!!!

IF YOU BEGIN WORK BEFORE THE EHP IS
APPROVED,

YOU WILL NOT BE REIMBURSED!

After FEMA Approval

Once the EHP is Approved, you will be provided with an Approval Letter from FEMA.

You will be approved With Conditions or Without Conditions.
Please read through the EHP approval letter.

Once Approval **has been received** you may start your projects.

FY24 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Hands-On Exercises



FY24 HOMELAND SECURITY NON-PROFIT GRANT PROGRAM

Upcoming Dates



IMPLEMENTATION OF NON-PROFIT GRANTS

Monthly Check-In
With Program Manager
September-August



IMPLEMENTATION OF NON-PROFIT GRANTS

November Training Opportunities

Trainings
Available
(Virtual)
November

The MOHS will be scheduling a Virtual Meeting via
Microsoft TEAMS

- Date and Time-TBD
- Invite will be sent out Shortly
- Discussion: Go over additional resources for your organizations to take part in for training opportunities

IMPLEMENTATION OF NON-PROFIT GRANTS⁶

January Reporting

FY24 Non-
Profit Forms
(In Person)
January

- Date and Time-TBD
- Location: MEMA (1 MEMA Drive Pearl, MS)
- Invite will be sent out Shortly
- Discussion: Step by Step Walk-Through
 - Quarterly Reports
 - Grant Forms and Requirements

IMPLEMENTATION OF NON-PROFIT GRANTS⁶

JANUARY

Monitoring/Technical Assistance

Trainings
Available
(Virtual)
January

The MOHS will be scheduling a Virtual Meeting via
Microsoft TEAMS

- Date and Time-TBD
- Invite will be sent out Shortly
- Discussion: Monitoring Requirements; File Management; Compliance Checks and Technical Assistance Visits

Orientation Evaluation Form

Before you leave, please
fill out the Evaluation
Form



Mississippi Office of Homeland Security FY24 Grant Implementation Evaluation Form

We appreciate your feedback, as it is critical for MOHS to ensure we are meeting your expectations and to provide greater professional development in the future. Please take a few minutes to share your opinions with us, so we can serve you better.

Please return this form to one of the MOHS staff members at the end of the meeting. Thank you.

Please check the corresponding indicator that reflects your experience during the meeting.

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Overall Content Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Resource Materials Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Presenters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge Before Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge After Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Meeting Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel confident for FY24 Program Management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would you change, add, or replace about the information presented during this meeting?

What did you learn that will be most helpful?

Please list suggestions for topics/sessions that may be helpful for future regional meetings.

Please provide any other information that may help to improve this event for next year.

Where can the MOHS improve to help serve you better?

MOHS Grants Staff Contacts:



Mississippi Office of Homeland Security Grants Department Contact Information

All Reports, Reimbursements and Grant Requirements should be emailed to the MOHS Grants Department email address:

mohsgrants@dps.ms.gov
(601) 987-1278

Beth Loflin-Finance and Grants Director

- Email Address: beth.loflin@dps.ms.gov

Kayla Stewart (Grants Program Management Lead)

- Email Address: ksstewart@dps.ms.gov
- Phone Number: (601) 987-1217

Orlando Hoard (Admin Specialist)

- Email Address: ohoard@dps.ms.gov
- Phone Number: (601) 987-1278

Program Managers:

Teresa Wash (Grants Program Management - North HSGP Grants)

- Email Address: twash@dps.ms.gov
- Phone Number (601) 987-1519

Ty Barnes (Grants Program Management - South HSGP Grants)

- Email Address: tbarnes@dps.ms.gov
- Phone Number: (601) 987-1505

Kimberly Johnson (Grants Program Management - Non-Profit)

- Email Address: kjohnson@dps.ms.gov
- Phone Number: (601) 987-1518

Micah Carrington (Grants Program Management - Cyber/HSGP)

- Email Address: mcarrington@dps.ms.gov
- Phone Number: 601-987-1231

MOHS Grants Staff Contacts:



Financial Review:

Karen Evans: General Funds/Procurement

- Email Address: kevans@dps.ms.gov
- Phone Number: (601) 987-1213

Rachelle McKinley:

- Email Address: rmckinley@dps.ms.gov
- Phone Number: (601) 987-1226

Program Monitors:

Bebea Boney

- Email Address: bboney@dps.ms.gov

Steve Latham

- Email Address: slatham@dps.ms.gov

Program Trainers:

Larry Cagle –

Community Emergency Response Trainer/State Coordinator

- Email Address: lcagle@dps.ms.gov

Rebecca Chaney –

Targeted Violence and Prevention Trainer

- Email Address: rchaney@dps.ms.gov

Laura Fosselman –

Law Enforcement Trainer (Active Shooter/Craze/Church Security)

- Email Address: lfossleman@dps.ms.gov



QUESTIONS

