

MISSISSIPPI OFFICE OF HOMELAND SECURITY (MOHS)
POST OFFICE BOX 958
JACKSON, MS 39205

SUBRECIPIENT GRANT AWARD

Subrecipient: **TOWN OF ANYWHERE POLICE DEPARTMENT**

Project Title(s): Homeland Security Grant Program

Grant Period: 11-01-16 – 5-31-17 Date of Award: 11-01-16

Total Amount of Award: **\$4,600.00** Grant No.: **XXXXX**

In accordance with the provisions of Federal Fiscal Year 2015 Homeland Security Grant Program, the Mississippi Office of Homeland Security (MOHS), State Administrative Agency (SAA), hereby awards to the foregoing Subrecipient a grant in the federal amount shown above. The CFDA number is XX.XXX and MOHS federal grant number is **XXXXXXXXX**. 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).

Payment of Funds: The original signed copy of this Award must be signed by the Official Authorized to Sign in the space below and returned to the MOHS **no later than December 15, 2016. The grant shall be effective upon return of this form and final approval the MOHS of the grant budget and program narrative.** Grant funds will be disbursed to subgrantees (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 subrecipient; and that all agencies involved with this project understand that all federal funds are limited to a twelve-month period.

Supplantation: The Act requires that subrecipients provide assurance that subrecipient funds will not be used to supplant or replace local or 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 FOR THE SUBRECIPIENT

Signature of Official Authorized to Sign

Signature of MOHS Director

SUBRECIPIENT AWARD NOTICE: THIS AWARD IS SUBJECT TO THE GRANT SPECIAL CONDITIONS AND FINAL APPROVAL BY THE MOHS OF THE SUBRECIPIENT'S GRANT PROGRAM BUDGET AND NARRATIVE.

GRANT RECIPIENT AGREEMENT

1. The designated representative certifies that he/she has legal authority to receive assistance.
2. The Applicant shall provide all necessary financial and managerial resources to meet the terms and conditions of receiving Federal and State assistance.
3. The Applicant shall use awarded funds solely for the purpose for which these funds are provided and as approved by the DPS Authorized Representative.
4. The Applicant is aware of and shall comply with cost-sharing requirements.
5. The Applicant shall establish and maintain a proper accounting system to record expenditures of awarded funds in accordance with generally accepted accounting standards and OMB Circulars A-87 and A-133 as applicable and/or as directed by the DPS Authorized Representative.
6. The Applicant shall comply with the Single Audit Act of 1984 and will provide copies of audit reports when issued, 44CFR Part 14.
7. The Applicant shall give State and Federal agencies designated by the DPS Authorized Representative access to and the right to examine all records and documents related to use of award funds.
8. The Applicant shall return to the State, within thirty (30) days of such request by the DPS Authorized Representative, any advance funds which are not supported by audit or other Federal or State review of documentation by the Applicant.
9. The Applicant shall comply with all applicable provisions of Federal and State laws and regulations in regard to procurement of goods and services.
10. The Applicant shall comply with regulations implementing the Drug-Free Workplace Act of 1988, 44CFR Part 17, Subpart F.
11. The Applicant shall comply with all Federal and State statutes and regulations relating to non-discrimination.
12. The Applicant shall comply with provisions of the Hatch Act limiting political activities of public employees and 44CFR Part 18, New Restrictions on Lobbying.
13. The Applicant shall comply, as applicable, with provisions of the Davis-Bacon Act relating to labor standards.
14. The Applicant shall not enter into any contracts or purchase merchandise from any party or vendor which is disbarred or suspended from participating in Federal assistance programs.

Grant Recipient Representative

Date

MISSISSIPPI OFFICE OF HOMELAND SECURITY

STATE HOMELAND SECURITY GRANT PROGRAM SPECIAL CONDITIONS

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1. All sub-grantees must comply with the National Incident Management System (NIMS) minimum requirements as specified in the Fiscal Year 2006 Homeland Security Grant Program Guidelines and Application Kit, page 47-48. By September 30, 2006, all jurisdictions must be fully NIMS compliant. FY06 and FY07 Homeland Security grant funds are contingent on NIMS compliance.
 2. All sub-grantees must comply and be familiar with Homeland Security Presidential Directive-8, with regards to the IED Scenario, as mandated by the Office of Domestic Preparedness.
 3. All sub-grantees 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.
 4. All sub-grantees are required by the Office of Domestic Preparedness to use the Global Justice Data Model specifications and guidelines regarding the use of XML for all HSGP awards.
 5. Prior to the obligation or expenditure of any funds awarded through this grant, the Sub-recipient must become a legal signatory of the Statewide Mutual Agreement, maintained by the STATE EMERGENCY MANAGEMENT AGENCY. Furthermore, the Sub-grantee agree and understand that by allowing any agency to receive direct or indirect support from these grant funds without becoming a legal signatory to the said agreement is a direct violation of the terms and conditions of this grant award.
 6. All SHSP sub-grantees 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.
 7. Recurring costs/fees are not allowable for funding under the 2006 HSGP. Internet service fees, radio service fees, cellular phone fees, satellite phone fees, etc. paid for with grant funds are for 12 months during the year of equipment purchase only.
 8. Position descriptions for each person to be paid with grant funds and organizational chart identifying grant funded position(s).
 9. A physical inventory of property and equipment (as defined in Section IV, D.) must be taken and the results reconciled with the property control form at least once every two years. This report must be prepared and submitted by the sub-recipient to the SAA by January 31 of each year beginning in calendar year 2016.
 10. The MOHS requires that property acquired with grant funds be tagged and tracked using a computer-based inventory system.
 11. The FCC has chosen the Project 25 suite of standards for voice and low-moderate speed data interoperability. In an effort to realize improved interoperability, all radios purchased under this grant should be APCO 25 compliant.
 12. The Budget Worksheet and/or Budget Narrative pages for this grant need to be revised before obligation of any grant funds.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above conditions.

Signature of the Chief Executive Officer

Date

**STATE OF MISSISSIPPI
AND
GOVERNOR PHIL BRYANT**



**HOMELAND SECURITY
COOPERATIVE AGREEMENT**

Between

TOWN OF ANYWHERE POLICE DEPARTMENT

AND

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY



RECEIVED

DEC 15 2015

Article X. Execution

IN WITNESS WHEREOF, the parties names herein have duly executed this Cooperative Agreement on the date set forth below:

SUBRECIPIENT: TOWN OF ANYWHERE POLICE DEPARTMENT ATTEST:

By _____ Date: _____
Executive Director

APPROVED:

By: _____ Date: 12-1-1
Agency Attorney

DUNS Number: XXXXXX

APPROVED: State of Mississippi

By: _____ Date: _____
Executive Director
Mississippi Office of Homeland Security

Designation of Sub-recipient Grant Administrator (SGA) STATE HOMELAND SECURITY PROGRAM

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 Cooperative Agreement during the performance period on behalf of the *Sub-recipient*.

Name: _____ Title: ADMIN. Specialist
(Sub-recipient Grant Administrator)

Organization Name: TOWN OF ANYWHERE POLICE DEPARTMENT

Mailing Address: XXXXXXXXXX

City: _____ Zip Code XXXX

Telephone Number: XXXXXXXXXX Fax Number: XXXXXXXXXX

Cellular Number: () _____ Pager Number: () _____

Email Address: jane.doe@mailnow.com

Appointed by: _____ Date: 12-2-15
(Print Name)

Signature: _____ Title: MAYOR

TOWN OF ANYWHERE

Police Department

FY2016 Homeland Security Grant Program

Scope of Work

(Budget Narrative)

Narrative Statement

The Mayor and Board of Aldermen of the Town of Anywhere propose to utilize FY2016 Homeland Security Grant Program funds to support the following project and objectives from the State of Mississippi's Homeland Security Strategy:

PROJECT

Enhance capabilities to response to all-hazards events.

GOAL

To employ the National Incident Management System (NIMS) and National Response Plan in a tactical and operational all-hazards environment.

Objectives

Encourage the necessary equipment to give the State, Regional Response Teams and local first responders the capability to facilitate the effective and efficient response to an all-hazards threat/incident and to strengthen an all-hazards response including CBRNE Detection, Response and Decontamination Capabilities to facilitate a robust recovery.

Ensure that the local jurisdictions have equipment necessary to strengthen all-hazards including CBRNE Detection, Response and Decontamination Capabilities.

Equipment

The Mayor and Board of Aldermen of the Town of Anywhere propose to utilize one-hundred percent (100%) of the FY2016 Homeland Security Grant Program funds in the amount of \$xxxx to purchase Interoperable Communication Equipment that includes two (2) mobile radios – that will be used to communicate with dispatch and command centers, mutual aid agencies, and other jurisdictions during any event – and related required accessories such as electrical wiring, antennae, microphones, etc.

All equipment purchased will be in accordance with the Authorized Equipment List (AEL) on the Responder Knowledge Base (RKB). Any costs incurred above the award amount for the requested equipment will be absorbed by the Town's local budget.

**Fiscal Year 2016 State Domestic Preparedness Equipment
Program
Equipment Purchase Budget Detail Worksheet and
Impact of Funding Table**

Jurisdiction: ANYWHERE, USA

Category	Item	Quantity	Total Cost	Items to Each Discipline (s)	Allocation to Each Discipline (s)
Personal Protective Equipment					
Explosive Device Mitigation and Remediation Equipment					
CBRNE Search & Rescue Equipment					
Interoperable Communication Equipment	MOBILE RADIOS	2	\$4,600	2 - LE	\$4,600 - LE
Detection Equipment					
Decontamination Equipment					
Physical Security Enhancement Equipment					
Terrorism Incident Prevention Equipment					
CBRNE Logistical Support Equipment					
CBRNE Incident Response Vehicle					
Medical Supplies and Limited Types of Pharmaceuticals					
CBRNE Reference Materials					
Agricultural Terrorism Prevention, Response and Mitigation Equipment					

CBRNE Response Watercraft					
CBRNE Aviation Equipment					
Cyber Security Enhancement Equipment					
Intervention Equipment					
Other Authorized Equipment					
Total:			\$4,600		

List of Suggested Abbreviations

LE - Law Enforcement
 EMS-FB - Emergency Medical Services (Fire Based)
 EMS-NFB – Emergency Medical Services (Non Fire Based)
 EMA - Emergency Management
 FS - Fire Service
 HZ - HAZMAT
 PW - Public Works
 PH - Public Health
 GA - Governmental Administrative
 PSC - Public Safety Communications
 HC - Health Care
 Ag – Agriculture
 CS – Cyber Security

IMPLEMENTATION SCHEDULE

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Implementation Tasks	Person Responsible	Implementation Proposed Time Frame (Proposed Quarters)				Implementation Actual Time Frame (Actual Dates)			
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Obtain State Contract for purchase of mobile radio units and accessories.	Project Director	x							
Issue purchase order for equipment.	Project Director	x							
Receive equipment and render payment.	Project Director		x						
Send quarterly financial reports and requests for reimbursement to SAA.	Project Director			x					
Send semi-annual progress report to SAA.	Project Director			x					
Project Closeout.	Project Director			x					

The implementation schedule is intended to give our office a proposed list of planned activities, implementation dates, and person responsible for documenting implementation. Exact dates are not necessary in the "Implementation Proposed Time Frame" section. Please use an 'X' to denote which quarter you plan to implement the activity.

GRANT TERMS AND CONDITIONS

NOTE: THE GRANT TERMS AND CONDITIONS MUST BE SUBMITTED WITH GRANT APPLICATION

GRANT NO. XXXXX

CERTIFICATION BY PROJECT DIRECTOR *

I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the 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 affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the requirements of this grant application; that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subgrantee; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: John Doe Title: Subgrantee Grant Administrator
(Please Print or Type)

Agency: Town of Anywhere Police Department Mailing Address: Post Office Box XXX
Anywhere: USA XXXXX

Phone Number: 888-888-8888

Pager Number: N/A

Fax Number: 888-888-8888 E-Mail Address: john.doe@mailnow.com

Signature: _____ Bonded: ☐ Yes ☒ No

VERIFICATION BY FINANCIAL OFFICER *

I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the 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 affected agencies; that I am duly authorized by the Applicant to perform the tasks of Financial Officer as they relate to the requirements of this grant application; that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subgrantee; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: Jane Doe Title: Grants Financial Administrator
(Please Print or Type)

Agency: Town of Anywhere Mailing Address: Post Office Box XXX
Anywhere: USA XXXXX

Phone Number: 888-888-8888

Fax Number: 888-888-8888 E-Mail Address: jane.doe@mailnow.com

Pager Number: N/A

Signature: _____ Bonded: ☒ Yes ☐ No

GRANT TERMS AND CONDITIONS

NOTE: THE GRANT TERMS AND CONDITIONS MUST BE SUBMITTED WITH GRANT APPLICATION

GRANT NO. XXXXX**CERTIFICATION BY OFFICIAL AUTHORIZED TO SIGN * (Administrator)**

I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the 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 affected agencies; that I am duly authorized by the Applicant to perform the tasks of the Official Authorized to Sign as they relate to the requirements of this grant application; that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subgrantee; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: Mrs. Jane Doe Title: Mayor
(Please Print or Type)Agency: Town of Anywhere Mailing Address:
City/State, Zip: Post Office Box XXX
Anywhere, USA
XXXXXPhone Number: 888-888-8888Fax Number: 888-888-8888 E-Mail Address: jane.doe@mail.now.comPager Number: N/ASignature: [Signature] Bonded: ☒ Yes ☐ No

*** NOTE:** THE PROJECT DIRECTOR, FINANCIAL OFFICER AND OFFICIAL AUTHORIZED TO SIGN CANNOT BE THE SAME PERSON. STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT SAA APPROVAL.