

2013 ND SHSP Competitive Grant Application for Physical Protective Measures

Be sure you have read ALL of the Fiscal Year 2013 North Dakota State Homeland Security Program Competitive Grant Guidance to ensure that you address all requirements of the guidance in your application.

ND Department of Emergency Services, Division of Homeland Security
PO Box 5511, Bismarck, ND 58506-5511

Directions: Complete the following application in its entirety and email to khilfer@nd.gov, or fax to 701-328-8181, or mail to the address above by the deadline.

DEADLINE:

5:00 p.m. CDT, Tuesday, September 30, 2013

1. Applicant Information

Name of Applying Entity:			
Address:			
City:		State: <u>ND</u>	
Zip Code:		DUNS #:	

Note: Eligible applicants are city and county law enforcement agencies located within North Dakota.

2. Contact Information (Please provide the contact information of the person that can answer questions regarding this application)

Name:				
Address:				
City:		State: <u>ND</u>	Zip Code:	
Phone:		Fax:		
Email:		Cell:		

3. Project Description (Provide a description of the proposed activities to be accomplished with the grant, including the planning, equipment, training, and/or exercises that will be accomplished. Include the goals and objectives the proposed activities are intended to accomplish. Describe capability gap(s) that this project is intended to address, include how the gap was identified and the current capability level:

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4. Proposed Funding by Solution Area

Planning Proposed Expenses	Description <i>Example: Travel/Per Diem: Estimated 100 miles x \$0.55/mile per person</i>	Cost Estimate
Contractor		\$
Materials/Supplies		\$
Plan Publishing		\$
Travel/Per Diem		\$
Other		\$
Total Estimated Planning Cost		\$

Training Proposed Expenses	Description <i>Example: Travel/Per Diem: Estimated 100 miles x \$0.55/mile per person</i>	Cost Estimate
Contractor		\$
Materials/Supplies		\$
Travel/Per Diem		\$
Overtime/Backfill		
Registration Fee		\$
Other (please specify in narrative)		\$
Total Estimated Training Cost		\$

Exercise Proposed Expenses	Description <i>Example: Travel/Per Diem: Estimated 100 miles x \$0.55/mile per person</i>	Cost Estimate
Contractor		\$
Materials/Supplies		\$
Travel/Per Diem		\$
Overtime/Backfill		
Other (please specify in narrative)		\$
Total Estimated Exercise Cost		\$

AEL Code	EHP (Y/N)	Title	Description	Quantity	Unit Cost	Total Cost
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Total Estimated Equipment Cost						\$

Reminder: Complete and attach the Environmental & Historic Review (EHP), if applicable.

Budget Totals (Enter to Total Estimated Cost of each category above)

Note: Total Grant Request May Not Exceed \$25,000.00.

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Budget Category	Estimated Cost
Total Estimated Planning Cost	\$
Total Estimated Training Cost	\$
Total Estimated Exercise Cost	\$
Total Estimated Equipment Cost	\$
Total Estimated Cost	\$

5. **Milestones** (Identify up to ten specific milestones for the project period of performance, including a description and start and end dates for each milestone. The milestones should demonstrate a clear sequence of events. The 2013 period of performance is anticipated to occur from October 2013 through March 2015.

Milestone 1:			
Start Date:		End Date:	
Milestone 2:			
Start Date:		End Date:	
Milestone 3:			
Start Date:		End Date:	
Milestone 4:			
Start Date:		End Date:	
Milestone 5:			
Start Date:		End Date:	
Milestone 6:			
Start Date:		End Date:	
Milestone 7:			
Start Date:		End Date:	
Milestone 8:			
Start Date:		End Date:	
Milestone 9:			
Start Date:		End Date:	
Milestone 10:			
Start Date:		End Date:	

6. **Certification**

I, the undersigned, hereby certify

- The above grant request will be utilized in accordance with all applicable federal and state laws and regulations;
- The above grant request does not supplant any funds; and
- The requesting entity is NIMS compliant
- All information contained in this application is true and accurate

(Type Name and Title of Agency Representative) - Typing your name will be accepted in lieu of a written signature.

Date: