



# North Carolina Department of Public Safety

## Emergency Management

Roy Cooper, Governor  
Erik A. Hooks, Secretary

Michael A. Sprayberry, Director

### NC Tier II Grant Fiscal Year 2019

Grant#: T2-2019

#### SUBAWARD NOTIFICATION

Jim Groves

Durham County  
2422 Broad Street  
Durham, NC 27704-3006

**Period of Performance:** January 1, 2019 to December 31, 2019

**Project Title:** PEAK and LEPC items

**Total Amount of Award:** \$9,500.00

**MOA #:** 1971

North Carolina Emergency Management (NCEM) is pleased to inform you that the federal Fiscal Year (FY) 2019 NC Tier II Grant has been approved for funding. In accordance with the provisions of FY 2019 NC Tier II Competitive award, NCEM hereby awards to the foregoing sub-recipient a grant in the amount shown above.

**Payment of Funds:** The grant shall be effective upon final approval by NCEM of the grant budget and program narrative and the execution of the forthcoming Memorandum of Agreement. Grant funds will be disbursed (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.).

**Conditions:** The sub-recipient shall understand and agree that funds will only be expended for those projects outlined in the funding amounts as individually listed above. Sub-recipient shall also certify the understanding and agreement to comply with the general and fiscal terms and conditions of the grant including special conditions; to comply with provisions of the 2 CFR 200 and all applicable laws governing these funds and all other federal, state and local laws; that all information is correct; that there has been appropriate coordination with affected agencies; that sub-recipient is 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 federal funds are limited to the period of performance. Sub-recipient must read and sign forthcoming Memorandum of Agreement for acceptance of the award.

For projects involving construction or the installation of equipment:

Prior to funds being expended from this award the sub-recipient must complete and submit an Environmental Planning and Historical Preservation form to NCEM for approval. On receipt of the approval letter from NCEM the sub-recipient may begin to expend grant funds.

**Supplanting:** The sub-recipients confirm that sub-grant 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, the sub-recipient will certify that the receipt of federal funds through NCEM shall in no way supplant or replace state or local funds or other resources that would have been made available for homeland security activities.

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GRANT AWARD NOTICE: THIS AWARD IS SUBJECT TO THE GRANT SPECIAL CONDITIONS AND FINAL APPROVAL BY THE DEPARTMENT OF PUBLIC SAFETY, NORTH CAROLINA EMERGENCY MANAGEMENT GRANT PROGRAM BUDGET AND NARRATIVE



#### MAILING ADDRESS

4236 Mail Service Center  
Raleigh NC 27699-4236  
[www.readync.org](http://www.readync.org)  
[www.ncdps.gov](http://www.ncdps.gov)

#### OFFICE LOCATION

1636 Gold Star Drive  
Raleigh, NC 27607-3371  
Telephone: (919) 825-2500  
Fax: (919) 825-2685



# North Carolina Department of Public Safety

## Emergency Management

Roy Cooper, Governor  
Erik A. Hooks, Secretary

Michael A. Sprayberry, Director

### NC Tier II Competitive Grant

### Fiscal Year 2019

Grant#: T2-2019

### Memorandum of Agreement (MOA)

between

**Grantor:**

State of North Carolina  
Department of Public Safety  
Emergency Management

**MOA #:** 1971

**DPS fund code:** 1506-8064

**Recipient:**

Durham County  
Tax ID/EIN #: 56-6000297  
Duns #: 088564075

**Award amount:** \$9,500.00

**Period of performance:** January 1, 2019 to December 31, 2019

**1. Purpose**

This grant award supports the hazardous material preparedness activities of Local Emergency Planning Committees (LEPCs) as defined in the Emergency Planning and Community Right-to-Know Act (EPCRA). These funds are to be used by your county's or region's LEPC for hazardous materials emergency response planning, training, and related exercises. See Attachment 1 for application with detailed scope of work.

**2. Authority**

In accordance with the provisions of N.C.G.S. §166A-29.1, North Carolina Emergency Management hereby awards to the foregoing Recipient a grant in the amount shown above.

**3. Compensation**

The Grantor agrees that it will pay the Recipient complete and total compensation for the services to be rendered by the Recipient. Payment to the Recipient for expenditures under this Agreement will be reimbursed after the Recipient's cost report, detailed invoices, and proof of payment are submitted and approved for eligible expenses. These documents must be submitted no later than January 31, 2020. The original signed copy of this MOA must be signed by the Official(s) authorized to sign below and returned to North Carolina Emergency Management no later than 45 days after the award date. The grant shall be effective upon return of the executed Memorandum of Agreement and final approval by North Carolina Emergency Management of the grant budget.

**4. Conditions**

The funds awarded under this grant must only be used by your county's or region's LEPC for the purposes of hazardous materials emergency response planning, training and exercises, as mandated in N.C.G.S. § 166A-29.1. Furthermore, the use of these funds must meet one or more of the follow criteria:

- A. Support costs incurred facilitating LEPC meetings (e.g. printing, general office supplies, food and non-alcoholic beverages)
- B. Support regional LEPC meetings and collaboration
- C. Enhance LEPC outreach efforts or produce promotional materials
- D. Host or support local and regional LEPC conferences

- E. Create or update hazardous material emergency response plans
- F. Support local or regional hazardous materials response exercises
- G. Support purchases of equipment necessary to support the LEPC and its mission

**Purchases of equipment must be pre-approved in writing by the NCEM Hazardous Materials Group**

- H. Under no circumstances are the following items eligible for funding under this grant:
  - Salaries or benefits for any employee
  - Drone aircraft or unmanned aerial vehicles
  - Support for programs not focused on hazardous materials preparedness

**5. Regulation**

The funds awarded under this grant must be used in compliance with all applicable state and federal laws to include compliance with N.C.G.S. §§ 143C-6-22, 143C-6-23 and 09 NCAC 03M. By accepting this payment, the Recipient agrees to use these funds in a manner consistent with state laws and regulations.

**6. Taxes**

Recipient shall be responsible for all taxes.

**7. Warranty**

As an independent recipient, the Recipient will hold the Grantor harmless for any liability and personal injury that may occur from or in connection with the performance of this Agreement to the extent permitted by the North Carolina Tort Claims Act. Nothing in this Agreement, express or implied, is intended to confer on any other person any rights or remedies in or by reason of this Agreement. This Agreement does not give any person or entity other than the parties hereto any legal or equitable claim, right or remedy. This Agreement is intended for the sole and exclusive benefit of the parties hereto. This Agreement is not made for the benefit of any third person or persons. No third party may enforce any part of this Agreement or shall have any rights hereunder. This Agreement does not create, and shall not be construed as creating, any rights enforceable by any person not a party to this Agreement. Nothing herein shall be construed as a waiver of the sovereign immunity of the State of North Carolina. Nothing in this Agreement is intended to conflict with current laws or regulations of the State of North Carolina, Department of Public Safety, North Carolina Emergency Management, or the Recipient. 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.

**8. Points of contact**

To provide consistent and effective communication between the Grantor and Recipient, each party shall appoint a Principal Representative(s) to serve as its central point of contact responsible for coordinating and implementing this MOA. The Department of Public Safety, North Carolina Emergency Management contact shall be, Assistant Director for Administration, Grants Management Branch Staff, and NCEM Field Branch Staff. The Recipient's point of contact shall be the person designated by the Recipient.

**9. Public record access**

This agreement may be subject to the North Carolina Public Records Act, Chapter 132 of the North Carolina General Statutes.

**10. Situs**

This Agreement shall be governed by the laws of North Carolina and any claim for breach or enforcement shall be filed in State Court in Wake County, North Carolina.

**11. Antitrust laws**

This Agreement is entered into in compliance with all State and Federal antitrust laws.

**12. Other provisions/severability**

Nothing in this Agreement is intended to conflict with current laws or regulations of the State of North Carolina, Department of Public Safety, North Carolina Emergency Management, or the Recipient. 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.

**13. Compliance**

Recipient shall be wholly responsible for the purchases to be made under this MOA and for the supervision of its employees and assistants. Recipient shall be responsible for compliance with all laws, ordinances, codes, rules, regulations, licensing requirements and other regulatory matters that are applicable to the conduct of its business and purchase requirements performed under this MOA.

**14. Entire agreement**

This agreement and any annexes, exhibits and amendments annexed hereto and any documents incorporated specifically by reference represent the entire agreement between the parties and supersede all prior oral and written statements or agreements.

**15. Modification**

This agreement may be amended only by written amendments duly executed by the Grantor and the Recipient.

**16. Termination**

The terms of this agreement, as modified with the consent of all parties, will remain in effect until December 31, 2019. Either party upon thirty (30) days advance written notice to the other party may terminate this agreement. Upon approval by NCEM HAZMAT and the issuance of the Grant Adjustment Notice, if this MOA is extended, the termination date for the extension will be the date listed in the applicable Grant Adjustment Notice. Failure to provide applicable cost reports, proof of payment and/or a deobligation request letter by January 31, 2020 will result in an automatic deobligation of grant funds.

**17. Execution and effective date**

This grant shall become effective upon return of this original Memorandum of Agreement, properly executed on behalf of the Recipient, to North Carolina Emergency Management and will become binding upon execution of all parties to the Agreement. The terms of this Agreement will become effective January 1, 2019. The last signature shall be that of Erik A. Hooks, Secretary for the North Carolina Department of Public Safety.

**18. Certification of eligibility - Under the Iran Divestment Act**

Pursuant to N.C.G.S. §147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. § 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State. The Iran Divestment Act of 2015, N.C.G.S. § 147-86.55 et seq.\* requires that each vendor, prior to contracting with the State certifies, and the undersigned on behalf of the Vendor does hereby certify, to the following:

- A. That the vendor is not identified on the Final Divestment List of entities that the State Treasurer has determined engages in investment activities in Iran
- B. That the vendor shall not utilize on any contract with the State agency any subcontractor that is identified on the Final Divestment List
- C. That the undersigned is authorized by the Vendor to make this Certification

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address: <https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-divestment-Act-resources.aspx> and will be updated every 180 days. For questions about the Department of State Treasurer's Iran Divestment Policy, direct questions to (919) 814-3852.

**IN WITNESS WHEREOF, the parties have each executed this Agreement and the parties agree that this Agreement will be effective as of January 1, 2019.**

**N.C. DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MANAGEMENT  
1636 GOLD STAR DR  
RALEIGH, NC 27607**

**DURHAM COUNTY  
2422 BROAD STREET  
DURHAM, NC 27704-3006**

DocuSigned by:

*Michael A. Sprayberry*

**Michael A. Sprayberry, Director  
North Carolina Emergency Management**

DocuSigned by:

*James E. Groves*

BCA8E242A6F84FE...

## **APPROVED AS TO PROCEDURES**

DocuSigned by:

*William Polk*

**William Polk, Assistant General Counsel  
Reviewed for the Department of Public  
Safety, by William Polk, DPS Assistant  
General Counsel, to fulfill the purposes of the  
North Carolina Tier II Grant Program**

DocuSigned by:

*James I. Cherokee*

**James I. Cherokee, Controller  
North Carolina Department of Public Safety**

DocuSigned by:

*Erik A. Hooks*

**Erik A. Hooks, Secretary  
North Carolina Department of Public Safety**

**THIS MOA WAS PREVIOUSLY APPROVED AS TO FORM BY THE NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY FOR THE 2019 TIER II GRANT PROGRAM ONLY AND IS SUBJECT TO EXECUTION BY ERIK A. HOOKS, SECRETARY OF THE DEPARTMENT OF PUBLIC SAFETY. THIS MOU/MOA SHOULD NOT BE USED FOR OTHER MOUs/MOAs EXCEPT FOR THE TIER II GRANT.**

# **Attachment 1**

# North Carolina Emergency Management

## Preparedness Grants Application

Fiscal Year 2019

### Grants selection

*Please select all grants to be considered for this fiscal year. Grants not selected will be treated as a decline of those funds.*

Grants	<input checked="" type="checkbox"/> Emergency Management Performance Grant (EMPG) <input type="checkbox"/> Hazardous Materials Emergency Preparedness (HMEP) <input type="checkbox"/> Homeland Security Grant Program (HSGP) <input type="checkbox"/> North Carolina Tier II competitive <input type="checkbox"/> North Carolina Tier II noncompetitive
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### Contacts

Enter requested information for all contacts listed below.

#### Applicant

<b>Applicant</b>			
<i>This is the agency applying for grants.</i>			
Applying agency	Durham City/County Emergency Management		
Street address	2422 Broad St		
City	Durham	ZIP + 4	27704-3006
Email	jgroves@dconc.gov		
EIN/Tax ID number	566000297		
DUNS number	088564075		
SAM registered	Yes	Expiration date	4/10/2019
Is the agency applying as a nonprofit with 501(c)(3) status?			No
Your name	Click or tap here to enter text.		
Are you authorized to apply for grants on behalf of the applying agency?			Yes

#### Field help

<b>Applying agency</b>	The name of the agency applying for the grant.
<b>Street address, City, ZIP + 4, Email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the applying agency.
<b>EIN/Tax ID number</b>	The unique nine-digit identification number of the agency. Your Financial personnel should be able to provide this number.
<b>DUNS number</b>	The unique eight-digit identification number of the agency. Your financial personnel should be able to provide this number.
<b>SAM registered</b>	Each applicant must be registered in the federal System for Award Management (SAM) annually in order to be eligible to receive EMPG monies. The URL is <a href="https://www.sam.gov/">https://www.sam.gov/</a> .

**Expiration date** The expiration date of the SAM account.

**Is the agency applying as a nonprofit with 501(c)(3) status?** See <https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-section-501c3-organizations>.

**Your name** The name of the individual completing this application.

#### Grants point of contact

<b>Grants point of contact</b> <i>This is the focal point for any ongoing communications regarding the grants. There is an opportunity to override this contact for any specific grant.</i>			
Name	Jim Groves		
Agency	Durham City/County Emergency Management		
Title	Director		
Phone (work)	919-560-0660	Phone (mobile)	919-748-0593
Street address	2422 Broad Street		
City	Durham	ZIP + 4	27704-2006
Email	jgroves@dconc.gov		

#### Field help

**Name** The name of the contact.

**Agency** The name of the agency of the contact.

**Title** The title within the agency of the contact.

**Phone, Street address, City, ZIP + 4, email** The phone number, street address (not PO Box), city, nine-digit zip code, and email of the contact.

#### EM program manager

<b>EM program manager</b> <i>This is the local EM grants manager.</i>	
Name	Leslie O'Connor
Email	loconnor@dconc.gov

#### Field help

**Name** The name of the program manager.

**Email** The email address of the program manager.



## Grants MOA signatory

Grants MOA signatory			
<i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appends" section. There is an opportunity to override this contact for any specific grant.</i>			
Name	James Groves		
Agency	Durham City/County Emergency Management		
Title	Emergency Management Director		
Street address (not PO Box)	2422 Broad Street		
City	Durham	ZIP + 4	27704-3006
Email	jgroves@dconc.gov		
Name	Leslie O'Connor		
Agency	Durham City/County Emergency Management		
Title	Division Chief of Emergency Management		
Street address (not PO box)	2422 Broad Street		
City	Durham	ZIP + 4	27704-3006
Email	loconnor@dconc.gov		

## Field help

<b>Name</b>	The individual who signs the memorandum of agreement on behalf of the applicant.
<b>Agency</b>	The agency name of the signatory.
<b>Title</b>	The title within the agency of the signatory.
<b>Street address, City, ZIP + 4, email</b>	The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

## Projects

Enter requested project information for each grant checked under **Grants selection**. Completions of the **Point of contact** and **MOA signatory** sections are only required if the individuals are different from the **Grants point of contact** or **Grants MOA signatory**.

## EMPG

## Point of contact

Point of contact			
<i>Complete only if the point of contact for this project is different from the identified "Grants point of contact".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Phone (work)	Click or tap here to enter text.	Phone (mobile)	Click or tap here to enter text.
Street address	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

## Field help

<b>Name</b>	The name of the contact.
<b>Agency</b>	The name of the agency of the contact.
<b>Title</b>	The title within the agency of the contact.
<b>Phone, Street address, City, ZIP + 4, email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*MOA signatory*

<b>MOA signatory</b>			
<i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appendix" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

*Field help*

<b>Name</b>	The individual who signs the memorandum of agreement on behalf of the applicant.
<b>Agency</b>	The agency name of the signatory.
<b>Title</b>	The title within the agency of the signatory.
<b>Street address, City, ZIP + 4, email</b>	The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

*Finance director*

<b>Finance director</b>	
<i>The signature of the finance director of the agency is required for the memorandum of agreement.</i>	
Name	Susan Tezai
Email	stezai@dconc.gov

*Field help*

<b>Name</b>	The name of the finance director.
<b>Email</b>	The email of the finance director.

### Project information

General information	
<i>Enter information describing the project.</i>	
Title	COOP
Description	Planning: Develop a Continuity of Operations Plan for the Emergency Operations Center and all agencies assigned responsibilities in the Emergency Operations Plan in an effort to meet EMAP requirements.
Goal	Our goal is for our partners to continue statutorily required and mandated assignments during an emergency and be able to activate the Emergency Operations Plan. We will be utilizing BOLD Planning to write the plan and maintain an online database for information storage.
Construction/renovation required	No
Structural attachment required	No
Core capabilities addressed	
<i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>	
Primary	Planning
Secondary	Operational Coordination
Project timeline milestones	
<i>List the major project events and their completion dates.</i>	
Milestone	Completion Date
Receive Grant Award	10/2018
Award Contract	12/2018
Receive Completed Plan	5/2019
Close Grant	8/2019
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

#### Field help

- Title** The name of the project. The title can be a maximum of 30 characters.
- Description** A detailed description of the project in terms of the activity area being addressed
- Planning* When describing the project answer the following:
- Equipment*
- What is the activity area (one of "Planning", "Equipment", "Training", "Exercises")?
  - Why is this project needed?
  - How will capabilities gaps be addressed?
  - How will this project help you to become better prepared to respond to terrorist or CBRNE events?
  - What is the importance of this project?
  - What happens if this application is denied?
- Training*
- Exercises*
- [Example: "We need a prime mover to respond to various types of events. This project will provide us with a resource to prepare for, respond to, and recover from terrorist attacks and CBRNE type incidents. This project will help us respond to incidents that require critical transportation and operational coordination, which are the primary and secondary core capabilities that we have identified."]

In addition:

- For *Training*, identify the course number and title of each course.
- For *Exercises*, identify the name, location, and scope of each exercise.

**Organization** A general description of how the grant's funds are to be used to pay salaries. Include how the award is matched, such as through salary match, in-kind services, or county funds. [Example: "The funds will contribute toward the emergency manager's salary, and will be matched with county funds."]

Also, include details of:

- Any structural attachments. [Example: "These monitors will be permanently mounted to the walls of our EOC by a contractor, and hardwired into the electrical wiring along with any network connections."]
- Any construction or reconstruction. [Example: "We would like to install a security screening station that requires widening the entryway and installing permanent barriers in load bearing walls to harden the facility against terrorist attacks."]

<b>Goal</b>	How the project supports saving life and protecting property. [Example: "Our goal is to help us be more resilient to move equipment as needed in response to various events."]
<b>Construction/renovation required</b>	The project requires either new construction or renovation, retrofitting, or modification of existing structures.
<b>Structural attachment required</b>	The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.
<b>Primary</b>	Select the capability that best aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Secondary</b>	Select a capability that aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Milestone</b>	Steps that help structure the project's schedule. [Examples: "Receive award", "Pay salary", "Purchase supplies", "Close out grant"]
<b>Completion date</b>	Month and year when the corresponding milestone is expected to be completed.

### *Budget*

Complete **Organization details** if any personnel is funded by this grant, then complete the **Planning/Equipment/Organization/Training/Exercises costs** section.

### Organization details

Enter the requested information if any personnel are funded by this grant.

<b>EM program manager</b> <i>Complete for EM program manager activity only.</i>	
Time allotted for EM	<b>100%</b>
Salary	<b>\$79,000</b>
Date of employment in current position	<b>1/3/2017</b>
<b>All personnel</b> <i>Complete for all personnel supported by funds from this project.</i>	
All EMPG program funds (federal and match) allocated towards local emergency management personnel	<b>82,500</b>
All EMPG Program funds (federal and match) allocated towards non-local emergency management personnel	<b>0</b>
Total number of local emergency management full-time equivalent(FTE) personnel, including those supported and not supported by the EMPG Program	<b>5.5</b>
Number of local emergency management FTE personnel supported (fully or partially) by the EMPG Program	<b>0</b>
Number of local emergency management personnel supported (fully or partially) by the EMPG Program	<b>0</b>

Field help

**Time allotted for EM**

Percentage of time spent in EM program manager role.

**Salary**

Yearly salary of the EM program manager.

**Date of employment in current position**

Date hired into current job.

### Planning/Equipment/Organization/Training/Exercises costs

<b>Estimated Costs</b> <i>For each cost item select an activity area and then enter a description and the cost amounts. Enter the total.</i>				
Activity area	Description	Funding amount	Match amount	Total amount
Planning	<b>COOP Plan</b>	82,500	0	82,500
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
Choose an item.	Click or tap here to enter text.	Enter amount.	Enter amount.	Enter total.
<b>Total estimated costs</b>		Enter total.	Enter total.	Enter total.

Field help

**Activity area**

A selection of either Planning, Organization, Equipment, Training, or Exercise.

**Description**

A description of the cost item. Equipment must be AEL-listed (<https://www.fema.gov/authorized-equipment-list>). [Example: AEL number, item description]

**Funding amount**

Grant amount applied to the cost item.

**Match amount**

Local match amount applied to the cost item.

**Total amount**

Funding amount + Match amount.

**Total estimated costs**

Totals of each of the "amount" columns.

## HMEP

Enter requested information in the sections listed below.

*Point of contact*

<b>Point of contact</b>			
<i>Complete only if the point of contact for this project is different from the identified "Grants point of contact".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Phone (work)	Click or tap here to enter text.	Phone (mobile)	Click or tap here to enter text.
Street address	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

*Field help*

<b>Name</b>	The name of the contact.
<b>Agency</b>	The name of the agency of the contact.
<b>Title</b>	The title within the agency of the contact.
<b>Phone, Street address, City, ZIP + 4, email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*MOA signatory*

<b>MOA signatory</b>			
<i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appendix" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
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Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

*Field help*

<b>Name</b>	The individual who signs the memorandum of agreement on behalf of the applicant.
<b>Agency</b>	The agency name of the signatory.
<b>Title</b>	The title within the agency of the signatory.
<b>Street address, City, ZIP + 4, email</b>	The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

### Project information

General information	
<i>Enter information describing the project.</i>	
Title	<b>Federal Resources Training</b>
Description	<p>Drug IQ - Synthetic Opioids Risk-Based Response course which is an 8-hour course providing responders with training on how to conduct a risk assessment for a synthetic opioid scene. Students learn to look for incident indicators, or "clues", that can be used to categorize the incident into one of four levels of risk.</p> <p>Propane IQ - Propane emergencies remain one of the most common, and most deadly, hazmat incidents responders face. This 16-hour course will prepare responders to safely mitigate a propane emergency, including tactical considerations, container assessment, leak control options, and flaring operations. Each student will receive a set of PropaneIQ Smart Charts</p>
Goal	Drug IQ - Train local law enforcement officers on detection and risk assessment for synthetic based opioids such as fentanyl which is prevalent in our region. Propane IQ - Course attendees will safely and correctly perform the operations taught and evaluated in the course.
Scope	Joint/regional
Request RRT participation	No
Core capabilities addressed	
<i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>	
Primary	Threats and Hazard Identification
Secondary	Fire Management and Suppression
Project timeline milestones	
<i>List the major project events and their completion dates.</i>	
Milestone	Completion Date
Course Scheduled	6/2019
Course Delivered	9/2019
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

#### Field help

**Title** The name of the project. The title can be a maximum of 30 characters.

**Description** A detailed description of the project in terms of the activity areas being addressed:

- Planning* When describing the project answer the following:
- Exercise*
- Training*
- Equipment*
- What is the activity area (one of “Planning”, “Equipment”, “Training”, “Exercises”)?
  - Why is this project needed?
  - How will capabilities gaps be addressed?
  - How will this project help you to become better prepared to respond to terrorist or CBRNE events?
  - What is the importance of this project?
  - What happens if this application is denied?
- [Example: “We need a prime mover to respond to various types of events. This project will provide us with a resource to prepare for, respond to, and recover from terrorist attacks and CBRNE type incidents. This project will help us respond to incidents that require critical transportation and operational coordination, which are the primary and secondary core capabilities that we have identified.”]
- In addition:
- For *Training*, identify the course number and title of each course.
  - For *Exercises*, identify the name, location, and scope of each exercise.

Also, include details of:

- Any structural attachments. [Example: “These monitors will be permanently mounted to the walls of our EOC by a contractor, and hardwired into the electrical wiring along with any network connections.”]
- Any construction or reconstruction. [Example: “We would like to install a security screening station that requires widening the entryway and installing permanent barriers in load bearing walls to harden the facility against terrorist attacks.”] Any joint or regional aspects.
- Any joint or regional aspects. [Example1: “This project will be regional in nature, as we have committed to providing this resource to every community within DPR 2.”]  
[Example2: This project will allow us to fill a capability gap within the region through mutual aid agreements, and per guidance from NCEM this equipment will be deployable and shareable by other jurisdictions.]
- Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.

<b>Goal</b>	How the project supports saving life and protecting property. [Example: “Our goal is to help us be more resilient to move equipment as needed in response to various events.”]
<b>Scope</b>	A selection as to whether the project is state, local, or joint/regional in nature.
<b>Request RRT participation</b>	Request that the State Hazardous Materials Regional Response Team (RRT) participate in your project.
<b>Primary</b>	Select the capability that best aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Secondary</b>	Select a capability that aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Milestone</b>	Steps that help structure the project’s schedule. [Examples: “Receive award notification”, “Arrange course offerings”, “Initial planning meeting”, “Execute exercise”, “After-action report completed”, “Conduct courses”, “Close out grant”]
<b>Completion date</b>	Month and year when the corresponding milestone is expected to be completed.



### Budget

Costs		
For each cost item select an activity area and then enter a description and the cost amount.		
Activity area	Description	Amount
Training	Drug IQ Course Cost	7,000
Training	Propane IQ Course Cost	12,000
Equipment	Glow Germ to verify quality Decon training	1000
Equipment	Live Radiation Training Sources	300
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Total cost		Enter total.

#### Field help

<b>Activity area</b>	A selection of either Planning, Equipment, Training, or Exercise. Reimbursement for equipment requires purchase pre-approval from NCEM Grants Branch.
<b>Description</b>	A description of the cost item.
<b>Amount</b>	The cost of the item.
<b>Total cost</b>	The sum of all of the amounts.

#### HSGP

Complete information for up to three projects.

#### Project # 1

Enter requested information in the sections listed below.

#### Point of contact

Point of contact			
Complete only if the point of contact for this project is different from the identified <b>Grants point of contact</b> .			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Phone (work)	Click or tap here to enter text.	Phone (mobile)	Click or tap here to enter text.
Street address	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

#### Field help

<b>Name</b>	The name of the contact.
<b>Agency</b>	The name of the agency of the contact.
<b>Title</b>	The title within the agency of the contact.
<b>Phone, Street address, City, ZIP + 4, email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

MOA signatory

<b>MOA signatory</b> <i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appends" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

- Name**

The individual who signs the memorandum of agreement on behalf of the applicant.
- Agency**

The agency name of the signatory.
- Title**

The title within the agency of the signatory.
- Street address, City, ZIP + 4, email**

The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

<b>Title</b>	The name of the project. The title can be a maximum of 30 characters.								
<b>Description</b>	<p>A detailed description of the project in terms of the Activity areas being addressed:</p> <table><tr><td><i>Planning</i></td><td>When describing the project answer the following:</td></tr><tr><td><i>Equipment</i></td><td><ul style="list-style-type: none"><li>What is the activity area (one of “Planning”, “Equipment”, “Training”, “Exercises”)?</li></ul></td></tr><tr><td><i>Training</i></td><td><ul style="list-style-type: none"><li>Why is this project needed?</li><li>How will capabilities gaps be addressed?</li><li>How will this project help you to become better prepared to respond to terrorist or CBRNE events?</li><li>What is the importance of this project?</li><li>What happens if this application is denied?</li></ul><p>[Example: “We need a prime mover to respond to various types of events. This project will provide us with a resource to prepare for, respond to, and recover from terrorist attacks and CBRNE type incidents. This project will help us respond to incidents that require critical transportation and operational coordination, which are the primary and secondary core capabilities that we have identified.”]</p></td></tr><tr><td><i>Exercises</i></td><td><p>In addition:</p><ul style="list-style-type: none"><li>For <i>Training</i>, identify the course number and title of each course.</li><li>For <i>Exercises</i>, identify the name, location, and scope of each exercise.</li></ul></td></tr></table> <p>Also, include details of:</p> <ul style="list-style-type: none"><li>Any structural attachments. [Example: “These monitors will be permanently mounted to the walls of our EOC by a contractor, and hardwired into the electrical wiring along with any network connections.”]</li><li>Any construction or reconstruction. [Example: “We would like to install a security screening station that requires widening the entryway and installing permanent barriers in load bearing walls to harden the facility against terrorist attacks.”]</li><li>Any joint or regional aspects. [Example1: “This project will be regional in nature, as we have committed to providing this resource to every community within DPR 2.”] [Example2: This project will allow us to fill a capability gap within the region through mutual aid agreements, and per guidance from NCEM this equipment will be deployable and shareable by other jurisdictions.]</li><li>Contribution to the operation of the fusion center (if any).</li><li>Project management.</li></ul>	<i>Planning</i>	When describing the project answer the following:	<i>Equipment</i>	<ul style="list-style-type: none"><li>What is the activity area (one of “Planning”, “Equipment”, “Training”, “Exercises”)?</li></ul>	<i>Training</i>	<ul style="list-style-type: none"><li>Why is this project needed?</li><li>How will capabilities gaps be addressed?</li><li>How will this project help you to become better prepared to respond to terrorist or CBRNE events?</li><li>What is the importance of this project?</li><li>What happens if this application is denied?</li></ul> <p>[Example: “We need a prime mover to respond to various types of events. This project will provide us with a resource to prepare for, respond to, and recover from terrorist attacks and CBRNE type incidents. This project will help us respond to incidents that require critical transportation and operational coordination, which are the primary and secondary core capabilities that we have identified.”]</p>	<i>Exercises</i>	<p>In addition:</p> <ul style="list-style-type: none"><li>For <i>Training</i>, identify the course number and title of each course.</li><li>For <i>Exercises</i>, identify the name, location, and scope of each exercise.</li></ul>
<i>Planning</i>	When describing the project answer the following:								
<i>Equipment</i>	<ul style="list-style-type: none"><li>What is the activity area (one of “Planning”, “Equipment”, “Training”, “Exercises”)?</li></ul>								
<i>Training</i>	<ul style="list-style-type: none"><li>Why is this project needed?</li><li>How will capabilities gaps be addressed?</li><li>How will this project help you to become better prepared to respond to terrorist or CBRNE events?</li><li>What is the importance of this project?</li><li>What happens if this application is denied?</li></ul> <p>[Example: “We need a prime mover to respond to various types of events. This project will provide us with a resource to prepare for, respond to, and recover from terrorist attacks and CBRNE type incidents. This project will help us respond to incidents that require critical transportation and operational coordination, which are the primary and secondary core capabilities that we have identified.”]</p>								
<i>Exercises</i>	<p>In addition:</p> <ul style="list-style-type: none"><li>For <i>Training</i>, identify the course number and title of each course.</li><li>For <i>Exercises</i>, identify the name, location, and scope of each exercise.</li></ul>								
<b>Goal</b>	How the project supports saving life and protecting property.								
<b>Classification</b>	<p>A selection of State, Local DPR, and Local non-DPR:</p> <table><tr><td><i>State</i></td><td>Developed and managed by state agencies</td></tr><tr><td><i>Local DPR</i></td><td>Developed and managed by local agencies</td></tr><tr><td><i>Local non-DPR</i></td><td>Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.</td></tr></table>	<i>State</i>	Developed and managed by state agencies	<i>Local DPR</i>	Developed and managed by local agencies	<i>Local non-DPR</i>	Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.		
<i>State</i>	Developed and managed by state agencies								
<i>Local DPR</i>	Developed and managed by local agencies								
<i>Local non-DPR</i>	Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.								
<b>DPR number</b>	The DPR number where the project is located.								
<b>Is project deployable?</b>	The project can be deployed to other jurisdictions.								
<b>Is project shareable?</b>	The asset cannot be moved, but can be shared with other jurisdictions.								
<b>Construction/renovation</b>	The project requires either new construction or renovation, retrofitting,								

<b>required</b>	or modification of existing structures.
<b>Structural attachment required</b>	The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.
<b>Primary</b>	Select the capability that best aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Secondary</b>	Select a capability that aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Capabilities building</b>	Select whether the Primary and Secondary capabilities are new (build) or existing (sustain).
<b>Milestone</b>	Steps that help structure the project's schedule. [Examples: "Receive award notification", "Arrange course offerings", "Initial planning meeting", "Execute exercise", "Trailer received", "After-action report completed", "Conduct courses", "Close out grant"]
<b>Completion date</b>	Month and year when the corresponding milestone is expected to be completed.

## Project information

General information			
Enter information describing the project.			
Title	Hazmat Team Metering Equipment		
Description	Increase capabilities of local hazardous materials response team by providing equipment for identification of hazard items.		
Goal	Reduce the number of times we have to send items to the state lab or other agencies for testing. This equipment would allow us to classify items in the field and not have to spend time and money to transport unknown materials.		
Classification	Local DPR	DPR number (if Local DPR)	4
Is project deployable?			Yes
Is project shareable?			No
Does the project contribute to the development or operation of the fusion center?			No
Does this project support a previously awarded investment?			No
Construction/renovation required	No		
Structural attachment required	No		
Core capabilities addressed			
Select primary and secondary (if applicable) core capabilities addressed by this project.			
Primary	Fire Management and Suppression		
Secondary	Public Health and Medical Services		
Capabilities building	Build (increase current capabilities)		
Project timeline milestones			
List the major project events and their completion dates.			
Milestone	Completion Date		
Order equipment and provide training	6/2019		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		

Clickor tap here to enter text.	Clickor tap to enter a date.
Clickor tap here to enter text.	Clickor tap to enter a date.
Clickor tap here to enter text.	Clickor tap to enter a date.

Field help

Budget

<b>Costs</b> <i>For each cost item select an activity area and then enter the amount funded and any funds allocated for Law Enforcement Terrorism Prevention (LETP).</i>		
Activity area	Funding amount	Funds dedicated to LETP
Equipment	Rigaku 50,000	0
Equipment	MX 908 80,000	0
Equipment	Thermo Fisher Gemini 75,000	0
Choose an item.	Enter amount.	Enter cost.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Total funding	Enter total.	Enter total.

Field help

- Activity area**  
**Funding amount**  
**Funds dedicated to LETP**  
**Total funding**
- A selection of either Planning, Organization, Equipment, Training, or Exercise.  
Grant amount applied to the cost item.  
Funding amount spent on Law Enforcement Terrorism Prevention (LETP).  
Funding totals.

Project # 2  
Enter requested information in the sections listed below.

Point of contact

<b>Point of contact</b> <i>Complete only if the point of contact for this project is different from the identified "Grants point of contact".</i>			
Name	Clickor tap here to enter text.		
Agency	Clickor tap here to enter text.		
Title	Clickor tap here to enter text.		
Phone (work)	Clickor tap here to enter text.	Phone (mobile)	Clickor tap here to enter text.
Street address	Clickor tap here to enter text.		
City	Clickor tap here to enter text.	ZIP + 4	Clickor tap here to enter text.
Email	Clickor tap here to enter text.		

Field help

- Name**  
**Agency**  
**Title**  
**Phone, Street address, City, ZIP + 4, email**
- The name of the contact.  
The name of the agency of the contact.  
The title within the agency of the contact.  
The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

MOA signatory

<b>MOA signatory</b> <i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appends" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

Field help

- Name**

The individual who signs the memorandum of agreement on behalf of the applicant.
- Agency**

The agency name of the signatory.
- Title**

The title within the agency of the signatory.
- Street address, City, ZIP + 4, email**

The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

## Project information

<b>General information</b> <i>Enter information describing the project.</i>			
Title	Hazardous Material Team PPE		
Description	Replace aged and out dated PPE		
Goal	Provide current and in date PPE to members of the hazmat team		
Classification	Local non-DPR	DPR number (if Local DPR)	Choose an item.
Is project deployable?			Yes
Is project shareable?			No
Does the project contribute to the development or operation of the fusion center?			No
Does this project support a previously awarded investment?			No
Construction/renovation required	No		
Structural attachment required	No		
<b>Core capabilities addressed</b> <i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>			
Primary	Fire Management and Suppression		
Secondary	Environmental Response/Health and Safety		
Capabilities building	Sustain (continue current capabilities)		
<b>Project timeline milestones</b> <i>List the major project events and their completion dates.</i>			
Milestone	Completion Date		
Order and disseminate all PPE	8/2019		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		

## Field help

**Title**

The name of the project. The title can be a maximum of 30 characters.

**Description**

A detailed description of the project in terms of the activity areas being addressed:

- Planning* A description of the planning activity.
- Equipment* A general description of how the equipment will be used.
- Training* The course number and title of each course.
- Exercises* The name, location, and scope of each exercise.

Also, include details of:

- Any construction/renovation or structural attachments required.
- Any joint or regional aspects.
- Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.
- Contribution to the operation of the fusion center (if any)
- Project management.

**Goal**

How the project supports saving life and protecting property.

<b>Classification</b>	A selection of State, Local DPR, and Local non-DPR.
	<i>State</i> Developed and managed by state agencies <i>Local DPR</i> Developed and managed by local agencies <i>Local non-DPR</i> Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.
<b>DPR number</b>	The DPR number where the project is located.
<b>Is project deployable?</b>	The project can be deployed to other jurisdictions.
<b>Is project shareable?</b>	The asset cannot be moved, but can be shared with other jurisdictions.
<b>Construction/renovation required</b>	The project requires either new construction or renovation, retrofitting, or modification of existing structures.
<b>Structural attachment required</b>	The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.
<b>Primary</b>	Select the capability that best aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Secondary</b>	Select a capability that aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.
<b>Capabilities building</b>	Select whether the Primary and Secondary capabilities are new (build) or existing (sustain).
<b>Milestone</b>	Steps that help structure the project's schedule.
<b>Completion date</b>	Month and year when the corresponding milestone is expected to be completed.

### Budget

<b>Costs</b>		
<i>For each cost item select an activity area and then enter the amount funded and any funds allocated for Law Enforcement Terrorism Prevention (LETP).</i>		
Activity area	Funding amount	Funds dedicated to LETP
Equipment	15 Air Packs 80,000	Enter amount.
Equipment	15 Level B Suits 30,000	Enter amount.
Equipment	50 Hazmat PPE Storage Bags with disposable PPE for each member of the response team 5,000	Enter amount.
Choose an item.	Enter a amount.	Enter amount.
Choose an item.	Enter a amount.	Enter amount.
Choose an item.	Enter a amount.	Enter amount.
Choose an item.	Enter a amount.	Enter amount.
Choose an item.	Enter a amount.	Enter amount.
Choose an item.	Enter a amount.	Enter amount.
<b>Total funding</b>	Enter total.	Enter total.

### Field help

<b>Activity area</b>	A selection of either Planning, Organization, Equipment, Training, or Exercise.
<b>Funding amount</b>	Grant amount applied to the cost item.
<b>Funds dedicated to LETP</b>	Funding amount spent on Law Enforcement Terrorism Prevention (LETP).



**Total funding** Funding totals.

*Project # 3*

Enter requested information in the sections listed below.

*Point of contact*

<b>Point of contact</b> <i>Complete only if the point of contact for this project is different from the identified "Grants point of contact".</i>			
Name	Clickor tap here to enter text.		
Agency	Clickor tap here to enter text.		
Title	Clickor tap here to enter text.		
Phone (work)	Clickor tap here to enter text.	Phone (mobile)	Clickor tap here to enter text.
Street address	Clickor tap here to enter text.		
City	Clickor tap here to enter text.	ZIP +4	Clickor tap here to enter text.
Email	Clickor tap here to enter text.		

*Field help*

- Name** The name of the contact.
- Agency** The name of the agency of the contact.
- Title** The title within the agency of the contact.
- Phone, Street address, City, ZIP + 4, email** The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*MOA signatory*

<b>MOA signatory</b> <i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Append" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Clickor tap here to enter text.		
Agency	Clickor tap here to enter text.		
Title	Clickor tap here to enter text.		
Street address (not PO Box)	Clickor tap here to enter text.		
City	Clickor tap here to enter text.	ZIP +4	Clickor tap here to enter text.
Email	Clickor tap here to enter text.		
Name	Clickor tap here to enter text.		
Agency	Clickor tap here to enter text.		
Title	Clickor tap here to enter text.		
Street address (not PO box)	Clickor tap here to enter text.		
City	Clickor tap here to enter text.	ZIP +4	Clickor tap here to enter text.
Email	Click or tap here to enter text.		

*Field help*

- Name** The individual who signs the memorandum of agreement on behalf of the applicant.
- Agency** The agency name of the signatory.
- Title** The title within the agency of the signatory.
- Street address, City, ZIP + 4, email** The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

Project information

<b>General information</b> <i>Enter information describing the project.</i>			
Title	Click or tap here to enter text.		
Description			
Goal	Click or tap here to enter text.		
Classification	Choose an item.	DPR number (if Local DPR)	Choose an item.
Is project deployable?			Choose an item.
Is project shareable?			Choose an item.
Does the project contribute to the development or operation of the fusion center?			Choose an item.
Does this project support a previously awarded investment?			Choose an item.
Construction/renovation required	Choose an item.		
Structural attachment required	Choose an item.		
<b>Core capabilities addressed</b> <i>Select primary and secondary (if applicable) core capabilities addressed by this project.</i>			
Primary	Choose an item.		
Secondary	Choose an item.		
Capabilities building	Choose an item.		
<b>Project timeline milestones</b> <i>List the major project events and their completion dates.</i>			
Milestone	Completion Date		
Click or tap here to enter text.	Click or tap to enter a date.		
Click or tap here to enter text.	Click or tap to enter a date.		
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Click or tap here to enter text.	Click or tap to enter a date.		

Field help

**Title** The name of the project. The title can be a maximum of 30 characters.

**Description** A detailed description of the project in terms of the activity areas being addressed:

- Planning* A description of the planning activity.
- Equipment* A general description of how the equipment will be used.
- Training* The course number and title of each course.
- Exercises* The name, location, and scope of each exercise.

Also, include details of:

- Any construction/renovation or structural attachments required.
- Any joint or regional aspects.
- Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.

- Contribution to the operation of the fusion center (if any)
- Project management.

<b>Goal</b>	How the project supports saving life and protecting property.						
<b>Classification</b>	A selection of State, Local DPR, and Local non-DPR.  <table><tr><td><i>State</i></td><td>Developed and managed by state agencies</td></tr><tr><td><i>Local DPR</i></td><td>Developed and managed by local agencies</td></tr><tr><td><i>Local non-DPR</i></td><td>Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.</td></tr></table>	<i>State</i>	Developed and managed by state agencies	<i>Local DPR</i>	Developed and managed by local agencies	<i>Local non-DPR</i>	Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.
<i>State</i>	Developed and managed by state agencies						
<i>Local DPR</i>	Developed and managed by local agencies						
<i>Local non-DPR</i>	Developed by state agencies in coordination with local agencies for training, exercises, and local or regional response capabilities.						
<b>DPR number</b>	The DPR number where the project is located.						
<b>Is project deployable?</b>	The project can be deployed to other jurisdictions.						
<b>Is project shareable?</b>	The asset cannot be moved, but can be shared with other jurisdictions.						
<b>Construction/renovation required</b>	The project requires either new construction or renovation, retrofitting, or modification of existing structures.						
<b>Structural attachment required</b>	The project requires attaching equipment (e.g. TV, monitor, radio equipment, etc.) to an existing structure.						
<b>Primary</b>	Select the capability that best aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.						
<b>Secondary</b>	Select a capability that aligns with this project. See <a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a> for core capability descriptions.						
<b>Capabilities building</b>	Select whether the Primary and Secondary capabilities are new (build) or existing (sustain).						
<b>Milestone</b>	Steps that help structure the project's schedule.						
<b>Completion date</b>	Month and year when the corresponding milestone is expected to be completed.						

## Budget

<b>Costs</b>		
<i>For each cost item select an activity area and then enter the amount funded and any funds allocated for Law Enforcement Terrorism Prevention (LETP).</i>		
Activity area	Funding amount	Funds dedicated to LETP
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
Choose an item.	Enter amount.	Enter amount.
<b>Total funding</b>	Enter total.	Enter total.

### Field help

**Activity area** A selection of either Planning, Organization, Equipment, Training, or Exercise.

**Funding amount** Grant amount applied to the cost item.

**Funds dedicated to LETP** Funding amount spent on Law Enforcement Terrorism Prevention (LETP).

**Total funding** Funding totals.

## North Carolina Tier II competitive

Enter requested information in the sections listed below.

### Point of contact

<b>Point of contact</b>			
<i>Complete only if the point of contact for this project is different from the identified "Grants point of contact".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Phone (work)	Click or tap here to enter text.	Phone (mobile)	Click or tap here to enter text.
Street address	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP +4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

### Field help

**Name** The name of the contact.

**Agency** The name of the agency of the contact.

**Title** The title within the agency of the contact.

**Phone, Street address, City, ZIP + 4, email** The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*MOA signatory*

<b>MOA signatory</b>			
<i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appends" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

*Field help*

- Name** The individual who signs the memorandum of agreement on behalf of the applicant.
- Agency** The agency name of the signatory.
- Title** The title within the agency of the signatory.
- Street address, City, ZIP + 4, email** The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

*Project information*

<b>General information</b>	
<i>Enter information describing the project.</i>	
Title	<b>2019 LEPC Competitive Grant</b>
Description	
Goal	<b>Increase LEPC membership, conduct high quality LEPC meetings, ensure the LEPC Plan is functional and designed to support our community.</b>
Scope	Local
Request RRT participation	No
<b>Project timeline milestones</b>	
<i>List the major project events and their completion dates.</i>	
Milestone	Completion Date
<b>Complete ordering of promotional materials</b>	<b>6/2019</b>
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
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Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

*Field help*

- Title** The name of the project. The title can be a maximum of 30 characters.

- Description** A detailed description of the project:
- Break down activities into clear actions.
  - Identify personnel providing services.
  - Identify measurable and tangible deliverables or results.
- Also, include details of Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.
- Goal** How the project supports saving life and protecting property.
- Scope** A selection as to whether the project is joint or regional in nature.
- Request RRT participation** Request that the State Hazardous Materials Regional Response Team (RRT) participate in your project.
- Milestone** Steps that help structure the project's schedule.
- Completion date** Month and year when the corresponding milestone is expected to be completed.

*Budget*

<b>Costs</b>		
<i>Enter a description and cost for each budget item.</i>		
Activity area	Description	Amount
Planning	<b>PEAK Software Subscription for LEPC Plan development</b>	5000
Equipment	<b>Projector, I-pad, and carrying case for LEPC meeting support. We have begun hosting meetings at local industry locations and having our own kit would allow us to have a meeting anywhere regardless of the AV set up which currently limits where we can have meetings</b>	2500
Equipment	<b>LEPC Promotional Materials to include pens, flyers, mugs, flash drives etc.</b>	1500
Planning	<b>LEPC Logo Design, Localized logo will increase interest and gain more membership.</b>	500
Choose an item.		Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
<b>Total cost</b>		Enter total.

*Field help*

- Activity area** A selection of either Planning, Organization, Equipment, Training, or Exercise.
- Description** A description of the budget item.
- Amount** The cost of the item.
- Total cost** The total of the amounts.

*North Carolina Tier II noncompetitive*

Enter requested information in the sections listed below.

*Point of contact*

<b>Point of contact</b>			
<i>Complete only if the point of contact for this project is different from the identified "Grants point of contact".</i>			
Name	Clickor tap here to enter text.		
Agency	Clickor tap here to enter text.		
Title	Clickor tap here to enter text.		
Phone (work)	Clickor tap here to enter text.	Phone (mobile)	Clickor tap here to enter text.
Street address	Clickor tap here to enter text.		
City	Clickor tap here to enter text.	ZIP + 4	Clickor tap here to enter text.
Email	Clickor tap here to enter text.		

*Field help*

<b>Name</b>	The name of the contact.
<b>Agency</b>	The name of the agency of the contact.
<b>Title</b>	The title within the agency of the contact.
<b>Phone, Street address, City, ZIP + 4, email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the contact.

*MOA signatory*

<b>MOA signatory</b>			
<i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appendix" section. Complete only if the MOA signatory for this project is different from the identified "Grants MOA signatory".</i>			
Name	Clickor tap here to enter text.		
Agency	Clickor tap here to enter text.		
Title	Clickor tap here to enter text.		
Street address (not PO Box)	Clickor tap here to enter text.		
City	Clickor tap here to enter text.	ZIP + 4	Clickor tap here to enter text.
Email	Clickor tap here to enter text.		
Name	Clickor tap here to enter text.		
Agency	Clickor tap here to enter text.		
Title	Clickor tap here to enter text.		
Street address (not PO box)	Clickor tap here to enter text.		
City	Clickor tap here to enter text.	ZIP + 4	Clickor tap here to enter text.
Email	Click or tap here to enter text.		

*Field help*

<b>Name</b>	The individual who signs the memorandum of agreement on behalf of the applicant.
<b>Agency</b>	The agency name of the signatory.
<b>Title</b>	The title within the agency of the signatory.
<b>Street address, City, ZIP + 4, email</b>	The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

*Project information*

General information	
<i>Enter information describing the project.</i>	
Title	<b>LEPC Non-Competitive Grant</b>
Description	
Goal	<b>Conduct 4 LEPC meetings in 2019</b>
Scope	Local
Request RRT participation	No

*Field help*

<b>Title</b>	The name of the project. The title can be a maximum of 30 characters.
<b>Description</b>	<p>A detailed description of the project:</p> <ul style="list-style-type: none"> <li>• Break down activities into clear actions.</li> <li>• Identify personnel providing services.</li> <li>• Identify measurable and tangible deliverables or results.</li> </ul> <p>Also, include details of Regional Response Team (RRT) participation such as technical assistance, exercise participation, or pre-planning.</p>
<b>Goal</b>	How the project supports saving life and protecting property.
<b>Scope</b>	A selection as to whether the project is joint or regional in nature.
<b>Request RRT participation</b>	Request that the State Hazardous Materials Regional Response Team (RRT) participate in your project.

*Budget*

Costs		
<i>Enter a description and cost for each budget item.</i>		
Activity area	Description	Amount
Equipment	<b>LEPC Meeting Materials</b>	1,000
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Choose an item.	Click or tap here to enter text.	Enter amount.
Total cost		Enter total.

*Field help*

<b>Activity area</b>	A selection of either Planning, Organization, Equipment, Training, or Exercise.
<b>Description</b>	A description of the cost item.
<b>Amount</b>	The cost of the item.
<b>Total cost</b>	The total of the costs.



## Certification

<b>Certification</b> <i>Review each certification item and check where appropriate.</i>	
I certify that:	<input type="checkbox"/> This application includes complete and accurate information.  <input type="checkbox"/> No project (supported through federal and/or matching funds) having the potential to impact Environmental or Historical Preservation (EHP) can be started without the prior approval of FEMA, including but not limited to communications towers, physical security enhancements, new construction, and modifications to buildings, structures and objects that are 50 years old or greater. Applicant must comply with all conditions placed on the project as the result of the EHP review. Any change to the approved project scope of work requires re-evaluation for compliance with these EHP requirements. Any activities that have been initiated without the necessary EHP review and approval will result in a non-compliance finding and will not be eligible for FEMA funding.  <input type="checkbox"/> In accordance with HSPD-5, the adoption of the National Incident Management System (NIMS) is a requirement to receive federal preparedness assistance through grants, contracts, and other activities. By submitting this grant application, you and all participating entities are certifying that your locality/state agency is NIMS compliant.  <input type="checkbox"/> Submission of the project proposal does not guarantee funding. <input type="checkbox"/> Projects with funds allocated for equipment are required to check all equipment purchases against the Allowable Equipment List. ( <a href="https://www.fema.gov/authorized-equipment-list">https://www.fema.gov/authorized-equipment-list</a> ). <input type="checkbox"/> Any changes made to this grant application after the submission deadline must be approved by the Planning and Homeland Security Section Grants Branch Manager and an updated application must be submitted.  <input type="checkbox"/> If applying as a nonprofit agency you must have a 501(c)(3) status. A copy of that certification must be submitted with your application.  <input type="checkbox"/> (EMPG only) Positions that are classified as sworn law enforcement officers may not be funded through EMPG.

## Appendix

Add any information not accommodated by the application form here.

### EMPG

<b>Project information</b> <i>Enter additional project information in the space below.</i>

### HMEP

<b>Project information</b> <i>Enter additional project information in the space below.</i>

HSGP

*Project # 1*

<b>Project information</b> <i>Enter additional project information in the space below.</i>

*Project # 2*

<b>Project information</b> <i>Enter additional project information in the space below.</i>

North Carolina Tier II competitive

<b>Project information</b> <i>Enter additional project information in the space below.</i>

North Carolina Tier II noncompetitive

<b>Project information</b> <i>Enter additional project information in the space below.</i>