



# STATE OF NEVADA MEETING NOTICE AND AGENDA NEVADA COMMISSION ON HOMELAND SECURITY

<b>Voting Membership</b>	
<b>Name</b>	<b>Title/Organization</b>
Steve Sisolak	Governor, State of Nevada – Commission Chair
Joseph Lombardo	Sheriff, Las Vegas Metropolitan Police Department – Commission Vice Chair
Darin Balaam	Sheriff, Washoe County Sheriff's Office
Gregory Cassell	Fire Chief, Clark County Fire Department
Lisa Christensen	Emergency Management Coordinator, Washoe Tribe of Nevada/California
Mitchell Fox	President and Chief Executive Officer, Nevada Broadcasters Association
Frank Gonzales	General (Ret.), Nevada National Guard, State Director, Nevada Selective Service
Ikram Khan, M.D.	President, Quality Care Consultants
Tom Lozich	Executive Director, Corporate Security, MGM Resorts International
Kate Marshall	Lieutenant Governor, State of Nevada
William McDonald	Fire Chief, Las Vegas Fire and Rescue
Charles Moore	Fire Chief, Truckee Meadows Fire Protection District
Richard Perkins	President, The Perkins Company
Rosemary Vassiliadis	Director of Aviation, Clark County, McCarran International Airport
Patricia Wade	President, Wade Development
Bill Welch	President and Chief Executive Officer, Nevada Hospital Association
<b>Non-Voting Membership</b>	
<b>Name</b>	<b>Title/Organization</b>
Karen Burke	Federal Security Director, Transportation Safety Administration
Caleb Cage	Chief and Homeland Security Advisor, Nevada Division of Emergency Management
Gonzalo Cordova	Protective Security Advisor, Department of Homeland Security Cybersecurity and Infrastructure Security Agency
Christopher Ipsen	Assistant Vice President of Technology, Chief Information Officer, Desert Research Institute
William McCurdy II	Assemblyman, Nevada Assembly
Shaun Rahmeyer	Administrator, Nevada Office of Cyber Defense Coordination
Aaron Rouse	Special Agent in Charge, Nevada, Federal Bureau of Investigation

**Name of Organization:** Nevada Commission on Homeland Security  
**Date and Time of Meeting:** Tuesday, May 28, 2019 – 10:00 a.m.

**Carson City Location**

Division of Emergency Management  
State Emergency Operations Center  
2478 Fairview Drive  
Carson City, Nevada 89701

**Las Vegas Location**

Clark County Fire Administration Building  
2<sup>nd</sup> Floor Multi-Agency Coordination Center (MACC)  
575 E. Flamingo Road  
Las Vegas, NV 89119

**NOTE: Valid photo identification will be required prior to entrance to the Division of Emergency Management building on the Nevada Army National Guard complex in Carson City.**

This meeting will be video or teleconferenced between the locations specified above beginning at 10:00 A.M. The Nevada Commission on Homeland Security (Commission) may take action on items marked “For Possible Action.” Items may be taken out of the order presented on the agenda at the discretion of the chairperson. Items may be combined for consideration by the Commission at the discretion of the chairperson. Items may be pulled or removed from the agenda at any time.

**Please Note:** Witnesses wishing to have their complete testimony/handouts included in the permanent record of this meeting should provide a written or electronic copy to the Commission administrative support staff. Minutes of the meeting are produced in a summary format and are not verbatim.

1. **Call to Order and Roll Call** – Chair, Governor Steve Sisolak.
2. **Public Comment** – (Discussion Only) – No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Public comments may be limited to three minutes per person at the discretion of the Chair. Comments will not be restricted based on viewpoint.
3. **Approval of Minutes** – (Discussion/For Possible Action) – Chair, Governor Steve Sisolak. The Commission will discuss whether or not to approve the minutes of the March 26, 2019, Commission meeting.
4. **Request to Reallocate Homeland Security Grant Program (HSGP) Funds** – (Discussion/For Possible Action) – Vice-Chair, Sheriff Joseph Lombardo. This item will address a project change request from the Urban Area Security Initiative (UASI) as follows:

**NCHS-153:** City of North Las Vegas Office of Emergency Management (OEM) – Mass Casualty Incident Vehicle (MCI) – Federal Fiscal Year (FFY) 2017. This is a request to use the vehicle that was purchased with grant funds to be used as OEM Emergency Response and remaining funds of \$21,020.00 to retrofit a different MCI vehicle.

5. **Review and Update on the Federal Fiscal Year (FFY) 2019 Homeland Security Grant Program (HSGP) Process and Allocations** – (Discussion Only) – Chief Caleb Cage, State Administrative Agent (SAA), Nevada Division of Emergency Management and Homeland Security, and Chief John Steinbeck, Urban Area Administrator (UAA), Clark County Fire Department. The Commission will hear an update on the FFY 2019 HSGP federal funding allocations to Nevada. The Commission will also hear a report on the process and outcome from the May 14, 2019, Resilience Commission meeting and the subsequent recommendation to the Finance Committee for the FFY 2019 grant allocation to Nevada.
6. **Report on the May 28, 2019, Meeting of the Nevada Commission on Homeland Security Finance Committee to evaluate and make recommendations for the FFY 2019 Homeland Security Grant Program (HSGP) Projects** – (Discussion/For Possible Action) – Sheriff Joseph Lombardo, Finance Committee Vice-Chair. Sheriff Lombardo will provide a briefing on the results of the May 28, 2019, Finance Committee meeting where budgets and projects for the FFY 2019 HSGP, as recommended by the Resilience Commission, were discussed. This briefing will include recommendations to the Commission for final funding of FFY 2019 HSGP projects including those projects which may not be recommended for funding. The Commission will be asked to review the Finance Committee recommendations and may vote to approve a final recommendation to the Governor regarding the approval of the FFY 2019 HSGP grant application. A list of the FFY19 HSGP project submissions is attached in Attachment A.
7. **Report on the Statewide Adoption of the National Incident Management System** – (Discussion Only) – Caleb Cage, Chief, Nevada DPS, Division of Emergency Management. The Commission will discuss the quarterly report on the statewide adoption of, and compliance with, the National Incident Management System, as required by Nevada Revised Statutes 239C.310.
8. **PUBLIC COMMENT** – (Discussion Only) – No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Public comments may be limited to three minutes per person at the discretion of the Chair. Comments will not be restricted based on viewpoint.
9. **ADJOURN** – (Discussion/For Possible Action).

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This is a public meeting. In conformance with the Nevada Public Meeting Law, this agenda was posted or caused to be posted on or before 9:00 a.m. on **May 22, 2019**, at the following locations:

Las Vegas Governor's Office, 555 E. Washington Avenue, Las Vegas, NV;  
Carson City Governor's Office, 101 N. Carson Street, Carson City, NV;  
NV State Emergency Operations Center, 2478 Fairview Drive, Carson City, NV;  
Clark County Fire Department, 575 E. Flamingo Road, Las Vegas, NV; and  
Posted to the Nevada Department of Public Safety's Division of Emergency Management and Homeland Security website located at: [http://dem.nv.gov/DEM/2018 Nevada Commission on Homeland Security/](http://dem.nv.gov/DEM/2018_Nevada_Commission_on_Homeland_Security/)  
Posted on the state meeting website located at: [www.notice.nv.gov](http://www.notice.nv.gov)

We are pleased to make reasonable accommodations for members of the public who are disabled. If special arrangements for the meeting are necessary, or if you need to obtain meeting materials, please notify Karen Hall, Commission support staff, Division of Emergency Management and Homeland Security, 2478 Fairview Drive, Carson City, Nevada 89701 or (775) 687-0300. 24-hour advance notice is requested. Thank you.

## Attachment A

### FFY 2019 HSGP PROJECT SUBMISSIONS

#### STRATEGIC CAPACITY PROJECTS TO BE MAINTAINED

[SHSP-Only, SHSP/UASI Split, AND UASI-Only]

Project ID	Funding Stream	Project Title
A	SHSP	Tahoe Douglas Bomb Squad EOD Robot
B	SHSP	Consolidated Bomb Squad
C	UASI	ARMOR CBRNE Response - Sustainment
D	SHSP	Douglas County CERT Program
E	SHSP/UASI	Southern Nevada CERT
F	SHSP	NE NV Citizen Corp/CERT
G	SHSP	WCSO Citizen Corps Program
H	SHSP	Statewide Tribal Citizen Corps Program
J	SHSP	WCSO Cybersecurity Maintain
K	SHSP	Netflow and Intrusion Detection System Monitoring and Analysis
L	UASI	Public Health Analytical FTE
M	SHSP/UASI	Southern Nevada Counter Terrorism Center
N	SHSP	Nevada Threat Analysis Center
O	SHSP	Tribal NIMS
P	SHSP	Statewide NIMS
Q	SHSP	Statewide Interoperability Coordinator
R	UASI	Emergency Alerting Mass Notification
S	SHSP	Public Information and Warning
T	SHSP	COOP Sustain
U	SHSP	Implementation of Nevada's Statewide Resiliency Strategy
V	SHSP	Statewide Recovery Plan Implementation Phase 3
W	UASI	Mass Fatality Preparedness and Revise Mass Fatality Management Plan
X	UASI	Metropolitan Medical Response System (MMRS) - MAINTAIN

# FFY 2019 HSGP PROJECT SUBMISSIONS

## COMPETITIVE PROJECTS

[SHSP-Only, SHSP/UASI Split, AND UASI-Only]

Project ID	Funding Stream	Project Title
I	UASI	Cyber Security Services
AA	SHSP	WCSO Northern Nevada Regional Intelligence Center (NNRIC)
BB	UASI	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System
CC	UASI	Southern Nevada Counter Terrorism Center - Fusion Watch
DD	UASI	Radio Site Target Hardening
EE	UASI	LVMPD DOC Dispatch
GG	UASI	LVMPD Wireless Mesh Network and TRV Enhancement
HH	UASI	Bomb Squad Electronic Countermeasures
II	SHSP	WCSO Air Purifying Respirators and SCBA
JJ	UASI	Metropolitan Medical Response System (MMRS) - NEW
KK	UASI	Las Vegas Urban Area/Clark County Nevada Shelter Project
MM	SHSP	Homeland Security Program Assistant
NN	UASI	Southern Nevada Counter Terrorism Center - Tactical Response Equipment
OO	UASI	CBRNE Mobility
PP	UASI	CBRNE Remote Monitor Platform
QQ	UASI	Southern Nevada Incident Management Team
RR	SHSP	Security Skills Professional Development for Information/Cyber Security Professionals
SS	UASI	UNLV Venue Security Enhancements
TT	UASI	Emergency Event Tracking System Maintenance
UU	UASI	Emergency Management Operational Coordination Maintenance
VV	UASI	Clark County Fire MACTAC Training
WW	SHSP/UASI	Statewide NIMS COMPETITIVE
XX	SHSP	NIMS - Communications
YY	SHSP	Stop the Bleed

BBB	UASI [NOT FUNDED]	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Expansion
CCC	UASI	LVMPD Russell Corridor Camera Project
DDD	UASI [NOT FUNDED]	Southern Nevada Counter Terrorism Center - B
EEE	UASI	Bomb Squad Remote Operations
FFF	UASI	Clark County Rural Fire Stations Repeaters Project
GGG	UASI	Las Vegas Fire Special Operations Communications
HHH	UASI	University Police Services - Interoperable Communication Enhancements
III	UASI	CCSD Stop the Bleed
JJJ	UASI [NOT FUNDED]	Henderson Regional Hazmat Response Capability Sustainment – HAZMAT Truck Camera
KKK	UASI	LVMPD Tactical Response / MACTAC - B
LLL	UASI [NOT FUNDED]	LVMPD Wireless Mesh Network and TRV Enhancement – B
OOO	UASI [NOT FUNDED]	Virgin Valley SNACC
PPP	UASI	Mass Fatality Preparedness and Revise Mass Fatality Management Plan [SPLIT OUT FROM PROJ W]

# FFY 2019 HSGP PROJECT SUBMISSIONS

## WITHDRAWN PROJECTS

[SHSP-Only AND UASI-Only]

Project ID	Funding Stream	Project Title
Y	SHSP	Cyber Tool Tracking System
Z	UASI	ARMOR CBRNE Response - New Competitive
LL	SHSP	Electronic Access and Identity Verification System
FF	UASI	LVMPD TASS TRV
AAA	UASI	ARMOR CBRNE Response - New Competitive
MMM	UASI	School-based Emergency Medical Response: Bleeding Control Stations (EMR B-ConS)
NNN	UASI	UNLV Explosive Detecting Canine Units





## Meeting Minutes Nevada Commission on Homeland Security

<b>Attendance</b>	<b>DATE</b>	Tuesday, March 26, 2019	
	<b>TIME</b>	10:00 a.m.	
	<b>LOCATION</b>	Clark County Fire Administration Building 2 <sup>nd</sup> Floor Multi-Agency Coordination Center 575 E. Flamingo Road Las Vegas, NV 89119	
	<b>METHOD</b>	Teleconference	
	<b>RECORDER</b>	Karen Hall	
<b>Commission Members</b>	<b>Present</b>	<b>Legislative &amp; Ex-Officio Members, Staff and Others</b>	
Governor Steve Sisolak	X	Karen Burke	X
Joseph Lombardo	X	Caleb Cage	X
Darin Balaam	X	Gonzalo Cordova	X
Gregory Cassell	X	Chris Ipsen	X
Lisa Christensen	Abs	William McCurdy	X
Mitch Fox	X	Shaun Rahmeyer	X
Frank Gonzales	X	Aaron Rouse	Abs
Ikram Khan	X	Samantha Ladich – Sr. DAG	X
Tom Lozich	X		
Kate Marshall	X		
William McDonald	Abs		
Charles Moore	X		
Richard Perkins	X		
Rosemary Vassiliadis	X		
Patricia Wade	X		
Bill Welch	X		

### 1. Call to Order and Roll Call

Governor Steve Sisolak, Chair of the Nevada Commission on Homeland Security (Commission) called the meeting to order. Roll call was performed by Karen Hall, Division of Emergency Management and Homeland Security (DEM/HS). Quorum was established for the meeting.

### 2. Public Comment

Governor Sisolak opened discussion for public comment. No public comment was presented.

**3. Approval of Minutes**

Governor Sisolak called for a motion to approve the minutes from the Commission meeting held October 19, 2018. A motion to approve was presented by Dr. Ikram Khan, Quality Care Consultants, and a second was provided by Bill Welch, Nevada Hospital Association. Governor Sisolak and Lieutenant Governor Kate Marshall abstained from voting on the approval of the minutes. The Governor tabled discussion on the necessity for providing a second to motions presented. The motion to approve the meeting minutes as presented with no changes passed unanimously.

**4. Introduction of Commission Membership**

Governor Sisolak welcomed the Commission members and thanked them for their service. Commission members and the Commission's legal representative, Samantha Ladich, Senior Deputy Attorney General, introduced themselves individually.

**5. Update on the Homeland Security Grant Program (HSGP) Process, Review of Commission Priorities, and Development of Federal Fiscal Year (FFY) 2019 Priorities**

Chief Caleb Cage, DEM/HS, provided an overview of the historical and current HSGP process including the activities associated with the development of FFY 2019 priorities. Discussion on this agenda item is summarized below:

- The FFY 2018 historical process used to establish the Commission's priorities based on ranked core capabilities, recommended funding allocations as advised by the Nevada Homeland Security Working Group (HSWG) and the Urban Area Working Group (UAWG), and the combined FFY 2018 HSGP grant application approval submitted to the Department of Homeland Security on June 18, 2018, totaling \$8,531,000;
- The HSGP historical investment status including initial grant awards, claims, deobligations, reobligations, balances, and percentage spent for the State Homeland Security Program (SHSP) and Urban Area Security Initiative (UASI) funding streams within the HSGP from FFY 2016 through FFY 2018;
- The importance of and summary results from the 2018 Threat and Hazard Identification and Risk Assessment (THIRA) and the Stakeholder Preparedness Review (SPR), foundational guidance, and top threats identified in 2018;
- The expected FFY 2019 HSGP funding allocations, which are currently unknown until the release of the HSGP Notice of Funding Opportunity (NOFO);
- The FFY 2019 HSGP process revisions to include the movement away from establishing rank-prioritized core capabilities as drivers for the HSGP process in lieu of establishing a focus on those capacities that, if lost, would present strategic deficit to the state. As a result of the implementation of Nevada's Statewide Resilience Strategy, the Resilience Commission absorbed the function of the HSWG. On March 12, 2019, the Resilience Commission provided input on the formation of FFY 2019 Strategic Capacities to be maintained. Chief Cage proceeded to read into record the list of strategic capacities for consideration by the Commission to include:
  - Fusion Centers: Program(s) to include Southern Nevada Counterterrorism Center and the Nevada Threat Analysis Center; Core capabilities to include

- Intelligence and Information Sharing, Planning, Interdiction and Disruption, and Screening, Search, and Detection;
- Citizens Corps: Program(s) to include City of Las Vegas, Douglas County, Carson City, Washoe County, Elko County, and Statewide Tribal; Core capabilities to include Public Information and Warning, Mass Care, Search and Rescue, Operational Communication, Health and Social Services, and Housing;
  - National Incident Management System: Program(s) to include State of Nevada DEM and Tribal NIMS; Core capabilities to include Operational Coordination and Situational Assessment;
  - Chemical, Biological, Radiological, Nuclear, and Explosive: Program(s) to include Tahoe-Douglas Bomb Squad, Elko Bomb Squad, Consolidated Bomb Squad (Washoe, Reno, and Sparks), Las Vegas Bomb Squad, and Las Vegas ARMOR; Core capabilities to include Forensics and Attribution, Interdiction and Disruption, Public Health, Healthcare, and Emergency Medical Services;
  - Operational Communication: Program includes the Statewide Interoperability Coordinator (SWIC); Core capability includes Operational Communication;
  - Public Information and Warning: Program includes the Emergency Alert System; Core capabilities to include Planning and Operational Communication;
  - Recovery: Program to include the Nevada Disaster Recovery Framework; Core capabilities to include Community Resilience, Long-Term Vulnerability Reduction, Public Information and Warning, Operational Coordination, Infrastructure Systems, Critical Transportation, Environmental Response/Health and Safety, Fatality Management, Fire Management and Suppression, Logistics and Supply Chain Management, Mass Care Services, Mass Search and Rescue Operations, On-Scene Security, Protection, and Law Enforcement, Operational Communication, Public Health, Healthcare, and Emergency Medical Services, Situational Assessment, and Planning;
  - Cyber Security: Programs to include Incident Response Plan, Education and Awareness, and Threat Identification; Core capabilities to include Intelligence and Information Sharing, Forensics and Attribution, Planning, Access Control and Identity Verification, Physical Protective Measures, Supply Chain Integrity and Security, Risk and Disaster Resilience Assessment, Infrastructure Systems, and Operational Communications; and
  - Planning: Programs to include Continuity of Operations, Mass Fatality, and Community Resilience; Core capabilities include Planning.
- Chief Cage indicated that the Co-Chairs of the Resilience Commission are requesting a vote on the approval of the FFY 2019 Strategic Capacities to be maintained. Dr. Khan inquired on the expected FFY 2019 HSGP funding allocation, with Chief Cage indicating that until the NOFO is released, no accurate answer could be provided. Sheriff Joseph Lombardo, Las Vegas Metropolitan Police Department, inquired if there was any knowledge of changes in federal funding allocations in addition to any possible federal reprogramming of such funds for FFY 2019. Discussion ensued on the challenges of the UASI prioritization, and the preparation required in funding the best projects possible with allowable allocations. Funding is never certain. General (Ret.) Frank Gonzales, Nevada Selective Service,

spoke to the funding allocation associated with the Department of Defense not affecting the HSGP appropriation. Mr. Mitch Fox, Nevada Broadcasters Association, inquired about the THIRA process and the meaning of the threat order presented. Chief Cage indicated the order of the threats shown in his presentation is the order of the threat assessed. The intent is to narrow the focus of what threats and hazards are faced by Nevada in an effort to prepare for what Nevada sees most often; and

- Sheriff Lombardo wanted clarification on the action of this agenda item, with Chief Cage speaking to the approval of strategic capacities in lieu of core capabilities for the FFY 2019 HSGP process. Sheriff Lombardo inquired if the Cyber Security Committee (CSC) was still a functioning public body, with Chief Cage indicating that the function of the CSC has been absorbed by the Resilience Commission, and the CSC no longer exists. Nevada's Chief Information Security Officer and the Office of Cyber Defense Coordination will jointly perform the function of the previous CSC moving forward. Governor Sisolak called for a motion to approve the FFY 2019 Strategic Capacities as presented. A motion was presented by Sheriff Lombardo, and a second was provided by Chief Charles Moore, Truckee Meadows Fire Protection District. All were in favor with no opposition. The motion passed unanimously.

## **6. Review of Reobligation of Deobligated Homeland Security Grant Program (HSGP) Funds**

Chief Cage, DEM/HS, provided a review of HSGP reobligations of deobligated funding approved for recommendation during the January 10, 2019, Finance Committee meeting. The projects, as presented, were approved under the time-sensitive clause under current Commission Reobligation Guidelines. The Resilience Commission also reviewed the reobligation requests. A summary of HSGP projects NCHS-141 through NCHS-152 was provided by Chief Cage as follows:

- NCHS-141: Carson City Sheriff's Office – Mobile Operation Center (SHSP) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$16,416.53 for equipment to be used for a Mobile Operation Center.
- NCHS-142: Pyramid Lake Paiute Tribe – Community Emergency Response Team (CERT) Equipment (SHSP) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$27,000.00 for CERT Equipment.
- NCHS-143: Storey County – Community Emergency Response Team (CERT) Equipment (SHSP) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$4,291.00 for CERT Equipment.
- NCHS-144: Tahoe Douglas Bomb Squad – Specialized Explosive Breaching Class (SHSP) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$30,000.00 for a specialized class.
- NCHS-145: Clark County – Emergency Operation Plan (EOP) Annex (SHSP) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$37,450.00 for development of an EOP annex.
- NCHS-146: Clark County – Develop Threat and Hazard Identification and Risk Assessment (THIRA) (SHSP) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$93,000.00 for THIRA development funds.

**DRAFT MINUTES – For Approval at the May 28, 2019, NCHS Meeting**

- NCHS-147: Las Vegas Metropolitan Police Department – Tactical Vehicle, Event Planning (SHSP) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$31,814.00 for a special events tactical vehicle.
- NCHS-148: Las Vegas Metropolitan Police Department – Tactical Vehicle, Technical and Surveillance Section (TASS) (SHSP) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$151,900.00 for a tactical response vehicle.
- NCHS-149: Las Vegas Metropolitan Police Department – Tactical Vehicle, Technical and Surveillance Section (TASS) (UASI) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$148,075.47 for a tactical response vehicle.
- NCHS-150: Las Vegas Fire Rescue – Bomb Squad Exploitation Tools (UASI) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$52,889.00 for bomb squad exploitation tools.
- NCHS-151: Clark County – Fire Skid Unit (UASI) – Federal Fiscal Year (FFY) 2016. This was a request for deobligated funds in the amount of \$7,500.00 for a fire skid unit.
- NCHS-152: Las Vegas Metropolitan Police Department – Fusion Center (UASI) – Federal Fiscal Year (FFY) 2017. This was a project change request to move \$68,457.65 from the Coplink line item to a new line item for TrapWire software.

Governor Sisolak opened discussion on any questions regarding this presentation. No questions were presented.

## **7. Report on Statewide Adoption of the National Incident Management System**

Jim Walker, DEM, spoke to ensuring Nevada's compliance with the National Incident Management System (NIMS) per Nevada Revised Statutes (NRS) 239C.310, and the requirement of NIMS status reporting. Mr. Walker spoke to the purpose and components of NIMS, and provided a brief overview of the system for the Commission. Governor Sisolak opened discussion for any questions at this point in Mr. Walker's presentation. No questions were presented. Sheriff Lombardo inquired on a legislative bill that dropped on April 8, 2019, in regards to critical incident response teams, and inquired if that function is a mandate for NIMS compliance. Chief Cage will look for the specific bill Sheriff Lombardo is referring to, but did indicate that Senate Bill 15 addresses an Incident Management Assistant Team. Per Chief Cage, this bill does not require the development or funding of the team, but rather the authority to establish the team. The goal is to have the authority to begin development of a statewide team to assist local, state, and tribal jurisdictions as a resource during emergencies or disasters. Assemblyman William McCurdy also indicated that he can assist with tracking down the bill Sheriff Lombardo is concerned about. Sheriff Lombardo presented concern on obligating funding for this type of team on an ongoing basis. Chief Cage indicated that if the legislation goes through, he would explore any and all funding sources to support that capability including volunteers and other emergency funding available. Should the bill pass, the discussion can be brought forth to the Commission for its guidance and oversight.

Mr. Walker also provided an overview of the NIMS 2018 Report for Nevada that is submitted to the Federal Emergency Management Agency (FEMA) by December 31<sup>st</sup> annually. This is a self-assessment done by the state with information uploaded to and

verified by FEMA. It is a mandatory requirement to be compliant with NIMS in order to be eligible for HSGP funding. Mr. Walker spoke to NIMS compliance categories, and the breadth of categories provided. Although the report does not indicate specific detail on compliance, Mr. Walker indicated that as a state jurisdiction, there is an overall 80%-100% compliance rate currently with the adoption of NIMS within statewide jurisdictions. Additional discussion was presented on the specific components within the report including compliance with training, exercises, planning, typing and credentialing, qualification systems, mutual aid, and enhancements of NIMS implementation in the coming year.

Governor Sisolak thanked Mr. Walker for this report, and opened discussion on this agenda item. No questions were presented.

**8. Public Comment**

Governor Sisolak opened discussion for public comment. Patricia Wade, Wade Development, indicated that she was on the call remotely, and introduced herself as a member of the Commission. Sheriff Lombardo requested that a current membership list be distributed to Commission members.

**9. Adjourn**

Governor Sisolak called for a motion to adjourn the meeting. A motion was presented by Sheriff Darin Balaam, Washoe County Sheriff's Office, and a second was provided by Dr. Khan. All were in favor with no opposition. Meeting was adjourned.

Division of Emergency Management  
 2478 Fairview Drive  
 Carson City, Nevada 89701  
 (775) 687-0300 Fax (775) 687-0323



Request Date: 5/1/2019  
 Approval/Denial Date: \_\_\_\_\_

### Project Change Request

**Subgrantee Agency:** City of North Las Vegas Office of Emergency Management  
**Address:** 4040 Losee Road, North Las Vegas, NV 89030

**PROJECT NAME:** NLV OEM Vehicle and Establishment of MCI Vehicle  
**Project Manager:** Travis Anderson **Phone:** 702-633-1105  
**Fiscal Agent:** Virginia Herrera **Phone:** 702-633-1460 x

**Change Request #:** 2  
**Funding Year:** FY2019  
**Grant Fund Stream:** UASI  
**Funding Job #:** 97.067.17-3100

#### CHANGE REQUESTED

The following change, amendment, or adjustment to the above subgrant, is requested (check one or more):

Project Period Extension       Change in Scope of Work  **X**  
 Budget Revision

*Note: The subgrantee must provide a written explanation of what the requested changes are, and why any shift (increase or decrease) of funds among categories is necessary.*

Briefly describe the nature and reason for the change request:  
 North Las Vegas would like to request a change of scope of work for this project to utilize the vehicle that was purchased with this funding to be used for OEM Emergency Response. We further request the remaining 21,020 to be used to purchase the previously approved items of this grant to be put on North Las Vegas MCI vehicle. North Las Vegas MCI vehicle with the supplies purchased from this grant will be available to respond to any incident within the urban area.

#### CHANGE TO BUDGET BY CATEGORY

Category	Grant Funds Awarded (Current Budget)	Requested Budget	Net Change	Change Request Required Support Documentation (See Instruction Tab)
Personnel/Contractors		50.00	0.00	Original Budget with line item detail including debits and credits.
Organization			0.00	
Equipment	\$ 70,000.00		0.00	
Training			0.00	
Exercise			0.00	
Planning			0.00	
Indirect			0.00	
<b>COLUMN TOTALS</b>	<b>\$ 70,000.00</b>		<b>\$ -</b>	

I certify that to the best of my knowledge and belief, this request is correct and complete and that all requests are for the purposes set forth under the terms of the federal and state assurances, program regulations, grant guidance and approved projects. BOTH SIGNATURES REQUIRED.

\_\_\_\_\_  
 Signature - Project Manager

\_\_\_\_\_  
 Signature - Fiscal Agent

\_\_\_\_\_  
 Date 5-1-19

\_\_\_\_\_  
 Date 5/01/19

For Approving Agency Use:

Approved or Denied: \_\_\_\_\_ Reason If Denied: \_\_\_\_\_  
 Approving Agency: \_\_\_\_\_

\_\_\_\_\_  
 Signature - Approving Authority

\_\_\_\_\_  
 Approval/Denial Date

LOGGED 5/16/19 aa  
 E-Mailed \_\_\_\_\_ aa

HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2017

LINE ITEM DETAIL BUDGET

Agency Name	Project Manager Name & Contract #	Grant Manager Name & Contract #	Grant Manager Name & Contract #	Agency Name	Project Manager Name & Contract #	Grant Manager Name & Contract #	Grant Manager Name & Contract #	Agency Name	Project Manager Name & Contract #	Grant Manager Name & Contract #	Grant Manager Name & Contract #				
City of North Las Vegas		Travis Anderson, Emergency Manager (702) 633-1102	Virginia Herrera, Financial Accountant II (702) 633-1460 Ext 3644												
<b>IF TITLE: NLV OEM Vehicle and Establishment of MCI Vehicle</b>															
<b>One Budgetary Funding Stream</b>															
<b>UASI</b>															
Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Primary Core Capability	Secondary Core Capability	AEL Ref #	Funding Source	Total Budget	PCR 2	Revised Budget
1	Personnel	Positions require - two busy, 1 type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.													
	Sub-Total	N/A						\$ -					\$ -		\$ -
<b>PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE</b>															
N/A															
Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Primary Core Capability	Secondary Core Capability	AEL Ref #	Funding Source	Total Budget		
5	Fringe	Positions Require: Fringe to be separate from Personnel Costs above													
	Sub-Total	N/A						\$ -					\$ -		\$ -
<b>FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT</b>															
N/A															
Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Purchase Type	Previous Funding Type	Category of Each Travel	Travel Reference # from Addendum	Total Trips	Cost for each Trip	Total Cost	Primary Core Capability	Secondary Core Capability	Funding Source	Total Budget		
9	Travel	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type												
	Sub-Total	N/A						\$ -	\$ -				\$ -		\$ -
<b>TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT</b>															
N/A															



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Primary Core Capability	Secondary Core Capability	AEL Ref #	Funding Source	Total Budget
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY										
17	Planning Sub-Total	N/A										
<b>PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE COMPLETED IN THE GRANT</b>												
N/A												
Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Primary Core Capability	Secondary Core Capability	AEL Ref #	Funding Source	Total Budget
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT. SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
22	Organization Sub-Total	N/A										
<b>ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE COMPLETED IN THE GRANT</b>												
N/A												
Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Primary Core Capability	Secondary Core Capability	AEL Ref #	Funding Source	Total Budget
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - Must have an AEL										
28		Ford F150 4x4 Crew, 5.0L V8, Trailer Tow Pkg	New	Other Federal	1.00	35,034.25	35,034.25	Ops Coord	On-Scene Sec.	12VE-00-SPEC	9HSP	35,034.25
29		Vehicle Up-fit for Emerg. Equipment Mounts	New	Other Federal	1.00	15,871.57	15,871.57	Ops Coord	On-Scene Sec.	12VE-00-SPEC	9HSP	15,871.57
30		Existing vehicle retrofit and MCI vehicle Establishment Up-fit costs	New	Other Federal	1.00	19,094.18	19,094.18	Ops Coord	On-Scene Sec.	12VE-00-SPEC	9HSP	19,094.18
	EQUIPMENT Sub-Total						70,000.00					70,000.00
<b>EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE COMPLETED IN THE GRANT</b>												
NLY OEM will purchase a vehicle from a local vendor through the competitive bidding process or existing government contract. NLY OEM will then coordinate with vendor to up-fit the vehicle with required emergency vehicle equipment utilizing the same process. NLY OEM will contract with vendors and suppliers as needed in order to re-purpose the existing vehicle to meet the requirements of a Mass Specialty incident vehicle. NLY OEM will conduct training and exercise on the equipment prior to deploying to the field in support of a pre-staged events or incident responses. Writing to reduce requested amount for MCI Vehicle establishment by 10%.												

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Primary Core Capability	Secondary Core Capability	TOTAL	AEL Ref #	Total Budget
40	Training	All training in this category must be coordinated with the State/IASI Training Officer. Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description											
	Training Sub-Total	N/A											
<b>TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT</b>													
N/A													
50	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/IASI Exercise Officer. Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)											
	Exercise Sub-Total	N/A											
<b>EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT</b>													
N/A													
												Total Original Budget	
												\$ 70,000.00	\$ 70,000.00

All budgets require an email approval from the financial and/or grant manager.

I was just recently moved from operations to emergency management and was handed this project. I believe with my operations background there is a much better way to be effective in our deployment of a MCI response/vehicle.

Here is an explanation for the change request.

1. New EM vehicle will be assigned to Emergency Manager per original project.
2. The existing vehicle that was suppose to be retrofitted will be used as an emergency response vehicle for the office of emergency management.
3. We believe a better option for an MCI response vehicle will be an apparatus that we currently have sitting at one of our stations. This vehicle was purchased in 2005 as a command/hazmat response apparatus. We do not have a hazmat team and our City's Mobile Command Center is the vehicle of choice to run incident command out of. As a result, this 2005 vehicle is not being used as we would like.
4. Our request is to take the remaining funds, which would have outfitted the existing EM vehicle, and utilize it to up-fit this other vehicle with MCI supplies which will be much more effective, especially after the lessons learned from 1 October.

Thank you for your consideration,

Travis

Travis Anderson  
Deputy Fire Chief  
North Las Vegas Fire Department  
4040 Losee Road  
North Las Vegas, Nevada 89030  
Office (702) 633-1102 | Fax (702) 399-8730  
[andersont@cityofnorthlasvegas.com](mailto:andersont@cityofnorthlasvegas.com)

Change Request for the Nevada Commission on Homeland Security (NCHS) Finance Committee and NCHS Approval Updated 5/16/2019

TRACKING NUMBER	Date	Sub-Grantee	Grant Name & Number	Project Name	Type of Revision	Change Request #	Change Request Amount	Funded	Required Commission Review	On the Agenda	Agenda Date	Scope Change	Verified through LA-WG	Verified through MCC-SC
NCHS - 153	5/1/2019	City of North Las Vegas	9706717-UASI	NLV MCI Vehicle	NCHS - 153 This is a request to use the vehicle that was purchased with grant funds to be used as OEM Emergency Response and remaining funds of \$21,020.00 to retrofit a different MCI vehicle	2	\$ 21,020.00		Yes				Yes	





**FFY19 HSGP VOTING RECORD**  
**RESILIENCE COMMISSION 5/14/19**

FFY19 HSGP PROJECT ID	FFY19 HSGP Project Name	Caleb Cage	John Steinbeck	Roy Anderson	Solome Barton	Bunny Bishop	Felix Castagnola	Bart Chambers	James Chrisley	Cassandra Darrough	Craig dePolo	Michael Dietrich	Dave Fogerson	Jeanne Freeman	Melissa Friend	Mike Heidemann	Eric Holt	David Hunkup	Jeremy Hynds	Kasey KC	Aaron Kenneston	Graham Kent	Annette Kerr	Mary Ann Laffoon	Chris Lake	Bob Leighton	Carolyn Levering	Connie Morton	Todd Moss	Shaun Rahmseyer	Andy Rasor	Carlito Rayos	Misty Robinson	Rachel Skidmore	Corey Solferion	Malinda Southard	Chris Tomaino	Mike Wilson	Stephanie Woodard	Points Recd	Inverse Rank	
		Present	Present	Present	Present	Present	Absent	Absent	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Absent	Present	Abstain	Present	Present	Present	Present	Present	Present	Present	Absent	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
X	NIMS - Communications	6	4	1	2	1			1	1	5	3	1	1	2	1	1	1	1	1	4			1	1	1	1	2	2	1		3	3	4	2	1	1	1	1	1	52	1
RR	Security Skills Professional Development for Information/Cyber Security Professionals	3	6	4	1	3			3	2	2	1	3	2	3	2	2	3	5		6			6	6	2	5	6	4	2		1	5	2	5	2	2	4	2	2	98	2
WW	Statewide NIMS COMPETITIVE	5	5	3	6	2			4	3	6	4	2	3	1	3	3	2	2		3			2	2	5	4	3	5	5		4	1	3	6	6	4	2	4	4	107	3
AA	WCSC Northern Nevada Regional Intelligence Center (NNRIC)	2	1	2	3	4			6	5	1	2	4	6	5	5	4	5	3		2			3	4	3	3	4	1	6		2	2	5	3	3	5	6	3	3	113	4
MM	Homeland Security Program Assistant	1	3	5	5	5			2	4	4	5	5	5	6	4	6	4	4		1			5	3	4	2	1	6	4		5	4	1	4	5	3	3	5	6	126	5
II	WCSC Air Purifying Respirators and SCBA	4	2	6	4	6			5	6	3	6	6	4	4	6	5	6	6		5			4	5	6	6	5	3	3		6	6	6	1	4	6	5	6	5	155	6

**FFY 2019 HSGP PROJECT SUBMISSIONS**  
**STRATEGIC CAPACITY PROJECTS TO BE MAINTAINED**  
 [SHSP-Only, SHSP/UASI Split, AND UASI-Only]

Project ID	Funding Stream	Project Title
A	SHSP	Tahoe Douglas Bomb Squad EOD Robot
B	SHSP	Consolidated Bomb Squad
C	UASI	ARMOR CBRNE Response - Sustainment
D	SHSP	Douglas County CERT Program
E	SHSP/UASI	Southern Nevada CERT
F	SHSP	NE NV Citizen Corp/CERT
G	SHSP	WCSO Citizen Corps Program
H	SHSP	Statewide Tribal Citizen Corps Program
J	SHSP	WCSO Cybersecurity Maintain
K	SHSP	Netflow and Intrusion Detection System Monitoring and Analysis
L	UASI	Public Health Analytical FTE
M	SHSP/UASI	Southern Nevada Counter Terrorism Center
N	SHSP	Nevada Threat Analysis Center
O	SHSP	Tribal NIMS
P	SHSP	Statewide NIMS
Q	SHSP	Statewide Interoperability Coordinator
R	UASI	Emergency Alerting Mass Notification
S	SHSP	Public Information and Warning
T	SHSP	COOP Sustain
U	SHSP	Implementation of Nevada's Statewide Resiliency Strategy
V	SHSP	Statewide Recovery Plan Implementation Phase 3
W	UASI	Mass Fatality Preparedness and Revise Mass Fatality Management Plan
X	UASI	Metropolitan Medical Response System (MMRS) - MAINTAIN



# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: A

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/17/19

1) PROJECT TITLE:	Tahoe Douglas Bomb Squad EOD Robot	
2) PROPOSING/LEAD AGENCY:	Tahoe Douglas Fire Protection District	
3) Project Manager Name/Title:	Todd Moss BC/Commander	
Project Manager Contact Info:	Phone: (775) 220-9363	Email: Tmoss@tahoefire.com
4) Addl Project Manager Name/Title:	Jim Antti Assistant Chief	
Addl Project Manager Contact Info:	Phone: (775) 588-3591	Email: Jantti@tahoefire.com
5) Finance/Grant Contact Name/Title:	Carrie Nolting	
Finance/Grant Contact Info:	Phone: (775) 588-3591	Email: cnolting@tahoefire.com

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Tahoe Douglas Bomb Squad is applying for grant funds to replace one EOD robot, the Andros Mini II (Mini). The Mini purchased with HSGP funds in 2005 and was our first robot. After 14 years and being a front line robot, the Mini has limited capabilities and technology compared to robots seen today. The manufacture has stopped making parts for the Mini and the platform is not supported anymore. The proposed robot has the latest in technology/user interface, faster speeds, automated stair climbing, upgraded batteries, and 360 rotating arm and gripper. These new robotic features will maintain and enhance our response capabilities, while increasing the bomb technicians safety through reliability. We will be housing and using the robot in the Tahoe Douglas Area of Responsibility (AOR). We will use the robot in training and on mutual responses with the Northern Nevada Bomb Technician Task Force (NNBTTF). The NNBTTF consists of Tahoe Douglas Bomb Squad, Consolidated Bomb Squad, and Elko Bomb Squad. The Tahoe Douglas Bomb Squad is identified under the CBRN-E aligned project for FFY19 Strategic Capacity.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	Tahoe Douglas Bomb Squad {CBRN,E}
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	INTERDICTION AND DISRUPTION [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

Bomb squads are one of the unique first responders that protect critical infrastructure to include soft targets such as hotels and public places in addition to public transportation. This investment ensures the continued mission reliability in our AOR and the State of Nevada; maintaining statewide interoperability, standardization of practices and equipment to maintain a unified and coordinated operational structure. Most of all, it ensures public safety preparedness by improving the capabilities of the state's bomb squads to prepare, deter, prevent and respond to criminal and terrorist deployment of improvised explosive devices.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	A
<b>Date Submitted</b>	4/17/19

**PROJECT TITLE REFERENCE:** Tahoe Douglas Bomb Squad EOD Robot

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal

This will be a sole source procurement as the Remotec robotic and communication platform is specific to Tahoe Douglas Bomb Squad operations. We have invested funds into Remotec maintenance training.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Bomb Squad Commander Todd Moss will coordinate the procurement of the equipment.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Tahoe Douglas Fire Protection District	Douglas County	Todd Moss
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Tahoe Douglas Fire Department will sustain and maintain the equipment purchased by this grant through our Special Services budget.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%

Statewide (SHSP)

0%

Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	A
<b>Date Submitted</b>	4/17/19

<b>PROJECT TITLE REFERENCE:</b>	Tahoe Douglas Bomb Squad EOD Robot
---------------------------------	------------------------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
	Bomb Squad Robot		\$ 200,999.00	\$ 200,999.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
		\$ 0.00	\$ 200,999.00	\$ 200,999.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	A
<b>Date Submitted</b>	4/17/19

**PROJECT TITLE REFERENCE:** Tahoe Douglas Bomb Squad EOD Robot

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	BOCC Award Acceptance	09/01/19	10/31/19	1
3	Purchase equipment	10/31/19	03/31/20	5
4	Obtain equipment, training, and place into service	06/15/20	09/15/20	3
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 Supports Nevada's bomb squads IED response, detection, and disruption capabilities

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 By maintaining our operational structure and process which enhances the Nevada Bomb Squads interoperability capabilities as a FEMA Type I Bomb Squad

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 This project cannot be reduced without severely reducing the robotic capabilities

Fields "a", "b", and "c" are limited to visible text box size

PROJECT TITLE REFERENCE: Tahoe Douglas Bomb Squad EOD Robot

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>No. Tahoe Douglas Fire Protection District does not have the funds to purchase a robot of this caliber.</p>
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>There are only four public safety bomb squads in Nevada. We have the training and ability for statewide interoperability in large scale incidents.</p>

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

The top three Core Capability Targets for Operational Coordination are:

- Execute operations with functional and integrated communications among appropriate entities to prevent initial or follow-on terrorist attacks within the United States in accordance with established protocols.
- Establish and maintain partnership structures among Protection elements to support networking, planning, and coordination.
- Establish protocols to integrate mitigation data elements in support of operations within all states and territories and in coordination with Federal agencies.

It is believed that this grant proposal is in alignment with this Core Capability.

Tahoe Douglas Bomb Squad and the other members of NNBTTF are all part time bomb squads that receive no federal or state funding to employ this asset. All funding is the responsibility of the host agency. Grant funds are critical to maintain our current level of training and equipment to defend against the emerging threat of foreign and domestic terrorism. Without a sustainable funding source, bomb squads risk falling behind in technology and interoperability capabilities.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

	<b>Agency Name</b>	Tahoe Douglas Fire Protection District	<b>Project Manager Name &amp; Contact #</b>	Todd Moss 775-220-9363	<b>Grant Manager Name &amp; Contact #</b>	Carrie Nolting 775-588-3591							<b>A</b>
--	--------------------	--	---	------------------------	---	-----------------------------	--	--	--	--	--	--	----------

	<b>IJ TITLE:</b>	Tahoe Douglas Bomb Squad EOD Robot										
		One Budget Per Funding Stream										
		SHSP										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

--	--	--	--	--	--	--	--	--	--	--	--

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40	EOD Robot	This is a EOD Robot capable of communications, video surveillance, Suspicious package interrogation, and IED defeat	Maintain	SHSP	1.00	200,999.00	\$ 200,999.00	CBRNE - Tahoe Douglas Bomb Squad	Interdiction and Disruption	03OE-07-ROBT Robots	SHSP
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 200,999.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The equipment to be purchased in this line item will be one (1) complete robotic system. The robotic system will consist of the following: VEHICLE CHASIS - 4 BB2590 Batteries with charger,- Internal 1 W COFDM Radio,- 4 Quick-change tracked articulators, - Quick Release 6 degree of freedom arm, - Arm & Articulator, position feedback with presets, White & IR LED Lighting, - 4 cameras, - Color and IR surveillance camera with PTZ, - Color front drive camera, - Color rear drive camera, - Color gripper camera, Thermal imager assembly for P/T camera, Quick change pneumatic tires, Handheld Operator Control Unit (OCU) with charger, Portable OCU conversion kit with 22" touch LED Monitor, Wireless Radio system, Recoiless Disruptor, Tool assessor system, 4 spare batteries, 2 replacement articulator tracks, 2 replacement drive tracks, 2 replacement tires, 1.5 days of factory maintenance and operational training.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 200,999.00	
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**Project A**  
**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Tahoe Douglas Bomb Squad EOD Robot		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$200,999.00
		<b>UASI Funding Request:</b>	\$0
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
This project will be a regional, statewide, and national resource. As a FEMA Type I bomb squad in Nevada, we have the capability to respond to multiple EOD or WMD incidents within our area of responsibility. We also have the same or greater capabilities statewide with the Nevada State Bomb Task Force agreement. All public safety bomb squads are trained at the FBI Hazardous Device School in Huntsville, AL. Our contiguous training and accreditation could allow us to respond nationally to large scale incidents, if needed.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
Along with being in the Nevada State Bomb Task Force, we also work closely with our local SWAT teams to provide our robotic platform for hostage/barricaded subject surveillance and communication, remote explosive breaching, and hazardous materials environmental monitoring.			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
There is no offset dedicated by Tahoe Douglas Fire Protection for this project, as it is a one-time equipment purchase. Tahoe Douglas Fire Protection District is responsible for costs of continuous training and maintenance for the equipment.			

## Project A

Is there a plan for increasing offset by your jurisdiction to support this project in the future?

No. Tahoe Douglas Fire Protection District is currently directing available funds towards a new EOD building over the next 10 years.

Please provide a five year funding summary for your project.

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

B

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/24/19

1) PROJECT TITLE:	Consolidated Bomb Squad	
2) PROPOSING/LEAD AGENCY:	Washoe County Sheriff's Office	
3) Project Manager Name/Title:	Sergeant Robert Bowlin	
Project Manager Contact Info:	Phone: (775) 846-5680	Email: rbowlin@washoecounty.us
4) Addl Project Manager Name/Title:	Deputy Noah Boyer	
Addl Project Manager Contact Info:	Phone: (775) 785-6217	Email: nboyer@washoecounty.us
5) Finance/Grant Contact Name/Title:	Laura Daniels	
Finance/Grant Contact Info:	Phone: (775) 328-3013	Email: ldaniels@washoecounty.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Consolidated Bomb Squad based in Reno, Nevada covers an area of responsibility of over 27,500 square miles consisting of Humboldt, Pershing, Churchill, Storey and the second most populated county in the state, Washoe County. The Consolidated Bomb Squad is part of a Federal Task Force that responds to all of Northern Nevada to include small county areas in California.

Our project outcome is to maintain and improve our operational effectiveness of dismounted and tactical bomb squad integration by 33 % as well as operate in a CBRNE environment on supplied air or SCBA. Additionally this will address safety concerns by replacing outdated SCBA equipment currently used by the Consolidated Bomb Squad which encompasses Washoe County Sheriff's Office, Reno Police Department, and Sparks Police Department.

This equipment will assist with the protection, mitigation, prosecution, and recovery efforts for citizens, property and the environmental concerns in our service area. The Consolidated Bomb Squad is respectfully requesting funds to purchase an Explosive Ordinance Disposal equipment that will be utilized by all critical stakeholders within the consolidated bomb squad, to include Washoe County Sheriff's Office, Reno Police Department and Sparks Police Department.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	Consolidated Bomb Squad (Washoe, Reno, Sparks) [CBRN,E]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

The EOD equipment would allow the Consolidated Bomb Squad to establish and maintain a unified operational coordination of critical stakeholders, identified as the third priority of NCHS during fiscal year 2019. Due to the significant geographic area of over 27,500 square miles we serve in northern Nevada, operational coordination is paramount to successfully serving both urban and rural communities with our specialized expertise. Due to the typical unknown nature of what type of potential explosive device or package that must be addressed, we require EOD tools and equipment to gather intelligence and to maintain our operational readiness to evaluate and render safe, if necessary an explosive package or device.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>B</b>
<b>Date Submitted</b>	<b>4/24/19</b>

**PROJECT TITLE REFERENCE:** Consolidated Bomb Squad

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Equipment purchases will be completed using the Washoe County Grants Purchasing Guidelines

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

A representative of the Consolidated Bomb Squad who is employed by the Washoe County Sheriff's Office will serve as the point of contact and seek competitive quotes for the requested equipment. The representative will state and county purchasing requirements. After selection is made the representative will ensure that the equipment is acquired in a timely manner and implemented into the operations of the Consolidated Bomb Squad.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Washoe County Sheriffs Office	Washoe County	Robert Bowlin
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Sustainment, operation and maintenance costs associated with the equipment will be the responsibility of the Washoe County Sheriff's Office and partnering agencies of the Consolidated Bomb Squad.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%

Statewide (SHSP)

0%

Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>B</b>
<b>Date Submitted</b>	<b>4/24/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Consolidated Bomb Squad
---------------------------------	-------------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			
Planning efforts include identifying ways to split the cost associated with the equipment between the three agencies. This would include agreements with the technology services departments to update and maintain computer equipment and radios assigned to the Consolidated Bomb Squad.			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			
The Consolidated Bomb Squad is an accredited squad through U.S. Department of Justice. The Washoe County Sheriff's Office, Reno Police Department and Sparks Police Department have partnered together to create this team. The Sergeant assigned to the squad acts as the supervisor/commander providing leadership and program direction.			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
Acquisition of the following: Three (3) self-contained breathing apparatus, three(3) cylinders and three (3) face masks, one(1) breathing apparatus face shield for EOD Ten Bomb Suit, one (1) pair large trouser expansions, one (1) pair X-Large trouser expansions, one (1) digital radiography system and x-ray source generator, one (1) sweet of IED electronic diagnostic , one (1) tactical disruptor, one (1) tripwire illumination, one (1) hard case and one (1) soft case, one (1) ballistic shield, two (2) rugged tablet/computers to serve as mobile dispatch terminal and x-ray system storage.		\$ 103,399.00	\$ 103,399.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			
Provided training to the Bomb Squad members is available through the U.S. Department of Justice, all recertification is free to our agencies to include advanced training offered at the Redstone Arsenal Facility run by the FBI.			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			
Exercise development relies on FEMA exercise guidance and HSEEP standards to establish criteria for well-designed exercises, steps and documents used in designing and conducting exercises, and identifying and evaluating challenges and opportunities for conducting exercises. Our unit's exercises, skills drills, and tabletops are designed and conducted to incorporate best practices. Exercises include a meeting with participants immediately following the exercise to review and evaluate the operations-based elements, use of forms, criteria used to develop exercise, and future trainings needed.			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			
The Bomb Squad staffs five (5) bomb technicians part time and one (1) full time, and one (1) Federal Bureau of Investigation Special Agent bomb technician (SABT). Managed by the Commander assigned to the Squad.			\$ 0.00
<b>15g) PROJECT TOTALS</b>			
	LV-UASI	State-wide	TOTAL
	\$ 0.00	\$ 103,399.00	\$ 103,399.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>B</b>
<b>Date Submitted</b>	<b>4/24/19</b>

**PROJECT TITLE REFERENCE:** Consolidated Bomb Squad

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Funds accepted by Washoe County Board of County Commissioners.	09/01/19	12/31/19	3
3	Competitive quote process	01/01/20	03/31/20	3
4	Order equipment	04/01/20	05/30/20	2
5	Build time	06/01/20	09/30/20	3
6	Train on new equipment and implementation	10/01/20	11/01/20	1
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

The Consolidated Bomb Squad is responsible for responding to explosive devices and suspicious packages and rendering safe these devices. Explosive devices have been favored by terrorist groups to cause large areas of geographic damage as well as significant death tolls and casualties to further their terrorist ideology. Explosives have been possessed or used in the greater Northern Nevada area by persons associated with sovereign citizens or terrorist groups.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

The requested equipment will be used to maintain the Consolidated Bomb Squad's ability to complete render safe procedures for the citizens of the State of Nevada. This equipment will allow us to maintain our CBRNE capabilities and improve upon our tactical integration and dismounted operations.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The computers can be reduced or removed and other sources of funding will be sought or revisited in future grant opportunities.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>B</b>
<b>Date Submitted</b>	<b>4/24/19</b>

**PROJECT TITLE REFERENCE:** Consolidated Bomb Squad

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

With the current economic situation and county budget cuts, purchase of equipment such as this has been ceased. Washoe County would not be able to purchase this equipment without the assistance of federal funding.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

Consolidated Bomb Squad is a member of the Northern Nevada Bomb Squad Task force. with this affiliation we are able to assist across the state of Nevada and assist in RSP and post blast investigations.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b>	Washoe County Sheriff's Office	<b>Project Manager Name &amp; Contact #</b>	Robert Bowlin; 775-846-5680	<b>Grant Manager Name &amp; Contact #</b>	Laura Daniels: 775-528-3013	<b>B</b>
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<b>IJ TITLE:</b>		<b>Consolidated Bomb Squad</b>									
		<b>One Budget Per Funding Stream</b>									
		SHSP									

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9									-			
10									-			
11									-			
12									-			
13									-			
14									-			
15									-			
16									-			
17									-			
18									-			
19									-			
20									-			
21									-			
22									-			
23									-			
	<b>Travel Sub-Total</b>								-			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-		\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		SCBA Harness and Bottle	Maintain	SHSP	3.00	4,133.00	\$ 12,399.00		Operational Coordination	01AR-01-SCBA SCBA, CBRN	SHSP
41		Bomb Suit Enhancements - Visor and Trouser Expansions	Maintain	SHSP	1.00	4,000.00	\$ 4,000.00		Operational Coordination	02PE-02-CLTH Clothing, Operational, and Specialized/Protective Gear IED/EOD	SHSP
42		DR X-ray Systems and Source	Maintain	SHSP	1.00	65,000.00	\$ 65,000.00		Operational Coordination	02EX-01-XRAP X-Ray Equipment, Portable or Transportable	SHSP
43		Tactical Bomb Tech Response Kit	Maintain	SHSP	1.00	13,000.00	\$ 13,000.00		Operational Coordination	02EX-02-TLPB Tools, Bomb Disabling	SHSP
44		Mobile Dispatch Terminal Computers	Maintain	SHSP	2.00	4,500.00	\$ 9,000.00		Operational Coordination	04AP-01-CADS System, Dispatch, Computer Aided	SHSP
45							\$ -				
46							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 103,399.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

40 - Three SCBA Harnesses and Three SCBA bottles that are capable of use EOD Ten bomb suit. 41 - One EOD Ten Breathing Apparatus Face Shield. One set of Large Trouser Expansions and one set of X-Large Trouser Expansions. 42 - Digital radiography x-ray system capable of wireless transmission with receiver and x-ray generation source that is capable with DR system. 43 - One tactical bomb tech kit that contains IED electronic diagnostic equipment, tactical disruptor, tririver illuminator, ballistic shield and hard and soft case.

72- Digital fluorography x-ray system capable of wireless transmission that receives and x-ray generation source that is capable with DR system. 73- One medical control unit that contains all circuit and diagnostic equipment, medical display, printer, monitor, remote control and has and can be transported. 44- Two rugged computers compatible with mobile dispatch terminal requirements and ability to operate with x-ray systems.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 103,399.00	
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**Project B**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Consolidated Bomb Squad		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$103,399.00
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The Consolidated Bomb Squad based in Reno, Nevada covers an area of responsibility of over 27,500 square miles consisting of Humboldt, Pershing, Churchill, Storey and the second most populated county in the state, Washoe County. The Consolidated Bomb Squad is part of a Federal Task Force that responds to all of Northern Nevada to include small county areas in California.</p> <p>Our project outcome is to maintain and improve our operational effectiveness of dismounted and tactical bomb squad integration by 33 % as well as operate in a CBRNE environment on supplied air or SCBA. Additionally this will address safety concerns by replacing outdated SCBA equipment currently used by the Consolidated Bomb Squad which encompasses Washoe County Sheriff's Office, Reno Police Department, and Sparks Police Department. This equipment will assist with the protection, mitigation, prosecution, and recovery efforts for citizens, property and the environmental concerns in our service area. The Consolidated Bomb Squad is respectfully requesting funds to purchase an Explosive Ordinance Disposal equipment that will be utilized by all critical stakeholders within the consolidated bomb squad, to include Washoe County Sheriff's Office, Reno Police Department and Sparks Police Department.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>Along with being in the Northern Nevada Bomb Squad Taskforce and the Nevada State Bomb Task Force, we also work closely with our local SWAT teams to provide our robotic platform for hostage/barricaded subject surveillance and communication, remote explosive breaching, and hazardous materials environmental monitoring.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
<p>General funds are used for the day to day operation of this division. The elimination of funding would critically damage the capability to respond to incidents, requiring other support entities to assist.</p>			

## Project B

### Is there a plan for increasing offset by your jurisdiction to support this project in the future?

No. due to recovery costs from local natural disasters , addressing safety issues within the detention facility and the opiate addiction crisis the Consolidated Bomb Squad will not see an increases in funds to support or sustainment

### Please provide a five year funding summary for your project.

The Consolidated Bomb Squad's 2019 Homeland Security Grant Program proposal has five key areas / categories of bomb squad equipment. These categories are equipment that was acquired from Homeland Security Grant Program funds previously.

1. Self-Contained Breathing Apparatus
  - a. We have broken this into 3 phases – 2019,2021, and 2022. This replacement will allow us another 15 years of operation.
2. Bomb Suit / Bomb Technician personal protective equipment
  - a. We have broken this into 2 phases – 2019 and 2021. This replacement will allow us to operate our bomb suits with SCBAs for the lifespan of the bomb suit (5 year +)
3. X- Ray systems
  - a. We have started the replacement process in 2018 with the acquisition of a Scan-x system. The remainder of our x-ray systems replacement are planned for 2024
4. Tactical Bomb Technician / Manual entry tools / equipment
  - a. The replacement of Manual entry tools and equipment is ever evolving. We attempt to make these tools last as long as possible but due to wear and tear and unpredictable circumstances we are unable to speculate an anticipated replacement date
5. Computers / Research Equipment
  - a. We are attempting to make the replacement of these computers' agency funded in the future.

2020

**Sustain / Maintain:** Replacement of first out response vehicle acquired from HSPG in 2006/2007 - \$100,000 to \$150,000

**New proposal:** Second first out vehicle to support off road, special event and initial response to believed explosive hazard or suspicious or actual explosive devices - \$100,000

**Total 2020 request - \$200,000 to \$250,000**

2021

**Sustain / Maintain:** Continued replacement of Self-Contained Breathing Apparatus (phase 2 of 3) - \$17,400

**Sustain / Maintain:** Replacement of BA visor / Bomb suit SCBA adaptation - \$4000

**New proposal:** Expansion of Tactical Bomb Technician program / equipment - \$3,600

**Total 2021 request - \$25,000**

2022

**Sustain / Maintain:** Continued replacement of Self-Contained Breathing Apparatus (phase 3 of 3) - \$10,000

**New proposal:** Expansion of Tactical Bomb Technician program / equipment (NVG)- \$30,000

**Total 2022 request - \$40,000**

## Project B

2023

**Sustain / Maintain:** Replacement of the Remote Tech Wolverine Robot platform - \$300,000

**Total 2023 request - \$300,000**

2024

**Sustain / Maintain:** Replacement of the open vision platform - \$80,000

**Total 2024 request - \$80,000**

**Total five-year request for the Consolidated Bomb Squad for Sustain / Maintain and New Proposals – \$695,000**

The Consolidated Bomb Squad along with the Tahoe Douglas Bomb Squad, Elko Police Department Bomb Squad, and the Las Vegas Fire and Rescue Bomb Squad have come together and are pursuing the formation of the Nevada State Bomb Squad Taskforce. Many goals have been set for the formation of this taskforce, one of the key goals of this group is to work together in developing priorities amongst the bomb squads and supporting those squads that are in higher need of equipment and Homeland Security Grant Program funds

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

C

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

1) PROJECT TITLE:	ARMOR CBRNE Response - Sustainment	
2) PROPOSING/LEAD AGENCY:	LVMPD ARMOR	
3) Project Manager Name/Title:	Roger Haskins	
Project Manager Contact Info:	Phone: (702) 271-2325	Email: R5774H@LVMPD.COM
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Angela Walker	
Finance/Grant Contact Info:	Phone: (702) 828-8210	Email: a15306w@lvmpd.com

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The purpose of this grant application is to sustain and maintain the ability to provide operational capability enabling intelligence collection and surveillance capabilities to the ARMOR operators within the Las Vegas Urban Area (LVMPD, HPD, and NLVPD). The technology support requested is specifically designed for operations on events and providing for CBRNE technology, monitoring and exploitation of potentially hazardous devices and structures.

The warranties and high technology equipment employed by the ARMOR unit is utilized with a variety of tools for detection and identification of CBRNE threats compounded with the availability of communications capability to the Incident Commander. By maintaining the efficiency and effectiveness of this capability, ARMOR will maintain the deployment capability to a multi-threat environment to provide real-time intelligence and information to Incident Commanders and support agencies. The warranties will be projected to ensure the technological capability of the Mobile ARIS, SAMpacks, RMX, Gemini, TruDefender and MX908 depending on allocation of funding available and requirements.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	Las Vegas ARMOR [CBRN,E]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	FORENSICS AND ATTRIBUTION [Mission Area - PREV]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Within the Core Capability of Intelligence and Information Sharing, the description of the capability is to, "Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security...."

The technological ability of the ARMOR Unit to provide the rapid and accurate detection, identification, and informational dissemination in the response, mitigation, and investigation of CBRNE threats and terrorism events is crucial to the effective and efficient response from local, state, and federal entities. As a multi-agency, state-asset, CBRNE unit, ARMOR provides numerous front-line intelligence collection, exploitation, processing, and analysis capabilities in the area of CBRNE response, identification, and mitigation.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>C</b>
<b>Date Submitted</b>	

**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - Sustainment

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source** The capabilities, sustainment, and maintenance of the requested equipment will be maximized by contracting the purchases from the vendor currently utilized by ARMOR for the technology utilized in order to ensure proper operation.
- Internal

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Upon confirmation of the grant award, LVMPD/ARMOR will employ Federal Purchasing Guidelines for the procurement of equipment based upon criteria set forth for Grant Funded purchases set to be enacted in July 1, 2017.

LVMPD/ARMOR section will define criteria for the bidding by potential vendors based upon requirements for the equipment performance and specifications. Bids from competing vendors will be received and evaluated by the LVMPD purchasing and ARMOR project managers. Upon selection of vendor with most acceptable bid for pricing and performance guidelines, we will proceed with purchasing equipment and support services outlined in the proposal in accordance with LVMPD and DHS grant purchasing policy.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	LVMPD	Clark County	Roger Haskins
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

The warranties for the technology utilized has consistently been achieved through UASI funding. The usable life expectancies of the tanks requested is 15 years.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>C</b>
<b>Date Submitted</b>	

<b>PROJECT TITLE REFERENCE:</b>	ARMOR CBRNE Response - Sustainment
---------------------------------	------------------------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	The purchase of SCBA tanks represent a phased approach to replacing SCBA tanks in inventory that have reached their end of service. The tanks being replaced have been in service for 15 years and can no longer be hydrostatted to ensure operation. ARMOR has 60 tanks that will all expire from service by 2024. The warranties would provide service, maintenance and calibration for a wide range of CBRNE equipment and ensure effective and efficient operation.	\$ 100,000.00		\$ 100,000.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 100,000.00	\$ 0.00	\$ 100,000.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>C</b>
<b>Date Submitted</b>	

**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - Sustainment

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Prepare Bidding criteria and receive responses per Federal Guidelines	09/01/19	12/01/19	3
3	Vendor and Equipment selection based upon response	12/01/19	02/01/20	3
4	Purchasing contracts and securing with vendors	02/01/20	08/01/20	6
5	Receive and Implementation	08/01/20	12/01/20	4
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

As the multi-agency Law Enforcement section for the CBRNE Response of Southern NV, the ARMOR Section responds and investigates all CBRNE related-events that are criminal in nature within Clark County. The capability of the ARMOR section will have a direct correlation upon the ability of CBRNE counter-terrorism operations, investigations, and response in the state of NV.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

As a multi-agency, multi-discipline, state-response entity which supports agencies throughout the Las Vegas Urban Area, the furtherance of quick and accurate CBRNE location, detection, and identification is crucial to the Intelligence and Information Sharing Core Capability of the state. In providing the necessary information and intelligence to the federal, state, local, and private stakeholders, ARMOR can provide timely intelligence and Information sharing of the diverse and technologically-advanced response and identification capability in concerted effort for the mitigation of hazards.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The funds would be utilized to warranty several pieces of equipment and reduction in funding would reduce items covered.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>C</b>
<b>Date Submitted</b>	

**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - Sustainment

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

The warranty of items has traditionally been achieved through the UASI grant system in order to secure the on-going capability of high-technology ARMOR equipment. The SCBA tanks sought to be replaced were purchased in 2004 under the Homeland Security Grant Program Phase II. They have reached their end of usable service life and need to be replaced. The ARMOR unit does not currently have sufficient funding to purchase these items.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

The ARMOR Task Force is a long-recognized regional asset providing service for response, identification, intelligence, investigation, and analysis to the Southern NV Region, state-wide events, and adjoining areas. In recent years, ARMOR has responded to requests for assistance from numerous agencies throughout the Southern NV Region which exceed the available resources of the local agencies. LVMPD has a history of assisting multiple jurisdictions throughout the region as Subject Matter Experts and technical support in the area of CBRNE response, investigations, and evidentiary analysis.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b>	LVMPD/ARMOR	<b>Project Manager Name &amp; Contact #</b>	Roger Haskins 702-271-2325	<b>Grant Manager Name &amp; Contact #</b>	Angela Walker 702-828-8210	<b>C</b>
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	<b>IJ TITLE:</b>	ARMOR CBRNE Response - Sustainment									
		One Budget Per Funding Stream									
		UASI									

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-		\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		SCBA Tanks	Maintain	Other Grant Funds	20.00	1,250.00	\$ 25,000.00	CBRNE - LVMPD ARMOR	On-scene Security and Protection	01AR-01-SCBA	UASI
41		Warranties	Maintain	UASI			\$ -	CBRNE - LVMPD ARMOR	Intelligence and Information Sharing	21GN-00-MAIN	UASI
42		ARIS			2.00	5,910.00	\$ 11,820.00				
43		Sam Packs			8.00	2,500.00	\$ 20,000.00				
44		MX908			3.00	6,500.00	\$ 19,500.00				
45		Thermo Scientific Chemical identifiers (General)			1.00	23,680.00	\$ 23,680.00				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 100,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The purchase of SCBA tanks represent a phased approach to replacing SCBA tanks in inventory that have reached their end of service. The tanks being replaced have been in service for 15 years and can no longer be hydrostatted to ensure operation. ARMOR has 60 tanks that will all expire from service by 2024. The warranties would provide service, maintenance and calibration for a wide range of CBRNE equipment and ensure effective and efficient operation. The warranties shown are projected based upon current available pricing and will require negotiation and prioritization. Adjustments may be made dependent on need and cost analysis.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 100,000.00
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Project C  
**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	FFY 2019 ARMOR CBRNE Response - Sustainment		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	UASI	<b>SHSP Funding Request:</b>	
		<b>UASI Funding Request:</b>	\$100,000
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
The ARMOR Task Force is a multiple discipline, multiple agency, task force that provides emergency CBRNE responses to all of Southern Nevada. ARMOR works with all federal, state, and local emergency services agencies throughout Southern Nevada.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
The ARMOR Task Force has routine and regular communication with the Las Vegas Fire Rescue CBRNE Battalion Chief, Henderson Fire Department Haz-Mat, the Las Vegas Fire Rescue Bomb Squad Commander, and other regional agencies involved in WMD/CBRNE events to discuss upcoming grant related projects. These communications have the goal of best utilizing upcoming grant monies to coincide with projects that will best serve our collaborative CBRNE mission throughout Southern Nevada. Additionally, ARMOR has been in contact with the State of Nevada Department of Investigations and the City of Henderson as they are active members of the task force to pre-plan for financial funding of potential upcoming projects.			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
The member agencies of the ARMOR Section provide manpower, training, equipment, and other resources to support the WMD/CBRNE mission. The financial responsibility for the high technology capabilities involved in WMD/CBRNE detection, identification, and mitigation in comparison to the limited personnel of the task force requires the assistance of community grant funding.			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
The ARMOR Task Force continues to seek out additional agencies to provide both and personnel, equipment, and funding to complete the WMD/CBRNE mission for the Las Vegas Urban Area.			

Project C

Please provide a five year funding summary for your project.

Sustainment: An estimates \$75,000 - \$100,000 annually for the sustainment of CBRNE equipment warranties. In order to properly maintain and calibrate our inventory of CBRNE related electronic testing equipment warranties are necessary to fund this required maintenance. This equipment requires regular manufacture updates and repairs. This work is necessary as this equipment and its service history could be called into question during court proceedings on criminal CBRNE cases. The efficiency and effectiveness of the equipment directly correlates to the ability of ARMOR to fulfill their mission.

Second Sustainment: \$25,000 per year for the next two years for air tanks. ARMOR is in the process of purchasing Avon self-contained breathing apparatus (SCBA) air tanks. Air tanks are used for down-range CBRNE operations when dangerous chemicals or low oxygen levels will put ARMOR operators at risk of injury or death. The usable service life of the tanks is fifteen years. The current, grant funded, tanks will expire soon. We are utilizing a phased approach to replace the expiring tanks. The phased approach will ensure that we are not reliant on a single fiscal year purchase. This will help other UASI applicants by distributing the financial burden over a three year period and reduce the impact if funding is not achieved on any given year. The ARMOR PPE (Personal Protective Equipment) program supports agencies and responders throughout the Las Vegas Urban Area.



# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

**PROJECT ID:**

D

## Project Proposal for FFY19 HSGP Funding Description

**Date Submitted**

4/25/19

1) <b>PROJECT TITLE:</b>	Douglas County CERT Program	
2) <b>PROPOSING/LEAD AGENCY:</b>	Douglas County Emergency Management	
3) <b>Project Manager Name/Title:</b>	Tod F. Carlini, District Chief/Douglas County Emergency Manager	
<b>Project Manager Contact Info:</b>	Phone: (775) 782-9048	Email: tcarlini@eastforkfire.org
4) <b>Addl Project Manager Name/Title:</b>	Dave Fogerson, Deputy Chief/Deputy Emergency Manager	
<b>Addl Project Manager Contact Info:</b>	Phone: (775) 782-9096	Email: dfogerson@eastforkfire.org
5) <b>Finance/Grant Contact Name/Title:</b>	Joseph Langkilde, CPA, District Accountant	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 782-9991	Email: jlangkilde@eastforkfire.org

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Douglas County Emergency Management and our LEPC desires to maintain our Citizen Corp CERT Program serving our community. Our CERT consists of one coordinator, 4 team leaders and 76 members. These members respond to assist emergency management with sheltering, mass care, EOC set up, public education to improve community resiliency and emergency incident rehabilitation for our public safety responders. Our community covers over 700 square miles for our direct services. Some of these areas, including Lake Tahoe and Southern Douglas County, are areas of isolation during our major emergencies. Our CERT program provides additional assistance to public safety responders in these areas of isolation. Through arrangements with Quad County partners, our CERT is available for emergency incident rehab in all jurisdictions.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CITIZEN CORPS
HSGP Project Type Supporting Strategic Capacity:	Douglas County [CITIZEN CORP]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This project aligns with the strategic capacity of operational coordination by working within a unified and coordinated operational structure and process that appropriately integrated all critical stakeholders, local volunteer programs, community organizations and businesses, supporting the execution of core capabilities in all five phases of emergency management. This project increases community resiliency by increasing the numbers of community members, businesses and organizations within Douglas County, the surrounding counties and the State of Nevada.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	D
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Douglas County CERT Program

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Procurements for this project will be made internally in accordance with County policy

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Douglas County Emergency Management, working through its agent, the East Fork Fire Protection District, will coordinate the provisions of training to CERT volunteers. Program development and training for greater responsibilities for emergency shelter management, and rehabilitation of emergency services personnel will be accomplished with current staff and the part-time CERT coordinator. Additionally, these capacities will be included in the Douglas County EOP and will be exercised. This will be a collaboration effort between local stakeholders, response organizations, the school district and LEPC.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Douglas County Emergency Management	Douglas County Nevada	Tod F Carlini, Douglas County Emergency Manager
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Sustainment of the project will require on-going recruitment and retention efforts, including the replenishment of supplies and equipment. Sustainment funding comes from a combination of public/private sources including Douglas County and the East Fork Fire Protection District.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%

Statewide (SHSP)

0%

Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	D
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Douglas County CERT Program
---------------------------------	-----------------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Provide funding for approved printed materials, advertising and promotional items. Sub-grantee understands all printed materials must be pre-approved from DEM.		\$ 1,000.00	\$ 1,000.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Maintenance and administrative costs incurred in direct support of grant.		\$ 500.00	\$ 500.00

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Provided funding for equipment and supplies for current and new CERT members and CERT operations. This includes the individual CERT kits for new members (supplies) and a portable generator (equipment) for our South County evacuation/shelter trailer that is managed by CERT.		\$ 4,350.00	\$ 4,350.00

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Provide funding for the contract engagement of a part-time CERT Coordinator at a cost of \$1000.00 per month.		\$ 14,400.00	\$ 14,400.00
Provide funding for the annual cost of current and new CERT members workers compensation insurance and background checks for new members.			

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 0.00	\$ 20,250.00	\$ 20,250.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	D
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Douglas County CERT Program

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Renew CERT Coordinator contract	09/01/20	08/31/21	12
3	Purchase and or development recruitment and promotional materials	09/01/20	08/31/22	24
4	Conduct specialized CERT training which reinforces mission essentials, CERT functions and assigned responsibilities	09/01/22	08/31/22	24
5	CPR/First Aid recertification training for current members and certification for new members	09/01/20	08/31/22	24
6	Purchase CERT supplies for current and new members	09/01/20	08/31/22	24
7	Purchase approved supplies for current and new members	09/01/20	08/31/22	24
8	Purchase approved equipment for South County evacuation/shelter trailer	09/01/20	08/31/22	24
9	Conduct Douglas County CERT Team EOC Support Training	09/01/20	08/31/22	24
10	Conduct Douglas County Emergency Preparedness Employee Training	09/01/20	08/31/22	24
11	Expand CERT into EOP	09/01/20	08/31/22	24
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

CERT in Douglas County has evolved into an indispensable resource during any type of emergency. While the fundamental purpose of CERT was to address the first 72 hours of a natural disaster, the skills and abilities in the prescribed curriculum can be applied to acts of terrorism. The nexus is very clear. Acts of terrorism generally are designed to impact mass populations, generally assembled in controlled spaces and venues. In many cases the impacts overwhelm the initial responders. CERT can easily fill the gap for that period of time until appropriate resources are assembled. Acts of terrorism are also designed to isolate certain populations or to disrupt critical infrastructure. With CERT being able to exist in multiple locations, resources are better supported should a disruption in services and infrastructure be impact by a terrorist act.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Yes it does, in particular OPERATIONAL COORDINATION. The deployment of CERT assets is critical in many of our rural locations. CERT has become an important asset in as much as we now include their dispatch in our CAD based system for multiple alarm fire events, natural disasters, and events of terrorism. We are integrating their role on a continued basis in the Douglas County Emergency Operation Plan and many of our individual response guides, including active shooter situations.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The program budget has been strategically designed at its basic support levels to maximize available funding economies.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	D
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Douglas County CERT Program

Fields "d" and "e" are limited to visible text box size

<b>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b>
This program is completely supported by and is solely dependent on the HSGP funding.
<b>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</b>
To the extent that a natural disaster, act of terrorism or other similar event impacts the availability of statewide resources, the utilization of CERT recourses provides a critical initial response and support during event mitigation efforts.

**18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:**

- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
- NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

**19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box**

CERT is an important program. Beyond the obvious services it can and does provide, CERT affords many member of our community, in particular our older Americans and veterans, an opportunity to participate int he security and safety of our county and country.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Douglas County Emergency Management	<b>Project Manager Name &amp; Contact #</b>	Dave Fogerson 775/782-9096	<b>Grant Manager Name &amp; Contact #</b>	Tod Carlini 775/782-9048						<b>D</b>
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<b>IJ TITLE:</b>	Douglas County CERT Program										
	<b>One Budget Per Funding Stream</b>										
	<b>SHSP</b>										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		Contracted part-time CERT Coordinator for 12 months	Maintain	SHSP	1000	100%	12	\$ 12,000.00	Citizen Corps - Douglas	Operational Coordination	SHSP
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ 12,000.00			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		Workers compensation insuranc for current and new members and background checks for new members.	Maintain	SHSP	80	100%		\$ 2,400.00	Citizen Corps - Douglas	Operational Coordination	Personnel
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ 2,400.00			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Approved print advertising	Maintain	SHSP	1	500.00	500.00	Citizen Corps - Douglas	Operational Coordination	SHSP
28		Promotional items	Maintain	SHSP	1.00	500.00	500.00	Citizen Corps - Douglas	Operational Coordination	SHSP
29		M&A	Maintain		1.00	500.00	\$ 500.00	Citizen Corps - Douglas	Operational Coordination	SHSP
30							-			
31							-			
32							-			
33							-			
34							-			
35							-			
	Planning Sub-Total						\$ 1,500.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36							\$ -			
37							\$ -			
38							\$ -			
39							\$ -			
	Organization Sub-Total						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40		Medical and general CERT supplies	Maintain	SHSP	1.00	3,846.24	\$ 3,846.24	Citizen Corps - Douglas	Operational Coordination	21GN-00-CCEQ Equipment, Citizen Corps	SHSP
41		Portable Generator	Maintain	SHSP	1.00	503.76	\$ 503.76	Citizen Corps - Douglas	Operational Coordination	10GE-00-GENR Generators	SHSP
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	EQUIPMENT Sub-Total						\$ 4,350.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 20,250.00
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Project D

FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Douglas County CERT Program		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	SHSP	<b>SHSP Funding Request:</b>	
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>This project is a regional resource due to its alignment with the strategic capacity of operational coordination by working within a unified and coordinated operational structure and process that appropriately integrated all critical stakeholders, local volunteer programs, community organizations and businesses, supporting the execution of core capabilities in all five phases of emergency management. This project increases community resilience by increasing the numbers of community members, businesses and organizations within Douglas County, the surrounding counties and the State of Nevada.</p> <p>This program is completely supported by and is solely dependent on the HSGP funding.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>Douglas County Emergency Management, working through its agent, the East Fork Fire Protection District, will coordinate the provisions of training to CERT volunteers. Program development and training for greater responsibilities for emergency shelter management, and rehabilitation of emergency services personnel will be accomplished with current staff and the part-time CERT coordinator. Additionally, these capacities will be included in the Douglas County EOP and will be exercised. This will be a collaboration effort between local stakeholders, response organizations, the school district and LEPC.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
<p>We provide administrative and operational support to the program through grant oversight and emergency management collaboration with our collective internal, external and regional partners.</p>			

**Project D**

**Is there a plan for increasing offset by your jurisdiction to support this project in the future?**

At this time we do not have a plan to provide offset to this project.

**Please provide a five year funding summary for your project.**

Douglas County Emergency Management wishes to retain SHSP funding for the sustainment of this Citizen Crops program to provide resiliency to our community.

**Project D**

Douglas County Emergency Management wishes to retain SHSP funding for the sustainment of this Citizen Crops program to provide resiliency to our community.

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	E
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	4/25/19

<b>1) PROJECT TITLE:</b>	Southern Nevada Community Emergency Response Team (CERT)
<b>2) PROPOSING/LEAD AGENCY:</b>	City of Las Vegas
<b>3) Project Manager Name/Title:</b>	Mary Camin, CERT Program Coordinator
<b>Project Manager Contact Info:</b>	Phone: (702) 229-0076   Email: mcamin@lasvegasnevada.gov
<b>4) Addl Project Manager Name/Title:</b>	Carolyn Levering, Emergency Manager, City of Las Vegas
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 229-0313   Email: clevering@lasvegasnevada.gov
<b>5) Finance/Grant Contact Name/Title:</b>	Priscilla Wdowiak, Grant Manager
<b>Finance/Grant Contact Info:</b>	Phone: (702) 229-6045   Email: pwdowiak@lasvegasnevada.gov

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities. <span style="float: right;"><input type="radio"/></span>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <span style="float: right;"><input checked="" type="radio"/></span>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Train and equip 800 individuals throughout Southern Nevada in the Community Emergency Response Team Course. Support all emergency management offices in Southern Nevada by maintaining a database of all course participants, segregated by community. Recruit volunteers for first response department drills and exercises for use by the requesting agency. Maintain Southern Nevada emergency preparedness application for continued presence in the community.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CITIZEN CORPS
HSGP Project Type Supporting Strategic Capacity:	City of Las Vegas [CITIZEN CORPS]
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Train 800 individuals from the Southern Nevada area (Clark, Lincoln and Nye Counties) will be trained in the Community Emergency Response Team (CERT) course. Participants completing the training (with their consent) will be entered into the "CERT DATA BASE" and recruited for response to incidents and in the support of exercises and drills conducted by Public Safety, Public Health Agencies, and other partners. Course participants may also be recruited to participate in public events, such as fairs, parades and public information activities.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>E</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Southern Nevada Community Emergency Response Team (CERT)

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Backpacks are purchased through a Request for Proposal via open, fair and competitive bidding administered by the City of Las Vegas Purchasing Department.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

CERT Program Coordinator will: Identify partners and secure course locations, then procure course materials, schedule courses and schedule the requisite instructors. Perform public relations activities to promote CERT. Do Quarterly Progress Reports, and Program Change Requests. Respond to public inquiries regarding the program.

CERT Course Facilitators (Instructors) will: Transport needed course supplies, set up classrooms, teach the classes, breakdown classrooms.

Program Support Staff will: Arrange for purchasing of supplies, arranging travel and help with general program administration.

Financial Analyst will: Monitor grant spending and complete quarterly financial reports, and perform close out financial accounting at the end of the reporting period.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	City of Las Vegas	City of Las Vegas	Mary Camin/Carolyn Levering
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

There are no continuing costs created by this program. This program is 100% dependent on this funding stream and absent the funds, this program would be terminated.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

17%	83%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>E</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Southern Nevada Community Emergency Response Team (CERT)
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Planning:Quick Series Terrorism Application provides a quick guide to terrorism and other hazards. Conference registration fees and membership to the International Association of Emergency Managers,and NV Emergency Preparedness Association. for professional development. Conference fees to the National CERT conference and NV Emergency Preparedness Association. Coordinator cell phone used to administer course. Provides manuals to students,course supplies, backpacks. Travel:To pay for teaching CERT classes in Panaca, Pahrump, Laughlin. Attend IAEM to enhance the emergency management skills and knowledge of the Program Coordinator. EMI-To enhance facilitator-training skills.	\$ 73,675.00	\$ 11,151.00	\$ 84,826.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
None	\$ 0.00	\$ 0.00	\$ 0.00

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
None	\$ 0.00	\$ 0.00	\$ 0.00

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Funding provides certified CERT instructor for a Spanish language CERT class and qualified translators for a Deaf CERT class and other printed materials.	\$ 4,600.00	\$ 0.00	\$ 4,600.00

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Refresh and enhance critical CERT skills stressing operational coordination and community resilience through a full scale exercise. This category provides funding for one exercise:however supplies and food are broken out on two separate lines.	\$ 2,600.00	\$ 0.00	\$ 2,600.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Personnel are involved in the support and delivery of the Community Emergency Response Team courses. The support staff is an hourly position and provides clerical services. Course Facilitators deliver training, set up classroom, and provide input for course modification and updates. The Program Coordinator does budget and quarterly reports, schedules courses, manages public relations and speaks to community groups regarding CERT.	\$ 167,865.00	\$ 41,608.00	\$ 209,473.00

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 248,740.00	\$ 52,759.00	\$ 301,499.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>E</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Southern Nevada Community Emergency Response Team (CERT)

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Secure and confirm training facilities.	09/02/19	01/01/21	16
3	Schedule courses and facilitators.	09/02/19	03/01/21	18
4	Purchase/procure course materials.	09/02/19	03/01/21	18
5	Train participants	09/02/19	03/01/21	18
6	Comply with required reporting requirements.	09/02/19	03/01/21	18
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

Yes, the CERT curriculum teaches specific actions for CERT members to take and what to avoid if they suspect a terrorist attack. Unit 8: Terrorism and CERT includes: What is Terrorism? Terrorist Targets/Terrorist Weapons/ CBRNE attacks/Preparing at Home, Work and in your Neighborhood/ CERTs and Terrorist Incidents/Table Top Terrorism Exercise for the class: Applying CERT principles to a suspected terrorist incident. The Southern Nevada DVD "The Seven Signs of Terrorism" is also shown. CERT used to have a dedicated funding stream in Citizen Corps. The Guidance for both UASI and SHSP dictates that these programs now be included in these funding streams.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Yes, this aligns with Operational Coordination because it trains communities in Emergency Response when first responders are overwhelmed and unable to respond in a timely manner

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The number of courses can be reduced, but this will impact the Operational Coordination Core Capability. As courses are reduced, so are the outcomes which will inhibit Operational Coordination.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>E</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Southern Nevada Community Emergency Response Team (CERT)

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>Fixed costs associated with this program are dependent on this funding stream.</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>The greater number of persons trained to respond to an emergency, the less resources will be requested from the State, allowing those resources to be used in other locations.</p>	

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

Southern Nevada CERT has been consistently ranked in the top 5 priorities in UWAG and State-wide working groups because it is an effective return on investment and provides productive outreach to the communities through individuals who are trained on terrorism and other hazards through the CERT program.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us



**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

Revised SHSP FFY 2019

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	<b>City of Las Vegas</b>	<b>Project Manager Name &amp; Contact #</b>	Mary Camin (702) 229-0076 mcamin@Lasvegasnevada.gov	<b>Grant Manager Name &amp; Contact #</b>	Priscilla Wdowiak (702) 229-6045 pwdowiak@lasvegasnevada.gov	<b>E</b>
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<b>IJ TITLE:</b>	<b>Southern Nevada Community Emergency Response Team (CERT)</b>										
	<b>One Budget Per Funding Stream SHSP</b>										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		CERT Program Coordinator	Maintain	SHSP	28	20%	2075	\$ 11,620.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
2		Support Staff	Maintain	SHSP	15	20%	980	\$ 2,940.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
3		Course Facilitators	Maintain	SHSP	30	20%	2250	\$ 13,500.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
4		<b>Personnel Sub-Total</b>						\$ 28,060.00			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Personnel above are involved in the support and delivery of the Community Emergency Response Team courses. The support staff is an hourly position, limited to 20 hours per week and provides clerical services (roster maintenance, data input, copying etc.) for all of the courses. Course facilitators deliver training, set up classrooms and provide input for course modifications and updates as appropriate. The Program Coordinator does budget and quarterly reports, scheduling and facilitating courses as needed, manages public relations for the program, speaks to community groups regarding CERT and meets with community leaders to promote the CERT program.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		CERT Program Coordinator	Maintain	SHSP	22	20%	2,050.00	\$ 9,020.00			
6		Support Staff	Maintain	SHSP	4	20%	975.00	\$ 780.00			
7		Course Facilitators	Maintain	SHSP	6	20%	2,250.00	\$ 2,700.00			
8		<b>Fringe Sub-Total</b>						\$ 12,500.00			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Retirement, medical insurance, sick leave, taxes and other fringe benefits outlined by the City of Las Vegas policies and bargaining unit contract.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		Panaca Hotel & Per Diem to teach CERT Class	Maintain	SHSP	Training	To pay for teaching a CERT class in Panaca.	1.00	1,000.00	1,000.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
10		Per Diem to teach class in Pahrump	Maintain	SHSP	Training	To pay per diem to teach in Pahrump.	1.00	48.00	48.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
11								-	-			
12								-	-			
13								-	-			
14								-	-			
15								-	-			
16								-	-			
17								-	-			
18								-	-			
		<b>Travel Sub-Total</b>							1,048.00			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 9 -To pay for teaching a CERT class in Panaca. Line 10-To pay per diem to teach in Pahrump.

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Southern Nevada Terrorism App	Maintain	SHSP	1	2,300.00	2,300.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
28		CERT Facilitator Identification-Uniform	Maintain	SHSP	2	35.00	\$ 70.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
29		Participant Backpacks	Maintain	SHSP	75	96.00	\$ 7,200.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
30		First Aid Training Packets	Maintain	SHSP	75.00	\$ 1.08	\$ 81.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
31		Registration & Graduation Packets	Maintain	SHSP	75.00	\$ 5.00	\$ 375.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
32		Student Manuals	Maintain	SHSP	75.00	\$ 13.00	\$ 975.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
33		Course Supplies	Maintain	SHSP	1.00	\$ 150.00	\$ 150.00	Citizen Corps - City of Las Vegas	Operational Coordination	SHSP
34							-			
35										
	<b>Planning Sub-Total</b>						<b>\$ 11,151.00</b>			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 27-To pay for the Quick Series Terrorism App which provides instruction to CERTs in the field. Line 28-Provides funding for CERT instructor uniforms and badging. Line 29-Funding provides each student with a backpack containing items that support course curriculum: first aid kits, bump hat, CERT vest, pry bar, multipurpose wrench, etc Line 30-Supplies to provide hands on training on medical units. Line 31-Supplies for the administration of the program. Line 32-Provides manuals to students. Line 33-Provides course materials for the maintenance and functioning of the program., including propane for the fire pan.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-		\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						<b>\$ -</b>			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40							\$ -				
41							\$ -				
42							\$ -				
	<b>EQUIPMENT Sub-Total</b>						<b>\$ -</b>				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 52,759.00	
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**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
UASI FFY 2019 REVISION  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	City of Las Vegas	<b>Project Manager Name &amp; Contact #</b>	Mary Camin (702) 229-0076 Mcamin@lasvegasnevada.gov	<b>Grant Manager Name &amp; Contact #</b>	Priscilla Wdowiak (702) 22-6045 Pwdowiak@lasvegasnevada.gov	<b>E</b>
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**IJ TITLE:** Southern Nevada Community Emergency Response Team (CERT)

**One Budget Per Funding Stream**  
**UASI**

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		CERT Program Coordinator	Maintain	UASI	28	80%	2075	\$ 46,480.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
2		Support Staff	Maintain	UASI	15	80%	980	\$ 11,760.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
3		Course Facilitators	Maintain	UASI	30	80%	2250	\$ 54,000.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
	<b>Personnel Sub-Total</b>							\$ 112,240.00			

**PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Personnel above are involved in the support and delivery of the Community Emergency Response Team courses. The support staff is an hourly position, limited to 20 hours per week and provides clerical services (roster maintenance, data input, copying etc.) for all of the courses. Course facilitators deliver training, set up classrooms and provide input for course modifications and updates as appropriate. The Program Coordinator does budget and quarterly reports, scheduling and facilitating courses as needed, manages public relations for the program, speaks to community groups regarding CERT and meets with community leaders to promote the CERT program.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		CERT Program Coordinator	Maintain	UASI	22	80%	2,050.00	\$ 36,080.00	Citizen Corps - City of Las Vegas	Operational Coordination	Personnel
6		Support Staff	Maintain	UASI	4	80%	975.00	\$ 3,120.00	Citizen Corps - City of Las Vegas	Operational Coordination	Personnel
7		Course Facilitators	Maintain	UASI	6	80%	2,250.00	\$ 10,800.00	Citizen Corps - City of Las Vegas	Operational Coordination	Personnel
	<b>Fringe Sub-Total</b>							\$ 50,000.00			

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Retirement, medical insurance, sick leave, taxes and other fringe benefits outlined by the City of Las Vegas policies and bargaining unit contract.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		International Association of Emergency Managers Conference in Long Beach	Maintain	UASI	Training	To enhance the emergency management skills and knowledge of the Program Coordinator.	1.00	1,600.00	1,600.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
10		CERT Train the trainer at the Emergency Management Institute in Emmetsburg MD	Maintain	UASI	Training	To enhance facilitator training skills.	1.00	250.00	250.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
11		Laughlin Hotel and Per Diem to teach CERT class	Maintain	UASI	Training	To pay for teaching a CERT class in Laughlin.	1.00	1,125.00	1,125.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
12		National CERT Conference Location TBD	Maintain	UASI	Training	To learn best practices from other CERT programs throughout the nation	1.00	1,800.00	1,800.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
13		Nevada Preparedness Summit Location TBD	Maintain	UASI	Training	To discuss best practices with other Nevada CERT programs and enhance the emergency management skills and knowledge of the Program Coordinator.	1.00	850.00	850.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
	<b>Travel Sub-Total</b>							5,625.00				

**TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Line 9-to enhance the emergency management skills and knowledge of the Program Coordinator. Line 10-to enhance facilitator training skills. Line 11-To pay for teaching a CERT class in Laughlin. Line 12-to learn best practices from other CERT programs throughout the nation. Line 13-To discuss best practices with other Nevada CERT programs and enhance the emergency management skills and knowledge of the Program Coordinator.

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Conference Registration Fees: International Association of Emergency Managers	Maintain	UASI	1	625.00	625.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
28		Terrorism App for Southern Nevada	Maintain	UASI	1.00	2,300.00	2,300.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
29		Membership: International Association of Emergency Managers	Maintain	UASI	1	200.00	200.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
30		Conference Registration Fee: National CERT Conference	Maintain	UASI	1	200.00	200.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
31		Membership: Nevada Emergency Preparedness Association	Maintain	UASI	1	75.00	75.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
32		Program Coordinator Cell Phone Bill	Maintain	UASI	1	975.00	975.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
33		CERT Facilitator Identification-Uniforms	Maintain	UASI	25.00	35.00	\$ 875.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
34		Participant Backpacks	Maintain	UASI	96.00	575.00	\$ 55,200.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
35		First Aid Training Packets	Maintain	UASI	300	1.00	\$ 300.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
35A		Registration and Graduation packets	Maintain	UASI	575	6.00	\$ 3,450.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
35B		Student Manuals	Maintain	UASI	575	13.00	\$ 7,475.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
35C		Course Supplies	Maintain	UASI	1	2,000.00	\$ 2,000.00	Citizen Corps - City of Las Vegas	Operational Coordination	UASI
	Planning Sub-Total						\$ 73,675.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 27-To pay for conference registration fees for the International Association of Emergency Managers for continued professional development. This is a discounted rate for IAEM Members. Line 28-To pay for the Terrorism App which provides instruction to CERTs in the field. Line 29-To pay for annual membership in the International Association of Emergency Managers to enhance professional development. Line 30-To pay for conference fees to the National CERT conference to enhance Southern Nevada CERT program. Line 31-To pay for conference registration fees for the Nevada Emergency Preparedness Association for continued professional development, and Nevada specific networking. Line 32-Program Coordinator cell phone used to administer CERT program. Line 33-Provides funding for CERT instructor uniforms and badging. Line 34-Funding provides each student with a backpack containing items that support course curriculum: first aid kits, bump hat, CERT vest, pry bar, multipurpose wrench, etc.Line 35-Supplies to provide hands on training on medical units. Line 35A-Supplies for the administration of the program.Line 35B-Provides manuals to students. Line 35C-Provides course materials for the maintenance and functioning of the program, including propane for the fire pan.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
	Organization Sub-Total						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40											
	EQUIPMENT Sub-Total						\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51		Contract payment for Spanish speaking CERT Train the Trainer instructor to teach a Spanish language CERT class	Maintain	UASI	Yes	Yes	1	1,600.00	Citizen Corps - City of Las Vegas	Operational Coordination	\$ 1,600.00	UASI
52		Deaf Translators for Deaf CERT Class	Maintain	UASI	Yes	Yes	3	1000	Citizen Corps - City of Las Vegas	Operational Coordination	\$ 3,000.00	UASI
53												
54												
	Training	Sub-Total									\$ 4,600.00	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Line 51-Payment for qualified CERT instructor to serve Spanish speaking population. Line 52-Payment for translators to teach CERT in order to serve deaf community.

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58		Southern Nevada CERT Skills Refresher and Full Scale Exercise-Supplies	Maintain	UASI	Yes		1	726.00	Citizen Corps - City of Las Vegas	Operational Coordination	\$ 726.00	UASI
59		Southern Nevada CERT Skills Refresher and Full Scale Exercise-Food for lunch, beverages and snacks for exercise participants, volunteers and staff.	Maintain	UASI	Yes		1	1,700.00	Citizen Corps - City of Las Vegas	Operational Coordination	\$ 1,700.00	UASI
60		Propane for the fire pan for the above listed Southern Nevada CERT Skills Refresher and Full Scale Exercise	Maintain	UASI	Yes		3	58.00	Citizen Corps - City of Las Vegas	Operational Coordination	\$ 174.00	
61											\$ -	
	Exercise	Sub- Total									\$ 2,600.00	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

The CERT Exercise is to refresh and enhance critical CERT skills stressing operational coordination and community resilience through a full scale exercise. Lines 58 & 59 & 60 are the costs for ONE CERT Exercise-however, the costs for this one exercise are broken in three lines. The first line, Line 58 is for supplies in order to correctly host and administer the exercise. Line 59 is for lunch, snacks and beverages to be provided to the students, staff and volunteers. Lunch will be a working lunch, since the exercise exceeds the minimum time requirement in order to provide food and the total cost will not be in excess of the lunch per diem for Clark County. The current Clark County per diem is \$16.00 for lunch and is based on the GSA rate published for federal fiscal year ending September 30, 2019. The most current per diem lunch rate in effect for Clark County will be used for the 2020 exercise. Propane for the fire pan for use in the skills refresher and the exercise.

											Budget Total Request	\$ 248,740.00	
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**Project E**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Southern Nevada Community Emergency Response Team (CERT)		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	UASI/SHSP split	<b>SHSP Funding Request:</b>	\$52,759.00
		<b>UASI Funding Request:</b>	\$248,740.00
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
The Southern Nevada CERT program continues to train citizens in effective and efficient emergency response when first responders are overwhelmed. By engaging the whole community in collaborative community planning and capacity building, the program helps to integrate community resources. Outreach and localized preparedness education and training allows the whole community to prepare for and respond to anticipated disruptions and potential hazards following a disaster.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
The CERT program collaborates with various agencies throughout southern Nevada to provide citizen based emergency response training. Some of our partnerships include communities in rural Clark County, the City of North Las Vegas, the City of Henderson, the City of Mesquite, the University of Nevada at Las Vegas, local high schools through their HOSA program, various community groups, such as churches and Home Owner Associations throughout the valley.			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
The City currently allows other employees to occasionally support grant funded activities, but their efforts are only to leverage the effectiveness of grant funds and cannot be substituted in lieu of grant funding.			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
No.			

**Project E**

Please provide a five year funding summary for your project. See Next Page

The Southern Nevada CERT will continue to reach out to a more diverse student base to ensure that we reach the whole community according to Presidential Policy Directive 8. It requires the involvement of everyone—not just the government—in a systematic effort to keep the nation safe from harm and resilient when struck by hazards, such as natural disasters, acts of terrorism and pandemics. (Federal Emergency Management Website, 2016) “A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to and recover from the threats and hazards that pose the greatest risk.” (Federal Emergency Management Website, 2016)

Current outreach activities will continue, such as Access and Functional Needs, Spanish and Deaf CERT that provide emergency response training to vulnerable populations. Southern Nevada CERT will continue to train the whole community by offering courses in one of four formats: one night a week for six weeks, two consecutive Saturdays, two consecutive Sundays, or a weekend Saturday and Sunday. Through continuing to offer the CERT program in multiple formats, operational coordination and community resilience is enhanced.

In order to achieve the above goals, it is possible more part-time CERT facilitators will need to be added to our current staffing pattern. This only affects the budget in that an increase in staffing makes it possible to increase the number of course offerings and number of participants per course.

Fiscal Year	UASI	SHSP	Total	Number of People Trained
Actuals				
FFY 16	\$189,091	\$47,700	\$236,791	449
FFY 17	\$225,000	\$66,135	\$291,135	597
FFY 18	\$239,382	\$51,055	\$290,437	780
Projected				
FFY 19	\$254,824	\$46,675	\$301,499	800
FFY 20	\$256,000	\$47,000	\$303,000	825
FFY 21	\$257,000	\$47,500	\$304,500	825
FFY 22	\$258,000	\$48,000	\$306,000	850
FFY 23	\$259,000	\$48,500	\$307,500	850

Our budget is continually being refined each year as we manage the growth of the CERT program, balancing course offerings in multiple jurisdictions and ensuring the most vulnerable people in our community are empowered to help protect themselves.



# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: F

F

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/24/19

1) PROJECT TITLE:	Northeast Nevada Citizen Corps/CERT Program - Elko CERT - DEM	
2) PROPOSING/LEAD AGENCY:	Elko County Sheriff's Office - DEM	
3) Project Manager Name/Title:	Mary Ann Laffoon - NNCCCP Coordinator/Stephanie Parker - GPA DEM	
Project Manager Contact Info:	Phone: (775) 934-9130	Email: mlaffoon@elkocountynv.net
4) Addl Project Manager Name/Title:	Annette Kerr, ECEM/Stephanie Parker - GPA DEM 775.687.0323	
Addl Project Manager Contact Info:	Phone: (775) 777-2517	Email: akerr@elkocountynv.net
5) Finance/Grant Contact Name/Title:	Cash Minor	
Finance/Grant Contact Info:	Phone: (775) 753-7073	Email: cminor@elkocountynv.net

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This request is to maintain, build, improve and expand the Northeastern Nevada Citizen Corps/CERT Program and covers the region of not only Northeastern Nevada, but other non-urban areas in Nevada as part of the building blocks to a more prepared, ready, and resilient community and state of Nevada.

The NNCCCP and the CERT Program and its mission aligns with the Strategic Capacity for 2019 under Citizen Corps. This proposal is to continue the CERT Program, Trainings, Outreaches, and volunteer opportunities to empower the citizens in our communities with a whole community approach to be better prepared for themselves, families, and their communities, and be beneficial and provide support to their communities/state in emergency and non-emergency events.

The NNCCCP and DEM will continue to work with and partner with other programs and state, local, tribal and community entities to provide assistance through education, situational awareness, protective actions, community alerts, shelter set-up/support, POD's, call centers, EOC and exercise support, and emergency/disaster preparedness information.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CITIZEN CORPS
HSGP Project Type Supporting Strategic Capacity:	Elko County [CITIZEN CORPS]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	COMMUNITY RESILIENCE [Mission Area - MITI]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Northeast Nevada Citizen Corps/CERT Program aligns with the Citizen Corps Capacity to offer programs/outreaches/booth events/membership in Local Emergency Planning Committee-(LEPC) and other organizations where NNCCCP can provide assistance and establish and maintain partnerships and continue to provide trained volunteers/citizens to be part of operational coordinated efforts in its communities to help and facilitate integration of all critical stakeholders with a whole community approach.

NNCCCP will continue to provide training, outreaches, and booth events to better educate citizens on emergency preparedness and ways they can be more resilient.

NNCCCP and CERT Programs have been, are and can be of assistance in partnership with other agencies and VOAD's, to provide assistance and support in emergency and non-emergency events in their geographical areas.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>F</b>
<b>Date Submitted</b>	<b>4/24/19</b>

**PROJECT TITLE REFERENCE:** Northeast Nevada Citizen Corps/CERT Program - Elko CERT - DEM

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Using the most strict federal, state and local procurement policies and procedures.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The Northeast Nevada Citizen Corps/CERT Program includes management of the day to day operations of the program to include, grants management/administration and reporting requirements of the program, direct planning, training and oversight of program delivery to include many non-urban areas in Nevada for citizens from high-school age through seniors. The contract coordinator reports to the Elko County Sheriff's Office - Elko County Emergency Manager, Elko County Commissioners, Elko County Comptroller, Elko County LEPC, and the State of Nevada Department of Emergency Management and the Resilience Commission and works in collaboration with Nevada DEM to support non-urban and tribal areas.

The Citizens Corps/CERT Program provides, trainings, planning and coordination activities to improve resilience in communities adding volunteers as a forced multiplier to support preparedness, response and recovery to emergencies and disasters. outreaches to better prepare the citizens of Nevada in case of an emergency or disaster, target new volunteers, offer volunteer opportunities, and provide support/assistance throughout the northeast region, and other areas per request in emergency and non-emergency events.

The coordinator partners with stakeholders throughout the region and the state of Nevada to prepare all citizens in an effort to build better prepared, ready and resilient communities.

When working out of the Elko County area, the coordinator will work with other CERT Program leads, CERT at NV DEM, and county Emergency Managers to bring training opportunities to their area.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Elko County Sheriff's Office Northeast Nevada Citizen Corps/CERT Program	Elko, Elko County, NV	Mary Ann Laffoon, NNCCCP Annette Kerr, ECEM
12(b)	Nevada Division of Emergency Management	State of Nevada	Stephanie Parker, GPS DEM
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

The NNCCCP and the coordinators position is funded 100% through this funding request.

To maintain/sustain and expand the program and partnerships of the Northeast Nevada Citizen Corps/CERT Program in Elko County, northeast Nevada, and other areas as requested.

To continue with the education and empowering of youth and adults to increase the awareness of emergency/disaster preparedness for multiple threats and hazards with a whole community approach and provide volunteer opportunities.

To continue to recruit partnerships with other agencies, first responding, community and VOAD's.

With the program coordinating and providing trainings in other areas than Elko, NV travel funds are needed to promote, train, and facilitate the mission of the program.

Project component for Hawthorne and partial WPC to be managed by DEM for CERT volunteer training for shareable and deployable assets as requested by specific jurisdictions. The ongoing maintenance is that of White Pine County and Mineral C

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

<b>100%</b>	<b>0%</b>
<b>Statewide (SHSP)</b>	<b>Urban Area (UASI)</b>

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>F</b>
<b>Date Submitted</b>	<b>4/24/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Northeast Nevada Citizen Corps/CERT Program - Elko CERT - DEM
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
The Northeast Nevada Citizen Corps/CERT Program Coordinator to provide the direct and administrative support to project. The coordinator/program will partner with and train with other agencies to meet the preparedness goals and mission. The program and its coordinator will coordinate, facilitate trainings, and outreaches to provide a whole community approach to build stronger, safer, better prepared, ready and resilient communities to respond to threats and hazards. (\$150 for planning coordination managed by DEM)			\$ 60,150.00	\$ 60,150.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Support background checks for trained volunteers to become shareable/deployable assets resulting from the 2019-2020 outreach. This component to be managed by DEM for up to 100 volunteers at \$29.25 per person.			\$ 2,925.00	\$ 2,925.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Citizen Corps CERT program training materials, supplies, manuals and training equipment including volunteer backpacks. Estimated at \$105 per deployable volunteer. DEM Managed.			\$ 6,300.00	\$ 6,300.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Travel for the Northeast Nevada Citizen Corps/CERT Program to travel within the northeast region and state of Nevada to present CCP/CERT programs/outreaches and trainings. To allow the NNCCCP to attend meetings and trainings and form partnerships to build, expand, maintain, improve citizens and community resilience. (\$5,819.08) Additional travel related training resulting from 2018-2019 planning for White Pine County and Mineral County (Managed by DEM \$3,781.16)			\$ 9,600.25	\$ 9,600.25
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 78,975.25	\$ 78,975.25

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**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>F</b>
<b>Date Submitted</b>	<b>4/24/19</b>

**PROJECT TITLE REFERENCE:** Northeast Nevada Citizen Corps/CERT Program - Elko CERT - DEM

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Request permission from the Elko County Commissioners to accept award for Elko County.	10/01/19	11/13/19	2
3	Meet, call, email, and coordinate with EM's to schedule CERT Outreaches, CERT Basic Training, classes, and exercises.	10/01/19	04/01/21	15
4	Present CERT Basic Training to build community preparedness and resilience and promote volunteer opportunities when requested and scheduled	10/01/19	04/01/21	15
5	Travel out of Elko County to provide CERT Basic Training, Outreaches, Trainings to other non-urban counties and Tribal when requested	10/01/19	04/01/21	15
6	Participate in and work with community events, booth events, and safety fairs. (Wild Fire Picnic, Schools, NNO, Hospitals, etc.)	10/01/19	04/01/21	15
7	The Coordinator will continue as a member of LEPC and other groups to assist in the community and updating of Elko County Plans	10/01/19	04/01/21	15
8	Continue partnerships with Nevada CERT Programs, DEM, and report to the Resilience Commission on behalf of CCP/CERT Programs	10/01/19	04/01/21	15
9	DEM coordinates and provides training support for non-urban jurisdictions for CCP programs (White Pine and Mineral)	10/01/19	04/01/21	15
10	DEM provides support for increased training of volunteers as a deployable/sharable resource	10/01/19	04/01/21	15
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

Yes, through the training the NNCCCP provides with CERT Basic Training, and providing information at outreaches that informs citizens of terrorist related topics, with a emphasis on situational awareness, and implications of terroristic events to include incidents with a Cyber Security focus.

The NNCCCP has a partnership with emergency management, fire departments, law enforcement agencies, and TSA. Volunteers trained and utilized in the programming provide a forced multiplier to public responding agencies in the preparedness, response and recovery phases of terrorist incidents.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

The NNCCCP is a Citizen Corps/CERT Program and Project under Citizen Corps which is a Nevada 2019 Strategic Capacity. The NNCCCP and its mission uses a whole community approach to empowering and educating citizens how to be better prepared, ready and resilient for all hazards events, providing volunteer opportunities to be of support and assistance to our communities in times of emergency and non-emergency events.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

At this time the projects cannot continue with out this funding source. It would be difficult to to reduce or scale back much, funding determines the impact of the project on the non-urban areas that can lack vital resources to respond to emergencies and disasters, with a whole community approach. This proposal was written to keep in mind that funds are short, and to request a bare bone funds to continue the program, with the ability to to reach out and coordinate with other programs, and the DEM. This proposal would bring CERT to other non-urban counties, and assist in facilitating trainings on Tribal lands through the travel budget. A reduction in funding will require the discontinuance of CERT training and programs in areas of greatest need.

Fields "a", "b", and "c" are limited to visible text box size

**PROJECT TITLE REFERENCE:** Northeast Nevada Citizen Corps/CERT Program - Elko CERT - DEM

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>Not at this time. These programs and its coordinator are 100% funded by the HSGP/SHSP Grant Program.</p>
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>As we continue to teach, inform, train and empower citizens through the CERT programs and its mission it provides a boots on the ground front line resource to help build a more prepared, ready and resilient Nevada with the citizens of Nevada. The programs bring trained volunteers who can provide assistance and boots on the ground multiplication in emergency and non-emergency events. Providing many hours of resources that are provided by volunteer hours with a significant return on investment in the monetary value of those hours. Whether it be in rural or urban areas, the need can exhaust any jurisdictions regular staffing capacity, and the program provides volunteer citizens to perform many tasks that can be of benefit to themselves and communities, especially when the need arises to preserve life and protect property.</p>

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

<p>We believe with continued support from the SHSP program and the visibility of the program, the CERT programs of Nevada will grow, expand and provide stronger, more prepared, ready and resilient communities for the state of Nevada. There has been an increase in the growth and expansion of citizen corps training. The Northeastern Nevada CERT Coordinator has continued to work with Emergency Managers in surrounding counties to build resiliency in their communities assisting in bringing CERT to their communities.</p> <p>Additional expansion includes working with schools for Teen CERT in multiple jurisdictions, Railway safety teams specific to Homeland Security local partners, volunteers participation in ICS training and NIMS training and exercises, working with TSA on exercises, assisting in CASPER Assessments and POD drills.</p> <p>Law enforcement, emergency management and fire departments have received a high number of requests from citizens, citizen groups/community-based organizations, schools, private sector in response to the floods of 2017, the 1 October Mass Casualty Incident and the terrorist threats they learn about in the media. Training and coordinated resilience in communities aids in immediate responses and in the recovery of incidents. Trained volunteers are a valued asset as a forced multiplier for responding agencies and the manpower they provide can be used in required match for federal emergency/disaster declarations, thereby providing greater benefit to impacted tribes and local jurisdictions throughout Nevada.</p>
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PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	ECSO-NNCCCP-DEM	Project Manager Name & Contact #	Mary Ann Laffoon-775-934.9130	Grant Manager Name & Contact #	Mary Ann Laffoon, 775.934.9130 Stephanie Parker, 775.687.0306, Annette Kerr, 775.777.2517	<b>F</b>
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<b>IJ TITLE: Northeast Nevada Citizen Corps/CERT Program - Elko CERT</b>													
<b>One Budget Per Funding Stream SHSP</b>													

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding	Salary or Hourly	% of Effort	Calculation	Personnel Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding	Salary Hourly	% of Effort	Calculation	Personnel Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		Travel for Northeast Nevada Citizen Corps/CERT Program and Coordinator to travel within the northeast region and Nevada where requested to present CERT Basic Training, Outreaches, attend booth events and meetings, to facilitate better prepared and resilient citizens and communities.	Maintain	SHSP	Training	Travel to White Pine, Humboldt, Lander, Eureka, Mineral, Churchill, Pershing and Elko Counties to present CERT Basic Trainings, Outreaches, booth events and attend meetings and trainings	12.00	369.34	4,432.08	Citizen Corps - Elko County	Operational Coordination	SHSP
10		Travel for Northeast Nevada Citizen Corps/CERT Program and Coordinator to travel to Carson City or the Reno area to attend trainings, and meetings.	Maintain	SHSP	Training	Travel to Carson City, NV to attend meetings and trainings at the DEM, or in the Reno area.	2.00	693.50	1,387.00	Citizen Corps - Elko County	Operational Coordination	SHSP
13		CCP(CERT, Be the Help and Stop the Bleed) Training delivery in Ely for WPC 5 days 1 person DEM Mileage \$374.68; Hotel \$470; Per Diem at \$55 per day \$275 All based on GSA Allowable	Maintain	SHSP	Training	Necessary training support for CCP programs non-urban communities-DEM managed	1.00	1,119.69	1,119.69	Citizen Corps - Elko County	Community Resilience	SHSP
14		CCP(CERT, Be the Help and Stop the Bleed) Training delivery in Hawthorne for Mineral County 5 days 2 persons DEM & Elko Coordinator for Mileage \$873.48; Hotel \$1,128; Per Diem at \$55 per day \$660 All based on GSA Allowable	Maintain	SHSP	Training	Necessary training support for CCP programs non-urban communities-DEM Managed	1.00	2,661.48	2,661.48	Citizen Corps - Elko County	Community Resilience	SHSP
	<b>Travel Sub-Total</b>								9,600.25			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Lines 9-10 are for CERT, Be the Help, and other Citizen Corps program training directly related to Northeast Nevada communities. Lines 13-14 are related to CERT, Be the Help and Stop the Bleed programs 5 day training support provided to White Pine County in Ely, NV and a 5 day training support provided in Hawthorne to support the Mineral County Office of Emergency Management. Anticipated facilitators Elko CERT Coordinator and DEM CERT Coordinator Representative.

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source	
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY									
27		Northeast Nevada Citizen Corps/CERT Program Coordinator, Contractor (1) No Benefits	Maintain	SHSP		1	#####	Citizen Corps - Elko County	Operational Coordination	SHSP	
28							-				
29							-				
30		Planning Conference calls multi-jurisdictional	Maintain	SHSP	DEM Managed	6	25.00	150.00	Citizen Corps - Elko County	Community Resilience	SHSP
31							-				
		<b>Planning Sub-Total</b>					#####				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The NE NV Citizen Corps/CERT Coordinator in line #27 will provide the support and educational services related to CERT Basic Trainings, Outreaches, recruiting, coordination, volunteer management, general program administration, and grants management/reporting. The Coordinator/program will build partnerships to train and meet preparedness needs and goals in Elko County, and other areas when requested in Nevada by using a whole community approach to help build a more prepared, ready, strong and resilient Nevada, to plan, mitigate, respond and recover from threats and hazards. Line 30 is to support multi-jurisdiction planning for Citizen Corps/CERT related training coordination.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source	
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.									
36		Background checks support for local jurisdiction trained volunteers	Maintain	SHSP	DEM Managed	100.00	29.25	#####	Citizen Corps - Elko County	Community Resilience	SHSP
37							\$ -				
38							\$ -				
39							\$ -				
		<b>Organization Sub-Total</b>					#####				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Required volunteer checks for trained volunteers to be eligible as a shareable and/or deployable resource for public safety/response entities and to support community resilience.

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source	
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		CERT/CCP volunteer supplies, manuals	New / Enhance / Past / Competitive	SHSP	DEM Managed	60.00	90.00	#####	Citizen Corps - Elko County	Community Resilience	21GN-00-CCEQ Equipment, Citizen Corps	SHSP
41		CERT/CCP Training supplies, equipment	New / Enhance / Past / Competitive	SHSP	DEM Managed	60.00	15.00	\$ 900.00	Citizen Corps - Elko County	Community Resilience	21GN-00-CCEQ Equipment, Citizen Corps	SHSP
42							\$ -					
43							\$ -					
44							\$ -					
45							\$ -					
46							\$ -					
47							\$ -					
48							\$ -					
49							\$ -					
		<b>EQUIPMENT Sub-Total</b>					#####					

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 78,975.25	
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**Project F**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Elko SO NNCCP-CERT/Statewide Tribal DEM Managed Sub-Award Request		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	<b>\$13,156.16</b>
		<b>UASI Funding Request:</b>	<b>\$0.00</b>
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The statewide portion of this project outside of Northeastern Nevada has been ongoing and is expected to continue to support Citizen Corps Programs such as CERT and Be the Help with focuses on preparedness, response and recovery efforts through volunteer programs. The FFY19 funding allocated to DEM will focus on bringing training for all CERT programs with a strategic component for White Pine County and Mineral County as well as tribal entities with CERT programs. The CERT Programs in multiple jurisdictions collaborate with local jurisdictions and tribes. CERT volunteers serve as forced multipliers to provide lifeline services as identified in the Homeland Security Community Lifelines in the National Response Framework Update (Fourth Edition) by contributing to preparedness and response efforts for local jurisdictions and tribal governments related to emergencies. Volunteers are trained for first aid, communications, collection of information for emergency response to include post-disaster assessments, assist in delivery and coordination and dissemination assistance of food, water and sheltering, traffic control assistance. There are various skilled levels of volunteers and stakeholder partners that provide preparedness training to include but not limited to financial and fire safety preparedness. This partnership has continued from the former Nevada Citizen Corps Council and includes partners such as VOAD and the Medical Reserve Units.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>We are leveraging training assistance with Elko County's Northeastern Nevada CERT and the representatives for the tribes that will fall under the NTECC. All CERT programs support emergency management, fire departments and law enforcement agencies through leverage volunteers as forced multipliers in staffing through exercises, training and response activity support. In real life emergencies the CERT volunteers are a shareable and deployable asset for response and recovery efforts. In 2017 the Carson City CERT program sent their Program Manager to Las Vegas to assist in the set-up of the Family Assistance Center after the 1 October incident.</p>			

## Project F

<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>
<p>Volunteers, once trained, provide a return on investment to the public agencies with volunteer hours that can be utilized for match and add value to any emergency management related activity. This can be anything from traffic control, crowd management, standing up EOC's, phone banks, delivery of neighborhood emergency notifications such as boil water notices. If training 60 volunteers in a year, costs \$15,605.00 estimated for FFY20 and 20% or 12 volunteers join a team and provide 40 volunteer hours per year for 2 years at \$22.61 per hour for Nevada in 2018 according to the Independent Sector at <a href="https://independentsector.org/resource/vovt_details">https://independentsector.org/resource/vovt_details</a>, that would be an estimated value of \$1,808.80 Per person per year or \$3,617.60 for 2 years. For <b>12 volunteers over the 2-year period</b> that would equate to a <b>\$43,411.20</b> value. This is a conservative estimation and varies depending on jurisdiction.</p>
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>
<p>Local jurisdictions are provided with technical assistance on a variety of options they can use to sustain activities to include identifying additional sources of funding and value added resources and working with stakeholder entities to help support training and exercise materials and supplies. There is no anticipated CERT Program Manager salary funding identified at this time for local jurisdictions programs. All activities to provide training will include train-the-trainer activities to help local jurisdictions sustain and enhance their capabilities.</p> <p>This Project will assist local jurisdictions identify ways the CERT program will help offset multiple emergency management related capabilities. An example of local jurisdiction support would be for jurisdictions to look at their other funding sources/resources such as a staff person funded for emergency management activities to oversee the volunteer teams, assist in the coordination and support of the volunteer background checks to ensure they are deployable and shareable depending on the hazard or training supplies, materials and locations.</p>
<b>Please provide a five year funding summary for your project.</b>
<p><b>FFY19</b> Planning activities to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Support will also cover the travel and related training and meeting materials for the facilitators' attendance and delivery. Jurisdictions requesting assistance for the FFY19 funding include White Pine County, Mineral County and NTECC Programmatically this project will encourage CERT teams in local jurisdictions to develop a strategic plan to continue to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit. Funding to support this effort is projected at <b>\$13,156.16</b></p> <p><b>FFY20</b> Planning activities to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Support will also cover the travel and related training and meeting materials for the facilitators. Jurisdictions TBD for the FFY20 funding. The project will continue to develop and implement a strategic plan in an effort to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit. Funding to support this effort is projected at <b>\$15,605.21</b></p> <p><b>FFY21</b> Planning activities to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Support will also cover the travel and related training and meeting materials for the facilitators. Jurisdictions TBD for the FFY21 funding.</p>

## Project F

The project will continue to develop and implement a strategic plan in an effort to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit. Local jurisdictions will be required to help support the in-state volunteer training and vetting as well as and cover their own travel to the National CERT conference utilizing their own funding whether grant or general fund as only the DEM representative will be supported through this request. Funding to support this effort is projected at **\$13,757.21**

### FFY22

Planning activities to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Support will also cover the travel and related training and meeting materials for the facilitators. Jurisdictions TBD for the FFY22 funding. The project will continue to develop and implement a strategic plan in an effort to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit. Local jurisdictions will be required to help support the in-state volunteer training and vetting as well as and cover their own travel to the National CERT conference utilizing their own funding whether grant or general fund as only the DEM representative will be supported through this request. Funding to support this effort is projected at **\$13,757.21**

### FFY23

Planning activities to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Support will also cover the travel and related training and meeting materials for the facilitators. Jurisdictions TBD for the FFY23 funding. The project will continue to develop and implement a strategic plan in an effort to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit. Local jurisdictions will be required to help support the in-state volunteer training will be at the Annual Nevada Preparedness Summit and vetting as well as and cover their own travel to the National CERT conference utilizing their own funding whether grant or general fund as only the DEM representative will be supported through this request. Funding to support this effort is projected at **\$9,599.60**

**Project F**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Northeast Nevada Citizen Corps/CERT Program – Elko CERT, (DEM)		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$65,819.08
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The NNCCCP and its coordinator partners with other agencies and NGO's and the Nevada DEM and it staff to provide CERT trainings, outreaches and programs to the citizens of multiple counties in NV. The NNCCCP program is to provide more prepared, ready and resilient communities and provide trained boots on the ground volunteers to provide assistance in emergency and non -emergency events.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>The NNCCCP collaborates with other agencies, and NGO's to provide training to the citizens of non-urban counties and on Tribal lands throughout Nevada with partnership of the DEM and NTECC. The program with and in partnership will provide trainings, outreaches, and booth events to empower citizens to be better prepared, ready and resilient and to provide extra hands in case of need, in a whole community approach. The NNCCCP collaborates and partners with American Red Cross, Emergency Managers, LEPC's, First Responding agencies, TSA, etc. Trained CERT's can be a deployable and sharable resource.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
<p>With the continued training of the citizens by the CERT program, outreaches, booth events, and presentations the program can continue to help in the community's preparedness, readiness, and resiliency that will be of assistance to the recovery of the citizens as well as their communities in case of an emergency or disaster. The program can provide opportunities by trained volunteers to increase the boots on the ground personnel during times of emergency and non-emergency events, and do so with a whole community approach. Trained volunteers can also be of benefit to the emergency management programs of their area. The NNCCCP has provided trained volunteers to first responding agencies as well as assisted with other NGO's during times of an emergency. (Floods of 2017 – EOC, Shelter, Call Bank, I-80 Haz-mat event, and the fires of 2018) , and also in non-emergency events as well such as traffic control, Live X's and more. The NNCCCP's program is based on the coordinator to coordinate with DEM and other Nevada non-urban counties to help facilitate emergency preparedness and CERT Trainings/outreaches/booth events in Elko County, Tribal and non-urban counties of Nevada.</p>			

## Project F

### Is there a plan for increasing offset by your jurisdiction to support this project in the future?

As an offset for the future, I would propose that we try and get training and communities buy into the program where they can sustain themselves with their own program management, volunteer management and trainers.

With continued training/education and empowering programs we can offer the opportunity that more citizens will become prepared and can offer volunteer assistance in emergency and non-emergency events to help themselves, communities and Nevada in case of an all hazard event.

### Please provide a five-year funding summary for your project.

At this time I propose for a long range plan summary that with the continuation of the program and funding through HSGP/SHSP we would be able to continue with the measure of engaging the public and empowering them with the skills and knowledge to be better prepared, ready, situationally aware and hopefully create volunteer programs to assist in times of events, all hazard and non-emergency.

As we move forward with training, and providing a boots on the ground service, we hope to show the value and worth of the program, to the counties and Tribal lands that we reach, as well as the state of Nevada.

As of now, the program has tried to keep its funding requests the past few years to a bare minimum of coordinator and travel to the other Nevada counties as it is requested to go to and serve, and has in the past. The program will continue to partner with and will this time cut if the need arises to continue the program as long as possible.

We will, with growth, look for additional funding sources to continue the mission of the programs and to increase their worth/benefit to their communities and the state of Nevada.

**SHSP FFY 2019 – 2023** NNCCCP will continue with planning, training, coordinating, review, and increasing the programs of CERT, “Be the Help” and upcoming initiatives through outreaches, booth events, and safety/health fairs, in Elko County, and other non-urban counties (Lander, White Pine, Humboldt, Eureka, Mineral, Pershing, and Tribal) where requested, while partnering and collaborating with DEM and other agencies and NGO’s.

NNCCCP will continue to stay current on training and committees, such as LEPC, to show benefit to the county’s emergency management and other agencies and NGO’s of their community.

NNCCCP will help coordinate and facilitate with other counties, Tribal and DEM to create CERT programs, teams, including supporting Train the Trainer program to increase jurisdictions sustainability and continuous training of new volunteers.

NNCCCP will coordinate with other programs to build, expand, and provide more emergency preparedness training to non-urban counties/Tribal to continue to build a more prepared, ready and resilient non-urban Nevada, and build on a deployable and sharable resource.

NNCCCP will attend meetings, trainings with other CERT Programs to enhance and share - to continue the empowerment of the staff and volunteers. Including attending the Nevada Preparedness summit each year.

NNCCCP will continue to review, reevaluate and update to meet the needs of the communities, citizens, and Nevada

NNCCCP will continue when requesting funds to keep costs down, and request only what is needed to facilitate coordinator, travel, and materials (when needed) to continue and complete the CERT mission.

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	<b>G</b>
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	4/24/19

<b>1) PROJECT TITLE:</b>	Washoe County Sheriff's Office Citizens Corps Program - Maintain	
<b>2) PROPOSING/LEAD AGENCY:</b>	Washoe County Sheriff's Office	
<b>3) Project Manager Name/Title:</b>	Brooke Howard	
<b>Project Manager Contact Info:</b>	Phone: (775) 785-6205	Email: bhoward@washoecounty.us
<b>4) Addl Project Manager Name/Title:</b>	Michael Perry	
<b>Addl Project Manager Contact Info:</b>	Phone: (775) 325-6928	Email: mperry@washoecounty.us
<b>5) Finance/Grant Contact Name/Title:</b>	Laura Daniels	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 328-3013	Email: ldaniels@washoecounty.us

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To improve operational effectiveness through continued training of community members and recruitment of volunteers, including development and coordination of Neighborhood Emergency Response Teams (NERT) that can be activated and equipped to respond in a shorter time frame to specific populated areas within the 625 sq mile service area of southwest Washoe County and expansion of the Rail Auxiliary Team (RAT Pack) for increased safety and security awareness along the miles of rail lines in our Area of Responsibility (AOR). To improve public knowledge and expand awareness through a combination of training and outreach efforts at various venues, including community events, conferences, speaking engagements and ongoing implementation of the Child I.D. Program. To increase operational coordination relative to emergency response and disaster preparedness by providing the necessary emergency equipment, supplies, training, and safeguards to Citizens Corps Program (CCP) volunteers supporting prevention, protection, mitigation, response and recovery efforts for citizens, property and environmental concerns within our service area. To enhance operational coordination and communications with the Washoe County Sheriff's Office Search and Rescue (SAR) program, improving their response time by providing a group of trained volunteers to assist with traffic control, helicopter support, and to work with SAR deputies/volunteers in urban search or evacuation efforts during such coordinated activations. To improve and expand the operational communications capabilities of the CCP through enhancement of social media presence and increase in effectiveness of the CCP website to improve recruiting efforts for new volunteers and raise awareness within the community.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CITIZEN CORPS
HSGP Project Type Supporting Strategic Capacity:	Washoe County [CITIZEN CORPS]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	COMMUNITY RESILIENCE [Mission Area - MITI]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

In addition to hosting training exercises, we support and participate in preparedness drills conducted by other agencies. We offer four (4) CERT academies and one (1) RAT Academy each calendar year to provide training and information on preparedness, mitigation, and response to community members, local groups, and interested members outside our service area. The training that our program hosts are open to and frequently attended by members of other CERT program areas. Inter-program drills are held to enhance training and whole community approach to effectiveness. We conduct outreach efforts and provide information to Neighborhood Advisory groups, Inter-Faith organizations, schools, and other NGOs and Stakeholders. Our program is an active member of VOAD. Our volunteer standards-based training programs include regular review and practice of core proficiencies, supplemental skills training, and drills that incorporate a range of skills. Our program capabilities are written into the local EOP, as both a stand-alone and VOAD resource, and frequently into specific IAPs. We maintain partnerships with WCHD, WCSD, and others.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>G</b>
<b>Date Submitted</b>	<b>4/24/19</b>

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office Citizens Corps Program - Maintain

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Equipment purchases will be completed using the Washoe County Grants Purchasing Guidelines

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Staff confers with volunteer teams regularly to identify goals and determine training interests, and to clarify efforts needed to meet program objectives, which include operational expansion, training (exercises, drills), outreach, recruitment and retention of volunteers. All of these efforts are designed to allow volunteers to respond quickly to disasters, support timely recovery efforts, enhance whole community mentality, build awareness and resiliency, and protect life and property. Staff research regional training prospects and collaborate with agencies and organizations to leverage relevant training opportunities, both for program volunteers and to assist other agencies. Staff builds training programs and develops exercises/drills, leads the training effort and is supported by team leaders and guest speakers. Staff organizes and facilitates quarterly CERT academies to provide emergency preparedness training to the general public and glean volunteers, as well as a mentoring program for new volunteers. Staff organizes and facilitates volunteer recognition and retention efforts.

Staff actively support and participate in monthly training programs for the CCP teams including six (6) CERT teams, one (1) CHSC team, one (1) Rail Auxiliary Team (RAT Pack), and a Media Team and EPIC Team facilitating volunteer assignments for all teams.

Staff prioritizes equipment and supply purchases to enhance program, support training and outreach programs.

Staff manages Intelligence and Information sharing with our partners at the TSA in coordinating security tests with specially trained volunteers. Staff field requests from Command Staff, Emergency Operations Manager, outside agencies and organizations relative to requests for training, presentations, as well as coordinating volunteers for emergency and non-emergency activations and call-outs.

Staff manages the Public Information and Warning efforts to volunteers through approved channels of communications.

Staff participates in local, county, and state councils to support mitigation and preparedness efforts in a whole community process, to include EPC, LEPC, IHCC, NNSDA, VOAD, NSCCC and others.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Washoe County Sheriff's Office	Washoe County	Michael Perry
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Equipment and/or supplies purchased with these funds will be supported by the Washoe County Sheriff's Office (WCSSO), once funding ceases. WCSSO will commit personnel and office space for the project.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>G</b>
<b>Date Submitted</b>	<b>4/24/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Washoe County Sheriff's Office Citizens Corps Program - Maintain
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			
Planning efforts include identifying potential hazards unique to our area and training and preparing to protect life and property, including that of our volunteers and our communities. Collaborating with TSA to enhance aviation security. Conduct robust community outreach encouraging the public to "make a plan, make a kit, be the help till help arrives, and be prepared." Planning and securing speakers for CHSC to address terrorist-related topics. Office supplies, consumables, small equipment are needed to support the office functions. These items include items such as chair mats, pens, paper, staples, binder clips, poly-binders, and other desk top supplies that are used in the daily operations for training and public outreach.		\$ 16,875.00	\$ 16,875.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			
Citizens Corps Program operates on FEMA grants and under the WCSO. Staff provide leadership and program direction based upon grant objectives. Operational coordination is a core capability of the program and relies upon coordinated communication within the program, and on our web site to provide mass communication to 250+ volunteers and the public. Staff are responsible for items such as intelligence and threat level analysis and resource management concepts to facilitate the dispatch, deployment and recovery of resources, shared situational awareness between the public and private sectors and development of whole community partnerships, to include literature, brochures, both digital and print.		\$ 0.00	\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
Responding quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident are all part of the core capabilities of our program. Training and equipping CERT/NERT to respond is essential to our mission. Providing necessary equipment to volunteers for training, backpacks, support kits, and team conexas helps volunteers protect citizens, mitigate impacts, respond quickly and strengthen recovery efforts. Supporting the Child ID Program reduces risk and enhances response and recovery of lost children. Community outreach through speaking engagements, presentations and collateral materials improves awareness about disaster preparedness.		\$ 19,420.00	\$ 19,420.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			
Providing training to volunteers and citizens on disaster preparedness, fire safety, utility controls, disaster medical operations, light search and rescue, ICS organization and practices, disaster psychology, terrorism awareness, and situational awareness are core capabilities of the program. Volunteers are also trained in emergency communications, team leadership, traffic management, fire extinguisher training, fire evacuation, WebEOC and collaborative training with regional partners. Includes approved travel, per-diem and training for staff to enable them to provide relevant, FEMA-based instruction. Includes FEMA-based and appropriate conference training for staff.		\$ 0.00	\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			
Exercise development relies on FEMA exercise guidance and HSEEP standards to establish criteria for well-designed exercises, steps and documents used in designing and conducting exercises, and identifying and evaluating challenges and opportunities for conducting exercises. Our unit's exercises, skills drills, and tabletops are designed and conducted to incorporate best practices. Exercises include a meeting with participants immediately following the exercise to review and evaluate the operations-based elements, use of forms, criteria used to develop exercise, and future trainings needed.		\$ 0.00	\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			
With three (3) programs and 250+ volunteers within a 625 sq. mile service area, there is a need for two part time intermittent staff to help recruit and liaison with volunteers, assist with training coordination and exercises, and public outreach. Staff will provide hands-on support at meetings/trainings to help our programs remain robust and successful. We have trained 1000+ individuals, and provided outreach and collateral materials at speaking engagements and Child ID.		\$ 47,840.00	\$ 47,840.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 0.00	\$ 84,135.00	\$ 84,135.00

Fields are limited to visible text box size



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>G</b>
<b>Date Submitted</b>	<b>4/24/19</b>

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office Citizens Corps Program - Maintain

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

<b>Task #</b>	<b>Task Description</b>	<b>From (MM/DD/YY)</b>	<b>To (MM/DD/YY)</b>	<b>Duration (# months)</b>
1	Receive Funding	N/A	N/A	N/A
2	Board of County Commissioners acceptance of award	10/01/19	01/01/20	3
3	Schedule classes for funding cycle	01/01/20	04/01/20	3
4	Purchase equipment	01/01/20	09/30/21	21
5	Conduct scheduled classes	10/01/19	09/30/21	24
6	Schedule outreach activities for the funding cycle	01/01/20	09/30/21	21
7	Conduct scheduled outreach	10/01/19	09/30/21	24
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

The Citizens Homeland Security Council team receives monthly trainings on terrorism and related law enforcement topics. Members support the TSA training missions (CAST) six(6) or more times each month at the airport for the purpose of evaluating security screening processes and identifying areas of improvement to thwart terrorist attacks on the aviation system.  
The Rail Auxiliary Team (RAT Pack) is trained in bot safety and security of trains and rail systems, how to identify suspicious behavior, items and conditions, and how to report directly to the Union Pacific Railroad Risk Management Communications Center (RMCC) in Omaha, Nebraska.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Our primary focus is on sharing information with and providing training to the public on preparedness for and appropriate response to natural , technological, and man-made disasters. Operational Coordination requirements are met through training and drills, and inter-agency support during emergencies and training preparations. Community Resiliency is increased through education, training, and expansion of volunteer program.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Certain line items may be reduced, some proposed purchases postponed, reduction in training classes, and a reduction in public information and supplies.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>G</b>
<b>Date Submitted</b>	<b>4/24/19</b>

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office Citizens Corps Program - Maintain

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

The organizational support and materials for community outreach, continuous and updated training, emergency response, inter-agency support, and development of whole community would not be possible without funding.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

The measurable benefit from the CCP is found in the hours of service that is provided to the community which reduces the amount of hours that would have to be paid to county employees to provide a similar service. Training reduces the impact to disasters and builds on the resiliency of the community. In 2018, 14,777 volunteer hours resulted in a savings of \$322,877.45 (per 2018 Bureau of Labor hourly rate for volunteer service) that would have been required to provide emergency, safety and security service, and community service.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

The Citizens Corps Program that includes CERT, CHSC, and RAT continues to expand and build on the principles of whole community and enhances the communities resiliency. Not only are members trained in response during a disaster and expansion of the "See Something, Say Something" perspective of security but it provides a valuable asset to the community through event support, outreach, and education.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b>	Washoe County Sheriff's Office	<b>Project Manager Name &amp; Contact #</b>	Brooke Howard 775-785-6205	<b>Grant Manager Name &amp; Contact #</b>	Laura Daniels 775-328-3013	<b>G</b>
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<b>IJ TITLE:</b>		Washoe County Sheriff's Office Citizen Corps Program - Maintain									
		<b>One Budget Per Funding Stream</b>									
		<b>Select Funding Stream</b>									
		SHSP									

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		2- Part Time Inremittent pooled position in support of WCSO CCP, annual basis	Maintain	SHSP	23	100%	2080	\$ 47,840.00	Citizen Corps - Washoe County	Community Resilience	SHSP
2								\$ -			
3								\$ -			
4								\$ -			
		<b>Personnel Sub-Total</b>						\$ 47,840.00			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Staff recruits and liaisons with volunteers, assists with training coordination and exercises, and public outreach. With three (3) programs and 250+ volunteers within a 625 sq mi service area, there is a need for more than just one person to manage our programs. Providing hands-on support at meetings/trai helps our programs remain robust and successful. We have trained 1000+ individuals, and provided outreach and collateral materials at speaking engagements and Child ID.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
		<b>Fringe Sub-Total</b>						\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
		<b>Travel Sub-Total</b>										

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



36													
37													
38													
39													
<b>Organization Sub-Total</b>													

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Citizens Corps Program operates on FEMA grants and under the WCSO. Staff provide leadership and program direction based upon grant objectives. Operational coordination is a core capability of the program and relies upon coordinated communication within the program, and on our web site to provide mass communication to 250+ volunteers and the public. Staff are responsible for items such as intelligence and threat level analysis and resource management concepts to facilitate the dispatch, deployment and recovery of resources, shared situational awareness between the public and private sectors and development of whole community partnerships, to include literature, brochures, both digital and print.

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source		
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL.											
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>											
40		Replacement backpacks for worn and damaged CERT backpacks, TEEN Cert designated backpacks and helmets.	Maintain	SHSP	1.00	1,470.00	\$ 1,470.00	Citizen Corps - Washoe County	Community Resilience	21GN-00-CCEQ Equipment, Citizen Corps	SHSP		
41		Supplies for currently issued CERT backpacks. Fully stocked backpacks are issued to new volunteers as they complete the training and join the program. This line item is for restocking supplies such as small tools and equipment, flashlights/light sticks, first aid supplies, PPE, safety items, replacement batteries, etc	Maintain	SHSP	1.00	7,500.00	\$ 7,500.00	Citizen Corps - Washoe County	Community Resilience	21GN-00-CCEQ Equipment, Citizen Corps	SHSP		
42		Each CERT team has a Conex storage unit for emergency and utility supplies. The conex may be used as a staging area and also contains large items that cannot be stored in the backpacks or duffel bag supplies. These funds would allow restocking items as they break or are used. Items include lights, items to support staging area, motor oil for the generators, wheel barrows, jacks, small tools (picks, axes, bolt cutters, brooms, ropes/tow straps, etc.), large traffic control devices etc.	Maintain	SHSP	1.00	6,800.00	\$ 6,800.00	Citizen Corps - Washoe County	Community Resilience	21GN-00-CCEQ Equipment, Citizen Corps	SHSP		
43		Duffel bag items. Increase the number of duffel bags that have been distributed to active volunteers in specific neighborhoods to be available for immediate assistance in emergencies. These are in addition to the backpacks currently issued to active volunteers. The duffels are to be filled with additional emergency response supplies similar to the CERT volunteer backpacks, but with a wider variety and/ or bulkier items than can be kept in individual backpacks. These supplies will be used to provide additional response resources within an immediate neighborhood or area during a disaster. Additional items to be acquired include: additional first aid supplies, portable stretchers, storage clipboards, traffic signs/warning devices, medical supplies, etc. New command duffels and traffic duffels are needed to create a better "Go Bag" process enhance response in an emergency and for community events.	Maintain	SHSP	1.00	3,200.00	\$ 3,200.00	Citizen Corps - Washoe County	Community Resilience	21GN-00-CCEQ Equipment, Citizen Corps	SHSP		
44		Child ID Supplies. This includes consumable items such printer ink, and other items for the Volunteers In Police Service group during their Child ID events. This will provide supplies for approx 24-30 child ID events during the year.	Maintain	SHSP	1.00	450.00	\$ 450.00	Citizen Corps - Washoe County	Community Resilience	21GN-00-CCEQ Equipment, Citizen Corps	SHSP		
45													
46													
47													
48													
49													
<b>EQUIPMENT Sub-Total</b>													\$ 19,420.00

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Responding quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident are all part of the core capabilities of our program. Training and equipping CERT/NERT to respond is essential to our mission. Providing necessary equipment to volunteers for training, backpacks, support kits, and team conexas helps volunteers protect citizens, mitigate impacts, respond quickly and strengthen recovery efforts. Supporting the Child ID Program reduces risk and enhances response and recovery of lost children. Community outreach through speaking engagements, presentations and collateral materials improves awareness about disaster preparedness.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Providing training to volunteers and citizens on disaster preparedness, fire safety, utility controls, disaster medical operations, light search and rescue, ICS organization and practices, disaster psychology, terrorism awareness, and situational awareness are core capabilities of the program. Volunteers are also trained in emergency communications, team leadership, traffic management, fire extinguisher training, fire evacuation, WebEOC and collaborative training with regional partners. Includes approved travel, per-diem and training for staff to enable them to provide relevant, FEMA-based instruction. Includes FEMA-based and appropriate conference training for staff.

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Exercise development relies on FEMA exercise guidance and HSEEP standards to establish criteria for well-designed exercises, steps and documents used in designing and conducting exercises, and identifying and evaluating challenges and opportunities for conducting exercises. Our unit's exercises, skills drills, and tabletops are designed and conducted to incorporate best practices. Exercises include a meeting with participants immediately following the exercise to review and evaluate the operations-based elements, use of forms, criteria used to develop exercise, and future trainings needed.

											Budget Total Request	\$ 84,135.00	
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# FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

## STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Washoe County Sheriff's Office Citizens Corps Program - Maintain		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$ 84,135.00
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The Citizens Corps Program provides emergency response training and mitigation skills to local community volunteers from a nationwide approved curriculum. The training is directly transferable to any community and volunteers can support any statewide emergency. This adds a force-multiplier resource to any agency seeking support during and following a disaster. The goal into the future is to continue to bolster the number of trained volunteers that can support any community, enhance mitigation, and build stronger resiliency.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>The Washoe County Citizens Corps Program partners and collaborates with all local emergency responders, law enforcement agencies, local hospitals, county health district, and regional emergency manager. The program has membership in the Emergency Planning Committee (EPC), Local Emergency Planning Committee (LEPC), and Volunteer Organization Active in Disaster (VOAD), Inter-Hospital Coordinating Council (IHCC), Infragard, Medical Reserve Corps (MRC), and other local organizations and CERT programs. The program interacts, trains alongside, provides regular support to events, and participates in exercises and drills. This effort builds on awareness of the resources the program can provide and builds on partnering efforts to develop more efficient mitigation efforts and enhances resiliency.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
<p>The program utilizes the grant as the financial support to maintain its effectiveness, volunteers provided 14,777 hours of voluntary service which results in a cost savings to the county of \$322,877.45 per 2018 Bureau of Labor hourly rate for volunteer service. Washoe County provides the building, vehicles, and training facilities for the program to remain effective.</p>			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			

There is no plan at this time that is in place to increase the offset by the organization, reduction in grant funding may result in purchases being postponed, reduction in the number of training classes, and a reduction in public information and program supplies.

Please provide a five year funding summary for your project.



Over the course of the next five years the program is anticipating continued support from the grant program to enhance and increase the number of volunteers and training for the community. Without the financial support the program will operate on a more limited basis in support of resiliency for the county. If funding is no longer available, efforts will be taken to request support from sponsoring agency and from local stakeholders to offset costs for equipment, supplies, and equipment. With funding the program will continue to provide force-multipliers to emergency services through volunteer efforts. Replacement equipment will be purchased and enhancements to other facets of emergency and disaster support will be provided. Outreach will continue to be provided to the community in support mitigation, while not all community members attend training getting the information out about preparedness is a critical to the overall mitigation strategy.

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: H

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted 4/25/19

1) PROJECT TITLE:	Statewide Tribal Citizen Corps Program	
2) PROPOSING/LEAD AGENCY:	DEM	
3) Project Manager Name/Title:	TBD, Emergency Management Preparedness Mgr.	
Project Manager Contact Info:	Phone: (775) 687-0306	Email: sparker@dps.state.nv.us
4) Addl Project Manager Name/Title:	Jackie Conway, FPST Emerg. Mgr. & NTECC Co-Chair (Phone Ext. 202)	
Addl Project Manager Contact Info:	Phone: (775) 423-8848	Email: emd@fpst.org
5) Finance/Grant Contact Name/Title:	Kelli Anderson	
Finance/Grant Contact Info:	Phone: (775) 687-0321	Email: kanderson@dps.state.nv.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To improve and sustain the tribal community emergency response efforts building of the CERT teams to include Battle Mountain Te-Moak Tribe of Western Shoshone, the tribes of the Reno Sparks Indian Colony, Washoe Tribe of Nevada and California, Pyramid Lake Paiute Tribe, and Fallon Paiute Shoshone Tribe. The CERT program is geared to provide support to emergency responders in disasters and emergencies. Since 2015 these tribes have attempted to sustain the CERT program to assist with public outreach, education, training and basic awareness for tribal members throughout Nevada. The new NTECC in collaboration with DEM will oversee the re-engagement and updated training provided to the tribal organizations throughout Nevada as funding allows. Tribal citizens will be trained and prepared to aid in response to emergencies until public safety first responders arrive on scene to minimize the level of harm, destruction of property and to improve the resiliency efforts for communities post-disaster, whether human or non-human caused.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CITIZEN CORPS
HSGP Project Type Supporting Strategic Capacity:	Statewide Tribal [CITIZEN CORPS]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Statewide Tribal Citizen Corps Program supports and promotes community resilience on tribal land through citizen preparedness teams and activities focused on response and recovery of disasters and/or emergencies to provide forced multipliers supporting tribal jurisdictions emergency management and response activities throughout Nevada. This project will support sustaining tribal goals & objectives with regards to complimenting emergency response capabilities. The NTECC will provide direction on the delivery of this training. The project will also focus on maximizing the return on investment both monetarily and through resource support.

Information and resources, include training and exercise opportunities, are promoted to equip volunteer teams with the skills to support public emergency response agencies efforts before, during or after an emergency or disaster and for different levels of support.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	H
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Statewide Tribal Citizen Corps Program

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Using the most strict of federal and state procurement policies and procedures for all purchases for the anticipated equipment needs.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The statewide coordinator and DEM Emergency Management Preparedness Manager will work with tribal and local jurisdictions to coordinate FEMA Program Manager level training and train-the-trainer opportunities to include supplies and materials for the classes and supplies for tribal and jurisdictional teams or citizens. This will include the Until Help Arrives and Stop the Bleed training components. The CERT Program Manager Training is 3 days and the Train-the-Trainer is 2 days.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Nevada DEM	State for NTECC	Jackie Conway
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Tribes will look at leveraging existing and future resources to sustain the program in collaboration with DEM through the NTECC.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%

**Statewide (SHSP)**

0%

**Urban Area (UASI)**

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	H
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Statewide Tribal Citizen Corps Program
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Background checks for team volunteers at \$29.25 for volunteers x 10 volunteers.		\$ 292.50	\$ 292.50

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Manuals, class supplies and volunteer materials.		\$ 300.00	\$ 300.00

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Travel for key tribal staff/members who will manage the CERT program up to 15 persons to include mileage, hotel and per diem.		\$ 9,986.52	\$ 9,986.52

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 0.00	\$ 10,579.02	\$ 10,579.02

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	H
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Statewide Tribal Citizen Corps Program

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Work with NTECC tribal staff to schedule trainings for spring/summer 2020 and 2021	09/01/19	06/30/21	18
3	Promote and coordinate trainings	09/30/19	07/31/21	23
4	Order training and volunteer supplies and materials through approved procurement process	01/01/20	05/29/20	5
5	Support jurisdictions with background checks for volunteers	04/01/20	10/30/20	7
6	Close-out		08/30/21	
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

<p><b>a. Does this project have a nexus to terrorism? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b></p> <p>Citizen Corps programs in Nevada provides support and technical guidance to volunteer agencies who partner with public emergency response agencies and private and public communities. The support these organizations/volunteers provide is giving emergency help to community members until official first responders arrive in all types of emergencies to include victims of active shooters, assisting in traffic control, educating community members on reporting suspicious activities. The primary goal is to promote preparedness, prepare for response and to build resiliency in tribal communities throughout Nevada for all types of disasters and emergencies to include multiple types of terrorist attacks on the citizens of Nevada.</p>
<p><b>b. Does this project align with the FFY19 strategic capacities? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b></p> <p>The FFY19 HSGP strategies approved by the Resilience Commission in an effort to build resiliency in communities and improve overall Operational Coordination throughout Nevada includes Citizen Corps as a capacity that should be maintained. The efforts to continue working with jurisdictions that do not receive regular funding and to assist tribal jurisdictions with citizen corps programs to include Community Emergency Response Teams, Be The Help and Stop the Bleed began in 2017.</p>
<p><b>c. Can this project funding request be reduced? Is it scaleable? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b></p> <p>If unavoidable, the project can be reduced and would mean that jurisdictions without the means will not be able to continue the work to continue building resiliency through community preparedness that the Citizen Corps programs provide. Without this funding these entities have not been able to maintain this capacity without support.</p>

**PROJECT TITLE REFERENCE:** Statewide Tribal Citizen Corps Program

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>This project supports Citizen Corps preparedness efforts for jurisdictions that do not have the ability financially or the manpower to build on their capacity.</p>
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>This project is focused on providing shareable trained resources to jurisdictions and the volunteer engagement time is tracked by local tribal jurisdictions and can be used as a forced multiplier during an event and toward in-kind match in the case of a response in support of a emergency response agency.</p>

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

Multiple established jurisdictions throughout the state work in collaboration to improve the capabilities of Citizen Corps programs and other volunteer activities that have a focus on response to terrorist attacks and in alignment of emergency response agencies throughout Nevada to improve the safety of our communities. Some activities include working with schools for Teen CERT, Railway safety teams specific to Homeland Security local partners, volunteers participation in ICS training and NIMS training and exercises, working with TSA on exercises, assisting in CASPER Assessments and POD drills.

Law enforcement, emergency management and fire departments have received a high number of requests from citizens, citizen groups/community-based organizations, schools, private sector in response to the floods of 2017, the 1 October Mass Casualty Incident and the terrorist threats they learn about in the media. Training and coordinated resilience in communities aids in immediate responses and in the recovery of incidents. Trained volunteers are a valued asset as a forced multiplier for responding agencies and the manpower they provide can be used in required match for federal emergency/disaster declarations, thereby providing greater benefit to impacted tribes and local jurisdictions throughout Nevada.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	DEM for NTECC	<b>Project Manager Name &amp; Contact #</b>	Jim Walker, DEM & Jackie Conway, FPST/NTECC	<b>Grant Manager Name &amp; Contact #</b>	Kelli Anderson 775-687-0321/Sonja Williams 775-687-0388	<b>H</b>
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<b>IJ TITLE:</b>	Statewide Tribal Citizen Corps											
	One Budget Per Funding Stream											
	SHSP											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		Mileage to DEM for 6 persons from various tribes in Nevada involved in CCP/CERT at \$0.58 per mile to CERT Specific Training estimate	New / Enhance / Past / Competitive	SHSP	Training	FEMA Prog Mgr training and Train-the-Trainer 5-day training	1.00	1,000.00	1,000.00	Citizen Corps - Statewide Tribal	Operational Coordination	
10		Hotel for 6 people from various tribes in Nevada for 5 days at GSA \$94	New / Enhance / Past / Competitive	SHSP	Training	FEMA Prog Mgr training and Train-the-Trainer 5-day training	1.00	2,820.00	2,820.00	Citizen Corps - Statewide Tribal	Operational Coordination	
11		Per Diem for 6 persons at \$55 per day for 5 days	New / Enhance / Past / Competitive	SHSP	Training	FEMA Prog Mgr training and Train-the-Trainer 5-day training	1.00	1,650.00	1,650.00	Citizen Corps - Statewide Tribal	Operational Coordination	
12												
13												
14		CERT Program Manager Training	Maintain	SHSP	Planning	Program Manager Training at National Conference tentative San Diego, CA for up to 3 persons. Narrative has breakdown.	1.00	2,301.00	2,301.00	Citizen Corps - Statewide Tribal	Operational Coordination	
15												
16												
17												
18												
19												
20												
21												
	Travel Sub-Total								7,771.00			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Year 2 CERT Related training for tribes at DEM. CERT Program Manager Training for NTECC Contract Staff-National CERT Conference in San Diego, CA: Lodging at \$174 per night for 2 nights for 3 persons (DEM, Resilience CCP Rep and one additional representative)= \$1,044.00 Per Diem 3 people for 3 days at \$71 per day for 3 people=\$639.00, mileage to and from airport up to \$80 per person based on actual=\$240.00, Airport parking economy rate up to \$14.00 per day per person up to 4 days based on actual \$168.00, ground transportation from and to airport only at destination up to \$70 per person=\$210.00 Tentative Total= \$2,301.00

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27							-			
28							-			
29							-			
30							-			
31							-			
32							-			
33							-			
34							-			
35							-			
<b>Planning Sub-Total</b>							\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36		Back-ground checks for team volunteers	New / Enhance / Past / Competitive	EMPG	10.00	29.25	\$ 292.50	Citizen Corps - Statewide Tribal	Operational Coordination	SHSP
37							\$ -			
38							\$ -			
39							\$ -			
<b>Organization Sub-Total</b>							\$ 292.50			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Year 2 CERT program for volunteers graduating Basic Academy.

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Training Manuals and supplies	Maintain	SHSP	20.00	15.00	\$ 300.00	Citizen Corps - Statewide Tribal	Operational Coordination	21GN-00-CCEQ Equipment, Citizen Corps	SHSP
41		Volunteer Backpacks and equipment	Maintain	SHSP	20.00	90.00	\$ 1,800.00	Citizen Corps - Statewide Tribal	Operational Coordination	21GN-00-CCEQ Equipment, Citizen Corps	SHSP
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
<b>EQUIPMENT Sub-Total</b>							\$ 2,100.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Year 2 CERT Training supplies and equipment for volunteers



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 10,163.50	
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**Project H**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Statewide Tribal NTECC Citizen Corps CERT Program		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	<b>\$10,579.02</b>
		<b>UASI Funding Request:</b>	<b>\$0.00</b>
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The statewide Tribal NTECC Citizen Corps Project will allow the continuation of support to build on the existing CERT programs with a focus on but not exclusive of Battle Mountain Te-Moak Tribe of Western Shoshone, the tribes of the Reno Sparks Indian Colony (RSIC), Washoe Tribe, Pyramid Lake Paiute Tribe, and Fallon Shoshone Paiute Tribe.</p> <p>The FFY19 funding will focus on coordinating training and for Tribal CERT Program Managers, to include train-the-trainer in collaboration and to support emergency management capabilities for Operational Coordination purposes. The project will assist tribes in strategizing how to maximize the forced multiplier of the volunteers, when planning, training, exercising, responding and recovering from an incident as identified in the 2018 THIRA and Stakeholder Preparedness Report completed for Nevada. The CERT volunteers serve as forced multipliers to provide lifeline services as identified in the Homeland Security Community Lifelines in the National Response Framework Update (Fourth Edition) by contributing to preparedness and response efforts for local jurisdictions and tribal governments related to emergencies.</p> <p>Volunteers are trained for first aid, communications, collection of information for emergency response to include post-disaster assessments, assist in delivery and coordination and dissemination assistance of food, water and sheltering, traffic control assistance. There are various skilled levels of volunteers and stakeholder partners that provide preparedness training to include but not limited to financial and fire safety preparedness. This partnership has continued from the former Nevada Citizen Corps Council and includes partners such as VOAD and the Medical Reserve Units.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>We are leveraging training assistance with Elko County's Northeastern Nevada CERT, NTECC staff representatives, tribal emergency managers, and Nevada Division of Emergency Management.</p> <p>All CERT programs support emergency management, fire departments and law enforcement agencies for tribal jurisdictions through leveraging volunteers as forced multipliers in staffing through exercises, training and response activity support. In real life emergencies the CERT volunteers are a shareable and deployable asset for response and recovery efforts.</p>			

## Project H

### What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?

Volunteers, once trained, provide a return on investment to the tribal entities with volunteer hours that can be utilized for match and add value to any emergency management related activity. This can be anything from traffic control, crowd management, standing up EOC's, phone banks, delivery of neighborhood emergency notifications such as boil water notices. If training 60 volunteers in a year, costs \$15,605.00 estimated for FFY20 and 20% or 12 volunteers join a team and provide 40 volunteer hours per year for 2 years at \$22.61 per hour for Nevada in 2018 according to the Independent Sector at [https://independentsector.org/resource/vovt\\_details](https://independentsector.org/resource/vovt_details), that would be an estimated value of \$1,808.80 Per person per year or \$3,617.60 for 2 years. For **12 volunteers over the 2-year period** that would equate to a **\$43,411.20** value. This is a basic estimation and varies depending on jurisdiction.

### Is there a plan for increasing offset by your jurisdiction to support this project in the future?

Tribal jurisdictions are provided with technical assistance on a variety of options they can use to sustain activities to include identifying additional sources of funding and value added resources and working with stakeholder entities to help support training and exercise materials and supplies. There is no anticipated CERT Program Manager salary funding identified at this time for local or tribal jurisdictions programs. All activities to provide training will include train-the-trainer activities to help local and tribal jurisdictions sustain and enhance their capabilities.

This Project will assist local jurisdictions identify ways the CERT program will help offset multiple emergency management related capabilities. An example of local jurisdiction support would be for jurisdictions to look at their other funding sources/resources such as a staff person funded for emergency management activities to oversee the volunteer teams, identify a volunteer from the tribe to oversee the program and report to the emergency manager or NTECC representative, assist in the coordination and support of the volunteer background checks to ensure they are deployable and shareable depending on the hazard or training supplies, materials and locations. Each tribal location will determine their individual plan/strategy.

### Please provide a five year funding summary for your project.

#### FFY19

Planning activities to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Includes funding for training expenses to train 20 volunteers in this year 1 of the 5-year projection. Support will also cover the travel and related training and meeting materials for the facilitators' attendance and delivery and up to 12 volunteers travel expenses to attend. NTECC representatives will work with tribes to programmatically develop a strategic plan to continue to build resiliency through the growth of shareable and deployable volunteers and meeting at the annual Preparedness Summit. Funding to support this effort is projected at **\$10,579.02**

#### FFY20

Planning activities year 2 to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Includes supplies to train up to 40 volunteers in the year. Support will also cover the travel and related training and meeting materials for the facilitators. Jurisdictions TBD for the FFY20 funding. The project will continue to develop and implement a strategic plan in an effort to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit and the National Conference attendance for the NTECC representatives. Funding to support this effort is projected at **\$12,408.96**

#### FFY21

Planning activities year 3 to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Includes supplies to train up to 40 volunteers in the year. Support will also cover the travel and related training and meeting materials for

## Project H

the facilitators. Jurisdictions TBD for the FFY20 funding. The project will continue to develop and implement a strategic plan in an effort to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit and the National Conference attendance for the NTECC representatives. Funding to support this effort is projected at **\$12,408.96**

### FFY22

Planning activities year 4 to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Includes supplies to train up to 40 volunteers in the year. Support will also cover the travel and related training and meeting materials for the facilitators. Jurisdictions TBD for the FFY20 funding. The project will continue to develop and implement a strategic plan in an effort to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit and the National Conference attendance for the NTECC representatives. Funding to support this effort is projected at **\$12,408.96**

### FFY23

Planning activities year 5 to include train-the-trainer and increased volunteer capabilities by way of providing vetting support to include back-ground checks and CERT volunteer Backpacks. Includes supplies to train up to 40 volunteers in the year. Support will also cover the travel and related training and meeting materials for the facilitators. Jurisdictions TBD for the FFY20 funding. The project will continue to develop and implement a strategic plan in an effort to build resiliency through the growth of shareable and deployable volunteers using video/teleconferencing and meeting at the annual Preparedness Summit and the National Conference attendance for the NTECC representatives. Funding to support this effort is projected at **\$12,408.96**

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: J

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted: 4/25/19

1) PROJECT TITLE:	Washoe County Sheriff's Office - Cybersecurity Maintain	
2) PROPOSING/LEAD AGENCY:	Washoe County Sheriff's Office	
3) Project Manager Name/Title:	Max Brokaw, Lieutenant	
Project Manager Contact Info:	Phone: (775) 328-2847	Email: mbrokaw@washoecounty.us
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Laura Daniels	
Finance/Grant Contact Info:	Phone: (775) 328-3013	Email: ldaniels@washoecounty.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Washoe County Sheriff's Office wants to continue sustainment of Cyber threat/incident investigative response in Nevada. The Sheriff's Office continues to dedicate full time law enforcement personnel to investigate Cyber related crimes and incidents. Washoe County invested substantial NON GRANT county funding in fiscal years 15/16/17 to enhanced the investigative infrastructure and Cyber response and investigations capabilities. Cyber security incidents requires specialized skills by both law enforcement and non law enforcement entities. By sustaining current specialized equipment and software and skills to law enforcement, they will be better equipped to interact with government and private sector incident responders and better advise private industry partners on cyber threats and infrastructure protection. Cyber personnel continue to see increases of required Cyber related responses and have participated in state and local breach incidents.

Nevada State demographics and geographical distances impact response capabilities. A significant Cyber Security incident suspected to be caused by foreign or domestic actors would require an immediate law enforcement response for evidence preservation and recovery efforts.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CYBERSECURITY
HSGP Project Type Supporting Strategic Capacity:	Incident Response Plan [CYBERSECURITY]
If OTHER, please choose FFY16-18 NCHS Priority:	CYBERSECURITY [Mission Area - PROT]
Core Capability aligned with Maintained Project:	CYBERSECURITY [Mission Area - PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Cybersecurity involves several levels from prevention to incident response. Critical infrastructure is a likely target of both foreign and domestic actors. This project funding sustains existing response capabilities of local law enforcement in Northern Nevada too assist statewide significant Cybersecurity incidents.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	J
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office - Cybersecurity Maintain

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

All purchases will follow by the Washoe County Grants Purchasing Guidelines

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Project will be implemented by full time members of the Washoe County Sheriff's Office Cybernetic Unit, "Northern Nevada Cyber Center." Personnel will procure necessary equipment and software. The grant funded equipment and software will allow for immediate responses to critical incidents involving cyber threats.

WCSO continues to assign full time personnel to Cyber related matters including investigation and computer forensics, to include supervisory and non supervisory personnel. WCSO has partnered with regional state and federal law enforcement on Cyber related matters. These partners include the FBI, DHS, and NVAGO. WCSO will continue attempts to expand regionalization efforts to include more entities, drawing upon skill sets available.

During prior award periods, the WCSO Cyber personnel has seen a large increase in required responses and rapidly evolving attacks. WCSO Cyber personnel responded to several incidents and expect the number to increase. The unit members are also part of the FBI Cyber Task Force.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Washoe County Sheriff's Office	Washoe County	Lt. Max Brokaw
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Equipment and/or software purchased with these funds will be supported by the Washoe County Sheriff's Office, once and if funding ceases, however the capabilities may be reduced. WCSO will commit personnel, additional equipment and/or software, and office space for the project.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	J
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Washoe County Sheriff's Office - Cybersecurity Maintain
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Cyber works with FBI and responds to cyber intrusions throughout No. NV local agencies and business.				\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
The Washoe County Sheriff's office was established in 1861. The Washoe County Sheriff's Office provides law enforcement services for the unincorporated area of Washoe County. We also are responsible for operating the only adult detention facility for pretrial detainees and sentenced misdemeanants within Washoe County. The Sheriff's Office is divided into three Bureaus. While each Bureau has a unique function, they impact the operation of the other Bureaus. The Washoe County Sheriff's Office strives to ensure public safety by building trust and creating partnerships within the diverse communities in which we serve.				\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Purchase to maintain necessary software to conduct incident response and data recovery of government and/or critical infrastructure attacked or compromised systems. Purchase of 3 laptops to replace outdated laptops. Purchase annual warranties on DEM funded equipment.			\$ 42,035.00	\$ 42,035.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
N/A				\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
N/A				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
The Cybersecurity division currently has 5 full time employees and 3 part time. These employees are a combination of Washoe County Sheriff's Office, Reno Police Department, Sparks Police Department, Homeland Security Investigations, FBI, and the Attorney General's Office.				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 42,035.00	\$ 42,035.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	J
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office - Cybersecurity Maintain

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Board of County Commissioners acceptance of award	10/01/19	12/31/19	3
3	Competitive quote process	01/01/20	03/01/20	2
4	Order software/equipment	04/01/20	06/30/21	14
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Cyber attacks are well known to be conducted by terrorist organizations, both domestic and foreign. An attack to the State's Infrastructure would be an attack falling under terrorist behavior, which could cause substantial disruption to services such as emergency services, traffic control, public health, etc. Cyber terrorists continually probe networks for attacks.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Cybersecurity has seen an increased focus worldwide due to recent breaches and attacks. This proposal addresses the response to suspected incidents when they occur. The immediate preservation of data to include attack information is critical in preventing further disruption, increasing the chances of identifying the attackers, and recovering critical data.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

Requested funding reductions can be reduced at various levels and still remain effective, but the response and data recovery capabilities would be impacted and reduced due to elimination or reduction of training or equipment updates. This project helps sustain the current Cybersecurity project as equipment is expected to be replaced and the addition of personnel will require equipment and training.

Fields "a", "b", and "c" are limited to visible text box size



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	J
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office - Cybersecurity Maintain

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

With substantial risks.  
The project can continue without funding, but the elimination of funding would critically damage the capability to respond to incidents, requiring other support entities to assist. The Washoe County Sheriff's Office is the only entity in Northern Nevada capable of responding to these types of incidents immediately to mitigate the incident. If the program ended, software expired, equipment failed, or new personnel does not become trained within this funding window, it would require substantial future funding to rebuild the capabilities.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

Northern Nevada is responsible for a large amount of state Cyber infrastructure. This project allows for statewide collaboration and assistance with local, state, and federal partners. The Washoe County Sheriff's Office and partners have responded to multiple incidents throughout Northern Nevada and conducted investigations involving statewide infrastructure. Cyber attacks have no boundaries and can impact any location requiring specialized personnel and equipment.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

	<b>Agency Name</b>	Washoe County Sheriff's Office	<b>Project Manager Name &amp; Contact #</b>	Lt. Max Brokaw, (775) 328-2847	<b>Grant Manager Name &amp; Contact #</b>	Laura Daniels, (775) 328-3013	<b>J</b>
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<b>IJ TITLE:</b>		WCISO Cybersecurity Maintain									
		One Budget Per Funding Stream									
		SHSP									

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
<b>Personnel Sub-Total</b>								\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
<b>Fringe Sub-Total</b>								\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9								-	-			
10								-	-			
11								-	-			
12								-	-			
13								-	-			
14								-	-			
15								-	-			
16								-	-			
17								-	-			
18								-	-			
19								-	-			
20								-	-			
21								-	-			
22								-	-			
23								-	-			
<b>Travel Sub-Total</b>								-	-			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	\$ -			
37							\$ -			
38						-	\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Forensic software to analyze malware and attack methods. (Guidance software, Blackbag, Accessdata, Magnet forensics, Cellebrite, Teel Tech, etc) Also includes encryption breacking software. (renewals and new purchahses)	Maintain	SHSP	1.00	36,938.00	\$ 36,938.00	Cyber - Incident Response Plan	Cybersecurity	04HW-01-INHW Hardware, Computer, Integrated	SHSP
41		Microsoft Surface Pro 6 incident response / triage / forensic analysis computer			3.00	1,699.00	\$ 5,097.00	Cyber - Incident Response Plan	Cybersecurity	04HW-01-INHW Hardware, Computer, Integrated	SHSP
42											
43											
44											
45											
46											
47			Maintain	SHSP							
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 42,035.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Cyber related equipment is unfortunately an area that has a much shorter lifespan than others due to ever increasing leaps in technology. We have found that a two to four year lifespan for Cyber adequately balances responsibility for tax payer monies with the ability to appropriately respond to Cyber based incidents. Our goal is to stagger the replacement of computer equipment over grant cycles.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 42,035.00	
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Project J

FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Washoe County Sheriff's Office - Cybersecurity Maintain		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	SHSP	<b>SHSP Funding Request:</b>	\$42,035.00
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The Sheriff's Office continues to dedicate full time law enforcement personnel to investigate Cyber related crimes and incidents. Washoe County invested substantial NON GRANT county funding in fiscal years 15/16/17 to enhance the investigative infrastructure and Cyber response and investigations capabilities. Cyber security incidents requires specialized skills by both law enforcement and non-law enforcement entities. By sustaining current specialized equipment and software and skills to law enforcement, they will be better equipped to interact with government and private sector incident responders and better advise private industry partners on cyber threats and infrastructure protection. Cyber personnel continue to see increases of required Cyber related responses and have participated in state and local breach incidents.</p> <p>Nevada State demographics and geographical distances impact response capabilities. A significant Cyber Security incident suspected to be caused by foreign or domestic actors would require an immediate law enforcement response for evidence preservation and recovery efforts.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>The Cybersecurity division collaborates with the Reno Police Department, Sparks Police Department, Homeland Security Investigations, FBI, and the Attorney General's Office.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
<p>General funds are used for the day to day operation of this division. The elimination of funding would critically damage the capability to respond to incidents, requiring other support entities to assist. The Washoe County Sheriff's Office is the only entity in Northern Nevada capable of responding to these types of incidents immediately to mitigate the incident. If the program ended, software expired, equipment failed, or new personnel does not become trained within this funding window, it would require substantial future funding to rebuild the capabilities.</p>			

## Project J

**Is there a plan for increasing offset by your jurisdiction to support this project in the future?**

No. The funds to support and sustain the equipment and training within the Cyber Crimes Unit are not obtainable through the Washoe County Sheriff's Office at this time or expected to become available over the next five years.

**Please provide a five year funding summary for your project.**

Over the course of the next five years the program is anticipating continued support from the grant program to sustain and enhance the investigative infrastructure and Cyber response and investigations capabilities. Without the financial support the program will likely fail or at least operate on a much smaller less productive scale.

If funding is no longer available, efforts will be taken to request support from sponsoring agency and from local stakeholders to offset costs for equipment, supplies, and training.

With funding the program will continue sustaining current specialized equipment and software and skills to law enforcement, they will be better equipped to interact with government and private sector incident responders and better advise private industry partners on cyber threats and infrastructure. Replacement equipment, software license and training will be purchased to sustain the programs ability to best serve our community.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**

**PROJECT ID:**

**Project Proposal for FFY19 HSGP Funding Description**

**Date Submitted**

1) PROJECT TITLE:		
2) PROPOSING/LEAD AGENCY:		
3) Project Manager Name/Title:		
Project Manager Contact Info:	Phone:	Email:
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:		
Finance/Grant Contact Info:	Phone:	Email:

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.
	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

**FFY19 Strategic Capacity Maintained\*:**

HSGP Project Type Supporting Strategic Capacity:	
If OTHER, please choose FFY16-18 NCHS Priority:	
Core Capability aligned with Maintained Project:	

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	
<b>Date Submitted</b>	

**PROJECT TITLE REFERENCE:**

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)			
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

Statewide (SHSP)    Urban Area (UASI)



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	
<b>Date Submitted</b>	

**PROJECT TITLE REFERENCE:**

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

**PROJECT ID:**

**Date Submitted**

**PROJECT TITLE REFERENCE:**

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES NO Explain below.

b. Does this project align with the FFY19 strategic capacities? YES NO Explain below.

c. Can this project funding request be reduced? Is it scaleable? YES NO Explain below.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	
<b>Date Submitted</b>	

**PROJECT TITLE REFERENCE:**

Fields "d" and "e" are limited to visible text box size

<b>d. Can this project continue without funding?</b>	<b>YES</b>	<b>NO</b>	<b>Explain below.</b>

<b>e. Does this project provide a MEASUREABLE statewide benefit?</b>	<b>YES</b>	<b>NO</b>	<b>Explain below.</b>

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey*
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey*

- 19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box**

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Office of the Secretary of State	Project Manager Name & Contact #	Wayne Thorley, (775) 684-5720	Grant Manager Name & Contact #	Ashley Dale (775) 684-5738	<b>K</b>
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**IJ TITLE: Netflow and Intrusion Detection System**

**One Budget Per Funding Stream**

**SHSP**

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
Personnel Sub-Total								\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
Fringe Sub-Total								\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9									-			
10									-			
11									-			
12									-			
13									-			
14									-			
15									-			
16									-			
17									-			
18									-			
19									-			
20									-			
21									-			
22									-			
23									-			
24									-			
25									-			
26									-			
27									-			
Travel Sub-Total									-			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	Planning Sub-Total						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-		\$ -			
39							\$ -			
	Organization Sub-Total						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		Tier 1 - IDS netflow monitoring and analysis (monthly cost)	Maintain	SHSP	12.00	7,440.00	\$ 89,280.00	Cyber - Threat Identification	Cybersecurity	05NP-00-IDPS System, Intrusion Detection/Prevention	SHSP
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	EQUIPMENT Sub-Total						\$ 89,280.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 89,280.00	
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**Project K**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Netflow and Intrusion Detection System Monitoring and Analysis		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$89,280.00
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
This project is a statewide resource because it improves the cybersecurity posture of 12 of Nevada’s 17 counties (Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine). These 12 counties will receive monitoring and analysis services on an intrusion detection system (IDS) that all the counties have already installed. This monitoring and analysis will detect malicious or unauthorized activity on a system or network by analyzing network traffic.			
<b>How have you collaborated with other agencies to maximize the resource’s capacity?</b>			
The Secretary of State’s office has collaborated with the county election official and county information technology resource in all 12 counties. This collaboration was necessary to make sure all the IDS sensors were configured and installed correctly.			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
The grant funding for this project will fund network monitoring and analysis services for the 12 counties. The Secretary of State’s office has already provided funding from a different resource to purchase approximately \$100,000 worth of hardware (i.e., the IDS sensors). All costs associated with the procurement and installation of the IDS sensors have been paid for by the Secretary of State’s office from a different funding source. The request for this project is to fund the ongoing monitoring of the sensors, as well as analysis of the monitoring data.			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
At this time there is not a plan for the Secretary of State’s office to increase the offset for this project.			

## Project K

Please provide a five year funding summary for your project.

This project proposes to provide one year's worth of funding for networking monitoring and analysis services for 12 counties. The funding summary is as follows:

Service contract for IDS netflow monitoring and analysis in 12 counties:

Tier 1 -  $\$620/\text{month} \times 12 \text{ counties} = \$7,440/\text{month} \times 12 \text{ months} = \$89,280 \text{ annually}$



# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: L

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/25/19

1) PROJECT TITLE:	Public Health Analytical FTE	
2) PROPOSING/LEAD AGENCY:	Southern Nevada Health District	
3) Project Manager Name/Title:	Steven Kramer/Supervisor	
Project Manager Contact Info:	Phone: (702) 759-1658	Email: kramer@snhd.org
4) Addl Project Manager Name/Title:	Jeff Quinn/Manager	
Addl Project Manager Contact Info:	Phone: (702) 759-0945	Email: Quinn@snhd.org
5) Finance/Grant Contact Name/Title:	Lynda Zielinski/Accountant II	
Finance/Grant Contact Info:	Phone: (702) 759-1245	Email: zielinski@snhd.org

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The SNHD is seeking funding through the DHS UASI grant to continue an FTE to work full time within the SNCTC, specifically, within the analytical section. This position will coordinate Public Health related information and statical data with partners within the SNCTC Analytical and Operational areas. Information for this individual may be gathered through several systems in place within SNHD, i.e., HAN, EpiX, and Essence systems. Information gathered through public health can assist in the detection of potential national and international outbreaks, emerging infectious diseases, and potential use of biological agents. The coordination of this individual on a full-time basis will enhance the current capability of Intelligence and Information Sharing and Operational Coordination on a real time basis. Information that can be shared within the SNCTC will assist Clark County and the State of Nevada to prepare, mitigate, and if necessary respond to a potential event. This individual will also provide a monthly Public Health informational release through the Fusion Center.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	FUSION CENTERS
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

SNHD would like to ensure that public health has an individual assigned to the SNCTC full-time to be able to provide public health information on a real time basis with analytical staff to assist in the sharing of information that may be relevant to the operational coordination for Clark County. The ability to identify, gather, and verify data received will allow the coordination of a potential response effort to be coordinated in a timely manner. Information that will be gathered will be related to local, national, and international trends for outbreaks, emerging diseases, and Bio-Events.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	L
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Public Health Analytical FTE

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Continue the current FTE within the SNCTC.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Once the project has been approved by the UASI working group and funding is secured through NDEM, SNHD will continue the involvement of the current employee within the SNCTC. This individual will continue to work with Analytical and Operational Planning staff to gather and provide Public Health related information to share with the Fusion Center, Jurisdictional Partners, and other Fusion Centers as identified by the SNCTC Director. This FTE will continue to enhance the current staff that currently work within the SNCTC one day a week on planning efforts. This FTE will continue to have the capability to receive real time updates through current SNHD systems that can detect any potential outbreaks or threats. The information gathered will be confirmed through SNHD's EPI, Lab, or Chief Health Officer for verification and potential dissemination.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Southern Nevada Health District	County-Special District	Steven Kramer
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

To continue this FTE from the SNHD, funding will be need to be secured through UASI funds if available. SNHD has no budgeted funding through the use of General Fund revenue.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	L
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Public Health Analytical FTE
---------------------------------	------------------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
	The continuation of currently funded staff through the UASI 2018 funding stream. Funding consists of Salary, Fringe, and Travel costs.	\$ 93,276.00		\$ 93,276.00
	<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
		\$ 93,276.00	\$ 0.00	\$ 93,276.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	L
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Public Health Analytical FTE

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Continue FTE within current position for SNCTC	09/01/19	08/31/20	12
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

This FTE will continue to work with staff within the SNCTC Analytical department to identify potential emerging threats that may be identified nationally and internationally through information gathered with Public Health notification systems currently in place. Throughout the past year, there has been information shared with Federal Public Health partners about the possession of material that can be utilized as a Bio-Terrorist attack. This information was provided to the SNCTC sometimes 48 hours prior to them receiving any information related to the incident. The ability to have an analytical person working side by side with SNCTC staff and share information received daily, would assist in the mitigation of any potential threats to the community.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

The continuation of this project directly aligns the Intelligence and Information Sharing, and Operational Coordination between Public Health and SNCTC.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

This is the current amount needed to continue this FTE for another year.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	L
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Public Health Analytical FTE

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

No funding available through other resources.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

The sharing of information related to a public Health Event.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

Currently SNHD provides 1 staff to the SNCTC on a part-time basis of 1 day each per week. The current individual is involved with planning and development of programming for community needs. The continuation of this FTE would be directly related to the gathering and sharing of information, along with the statistical data coordination. This FTE position would differ from the current part-time in that the part-time employees work on the Planning and Operational aspects between the District and the SNCTC. The new FTE full-time would be strictly Analytical.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

	<b>Agency Name</b>	Southern Nevada Health District	<b>Project Manager Name &amp; Contact #</b>	Steven Kramer 702-759-1658	<b>Grant Manager Name &amp; Contact #</b>	Lynda Zielinski-702-759-1245 email Zielinski@snhd.org							L
	<b>IJ TITLE:</b>	<b>Public Health Preparedness Analyst</b>											
		<b>One Budget Per Funding Stream UASI</b>											
<b>Line #</b>	<b>CATEGORY</b>	<b>PERSONNEL DETAIL DESCRIPTION</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Salary or Hourly</b>	<b>% of Effort</b>	<b>Calculation (hours)</b>	<b>Personnel Cost Amount</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>		<b>Requested Funding Source</b>	
	<b>Personnel</b>	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.											
1		Public Health Preparedness Analyst	Maintain	UASI	Salary	100%	2080	\$ 66,000.00	Fusion Center - SNCTC	Operational Coordination		UASI	
2								\$ -					
3								\$ -					
4								\$ -					
	<b>Personnel Sub-Total</b>							\$ 66,000.00					

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

<b>Line #</b>	<b>CATEGORY</b>	<b>FRINGE DETAIL DESCRIPTION</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Salary Hourly</b>	<b>% of Effort</b>	<b>Calculation (Input hours)</b>	<b>Personnel Cost Amount</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>		<b>Requested Funding Source</b>
	<b>Fringe Benefits</b>	Positions Require: Fringe to be separate from Personnel Costs above										
5		Fringe Rate of 41.00% of Base Salary	Maintain	UASI	Salary	100%	2,080.00	\$ 2,706.00	Fusion Center - SNCTC	Operational Coordination		Personnel
6								\$ -				
7								\$ -				
8								\$ -				
	<b>Fringe Sub-Total</b>							\$ 27,060.00				

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

<b>Line #</b>	<b>CATEGORY</b>	<b>PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Category of Each Travel</b>	<b>Justification &amp; Narrative for each trip must be included here</b>	<b>Total Trips</b>	<b>Cost for each Trip</b>	<b>Total Cost</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>	<b>Requested Funding Source</b>
	<b>Travel Planning Training Exercise Equipment Organization</b>	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9	Training	Mileage for local trainings/meetings	Maintain	UASI	Training	Travel for instate meeting mileage			216.00	Fusion Center - SNCTC	Operational Coordination	UASI
10	Travel/Training	Fusion Center Training in Chicago										
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
	<b>Travel Sub-Total</b>								216.00			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

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Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
31							-	-				
32							-	-				
33							-	-				
34							-	-				
35							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-	\$ -			
37								\$ -				
38							-	\$ -				
39								\$ -				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40								\$ -				
41								\$ -				
42								\$ -				
43								\$ -				
44								\$ -				
45								\$ -				
46								\$ -				
47								\$ -				
48								\$ -				
49								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 93,276.00
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**Project L**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	SNCTC FTE		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	UASI	<b>SHSP Funding Request:</b>	
		<b>UASI Funding Request:</b>	98,276.00
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
This project is initiated at the regional level for daily monitoring and the sharing of information. Should a detection of a Public Health event be identified, that information and potential response would be a statewide resource.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
Yes, SNCTC			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
Indirect costs			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
Not currently at this time.			

**Project L**

Please provide a five year funding summary for your project.

The current project would be on continued funding through HSGP and the increase would be 2.5% as a yearly step increase to pay.

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

M

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/25/19

1) PROJECT TITLE:	Southern Nevada Counter Terrorism Center	
2) PROPOSING/LEAD AGENCY:	Las Vegas Metropolitan Police Department	
3) Project Manager Name/Title:	Chris Tomaino / Captain	
Project Manager Contact Info:	Phone: (702) 828-2281	Email: c4671t@lvmpd.com
4) Addl Project Manager Name/Title:	Rachel Skidmore / Emergency Manager	
Addl Project Manager Contact Info:	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
5) Finance/Grant Contact Name/Title:	Joni Prucnal, Director of Finance	
Finance/Grant Contact Info:	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The National Network of Fusion Centers is the cornerstone of the Department of Homeland Security's vision for protecting the Homeland. This network provides the conduit for the U.S. Intelligence Community to our partners by providing ground information to complement the intelligence streams. This ultimately supports the goal of exchanging information and intelligence. The network collaborates with state, local, and federal partners in an effort to deter, detect, prevent, and/or mitigate terrorism, hazards, and other criminal activity. This is for the protection of the citizens, visitors, and critical infrastructure of the state of Nevada and the United States. As a result of funding, the Southern Nevada Counter Terrorism Center (SNCTC) will be able to sustain current operations to meet the Fusion Center Baseline Capabilities / CoC's / EC's. The SNCTC is committed to intelligence and information sharing within the state, regionally, and nationally, to include FEMA Region IX. This project proposal further sustains our efforts to maintain necessary information streams throughout our state, and continue to operate as the DHS Primary fusion center for the State of Nevada.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	FUSION CENTERS
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project is the sustainment request for the Southern Nevada Counter Terrorism Center.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	M
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

All three are completed.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The project will be administered by the Las Vegas Metropolitan Police Department (LVMPD), the host agency for the Southern Nevada Counter Terrorism Center. In addition to the staff that are provided by LVMPD there are 21 partner agencies represented to include: The Federal Aviation Administration, Henderson Police Department, Department of Homeland Security - CFATS, Department of Homeland Security - ICE, Transportation Security Administration, Nevada National Guard, Department of Homeland Security - Federal Security, Department of Homeland Security- PSA, Nevada Highway Patrol, Clark County Fire Department, Boulder City Police Department, North Las Vegas Police Department, Department of Homeland Security - Office of Intelligence and Analysis, Federal Bureau of Investigation, RRG Privacy Officer, Las Vegas City Marshals, Hoover Dam Police Department, Moapa Tribal Police Department, Southern Nevada Health District, US State Department, and the Clark County School District Police Department. It is through these partnerships with the various agencies that information is collected, analyzed, and distributed to our consumers. The crime and intelligence analysts, along with supporting research staff leverage technology and the diverse data sets owned by the participating agencies to produce insightful and actionable intelligence products for the stakeholders and other customers of the SNCTC.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

We are currently looking to sustain the existing projects, programs, and procedures that are already in place within the Southern Nevada Counter Terrorism Center through HSGP funds, as well as host and partner agency support.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

51%	49%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	M
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Southern Nevada Counter Terrorism Center
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Membership in professional organizations, cable, Internet, SAR reporting hot-line, plotter supplies, information service subscription renewals, printed materials, operating materials, AV system maintenance, and travel for planning meetings & conferences.	\$ 17,200.00	\$ 132,200.00	\$ 149,400.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Omega professional services contract, cybersecurity contract employee, Privacy Officer contract, and a professional services contract for the strip camera program.	\$ 100,000.00	\$ 385,000.00	\$ 485,000.00

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
i2 Analyst notebook renewal, Coplink software annual maintenance, Omega renewals, website domain renewal, Cybersecurity software, social media analytics, Orator Plus annual maintenance, milestone annual maintenance, Strip Camera Project maintenance, computer software, and computer hardware.	\$ 435,153.57	\$ 120,000.00	\$ 555,153.57

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Analyst trainings to include IALEIA, IACA and FIAT. Trainings utilized in this category directly align with the mission of the Southern Nevada Counter Terrorism Center.	\$ 49,000.00	\$ 0.00	\$ 49,000.00

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 601,353.57	\$ 637,200.00	\$ 1,238,553.57

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	M
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Execute necessary contracts	01/01/20	12/31/20	12
3	Receive information, process, analyze, and disseminate	01/01/20	12/31/20	12
4	Sustain and continue to evolve community outreach programs	01/01/20	12/31/20	12
5	Maintain the Strip Camera Project	01/01/20	12/31/20	12
6	Continue to maintain data information sharing with partner agencies	01/01/20	12/31/20	12
7	Maintain outreach for See Something Say Something	01/01/20	12/31/20	12
8	Procure necessary equipment	01/01/20	12/31/20	12
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Yes, the Southern Nevada Counter Terrorism Center's primary purpose is to implement the National SAR initiative which is to combat terrorism within the United States.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Fusion centers are intelligence and information sharing at the core. We are currently seeking to build out the cybersecurity components within our center

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

We would have capability loss.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	M
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.	
The LVMPD requires the grants to sustain this program.	
e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.	
Yes the SNCTC is the state designated fusion center for the state of Nevada.	

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us



HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name		Las Vegas Metropolitan Police Department	Project Manager Name & Contact #	Christopher Tomaino, 702 828 2257	Grant Manager Name & Contact #	Joni Prucnal, 702 828 8267						<b>M</b>
<b>IJ TITLE:</b>		<b>Southern Nevada Counter Terrorism Center</b>										
		<b>One Budget Per Funding Stream SHSP</b>										
Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source	
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.										
1								\$ -				
2								\$ -				
3								\$ -				
4								\$ -				
	<b>Personnel Sub-Total</b>							\$ -				
PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.												
Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source	
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above										
5								\$ -				
6								\$ -				
7								\$ -				
8								\$ -				
	<b>Fringe Sub-Total</b>							\$ -				
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.												
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A												
Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		2020 Announced Conferences	Maintain	SHSP	Planning	Trainings arise throughout the year, and are important to maintain trends.	9.00	2,000.00	\$ 18,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
10		National Fusion Center Conference / Fusion Center West Conference	Maintain	SHSP	Planning	Required by Fusions Centers	4.00	2,000.00	\$ 8,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
11		National Homeland Security Conference	Maintain	SHSP	Planning	This is the UASI HS Conference and is attended every year by staff.	3.00	2,000.00	\$ 6,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
12									-			
13									-			
14									-			
15									-			
16									-			
17									-			
18									-			
19									-			
20									-			
21									-			
22									-			
23									-			
24									-			
25									-			
26									-			
27									-			
	<b>Travel Sub-Total</b>								32,000.00			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This includes conference attendance at the National Fusion Center, Fusion Center West, National Homeland Security Conference, and additional that are announced throughout the year.

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		SITE Subscription	Maintain	SHSP	1	14,000.00	14,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
28		Utilities	Maintain	SHSP	1	\$ 13,200.00	13,200.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
29		Printed and Printing Materials	Maintain	SHSP	1	\$ 8,000.00	8,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
30		Membership in Professional Organizations (LEIU/IAEIA)	Maintain	SHSP	1	\$ 2,500.00	2,500.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
31		Information Services Subscription Renewals (Targus /Spypedia /James Town/MSA/Flashpoint Global Partners)	Maintain	SHSP	1	\$ 57,000.00	57,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
32		AV System Service and repair	Maintain	SHSP	1	\$ 5,500.00	5,500.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
33							-			
34							-			
35										
	Planning Sub-Total						\$ 100,200.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Include a SITE subscription and additional infrmation service subscriptions that are systems the SNCTC uses on a regular basis. Utilities, Printing, members, and AV system service and repair is also included here.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPAKCS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36		Omega Professional Services		SHSP	1.00	85,000.00	\$ 85,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
37		Contract Cyber Analyst		SHSP	1.00	225,000.00	\$ 225,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
38		Contract Privacy Officer		SHSP	1.00	75,000.00	\$ 75,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	SHSP
39										
	Organization Sub-Total						\$ 385,000.00			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Professional service contracts for the cyber analyst, the privacy officer, and the Omega professional services contract for data management.

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40		Computer Hardware	Maintain	SHSP	32.00	1,000.00	\$ 32,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	SHSP
41		Social Media Analytics	Maintain	SHSP	1.00	51,500.00	\$ 51,500.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04SW-04-NETW	SHSP
42		I2 Analyst Notebook Software License Renewals	Maintain	SHSP	1.00	34,000.00	\$ 34,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04SW-04-NETW	SHSP

43		Website Renewals	Maintain	SHSP		1.00	800.00	\$ 800.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04SW-04-NETW	SHSP
44		Website Maintenance (SNCTC)	Maintain	SHSP		1.00	1,700.00	\$ 1,700.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04SW-04-NETW	SHSP
45								\$ -				
46								\$ -				
47								\$ -				
48								\$ -				
49								\$ -				
		<b>EQUIPMENT Sub-Total</b>						\$ 120,000.00				

**EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Includes computer hardware replacements, social media analytics, I2 analyst notebook, webpage renewals, and website maintenance.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 637,200.00	
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Project M

FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	SNCTC		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	UASI/SHSP	<b>SHSP Funding Request:</b>	\$637,200
		<b>UASI Funding Request:</b>	\$601,353
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
The SNCTC is the state designated fusion center, and tasked with the national SAR initiative. The funding for the sustainment costs for the fusion center are provided by the HSGP funding streams. The LVPMD hosts all full time assigned bodies for the functionality of the fusion center.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
We have more than 22 partner agencies, our distributions are received by several thousand recipients across all 16 of the DHS CIKR sectors.			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
12-million			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			

**Project M**

Not at this time

Please provide a five year funding summary for your project.

## Project M

We anticipate costs to remain on par for the next five years.



<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	N
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	4/26/19

<b>1) PROJECT TITLE:</b>	Nevada Threat Analysis Center	
<b>2) PROPOSING/LEAD AGENCY:</b>	Nevada Department of Public Safety, Investigation Division	
<b>3) Project Manager Name/Title:</b>	Lt. Andrew Rasor	
<b>Project Manager Contact Info:</b>	Phone: (775) 687-0309	Email: arasor@dps.state.nv.us
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Melissa Carr/ Administrative Service Officer	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 684-7443	Email: mcarr@dps.state.nv.us

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Nevada Threat Analysis Center (NTAC) is the Department of Homeland Security (DHS) recognized state fusion center with an Area of Responsibility (AOR) covering 16 of 17 counties (except Clark), with interests across the entire state (all state agencies and Tribal Nations) and the Office of the Governor. As a critical component of the United States homeland security and counter-terrorism enterprise and the National Network Of Fusion Centers, the purpose of the Nevada Threat Analysis Center is to receive, analyze, disseminate and gather information from and to share intelligence with state, local, tribal and federal partners in an effort to deter, detect, prevent and/or mitigate terrorism and other criminal activity. The funding requested is primarily to sustain NTAC programs, operations, and staffing in accordance with the fusion center baseline capabilities and critical operating capabilities.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	FUSION CENTERS
HSGP Project Type Supporting Strategic Capacity:	Nevada Threat Analysis Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	SCREENING, SEARCH, AND DETECTION [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

As a state-level critical component of the United States homeland security and counter-terrorism architecture, the purpose of the Nevada Threat Analysis Center (NTAC) is to provide an information sharing environment based on the intelligence cycle to receive, analyze, disseminate and gather information from state, local, tribal and federal partners and the private sector in an effort to deter, detect, prevent and/or mitigate terrorism and other criminal activity. The NTAC shares timely and accurate threat based information with federal and state authorities. The NTAC manages a reporting and collection program to receive suspicious activity information from state, local, and tribal government, the private sector and the general public, which is analyzed and reported to the appropriate federal authorities or state law enforcement.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	N
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Nevada Threat Analysis Center

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

NTAC does not foresee the need to use contracting RFP or Sole Source for making purchases during the performance period of the grant. Procurement will likely be completed through internal processes.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The Nevada Threat Analysis Center is managed by the Nevada Department of Public Safety (DPS), Investigation Division. The Nevada Threat Analysis Center's goal is to collect and share terrorism and criminal information through successful collaboration with state and local government, tribal government, federal partners, and the private sector. The direction, planning, analysis, production, dissemination and feedback is accomplished by 27 full time employees, which include 11 state funded employees and 16 contractors. The employees include: 5 Sworn DPS Officers (including 1 Lieutenant, 1 Detective assigned to the FBI Joint Terrorism Task Force in Reno, 1 State Trooper assigned as the NTAC Privacy Officer/Security Officer, 1 Sergeant assigned to Safe Voice and 1 Detective assigned to SNCTC/ARMOR); 1 Deputy Director; 3 DPS Intelligence Analysts, 1 DPS Senior Intelligence Analyst, 1 DPS Administrative Assistant, 2 Intelligence Analysts (contractor); 1 Fusion Liaison Officer Coordinator (contractor), and 1 Critical Infrastructure/Key Resource Coordinator (contractor). The NTAC also operates the SafeVoice Communications Center on behalf of the Nevada Department of Education, which has 12 contract communication specialists. The funding requested is vital to the Nevada Threat Analysis Center's ability to sustain fusion center Baseline and Core Operating Capabilities, which are significant and necessary components to successful Intelligence production and Information sharing in the State of Nevada.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Nevada Threat Analysis Center (NTAC)	State (Department of Public Safety)	Lt. Andrew Rasor
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Although the majority of the Nevada Threat Analysis Center's staff are state employees and funded out of the state general fund, current funding streams cannot support all of the Nevada Threat Analysis Center's operational and staffing needs, which are vital to the Nevada Threat Analysis Center's ability to sustain/meet its DHS Baseline Capabilities, Critical Operating Capabilities and/or counter-terrorism/criminal intelligence mission goals and objectives. These operational and staffing needs are ongoing and will likely be dependent upon the continued receipt of HSGP funding into the foreseeable future.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>N</b>
<b>Date Submitted</b>	<b>4/26/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Nevada Threat Analysis Center
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			
Planning/Prevention Activities; General Planning/Prevention Materials; Consumables/Supplies; Telecommunications Services; Information/Public Records Subscriptions; Memberships in Professional Organizations; VPN and network connection services; Webhosting services; Internet subscription service; Suspicious Activity Reporting Phone Line/Call Charges; Public Information & Awareness Campaign program materials/services. Fusion Liaison Officer training/ planning/ outreach travel; Critical infrastructure & vulnerability /threat assessments travel.		\$ 158,669.21	\$ 158,669.21
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			
Fusion Liaison Officer (FLO) Coordinator-\$105,000; Critical Infrastructure and Key Resources (CIKR) Coordinator-\$105,000; Intelligence Analyst #1 - \$105,000.48; Intelligence Analyst #2 - \$105,000.		\$ 420,000.26	\$ 420,000.26
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
ORATOR-renewal/upgrade; ESRI GIS SUPPORT-renewal/upgrade; I2-renewal/upgrade; FUSION 360-maintenance; Polaris Alpha Intelligence analytics software/server - programming maintenance/renewal/upgrade; COMPUTERS & PERIPHERALS-routers, switches, keyboards, cabling, printers, etc.; EITS server maintenance/upgrade; Traffic Jam Analytics.		\$ 79,770.00	\$ 79,770.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			
Fusion Liaison Officer (FLO) Training (Conducted and Attended)/FLO Training Materials; Intelligence/Crime Analysis Training; Professional Conferences/Workshops; Privacy/Security Training; CIKR Training (Conducted and Attended)/CIKR Training Materials.		\$ 51,526.75	\$ 51,526.75
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			
National/Regional/State Exercises.		\$ 2,575.50	\$ 2,575.50
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			
			\$ 0.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 0.00	\$ 712,541.72	\$ 712,541.72

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**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	N
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Nevada Threat Analysis Center

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive approval to spend funding	12/01/19	04/15/20	4
3	Sustain Criminal Intelligence Analysts	08/01/20	08/01/21	12
4	Sustain FLO Coordinator and CIKR Coordinator	08/01/20	08/01/21	12
5	Conduct planning activities	08/01/20	08/01/21	12
6	Purchase Equipment	08/01/20	08/01/21	12
7	Conduct/Attend training/Conferences/Workshops	08/01/20	08/01/21	12
8	Purchase training materials	08/01/20	08/01/21	12
9	Host and/or attend regional/state exercises	08/01/20	08/01/21	12
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

The NTAC is the State fusion center and supports the National Network of Fusion Centers. The principal role of the fusion center is to collect, analyze, and disseminate terrorist/criminal information and intelligence and other information (including, but not limited to, threat, public safety, law enforcement, public health, social services, and public works) to support efforts to anticipate, identify, prevent, and/or deter terrorist/criminal activity.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project aligns specifically with the Nevada Commission on Homeland Security Strategic Capacity: FUSION CENTERS, and supports FEMA core capability: Intelligence and Information Sharing. The NTAC mission, goals and objectives are based on the intelligence cycle components of collecting, analyzing, and sharing timely and actionable intelligence with federal, state, local, tribal, and private sector partners, to prevent, detect, deter and mitigate terrorist and criminal activities.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

This project request could be reduced, but not as a "scalable" reduction. Any reduction in the proposed budget would require targeting a program area or technological solution, thereby adversely impacting necessary fusion center mission related capabilities.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	N
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Nevada Threat Analysis Center

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

The NTAC would not be able to continue with this project without funding. Substantial operational capabilities are funded through the grant, which include the tools, resources, and technology required for information gathering and the analysis of the information. The Fusion Liaison Officer program and the Silver Shield Critical Infrastructure programs are supported entirely by grant funding. Four contract positions -The Fusion Liaison Officer Coordinator, the Critical Infrastructure Coordinator and two Intelligence Analysts - are critical to the NTAC information sharing operation. The SHSGP funding is critical to the NTAC's ability to maintain fusion center baseline capabilities and to effectively support the National Network of Fusion Centers to combat terrorism and criminal activity.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

As the State fusion center, the NTAC provides an effective, unique, and efficient mechanism for sharing information and reporting terrorism and criminal related suspicions activity to local government partner agencies from 16 of 17 counties (excluding Clark), to all state agencies including the Office of the Governor, and all tribal governments statewide. Through collaboration with federal partners (the FBI and DHS) the NTAC manages this critical information, conducts analysis, and provides timely and accurate information and feedback to our statewide partners.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**FFY 2019**

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Nevada Dept. of Public Safety, Investigation Division	<b>Project Manager Name &amp; Contact #</b>	Lieutenant Andrew Rasor	<b>Grant Manager Name &amp; Contact #</b>	Lieutenant Andrew Rasor (775.687.0309); Melissa Carr, ASO (775.684.7443)	<b>N</b>
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<b>IJ TITLE:</b>	<b>Nevada Threat Analysis Center (NTAC) -- Fusion Center</b>
	<b>One Budget Per Funding Stream</b>
	<b>SHSP</b>

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	<b>Personnel</b>	<b>Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing &amp; Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.</b>			Hourly						
1		1 Fusion Liaison Officer Coordinator - (Existing) - 12 months - \$105,000 - (Planning / Organizations / Training / Exercise)	Maintain	SHSP	\$50.48	100%	2080	\$ 105,000	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
2		1 Critical Infrastructure and Key Resources (CIKR) Coordinator -(Existing) - 12 months - \$105,000 - (Planning / Organization / Training / Exercise)	Maintain	SHSP	\$50.48	100%	2080	\$ 105,000	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
3		1 Intelligence Analyst - (Existing) - 12 months - \$105,000 - (Planning / Organization / Training)	Maintain	SHSP	\$50.48	100%	2080	\$ 105,000	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
4		1 Intelligence Analyst - (Existing) - 12 months - \$105,000 - (Planning / Organization / Training)	Maintain	SHSP	\$50.48	100%	2080	\$ 105,000	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
	<b>Personnel Sub-Total</b>							\$ 420,000.26			

**PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

**Fusion Liaison Officer (FLO) Coordinator** – manages / facilitates the NTAC’s FLO Program. The FLO Program supports the NTAC’s collection, analysis, and dissemination efforts (Critical Operating Capabilities), which support the Intelligence Cycle. More specifically, the FLO Program focuses on developing and maintaining relationships with federal, state, local, tribal and private sector partners via outreach, training and exercises to ensure that threat information is recognized, collected, reported, analyzed, and disseminated to those with a right and need to know the information. Furthermore, these relationships provide the NTAC with Subject Matter Experts (SME’s) that can be used to support analytical efforts. Deliverables include, but are not limited to: outreach, training, exercises, Suspicious Activity Reports, Tips / Leads, situational awareness, local context to federal threat streams, information / intelligence used to create various fusion center products, establishing SME contacts, etc.

**The Critical Infrastructure and Key Resources (CIKR) Coordinator** - manages / facilitates the NTAC’s CIKR Program. The CIKR Program supports the NTAC’s collection, analytical, and dissemination efforts (Critical Operating Capabilities). The goal of the CIKR Program is to identify, catalogue, prioritize, and protect CIKR within the NTAC’s Area of Responsibility. Deliverables include, but are not limited to: the AOR data call, outreach, Site Vulnerability Assessments, Special Events Assessments, and training.

**The Intelligence Analyst (IA) Two positions** – the NTAC’s Intelligence Analyst supports all phases of the Intelligence Cycle including, but not limited to: the collection, analysis, and dissemination of information / intelligence (Critical Operating Capabilities). More specifically, the IA primarily receives/collects threat and/or hazard information from federal, state, local, tribal, and private sector partners, analyzes it for national /local implications, and disseminates it to appropriate leadership for strategic / tactical planning and/or operational purposes. Deliverables include, but are not limited to: Tip/Lead and SAR processing, briefings, and the production and dissemination of intelligence products, bulletins, alerts, and other situational awareness products.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	<b>Fringe Benefits</b>	<b>Positions Require: Fringe to be separate from Personnel Costs above</b>									
5		NOTE -Any fringe is included in the personnel cost estimates.						\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A**

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	<b>Travel Planning Training Exercise Equipment Organization</b>	<b>THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)</b>	Select Type									
9		Fusion Liaison Officer Planning / Outreach - in state travel	Maintain	SHSP	Planning	Travel for NTAC FLO coordinator and staff to conduct training across entire state of Nevada. Outreach travel supporting the NTAC FLO Program	14.00	365.54	5,117.61	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
10		Fusion Liaison Officer Planning / Outreach - out of state travel	Maintain	SHSP	Planning	Travel supporting FLO program - training, best practices, outreach with other state FLO programs	2.00	873.00	1,746.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
11		General Planning / Prevention Activities - in state travel	Maintain	SHSP	Planning	Travel supports planning / prevention activities within the NTAC’s AOR. Deliverables include, but are not limited to: general outreach / liaison, threat briefings, joint product production, threat assessments, intelligence / information gathering. Supports travel of 2 people for 6 trips with an average duration of 2 days per trip	12.00	539.68	6,476.10	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP

12		General Planning / Prevention Activities - out of state travel	Maintain	SHSP	Planning	Travel supports planning / prevention activities related to NTAC's AOR. To include, not limited to Fusion Center best practices development, regional/strategic planning threat assessments. Support the travel of 2 people for 6 trips with an average duration of 2 days per trip.	5.00	1,216.00	6,080.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
13		Conduct Site Infrastructure / Vulnerability / Threat Assessments - in state travel	Maintain	SHSP	Planning	Travel supports CIKR vulnerability assessments. estimated to support the travel of 2 people for 5 trips with an average duration of 3 days per trip.	10.00	564.75	5,647.50	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
14		Critical Infrastructure and Key Resources (CIKR) Planning / Outreach - in state travel	Maintain	SHSP	Planning	CIKR Planning / Outreach efforts within the NTAC's AOR, to include, not limited to: Special Events Assessment planning meetings, briefings/ presentations. Support the travel of 2 people for 2 trips with an average duration of 2 days per trip.	4.00	524.75	2,099.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
15		Critical Infrastructure and Key Resources (CIKR) Planning / Outreach - out of state travel	Maintain	SHSP	Planning	Out-of state CIKR Planning / Outreach efforts related to NTAC's AOR, to include, not limited to: Special Events Assessment planning meetings, briefings/ presentations. Support the travel of 2 people for 2 trips with an average duration of 2 days per trip.	1.00	1,189.00	1,189.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
16		Fusion Liaison Officer Training (Conducted / Attended) I in state travel	Maintain	SHSP	Training	Supports training conducted and/or attended by the FLO Coordinator / Program. Deliverables include, not limited to: FLO / related training and the professional development of FLO Coordinator / related staff to support the FLO Program. Estimated to support the travel of 2 people for 6 trips with an average duration of 2 days.	15.00	466.95	7,004.25	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
17		Fusion Liaison Officer Training (Conducted / Attended) out of state travel	Maintain	SHSP	Training	Supports training conducted and/or attended by the FLO Coordinator / Program. Deliverables include, not limited to: FLO / related training and the professional development of FLO Coordinator / related staff to support the FLO Program. Estimated to support the travel of 1 people for 2 trips with an average duration of 2 days.	2.00	1,226.00	2,452.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
18		Intelligence / Crime Analysis Training - in state travel	Maintain	SHSP	Training	Supports required Fusion Center Intelligence Analyst training. Per HSGP grant guidelines. See narrative section for more detail. Supports travel of 4 analysts for 2 trips with an average duration of 2 days.	6.00	808.50	4,851.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
19		Intelligence / Crime Analysis Training - out of state travel	Maintain	SHSP	Training	Supports required Fusion Center Intelligence Analyst training. Per HSGP grant guidelines. See narrative section for more detail. Supports travel of 3 analysts for 2 trips with an average duration of 5 days.	10.00	1,248.30	12,483.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
20		Professional Conferences / Workshops - in state travel	Maintain	SHSP	Training	Supports attendance to in-state Fusion Center related conferences or workshops. Deliverables include, but are not limited to: strategic planning / collaboration, training, and professional development for staff to support NTAC operations / Critical Operating Capabilities. Support the travel of 2 people for 2 trips with an average length of 3 days. See narrative area for more detail.	4.00	1,050.50	4,202.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
21		Professional Conferences / Workshops - out of state travel	Maintain	SHSP	Training	Travel supports attendance to any regional / national Fusion Center conferences or workshops, including the National Homeland Security Conference and the annual National Fusion Center Association workshop. Funding is estimated to support the travel of 3 people for 1 trip with an average length of 4 days.	7.00	1,729.29	12,105.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
22		Privacy / Security Training	Maintain	SHSP	Training	Supports training for the Privacy / Security Officer and/or related staff. Includes, but are not limited to: training and professional development to support NTAC privacy/ security functions and ensure compliance with Privacy laws, Civil Rights, Civil Liberties, and security requirements. Currently, this funding is estimated to support the travel of 1 person 2 trips with average length of 2 days.	2.00	1,226.00	2,452.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
23		Critical Infrastructure and Key Resources (CIKR) Training (Conducted / Attended) - in state travel	Maintain	SHSP	Training	Travel supports training conducted and/or attended by the CIKR Coordinator and/or related staff; includes, but not limited to: CIKR Program / related training and professional development to support the NTAC CIKR Program. Funding is estimated to support the travel of 1 person for 8 trips with an average length of 2 days.	5.00	808.50	4,042.50	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
24		Critical Infrastructure and Key Resources (CIKR) Training (Conducted and Attended) - out of state travel	Maintain	SHSP	Training	Travel supports training conducted and/or attended by the CIKR Coordinator and/or related staff; includes, but not limited to: CIKR Program / related training and professional development to support the NTAC CIKR Program. Funding is estimated to support the travel of 1 person for 1 trips with an average length of 4 days.	1.00	1,935.00	1,935.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
25		Exercises - in state travel	Maintain	SHSP	Exercise	Supports staff participation in the exercises testing the NTAC's Critical Operating Capabilities; includes, but not limited to: evaluating / enhancing the NTAC's Critical Operating Capabilities and National Strategic Stockpile program. Funding is estimated at 1 person for 3 trips with an average length 2 days.	3.00	858.50	2,575.50	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP

26																						-
27																						-
	Travel Sub-Total																					82,457.45

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

**Fusion Liaison Officer (FLO) Program Planning / Outreach - In State Travel** – this travel supports FLO Planning / Outreach efforts within the NTAC's AOR (all 16 of the 17 counties in the state. all state agencies regardless of county location, and all tribal nations within the state). Deliverables include, but are not limited to: outreach, Tips / Leads, Suspicious Activity Reports (SAR's), situational awareness, local context to federal threat streams, information / intelligence used to create various fusion center products, and SME's. Currently, this funding is estimated to support the travel of 2 people for 6 trips with an average duration of 2 days per trip.

**Fusion Liaison Officer (FLO) Planning / Outreach - Out of State Travel** – this travel supports regional / national FLO Planning / Outreach efforts. Deliverables include, but are not limited to: regional / national outreach, liaison, FLO best practices development, situational awareness, information / intelligence collection, establishing SME contacts, etc. Currently, this funding is estimated to support the travel of 1 person for 2 trips with an average duration of 2 days per trip.

**General Planning / Prevention Activities – In State Travel** – this travel supports planning / prevention activities within the NTAC's AOR. Deliverables include, but are not limited to: general outreach / liaison, threat briefings, joint product production, threat assessments, intelligence / information gathering / sharing activities, Standing Information Needs (SIN's) development, operational activities, comprehensive Fusion Center best practices development, statewide fusion center strategic planning / collaboration; attendance to Homeland Security Commission / Subcommittee Meetings, etc. Currently, this funding is estimated to support the travel of 2 people for 6 trips with an average duration of 2 days per trip.

**General Planning / Prevention Activities – Out of State Travel** – this travel supports planning / prevention activities related to the NTAC's AOR. Deliverables include, but are not limited to: general outreach / liaison, threat briefings, joint product production, threat assessments, intelligence / information gathering / sharing activities, operational activities, comprehensive Fusion Center best practices development, regional / national strategic planning / collaboration, etc. Currently, this funding is estimated to support the travel of 2 people for 6 trips with an average duration of 2 days per trip.

**Conduct Site Infrastructure / Vulnerability / Threat Assessments – In State Travel** – This travel supports the CIKR Program. Deliverables include, but are not limited to: CIKR site vulnerability assessments and special events assessments. Currently, this funding is estimated to support the travel of 2 people for 5 trips with an average duration of 3 days per trip.

**Critical Infrastructure and Key Resources (CIKR) Planning / Outreach – In State Travel** – this travel supports in state CIKR Planning / Outreach efforts within the NTAC's AOR. Deliverables include, but are not limited to: the state data call, outreach, liaison, informational presentations, briefings, Site Vulnerability / Special Events Assessment planning meetings, etc. Currently, this funding is estimated to support the travel of 2 people for 2 trips with an average duration of 2 days per trip.

**Critical Infrastructure and Key Resources (CIKR) Planning / Outreach – Out of State Travel** – this travel supports out of state CIKR Planning / Outreach efforts related to the NTAC's AOR. Deliverables include, but are not limited to: regional / national CIKR related outreach, presentations, briefings, Special Events Assessment planning meetings, CIKR best practices development, etc. Currently, this funding is estimated to support the travel of 1 person for 1 trip with an average duration of 2 days per trip.

**Fusion Liaison Officer (FLO) Training (Conducted / Attended) – In State Travel** - This travel supports training conducted and/or attended by the FLO Coordinator / Program. Deliverables include, but are not limited to: FLO / related training and the professional development of FLO Coordinator / related staff to support the FLO Program. Currently, this funding is estimated to support the travel of 2 people for 6 trips with an average duration of 2 days.

**Fusion Liaison Officer (FLO) Training (Conducted / Attended) – Out of State Travel** - This travel supports training conducted and/or attended by the FLO Coordinator. Deliverables include, but are not limited to: Deliverables include, but are not limited to: FLO / related training and the Professional Development of FLO Coordinator / related staff to support the FLO Program. Currently, this funding is estimated to support the travel of 1 person for 2 trips with an average duration of 2 days.

**Intelligence / Crime Analysis Training – In State Travel** – This travel supports required Fusion Center Intelligence Analyst training. Per HSGP grant guidelines, fusion center analytic personnel must demonstrate qualifications that meet or exceed competencies identified in the Common Competencies for State, Local, and Intelligence Analysts, which details the minimum categories of training for intelligence analysts. Additionally, the Critical Operating Capabilities require that Intelligence Analysts have at least 20 hours of topic specific training per year. As such, the NTAC requires funding to support travel for intelligence analysts. Such training may include, but is not limited to: DHS Basic Intelligence and Threat Analysis Course; DHS Critical Thinking and Analytical Methods, DHS Principles of Intelligence Writing and Briefing; Foundations in Intelligence Analysis Training; Intermediate Fusion Center Analyst Training – Analysis and Terrorism Prevention; Intermediate Fusion Center Analyst Training – Strategic Analysis and Oral Briefings; Law Enforcement Analyst Program; ODNi Analysis; and other topic specific courses. Deliverables include, but are not limited to: Professional Development of the Intelligence Analysts, which supports all of the NTAC's operations / Critical Operating Capabilities. Currently, this funding is estimated to support the travel of 4 analysts for 2 trips with an average duration of 2 days.

**Intelligence / Crime Analysis Training – Out of State Travel** – This travel supports required Fusion Center Intelligence Analyst training. Per HSGP grant guidelines, fusion center analytic personnel must demonstrate qualifications that meet or exceed competencies identified in the Common Competencies for State, Local, and Intelligence Analysts, which details the minimum categories of training for intelligence analysts. Additionally, the Critical Operating Capabilities require that Intelligence Analysts have at least 20 hours of topic specific training per year. As such, the NTAC requires funding to support travel for training intelligence analyst. Such training may include, but is not limited to: DHS Basic Intelligence and Threat Analysis Course; DHS Critical Thinking and Analytical Methods, DHS Principles of Intelligence Writing and Briefing; Foundations in Intelligence Analysis Training; Intermediate Fusion Center Analyst Training – Analysis and Terrorism Prevention; Intermediate Fusion Center Analyst Training – Strategic Analysis and Oral Briefings; Law Enforcement Analyst Program; ODNi Analysis; and other topic specific courses. Deliverables include, but are not limited to: Professional Development of the Intelligence Analysts, which support all of the NTAC's operations / Critical Operating Capabilities. Currently, this funding is estimated to support the travel of 3 analysts for 2 trips with an average duration of 5 days.

**Professional Conferences / Workshops – In State Travel** – This travel supports attendance to in-state Fusion Center related conferences or workshops. It should be noted that the grants differentiate between conferences, workshops and training. Although most involve a training aspect, conferences and workshops do not result in a training certificate, while training classes do result in a training certificate. As such, they must be accounted for in separate line items. Deliverables include, but are not limited to: strategic planning / collaboration, training, and professional development for staff to support NTAC operations / Critical Operating Capabilities. Currently, this funding is estimated to support the travel of 2 people for 2 trips with an average length of 3 days.

**Professional Conferences / Workshops – Out of State Travel** – This travel supports attendance to any regional / national Fusion Center conferences or workshops. It should be noted that the grants differentiate between conferences, workshops and training. Although most involve a training aspect, conferences and workshops do not result in a training certificate, while training classes do result in a training certificate. As such, they must be accounted for in separate line items. Deliverables include, but are not limited to: training and professional development for staff to support NTAC operations / Critical Operating Capabilities. Currently, this funding is estimated to support the travel of 3 people for 1 trip with an average length of 4 days.

**Privacy / Security Training – Out of State Travel** – This travel supports training for the Privacy / Security Officer and/or related staff. Deliverables included, but are not limited to: training and professional development to support NTAC privacy/ security functions and ensure compliance with Privacy laws, Civil Rights, Civil Liberties, and security requirements. Currently, this funding is estimated to support the travel of 1 person 2 trips with average length of 2 days.

**Critical Infrastructure and Key Resources (CIKR) Training – In State Travel** - this travel supports training conducted and/or attended by the CIKR Coordinator and/or related staff. Deliverables include, but are not limited to: CIKR Program / related training and professional development for the CIKR Coordinator / Program to support the NTAC CIKR Program. Currently, this funding is estimated to support the travel of 1 person for 8 trips with an average length of 2 days.

**Critical Infrastructure and Key Resources (CIKR) Training – Out of State Travel** - this travel supports training conducted and/or attended by the CIKR Coordinator. Deliverables include, but are not limited to: CIKR Program / related training and professional development for the CIKR Coordinator / Program to support the NTAC CIKR Program. Currently, this funding is estimated to support the travel of 1 person for 1 trip with an average length of 4 days.

**Exercises – In State Travel** – This travel supports staff participation in the exercises that test the NTAC's Critical Operating Capabilities. Deliverables include, but are not limited to: evaluating / enhancing the NTAC's Critical Operating Capabilities. Currently, this funding is estimated at 1 person for 3 trips with an average length 2 days.



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
28		General Planning / Prevention Materials	Maintain	SHSP	6	630.00	3,780.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
29		Materials to Conduct Site Vulnerability Assessments / Special Events Threat Assessments	Maintain	SHSP	4	636.00	2,544.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
30		Fusion Liaison Officer Training Materials	Maintain	SHSP	4	637.25	2,549.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
31		CIKR Training Materials	Maintain	SHSP	2	638.00	1,276.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
32		Consumables / Supplies	Maintain	SHSP	13	749.69	9,746.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
33		Webhosting Services	Maintain	SHSP	1	2,500.00	2,500.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
34		Internet Cable Subscription	Maintain	SHSP	1	2,000.00	2,000.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
35		VPN and Connection Services	Maintain	SHSP	12	65.00	780.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
36		Telecommunications Services	Maintain	SHSP	12	565.00	6,780.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
37		Information / Public Records Subscriptions	Maintain	SHSP	12	1,259.00	15,108.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
38		Memberships in Professional Organizations	Maintain	SHSP	2	825.00	1,650.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
39		Suspicious Activity Reporting - Phone Line	Maintain	SHSP	1	202.00	202.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
40		Suspicious Activity Reporting - Call Charge	Maintain	SHSP	1	799.01	799.01	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
41		Public Information & Awareness Campaign	Maintain	SHSP	1	80,600.00	80,600.00	Fusion Center - NTAC	Intelligence and Information Sharing	SHSP
42							-			
43										
	<b>Planning Sub-Total</b>						\$130,314.01			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

**General Planning / Prevention – Materials** – this funding supports the purchase of general planning / prevention materials that support NTAC operations. Purchases include, but are not limited to: informational posters / pamphlets, handouts, booklets, contractor business cards, Fusion Center business cards, etc. Deliverables include, but are not limited to: general outreach / liaison, threat briefings, joint product production, threat assessments, intelligence / information gathering / sharing activities, operational activities, comprehensive Fusion Center best practices development, regional / national strategic planning / collaboration, etc.

**Material to Conduct Site Vulnerability Assessments / Special Events Threat Assessments** - this funding supports the purchase of materials needed to conduct site vulnerability assessments and/or Special Events Assessments. Purchases include, but are not limited to: binders, CD's, flash drives, handouts, pamphlets, booklets, batteries, etc. Deliverables include, but are not limited to: CIKR site vulnerability assessments and special events assessments.

**Internet Cable Subscription** – Funding supports data cable cost for non-state internet connectivity.

**Webhosting Services** – Funding supports Netsential website hosting annual service fee.

**Consumables / Supplies** – this funding supports general consumables / supplies not currently funded via the State Budget. Purchase include, but are not limited to: pencils, paper, note pads, printer / toner cartridges, file folders, binders, CD's, flash drives, batteries, etc., and support all NTAC operations / Critical Operating Capabilities.

**VPN (Virtual Private Network)** – Funding supports 5 VPN connections to sensitive computers to conduct & support information sharing/gathering activities.

**Telecommunications Services** – this funding supports air cards for laptop connectivity to the State of Nevada Network to support all NTAC operations / Critical Operating Capabilities, as well as cell phone costs for NTAC contractors.

**Information / Public Records Subscriptions** – this funding supports subscriptions to various information gathering services and media outlets to support ongoing information needs related to NTAC operations / Critical Operating Capabilities.

**Memberships in Professional Organizations** – this funding supports NTAC membership in various professional organizations, which support NTAC operations and/or provide related technical assistance / resources related NTAC operations / Critical Operating Capabilities.

**See Something, Say Something Phone Line** - this funding supports the costs associated with the See Something, Say Something phone line charge (12 months @ \$15.00/mo).

**See Something, Say Something Call Charge** - this funding supports the costs associated with calls to the See Something, Say Something phone line. (Est. 30/min per day @ \$.06/min x 365).

**Public Information & Awareness Campaign** - this funding supports the continuation of the DHS "See Something, Say Something" public information campaign; provides funding for printed material, billboard signage, over air media PSAs, and related media advertising.

See

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
45						-	-	\$ -		
46								\$ -		
47						-	-	\$ -		
48								\$ -		
	<b>Organization Sub-Total</b>							\$ -		

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
49		Computer Software - Orator - renewal / upgrade	Maintain	SHSP	1	1,400.00	\$ 1,400.00	Fusion Center - NTAC	Intelligence and Information Sharing	13IT-00-DEXC Data Exchange and Interoperability	
50		Computer Software - ESRI GIS Support - renewal / upgrade	Maintain	SHSP	1	6,000.00	\$ 6,000.00	Fusion Center - NTAC	Intelligence and Information Sharing	13IT-00-DACQ Data Acquisition	
51		Computer Software - I2 - renewal/upgrade	Maintain	SHSP	1	9,100.00	\$ 9,100.00	Fusion Center - NTAC	Intelligence and Information Sharing	13IT-00-SGNT Software, Investigative, Signals Intelligence	
52		Computer Software - Fusion 360 - maintenance / upgrades	Maintain	SHSP	1	500.00	\$ 500.00	Fusion Center - NTAC	Intelligence and Information Sharing	13IT-00-INTL Systems, Intelligence Sharing	
53		Computers & Peripherals - routers, switches, keyboards, cabling, printers, etc.	Maintain	SHSP	10	852.00	\$ 8,520.00	Fusion Center - NTAC	Intelligence and Information Sharing	04HW-01-INHW Hardware, Computer, Integrated	
54		Polaris Alpha Intelligence Analytics software / server - for programming, maintenance/ renewal/upgrade	Maintain	SHSP	1	38,400.00	\$ 38,400.00	Fusion Center - NTAC	Intelligence and Information Sharing	13IT-00-DFSN Data Fusion/Synthesis	
55		Traffic Jam Analytics			1	8,500.00	\$ 8,500.00	Fusion Center - NTAC	Intelligence and Information Sharing	13IT-00-DFSN Data Fusion/Synthesis	
56		EITS Technology Maintenance	Maintain	SHSP	1	7,350.00	\$ 7,350.00	Fusion Center - NTAC	Intelligence and Information Sharing	13IT-00-INTL Systems, Intelligence Sharing	
57							\$ -				
							\$ -				
							\$ -				
		<b>EQUIPMENT Sub-Total</b>					<b>\$79,770.00</b>				

**EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinate d with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
58		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
62											\$ -	
63											\$ -	
64											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinate d with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
65		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
66											\$ -	
67											\$ -	
68											\$ -	
69											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 712,541.72	
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**Project N**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above

<b>FFY19 Project Name:</b>	Nevada Threat Analysis Center (NTAC) – Fusion Center		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$ 712,541.72
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The Nevada Threat Analysis Center (NTAC) is the state fusion center with an Area of Responsibility (AOR) covering 16 of 17 counties (except Clark); and with agency interests across the entire state (all state agencies and Tribal Nations) and the Office of the Governor. The NTAC is one of two DHS recognized fusion centers in Nevada. As a state level critical component of the United States homeland security and counter-terrorism architecture, the purpose of the Nevada Threat Analysis Center is to receive, analyze, disseminate and gather feedback from and to state, local, tribal and federal partners and the private sector in an effort to deter, detect, prevent and/or mitigate terrorism and other criminal activity. The NTAC, though its counterterrorism and all hazards mission, is a state resource; and though participation with the National Network of Fusion Centers, the NTAC is also a regional and national resource.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>The NTAC operates through constant and continuous collaboration with state and local governments, tribal government, federal partners, and the private sector by sharing threat-related information, gathering and analyzing tips and leads from public and partner sources, developing suspicious activity reports, and assisting law enforcement and homeland security partners in preventing, protecting against, and responding to crime and terrorism. Threat and criminal information received from multijurisdictional partners and home agency law enforcement is analyzed in context to the local environment, providing added value to customers and decision makers. Such multijurisdictional and agency participation contributes nationally to the Information Sharing Environment (ISE) as the NTAC provides federal government partners (DHS, FBI, Secret Service, DEA) with critical locally generated threat-related information.</p> <p>The NTAC collaborates with various state and local agencies, such as Legislative Police, Carson City Sheriff's Office, Nevada Department of Health and Human Services, Nevada Highway Patrol, and Nevada Department of Corrections, with assigned individuals from these agencies working directly with NTAC analysts. The state of Nevada SafeVoice Program is situated with the NTAC intelligence analysts, which facilitates an efficient and effective sharing of capability and expertise to address complex tip and lead information received by Safe Voice communication specialists. Often this collaboration involves life safety issues requiring quick analysis and determinations.</p> <p>Additionally, NTAC facilitates and maintains collaborative relationships with partners and stakeholders through education and training programs (such as the Fusion Liaison Officer program and active shooter training), and outreach.</p>			

**What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?**

The Investigation Division (NDI) of the Nevada Department of Public Safety (DPS) State General Funds provide 66% (\$1,375,600) of the funding supporting NTAC personnel and operations (including support from individuals assigned from other state agencies); HSGP grant funding supports the remaining 34%. State general funds through DPS, NDI support 11 FTE NTAC staff and also cover 40% of operations costs. The NTAC has four contract positions which are 100% paid through homeland security grant funds.

**Is there a plan for increasing offset by your jurisdiction to support this project in the future?**

DPS, NDI/NTAC does not have plans to increase the offset of the current cost allocations.

**Please provide a five year funding summary for your project.**

The Nevada Threat Analysis Center anticipates a critical need to use Homeland Security Grant Funds over the next five years to cover existing program costs as an important funding stream to maintain current capabilities and provide for program sustainability. Over the next five years NTAC anticipates requesting the following items to maintain Project sustainment:

- Continuation of the Fusion Liaison Officer Coordinator position – This is a contract position fully funded by the grant.
- Continuation of the Critical Infrastructure Program Manager position – This is a contract position fully funded by the grant.
- Continuation of two Intelligence Analyst positions – Both are contract positions fully funded by the grant.
- Continuation of the line items identified in the current budget POETE categories for Planning activities, Training, and Equipment.

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: O

O

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/26/19

1) PROJECT TITLE:	Tribal NIMS	
2) PROPOSING/LEAD AGENCY:	DPS - Division of Emergency Management	
3) Project Manager Name/Title:	Preparedness EMPM	
Project Manager Contact Info:	Phone: (775) 687-0305	Email: xxx@dps.state.nv.us
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Kelli Anderson / Emergency Management Program Manager	
Finance/Grant Contact Info:	Phone: (775) 687-0321	Email: kanderson@dps.state.nv.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The outcome of this project will be to maintain fundamental NIMS-required programs and projects statewide to all Tribal jurisdictions. The NIMS Program and its components set the foundation for the core capability of Operational Coordination which crosses all Mission Areas of the National Preparedness Goal under PPD-8. NIMS includes three components: Resource Management, Command and Coordination, and Communications and Information Sharing. These are foundational to all other core capabilities. This project will support continued improvement in NIMS-compliant Planning, Training, and Exercise Programs, as well as support the Tribal Resource Management and Public Information Programs.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	NATIONAL INCIDENT MANAGEMENT SYSTEM [NIMS]
HSGP Project Type Supporting Strategic Capacity:	Tribal [NIMS]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

NIMS is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity. It improves coordination and cooperation between public and private entities in a variety of incident management activities, and provides a common standard for overall incident management. The Planning, Training, Exercise, Communications, Public Information, and Resource Management Programs supported in this project directly establish, maintain, and integrate on a statewide platform those operational structures and processes used by local, state, and tribal jurisdictions. This program and those projects contained within provide this capability statewide, integrating all stakeholders, and supports the execution of all Mission Areas of the National Preparedness Goal.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	O
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Tribal NIMS

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

May require an RFP, however procurement method may vary depending on costs and circumstances.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

This project will be managed by key program managers within DEM under the leadership of an Emergency Management Program Manager (EMPM). Contractors will be used whose specific duties will be to support act as liaisons to the tribes in Nevada and to support and assist with Tribal NIMS projects and activities. The EMPM will ensure programmatic and financial compliance of the investment. Each individual program: Planning, Training, Exercise, Resource Management and Public Information, shall work in conjunction with the Statewide NIMS program to leverage resources and efforts. Quarterly reporting and grant compliance shall be maintained. State rules and regulation regarding purchasing and other areas shall be followed. We shall maintain an "audit-ready" posture throughout the life of the investment . At the conclusion of this investment we shall provide a report specific to the goals and eventual outcomes achieved by this investment.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	DPS - Division of Emergency Management	State of Nevada	Preparedness EMPM
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Changes in NIMS requirements and attrition within agencies and organizations necessitates the constant need for NIMS Program investments. NIMS assessments of capabilities such as the Stakeholder Preparedness Review (SPR), Threat and Hazard Identification and Risk Assessment (THIRA), and After Action Reports / Improvement Plans from exercises and real events also demonstrate the continual requirement for a sustained NIMS program. Maintenance funding will also be necessary to maintain an inventory of ever-changing resources spread out across the state, as well as maintenance of a credentialing system which includes a repository of documents used in support of credential verification.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	O
<b>Date Submitted</b>	4/26/19

<b>PROJECT TITLE REFERENCE:</b>	Tribal NIMS
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Travel: Training \$2,000 / Exercise \$2,000 / Planning \$2,000 Office Lease \$1,800 Phones/Internet \$1,500 Printing/Duplication \$1,200 Supplies \$600 Contract Tribal Coordinator \$80,600		\$ 91,700.00	\$ 91,700.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00	\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00	\$ 0.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Training Contractor Support \$500		\$ 500.00	\$ 500.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Exercise Contract Support \$500		\$ 500.00	\$ 500.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00	\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 92,700.00	\$ 92,700.00



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	O
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Tribal NIMS

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Conduct THIRA, SPR, Consequence Analysis, and NIMS Assessments	10/01/19	12/31/20	15
3	Conduct Tribal Plans Reviews and Updates	10/01/19	12/31/20	15
4	Prepare for and Deliver Operational Coordination Training and Exercises	10/01/19	12/31/20	15
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

All Operational Coordination and Public Information and Warning functions will be applicable to terrorism events. Planning, Training and Exercises conducted will prepare organizations and staff statewide to respond to terrorism. Communications equipment will be used for operational coordination during terrorism events, and resources are being cataloged and typed in preparation for a terrorism event requiring mutual aid.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project aligns with the FFY19 strategic capacity of Tribal NIMS.

---

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Reductions in funding will directly reduce the planning, training and exercise support to the tribal jurisdictions within the state. Less planning efforts, training classes offered, and exercises to verify capabilities will be available. Significantly reduced funding jeopardizes the maintenance of the NIMS program within to the tribal nations, also jeopardizing the eligibility of the tribes for federal grant funding.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	O
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Tribal NIMS

Fields "d" and "e" are limited to visible text box size

<b>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b>
Without funding the state will not be able to maintain the Tribal NIMS program as required to ensure the tribes within Nevada are eligible for Federal HSGP funding.
<b>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</b>
All portions of this project provide services statewide. The planning, training and Exercise programs provide support to tribal jurisdictions throughout the state. Public Service Announcements will be delivered statewide to residents and travelers within the Tribal areas of Nevada.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

None at this time
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PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b>	DPS - Division of Emergency Management	<b>Project Manager Name &amp; Contact #</b>	Preparedness EMPM 775-687-0305	<b>Grant Manager Name &amp; Contact #</b>								<b>0</b>
	<b>IJ TITLE:</b>	Tribal NIMS											
		One Budget Per Funding Stream SHSP											
Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability		Requested Funding Source	
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.											
1								\$ -					
2								\$ -					
	<b>Personnel Sub-Total</b>							\$ -					
PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													
Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability		Requested Funding Source	
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above											
5								\$ -					
6								\$ -					
	<b>Fringe Sub-Total</b>							\$ -					
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A													
Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source	
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type										
9		Deliver ICS training to Nevada's Tribes	Maintain	SHSP	Training	Travel to coordinate and provide training to Tribes within Nevada	2.00	1,000.00	2,000.00	NIMS - Tribal DEM NTECC	Operational Coordination	SHSP	
10		Deliver HSEEP exercises to Nevada's Tribes	Maintain	SHSP	Exercise	Travel to coordinate and provide exercises to Tribes within Nevada	2.00	1,000.00	2,000.00	NIMS - Tribal DEM NTECC	Operational Coordination	SHSP	
11		Planning Support to Nevada's Tribes	Maintain	SHSP	Planning	Travel to coordinate and provide planning support to Tribes within Nevada	2.00	1,000.00	2,000.00	NIMS - Tribal DEM NTECC	Planning	SHSP	
12									-				
	<b>Travel Sub-Total</b>								6,000.00				
TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													

Lines 9-11: Travel for the Contract Tribal Coordinator to provide NIMS coordination and support to the Tribes in Nevada, assisting with planning, training and exercises.

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Office Lease	Maintain	SHSP	12	150.00	1,800.00	NIMS - Tribal DEM NTECC	Operational Coordination	SHSP
28		Landline/Mobile/Internet	Maintain	SHSP	12	125.00	1,500.00	NIMS - Tribal DEM NTECC	Operational Coordination	SHSP
29		Printing/Duplication	Maintain	SHSP	12	100.00	1,200.00	NIMS - Tribal DEM NTECC	Planning	SHSP
30		Office Supplies	Maintain	SHSP	12	50.00	600.00	NIMS - Tribal DEM NTECC	Planning	SHSP
31		Contract Tribal Coordinator	Maintain	SHSP	2,080	38.75	80,600.00	NIMS - Tribal DEM NTECC	Operational Coordination	SHSP
32							-			
	<b>Planning Sub-Total</b>						<b>\$ 85,700.00</b>			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 27: Lease of Office space for Contract Tribal Coordinator  
 Line 28: Phone and internet for Contract Tribal Coordinator  
 Line 29: Printing and Duplication costs of planning, training and exercise materials for the Contract Tribal Coordinator  
 Line 30: Office Supplies for the Contract Tribal Coordinator  
 Line 31: Contract for a Tribal Coordinator to support the Tribes in Nevada with planning, training and exercises.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPAKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
	<b>Organization Sub-Total</b>						<b>\$ -</b>			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40							\$ -				
41							\$ -				
	<b>EQUIPMENT Sub-Total</b>						<b>\$ -</b>				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51		Training Contract Support	Maintain	SHSP	Yes	Yes	1	500.00	NIMS - Tribal DEM NTECC	Operational Coordination	\$ 500.00	SHSP
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training	Sub-Total									\$ 500.00	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58		Exercise Contract Support	Maintain	SHSP	Yes		1	500.00	NIMS - Tribal DEM NTECC	Operational Coordination	\$ 500.00	SHSP
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise	Sub- Total									\$ 500.00	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 92,700.00
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**Project O**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	HSGP Tribal NIMS Maintenance Project		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	92,700
		<b>UASI Funding Request:</b>	0
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The outcome of this project sustains the continued delivery of the training, exercise, planning, resource management, and technology programs to 27 federally recognized tribal nations in Nevada needed to remain in compliance with federal NIMS requirements and build their capacity and resilience.</p> <p>Maintaining NIMS compliance is necessary to ensure all organizations within the state remain eligible for Homeland Security grant funding.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>Services will be provided for all tribal governments. Where applicable collaboration and coordination with adjacent local jurisdictions, agencies, private sector and NGO's will be included and leveraged.</p> <p>State and UASI TEPW, Statewide Training and Exercise coordination, multi-agency and multi-jurisdiction planning coordination through task forces and workshops, resource management to include inventory for the purpose of mutual aid both intra and interstate, credentialing of first response resources, THIRA/SPR statewide support through conduct and analysis for tribes, jurisdictions, agencies, private sector and NGO's.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
There are no state funds provided for NIMS			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
DEM continues to work through the Nevada Commission on Homeland Security and the legislative process to advocate for state funding.			

## Project O

Please provide a five year funding summary for your project.

DEM is the agency responsible for the management, implementation and compliance with NIMS statewide to include tribal nations. The strategy utilized to continue to advance the implementation of the statewide NIMS program contains the following components:

1. Utilizing the results of the THIRA/SPR/Consequence and Gap Analysis determine the planning, training, exercise and resource capability requirements of tribes, jurisdictions, agencies, private sector and NGO's within Nevada.
2. As the requirements in #1 above are identified each year, assist tribes, jurisdictions, agencies, private sector and NGO's with development of new plans and/or review and update of existing plans through workshops and task forces to ensure the widest, most appropriate collaboration as possible.
3. As the requirements in #1 above are identified each year, assist tribes, jurisdictions, agencies, private sector and NGO's and utilizing the annual TEPW, identify and conduct necessary training and exercises to improve NIMS compliance and community resilience.
4. As the requirements in #1 above are identified each year, assist tribes, jurisdictions, agencies with identification of local, regional and statewide resources available to assist in times of emergencies or disasters through resource typing, mutual aid inventory, and qualified and credentialed first response resources. Continue to build out a robust outreach and collaboration system to identify solutions for gaps in resource availability. Continue development of reimbursement processes and procedures through real world events and exercises. Full implementation of a First Responder Credentialing program will require a partnership between state and local jurisdictions for day to day deployment at the local level statewide.
5. Items 1-4 above are intended to continually and consistently build and increase capabilities and capacity to effectively respond to and recover from emergencies and disasters in Nevada.

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: P

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted 4/26/19

1) PROJECT TITLE:	Statewide NIMS	
2) PROPOSING/LEAD AGENCY:	DPS - Division of Emergency Management	
3) Project Manager Name/Title:	Preparedness EMPM	
Project Manager Contact Info:	Phone: (775) 687-0305	Email: xxx@dps.state.nv.us
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Kelli Anderson / Emergency Management Program Manager	
Finance/Grant Contact Info:	Phone: (775) 687-0321	Email: kanderson@dps.state.nv.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; OR the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.] <input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The outcome of this project sustains the continued delivery of the statewide training, exercise, planning, resource management, and technology programs needed to remain in compliance with federal NIMS requirements. These programs span all of the core capabilities; including those of Operational Coordination, Operational Communication, Public Information and Warning, and Planning; and provides for coordination and cooperation at all levels and for all types of disasters throughout the state. Services will be provided for all jurisdictions and agencies including state agencies, local jurisdictions, tribal governments, and non-governmental organizations. Maintaining NIMS compliance is necessary to ensure all organizations within the state remain eligible for Homeland Security grant funding.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	NATIONAL INCIDENT MANAGEMENT SYSTEM [NIMS]
HSGP Project Type Supporting Strategic Capacity:	State of Nevada DEM [NIMS]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

NIMS is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity. It improves coordination and cooperation between public and private entities in a variety of incident management activities, and provides a common standard for overall incident management. The Planning, Training, Exercise, Communications, Public Information, and Resource Management Programs supported in this project directly establish, maintain, and integrate on a statewide platform those operational structures and processes used by local, state, and tribal jurisdictions. This program and those projects contained within provide this capability statewide, integrating all stakeholders, and supports the execution of all Mission Areas of the National Preparedness Goal.



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>P</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** Statewide NIMS

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

May require an RFP, however procurement method may vary depending on costs and circumstances.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

This project will be managed by key program managers within DEM under the leadership of an Emergency Management Program Manager (EMPM). Once approved and delivered, the various projects identified will be implemented under a "team" approach within the Preparedness and Technical Services Sections of NDEM and placed within a schedule that identifies the phases of each project and their accompanying milestones. In some cases, where contractors are identified for either program support or for specific projects, the EMPM will assign a specific staff member to oversee their project and work performance to insure programmatic and financial compliance to their portion of the investment. Each individual program: Planning, Training, Exercise, Resource Management and Credentialing, and Technical Services, shall have their portions of the overall investment identified with a programmatic workplan and a budget to insure understanding and continual compliance with the investment. Quarterly reporting and grant compliance shall be maintained. State rules and regulation regarding purchasing and other areas shall be followed. We shall maintain an "audit-ready" posture throughout the life of the investment. At the conclusion of this investment we shall provide a report specific to the goals and eventual outcomes achieved by this investment.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
<b>12(a)</b>	DPS - Division of Emergency Management	State of Nevada	Preparedness EMPM
<b>12(b)</b>			
<b>12(c)</b>			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Changes in NIMS requirements and attrition within agencies and organizations necessitates the constant need for NIMS Program investments. NIMS assessments of capabilities such as the Stakeholder Preparedness Review (SPR), Threat and Hazard Identification and Risk Assessment (THIRA), and After Action Reports / Improvement Plans from exercises and real events also demonstrate the continual requirement for a sustained NIMS program. Maintenance funding will also be necessary to maintain technology systems, licenses, and an inventory of ever-changing resources spread out across the state, as well as maintenance of a credentialing system which includes a repository of documents used in support of credential verification.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>P</b>
<b>Date Submitted</b>	<b>4/26/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Statewide NIMS
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Travel: Technology \$10,800 / Training \$47,300 / Exercise \$16,000 / Resource Management \$5,000 / Planning \$23,750 Supplies: Technology \$18,000 / Training \$8,187.70 / Exercise \$3,500 / Resource Management \$1,000 / Planning \$500 Technology Fees/Subscriptions \$13,000 Resource Management Contract Support \$60,000 Nevada Preparedness Summit \$10,000		\$ 217,037.70	\$ 217,037.70
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Credentialing Software \$55,000		\$ 55,000.00	\$ 55,000.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Training - Develop, Support and Participate \$56,250 Training - Preparedness Program Support \$50,850		\$ 107,100.00	\$ 107,100.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Conducting Exercises Statewide \$23,820 Exercise & Program Contractor Support \$8,000		\$ 31,820.00	\$ 31,820.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Personnel & Fringe - Planning/Training/Exercise (5 people - 20% FTE) \$90,970.30		\$ 90,970.30	\$ 90,970.30
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 501,928.00	\$ 501,928.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>P</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** Statewide NIMS

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

<b>Task #</b>	<b>Task Description</b>	<b>From (MM/DD/YY)</b>	<b>To (MM/DD/YY)</b>	<b>Duration (# months)</b>
1	Receive Funding	N/A	N/A	N/A
2	Conduct THIRA, SPR, Consequence Analysis, and NIMS Assessments	10/01/19	12/31/20	15
3	Conduct Jurisdictional Plans Reviews and Updates	10/01/19	12/31/20	15
4	Prepare for and Deliver Operational Coordination Training and Exercises	10/01/19	12/31/20	15
5	Statewide Exercise Initial Planning Conference, Mid-term Planning Conference, Final Planning Conference, and event	10/01/19	12/31/20	15
6	SEOC / Local EOC Exercise Development and Delivery	10/01/19	12/31/20	15
7	Develop, Coordinate and Deliver the Nevada Preparedness Summit	10/01/19	12/31/20	15
8	Complete specifications, purchase, install, configure and test tech equipment.	10/01/19	12/31/20	15
9	Prepare and submit licensing renewal information for payment	10/01/19	12/31/20	15
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

All Operational Coordination and Public Information and Warning functions will be applicable to terrorism events. Planning, Training and Exercises conducted will prepare organizations and staff statewide to respond to terrorism. Communications equipment will be used for operational coordination during terrorism events, and resources are being cataloged and typed in preparation for a terrorism event requiring mutual aid.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project aligns with the FFY19 strategic capacity of Statewide NIMS.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Reductions in funding will directly reduce the planning, training and exercise support to the tribal and local jurisdiction within the state. Less planning efforts, training classes offered, and exercises to verify capabilities will be available. Significantly reduced funding jeopardizes the maintenance of the NIMS program within the state, also jeopardizing the eligibility of the State for federal grant funding.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>P</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** Statewide NIMS

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

Without funding the State will not be able to maintain the Statewide NIMS program as required to remain eligible for Federal HSGP funding.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

All portions of this project provide services statewide. The planning, training and Exercise programs provide support to tribal and local jurisdictions throughout the state. The communications upgrades included in this project will allow tribal and local jurisdictions to communicate more effectively throughout the State. Public Service Announcements will be delivered statewide to residents and travelers in Nevada.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

None at this time

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

Agency Name	DPS - Division of Emergency Management	Project Manager Name & Contact #	Preparedness EMPM (775) 687-0305		Grant Manager Name & Contact #									<b>P</b>	
IJ TITLE:	STATEWIDE NIMS														
One Budget Per Funding Stream															
SHSP															
Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source	Reason	Reduction	New Total	
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.													
1		DEM Planner	Maintain	SHSP	31.07	20%	2080	\$ 12,925.12	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 12,925.12	
2		DEM Planner	Maintain	SHSP	31.07	20%	2080	\$ 12,925.12	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 12,925.12	
3		DEM Training and Exercise Supervisor	Maintain	SHSP	38.78	20%	2080	\$ 16,132.48	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 16,132.48	
4		DEM Training Officer	Maintain	SHSP	32.52	20%	2080	\$ 13,528.32	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 13,528.32	
5		DEM Exercise Officer	Maintain	SHSP	30.98	20%	2080	\$ 12,887.68	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 12,887.68	
	Personnel Sub-Total							\$ 68,398.72						\$ -	\$ 68,398.72
PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.															
Line 1: DEM Planner will update required Statewide plans to include the State Comprehensive Emergency Management Plan, Continuity of Operations Plan, State Emergency Operations Center Standard Operating Guide, Mass Care Plan, and other necessary statewide plans. Planner will assist local and tribal jurisdictions with the development and update of their required Emergency Operations Plans and other emergency / disaster plans as needed. Line 2: DEM Planner will update required Statewide plans to include the State Comprehensive Emergency Management Plan, Continuity of Operations Plan, State Emergency Operations Center Standard Operating Guide, Mass Care Plan, and other necessary statewide plans. Planner will assist local and tribal jurisdictions with the development and update of their required Emergency Operations Plans and other emergency / disaster plans as needed. Line 3: DEM Training and Exercise Supervisor will oversee the Emergency/Disaster Training and Exercise programs for the State of Nevada, providing guidance and assisting with the training and exercise instruction and deliverables. He will provide both direct and indirect support to local and tribal jurisdictions for developing and conducting trainings and exercises. Line 4: DEM Training Officer will design, conduct, coordinate, and oversee the Statewide training program. The Training Officer will ensure minimum required NIMS classes are conducted and that all classes contain the required content and quality. Line 5: DEM Exercise Officer will design, conduct, coordinate, and oversee the Statewide exercise program. The Exercise Officer will ensure minimum required NIMS exercises are conducted and that all exercise contain the required content and quality, and conform to the HSEEP standards.															
Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source	Reason	Reduction	New Total	
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above										Personnel			
6		DEM Planner	Maintain	SHSP	31.07	20%	2080	\$ 4,265.29	NIMS - State of Nevada DEM	Operational Coordination	Personnel			\$ 4,265.29	
7		DEM Planner	Maintain	SHSP	31.07	20%	2080	\$ 4,265.29	NIMS - State of Nevada DEM	Operational Coordination	Personnel			\$ 4,265.29	
8		DEM Training and Exercise Supervisor	Maintain	SHSP	38.78	20%	2080	\$ 5,323.72	NIMS - State of Nevada DEM	Operational Coordination	Personnel			\$ 5,323.72	
9		DEM Training Officer	Maintain	SHSP	32.52	20%	2080	\$ 4,464.35	NIMS - State of Nevada DEM	Operational Coordination	Personnel			\$ 4,464.35	
10		DEM Exercise Officer	Maintain	SHSP	30.98	20%	2080	\$ 4,252.93	NIMS - State of Nevada DEM	Operational Coordination	Personnel			\$ 4,252.93	
	Fringe Sub-Total							\$ 22,571.58						\$ -	\$ 22,571.58
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.															
Line 6: DEM Planner will update required Statewide plans to include the State Comprehensive Emergency Management Plan, Continuity of Operations Plan, State Emergency Operations Center Standard Operating Guide, Mass Care Plan, and other necessary statewide plans. Planner will assist local and tribal jurisdictions with the development and update of their required Emergency Operations Plans and other emergency / disaster plans as needed. Line 7: DEM Planner will update required Statewide plans to include the State Comprehensive Emergency Management Plan, Continuity of Operations Plan, State Emergency Operations Center Standard Operating Guide, Mass Care Plan, and other necessary statewide plans. Planner will assist local and tribal jurisdictions with the development and update of their required Emergency Operations Plans and other emergency / disaster plans as needed. Line 8: DEM Training and Exercise Supervisor will oversee the Emergency/Disaster Training and Exercise programs for the State of Nevada, providing guidance and assisting with the training and exercise instruction and deliverables. He will provide both direct and indirect support to local and tribal jurisdictions for developing and conducting trainings and exercises. Line 9: DEM Training Officer will design, conduct, coordinate, and oversee the Statewide training program. The Training Officer will ensure minimum required NIMS classes are conducted and that all classes contain the required content and quality. Line 10: DEM Exercise Officer will design, conduct, coordinate, and oversee the Statewide exercise program. The Exercise Officer will ensure minimum required NIMS exercises are conducted and that all exercise contain the required content and quality, and conform to the HSEEP standards.															
Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source	Reason	Reduction	New Total
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type												
11		State TEPW	Maintain	SHSP	Training	Training officer travel to LV for UASI TEPW	1.00	1,000.00	1,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 1,000.00
12		Reg IX TEPW	Maintain	SHSP	Training	Training officer & tribal training or supervisor travel to Reg TEPW in Oakland	2.00	1,000.00	2,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 2,000.00
13		NIMS Classes in Elko	Maintain	SHSP	Training	ICS course - Instructor travel	4.00	1,000.00	4,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED 2 TRIPS TO COMPETITIVE PROPOSAL	\$ 2,000.00	\$ 2,000.00
14		NIMS Classes rural	Maintain	SHSP	Training	ICS course - Instructor travel	6.00	1,000.00	6,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED 3 TRIPS TO COMPETITIVE PROPOSAL	\$ 3,000.00	\$ 3,000.00
15		NIMS Classes Southern NV	Maintain	SHSP	Training	ICS course - Instructor travel	6.00	1,000.00	6,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED ALL TRIPS TO COMPETITIVE PROPOSAL	\$ 6,000.00	\$ -
16		EMI travel support	Maintain	SHSP	Training	DEM staff EMI costs not funded	10.00	500.00	5,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED 5 TRIPS TO COMPETITIVE PROPOSAL	\$ 2,500.00	\$ 2,500.00
17		DEM travel to national courses	Maintain	SHSP	Training	DEM staff travel to attend national courses with no stipend	8.00	2,000.00	16,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED 4 TRIPS TO COMPETITIVE PROPOSAL DELETED 4 TRIPS	\$ 16,000.00	\$ -
18		DEM training travel to Las Vegas	Maintain	SHSP	Training	Training officer travel to southern NV for Technical Assistance	8.00	1,200.00	9,600.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED 4 TRIPS TO COMPETITIVE PROPOSAL	\$ 4,800.00	\$ 4,800.00
19		Training Supervisor travel	Maintain	SHSP	Training	Training Supervisor travel to Northern NV	6.00	1,200.00	7,200.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED ALL TRIPS TO COMPETITIVE PROPOSAL	\$ 7,200.00	\$ -
20		Chief Travel to training	Maintain	SHSP	Training	DEM Chief travel to training	1.00	1,200.00	1,200.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	DELETED ALL TRIPS	\$ 1,200.00	\$ -
21		Basic Academy Travel LV	Maintain	SHSP	Training	Instructor travel to Basic Academy	10.00	1,200.00	12,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 12,000.00
22		Advanced Academy Travel LV	Maintain	SHSP	Training	4 DEM student to travel to LV for Advanced academy 4 trips/ea.	16.00	1,000.00	16,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 16,000.00
23		MEPP Travel LV	Maintain	SHSP	Training	1 DEMstaff to travel to MEPP in southern NV 2 trips	2.00	2,000.00	4,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 4,000.00
25		Travel: Technology Support	Maintain	SHSP	Planning	Henderson 2020 NPS	3.00	1,500.00	4,500.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED ONE PERSON TO COMPETITIVE PROPOSAL	\$ 1,500.00	\$ 3,000.00
26		Travel: Technology Support	Maintain	SHSP	Planning	Commission Support	6.00	550.00	3,300.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$ 3,300.00

27	Travel: Technology Support	Maintain	SHSP	Training	Tech support to training classes outside of CC and N. Nevada	6.00	750.00	4,500.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP					\$	4,500.00
28	Travel: Technology Support	Maintain	SHSP	Planning	Conference: Infocom	2.00	1,500.00	3,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED CONFERENCE TRAVEL TO COMPETITIVE PROPOSAL		\$	3,000.00	\$	-
29																	
30	Travel: Exercise In & Out of State	Maintain	SHSP	Exercise	Exercise Officer and exercise designers, players, controllers and evaluators travel	25.00	800.00	20,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED 5 TRIPS TO COMPETITIVE PROPOSAL	\$	4,000.00	\$	16,000.00	
31																	
32	Resource Management & Credentialing Travel	Maintain	SHSP	Planning	Technical Asst. to Tribes/Locals; ICAM and EMAC Meetings	10.00	1,000.00	10,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED 5 TRIPS TO COMPETITIVE PROPOSAL	\$	5,000.00	\$	5,000.00	
33																	
34	Planning Support Travel	Maintain	SHSP	Planning	THIRA/SPR/CA/NIMS; Planning for Tribes/Locals; School Planning; Mass Care Planning; Tech. Plans development	25.00	1,000.00	25,000.00	NIMS - State of Nevada DEM	Planning	SHSP	MOVED 8 TRIPS TO COMPETITIVE PROPOSAL DELETED 4.5 TRIPS	\$	12,500.00	\$	12,500.00	
35	Nevada Preparedness Summit	Maintain	SHSP	Planning	Nevada Preparedness Summit: Travel for attendance by state/local/tribal partners	15.00	750.00	11,250.00	NIMS - State of Nevada DEM	Planning	SHSP			\$	11,250.00		
36	<b>Travel Sub-Total</b>							171,350.00								68,700.00	102,850.00

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 11 & 12: DEM travel to support and present the state and regional TEPW.  
 Line 13-15: DEM adjunct instructor travel to instruct NIMS/ICS courses in NV.  
 Line 16: Travel support to pick up non-covered costs from FEMA for consortium travel.  
 Line 17: Travel support to national courses that are not available for stipend through FEMA.  
 Line 18: Travel for training officer to support Clark County  
 Line 19: Travel support for supervisor to visit Carson City.  
 Line 20: Travel support for the Chief to attend a national course.  
 Line 21-23: Travel support for DEM staff/guests to attend the Academy Classes offered around the state.  
 Line 25: Travel to support the technology needs of the Nevada Prep. Summit in 2020, Henderson.  
 Line 26: Travel in support of the setup and running of technologies for the Residence and Homeland Security Commissions, as well as other large attendee meetings.  
 Line 27: Travel in support of non Carson City training and exercise events where technology services are required to support the mission.  
 Line 28: Travel to attend INFOCOM to gather equipment and process information during the engineering and upgrade phase of the SEOC technology.  
 Line 30: Travel for State Exercise Officer to develop and support federal, state and local exercises. Travel for players, controllers, evaluators, and simulators to attend exercises and exercise development meetings.  
 Line 32: Attend Identity, Credential and Access Management (ICAM) Quarterly Meeting, EMAC Regional/National Meetings; provide support and technical assistance to counties and tribes.  
 Line 34: Travel and per diem for THIRA/SPR/Consequence Analysis/NIMS Assessment in and out of state, planning support to counties and tribes, attending school planning training, National Mass Care Exercise, and threat/hazard specific planning training (i.e.: Radiological, Biochemical, Cyber, etc.) in and out of state; develop of planning capability for local and tribal planners  
 Line 35: Travel and per diem for attendees to the Nevada Preparedness Summit

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source	Reason	Reduction	New Total		
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY													
40		Training- Printing & Purchase Course Materials	Maintain	SHSP	1.00	12,000.00	12,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED \$2,000 TO COMPETITIVE PROPOSAL SUBTRACTED \$1,812.30 TO BALANCE BUDGET	\$	3,812.30	\$	8,187.70
41			Maintain												
42		Licensing Fee: iVCI Polycom 500/700/700/Pano	Maintain	SHSP	4	1,800.00	7,200.00	NIMS - State of Nevada DEM	Operational Communications	SHSP			\$	7,200.00	
43		Licensing Fee: iVCI Cloud	Maintain	SHSP	1.00	2,500.00	2,500.00	NIMS - State of Nevada DEM	Operational Communications	SHSP			\$	2,500.00	
44		Licensing Fee: LiveStream / Vimeo	Maintain	SHSP	1	900.00	900.00	NIMS - State of Nevada DEM	Operational Communications	SHSP			\$	900.00	
45		Subscription: Satellite Phone	Maintain	SHSP	1	3,000.00	3,000.00	NIMS - State of Nevada DEM	Operational Communications	SHSP	REMOVED FROM BUDGET LIMITED / NO USE OVER PRIOR YEAR	\$	3,000.00	\$	-
46		Supplies: Technology Support components, parts for replacement, support equipment.	Maintain	SHSP	1	20,000.00	20,000.00	NIMS - State of Nevada DEM	Operational Communications	SHSP	10% MOVED TO COMPETITIVE PROPOSAL	\$	2,000.00	\$	18,000.00
47		Licensing Fee: Connected Sign	Maintain	SHSP	1	2,000.00	2,000.00	NIMS - State of Nevada DEM	Operational Communications	SHSP			\$	2,000.00	
48		Subscription Fee: Survey Monkey	Maintain	SHSP	1	400.00	400.00	NIMS - State of Nevada DEM	Operational Communications	SHSP			\$	400.00	
49													\$	-	
50		Exercise - Printing & Purchase Exercise Materials	Maintain	SHSP	1	3,500.00	3,500.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$	3,500.00	
51															
52		Resource Mgmt & Credentialing supplies & materials	Maintain	SHSP	1	5,000.00	5,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED \$3,000 TO COMPETITIVE PROPOSAL REMOVED \$1,000 TO BALANCE BUDGET	\$	4,000.00	\$	1,000.00
53		Direct Contract Support to Local/Tribal Resource Management & Credentialing implementation	Maintain	SHSP	1	10,000.00	10,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP	MOVED TO COMPETITIVE PROPOSAL	\$	10,000.00	\$	-
54		Resource Mgt: Preparedness Program Support	Maintain	SHSP	1	60,000.00	60,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP			\$	60,000.00	
55															
56		Nevada Preparedness Summit	Maintain	SHSP	1	10,000.00	10,000.00	NIMS - State of Nevada DEM	Planning	SHSP			\$	10,000.00	
57		THIRA/SPR Contract Support	Maintain	SHSP	1	50,000.00	50,000.00	NIMS - State of Nevada DEM	Planning	SHSP	MOVED TO COMPETITIVE PROPOSAL	\$	50,000.00	\$	-
58		Planning Supplies and Materials	Maintain	SHSP	1	2,000.00	2,000.00	NIMS - State of Nevada DEM	Planning	SHSP	\$1,500 MOVED TO COMPETITIVE PROPOSAL	\$	1,500.00	\$	500.00
59		Consequence Analysis - Contract	Maintain	SHSP	1	10,000.00	10,000.00	NIMS - State of Nevada DEM	Planning	SHSP	MOVED TO COMPETITIVE PROPOSAL	\$	10,000.00	\$	-
60		EOP Development Support - Rural/Tribal	Maintain	SHSP	1	15,000.00	15,000.00	NIMS - State of Nevada DEM	Planning	SHSP	\$5000 MOVED TO COMPETITIVE PROPOSAL \$10,000 REMOVED TO BALANCE BUDGET	\$	15,000.00	\$	-
	<b>Planning Sub-Total</b>						\$ 213,500.00					\$	99,312.30	\$	114,187.70

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 40: Printing of training documents and purchase of training material, meals for working lunches, instructor apparel or other supplies deemed necessary in support of statewide training program.  
 Line 42: Fees for iVCI services on four iVCI Components within the SEOC.

Line 43: Fees for iVCI VTC Cloud Subscription for one year.  
 Line 44: Subscription fee for Livestream one (1) year.  
 Line 45: Subscription for 3 satellite phones for SEOC  
 Line 46: Support equipment to replace failing legacy equipment, to support changing technologies and capability, and system support for SEOC and Network AV development. Further, to provided for equipment, installation and maintenance of new and existing components at the SEOC and local jurisdictions.  
 Line 47: Subscription fee for Connected Sign for (1) year  
 Line 48: Subscription fee for Survey Monkey for (1) year  
 Line 50: Printing of exercise documents and purchase of exercise material in support of HSEEP exercise program.  
 Line 52: Supplies and materials to support Resource Management and Credentialing  
 Line 53: Provide contract support to County & Tribal Nations for Resource Management & Credentialing Implementation  
 Line 54: Contract Preparedness Section support  
 Line 56: Nevada Preparedness Summit  
 Line 57: THIRA/SPR Contract Support - additional funding to come from UASI  
 Line 58: Supplies and Materials to support the annual THIRA/SPR, the Consequence Analysis, NIMS Assessment, and other planning related activities.  
 Line 59: Contract support to conduct required THIRA Consequence Analysis and Gap Analysis  
 Line 60: Contract support to assist Rural and Tribal Nations with EOP Updates and Development

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source	Reason	Reduction	New Total
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.											
61							\$ -						\$ -
	<b>Organization Sub-Total</b>						\$ -					\$ -	\$ -

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source	Reason	Reduction	New Total
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL												
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>												\$ -
62		Radio, DHS HF SHARES system	New / Enhance / Past / Competitive		1.00	5,000.00	\$ 5,000.00	NIMS - State of Nevada DEM	Operational Communications	06CP-01-HFRQ Radio, High Frequency (HF) Single Sideband	SHSP	REMOVED TO COMPETITIVE PROPOSAL	\$ 5,000.00	\$ -
63		Radio, Public Safety / EAS system components case	New / Enhance / Past / Competitive		1.00	2,000.00	\$ 2,000.00	NIMS - State of Nevada DEM	Operational Communications	06CP-01-BASE Radio, Base	SHSP	REMOVED TO COMPETITIVE PROPOSAL	\$ 2,000.00	\$ -
64		Antennas, Dipole	New / Enhance / Past / Competitive		2.00	820.00	\$ 1,640.00	NIMS - State of Nevada DEM	Operational Communications	06CP-03-TOWER Systems, Antenna and Tower	SHSP	REMOVED TO COMPETITIVE PROPOSAL	\$ 1,640.00	\$ -
65		Radio Upgrade component for XL200 Portable	New / Enhance / Past / Competitive		6.00	500.00	\$ 3,000.00	NIMS - State of Nevada DEM	Operational Communications	06CP-01-PORT Radio, Portable	SHSP	REMOVED TO COMPETITIVE PROPOSAL	\$ 3,000.00	\$ -
66		Radio, New, DualBand VHF / UHF, Digital Fusion	New / Enhance / Past / Competitive		1.00	800.00	\$ 800.00	NIMS - State of Nevada DEM	Operational Communications	06CP-01-BASE Radio, Base	SHSP	REMOVED TO COMPETITIVE PROPOSAL	\$ 800.00	\$ -
67							\$ -							
68		Project support equip. & software for agencies & jurisdictions for Resource Mgmt & Credentialing (physical & logical access)	Maintain		1.00	50,000.00	\$ 50,000.00	NIMS - State of Nevada DEM	Operational Coordination	04AP-05-CRED System, Credentialing	SHSP	MOVED \$17,655 TO COMPETITIVE PROPOSAL \$2,345 REMOVED TO BALANCE BUDGET	\$ 20,000.00	\$ 30,000.00
69		Training, Qualification & Back End Attribute Exchange (BAE) software	Maintain		1.00	25,000.00	\$ 25,000.00	NIMS - State of Nevada DEM	Operational Coordination	04AP-05-CRED System, Credentialing	SHSP			\$ 25,000.00
70							\$ -							
71		Printer	Maintain		1.00	1,500.00	\$ 1,500.00	NIMS - State of Nevada DEM	Planning	04HW-01-INHW Hardware, Computer, Integrated	SHSP	MOVED TO COMPETITIVE PROPOSAL	\$ 1,500.00	\$ -
	<b>EQUIPMENT Sub-Total</b>						\$ 88,940.00						\$ 33,940.00	\$ 55,000.00

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 62: System components for communication with DHS HF radio network. This reestablishes this capability within the SEOC Communications Suite.  
 Line 63: Case and components for the installation of existing PS Radios and EAS system for COOP.  
 Line 64: Antennas for the ARES / RACES radio repeater systems.  
 Line 65: Radio component to enhance current XL 200 portables within the SEOC for UHF which was left out at time of purchase.  
 Line 66: Radio will replace current with next-generation unit with digital capabilities.  
 Line 68: Equipment and software to continue the development and implementation of the Resource Management & Credentialing Project  
 Line 69: Software development, licensing and programming for the Training, Qualification & Back End Attribute Exchange (BAE) software that supports the Credentialing Project  
 Line 71: Printer to support the DEM Planning Section

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source	Reason	Reduction	New Total
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)													
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									\$ -				
72		Training- Develop, Support & Participate in NIMS Training	Maintain	SHSP	Yes	Yes	60	1,125.00	NIMS - State of Nevada DEM	Operational Coordination	\$ 67,500.00	SHSP	8 CLASSES MOVED TO COMPETITIVE PROPOSAL 2 CLASSES REMOVED TO BALANCE BUDGET	\$ 11,250.00	\$ 56,250.00
74		Training- Preparedness Program Support	Maintain	SHSP	Yes	Yes	1	50,850.00	NIMS - State of Nevada DEM	Operational Coordination	\$ 50,850.00	SHSP			\$ 50,850.00
75											\$ -				
76											\$ -				
77											\$ -				
78											\$ -				
	<b>Training Sub-Total</b>										\$ 118,350.00			\$ 11,250.00	\$ 107,100.00

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO																
Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source	Reason	Reduction	New Total	
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)														
79		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening														
80		Conducting Exercises Statewide	Maintain	SHSP	Yes		1	23,820.00	NIMS - State of Nevada DEM	Operational Coordination	\$ 23,820.00	SHSP			\$ 23,820.00	
81		Exercise & Program Contractor Support	Maintain	SHSP	Yes		1	8,000.00	NIMS - State of Nevada DEM	Operational Coordination	\$ 8,000.00	SHSP			\$ 8,000.00	
82											\$ -					
83											\$ -					
		Exercise Sub- Total									\$ 31,820.00			\$ -	\$ 31,820.00	
EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO																
Line 80: Conducting exercises statewide to include an Annual State Capstone exercise, AAR Workshops. Provide working lunches for exercises.																
Line 81: The State Exercise Officer utilizes necessary Contractor Support for statewide Drills and exercises in planning, conduct, evaluation, controlling, and developing after action materials of such exercises.																
											Budget Total Request	\$ 715,130.30		\$ 213,202.30	\$ 501,928.00	

29.81%



**Project P**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	HSGP Statewide NIMS Maintenance Project		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	501,928.00
		<b>UASI Funding Request:</b>	0
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The outcome of this project sustains the continued delivery of the statewide training, exercise, planning, resource management, and technology programs needed to remain in compliance with federal NIMS requirements.</p> <p>Maintaining NIMS compliance is necessary to ensure all organizations within the state remain eligible for Homeland Security grant funding.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>Services will be provided for all jurisdictions and agencies including state agencies, local jurisdictions, tribal governments, and non-governmental organizations.</p> <p>State and UASI TEPW, Statewide Training and Exercise coordination, multi-agency and multi-jurisdiction planning coordination through task forces and workshops, resource management to include inventory for the purpose of mutual aid both intra and interstate, credentialing of first response resources, THIRA/SPR statewide support through conduct and analysis for tribes, jurisdictions, agencies, private sector and NGO's.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
There are no state funds provided for NIMS			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
DEM continues to work through the Nevada Commission on Homeland Security and the legislative process to advocate for state funding.			

## Project P

Please provide a five year funding summary for your project.

DEM is the agency responsible for the management, implementation and compliance with NIMS statewide. The strategy utilized to continue to advance the implementation of the statewide NIMS program contains the following components:

1. Utilizing the results of the THIRA/SPR/Consequence and Gap Analysis determine the planning, training, exercise and resource capability requirements of tribes, jurisdictions, agencies, private sector and NGO's within Nevada.
2. As the requirements in #1 above are identified each year, assist tribes, jurisdictions, agencies, private sector and NGO's with development of new plans and/or review and update of existing plans through workshops and task forces to ensure the widest, most appropriate collaboration as possible.
3. As the requirements in #1 above are identified each year, assist tribes, jurisdictions, agencies, private sector and NGO's and utilizing the annual TEPW, identify and conduct necessary training and exercises to improve NIMS compliance and community resilience.
4. As the requirements in #1 above are identified each year, assist tribes, jurisdictions, agencies with identification of local, regional and statewide resources available to assist in times of emergencies or disasters through resource typing, mutual aid inventory, and qualified and credentialed first response resources. Continue to build out a robust outreach and collaboration system to identify solutions for gaps in resource availability. Continue development of reimbursement processes and procedures through real world events and exercises. Full implementation of a First Responder Credentialing program will require a partnership between state and local jurisdictions for day to day deployment at the local level statewide.
5. Items 1-4 above are intended to build capacity to effectively respond to and recover from emergencies and disasters in Nevada.

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: Q

Q

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/30/19

1) PROJECT TITLE:	Statewide Interoperability Coordinator	
2) PROPOSING/LEAD AGENCY:	DPS - Division of Emergency Management	
3) Project Manager Name/Title:	Melissa Friend - SWIC	
Project Manager Contact Info:	Phone: (775) 687-0371	Email: mnfriend@dps.state.nv.us
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Kelli Anderson	
Finance/Grant Contact Info:	Phone: (775) 687-0321	Email: kanderson@dps.state.nv.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project provides sustainment for the Statewide Interoperability Coordinator (SWIC). The position is responsible for statewide communications governance, coordination, outreach and support. They maintain the State Communications Interoperability Plan (SCIP), maintain involvement with local, state, regional and national committees and working groups, share information with tribes, counties and special districts, monitor grant performance, and continually evaluate communications plans and training throughout the state.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	OPERATIONAL COMMUNICATION
HSGP Project Type Supporting Strategic Capacity:	Statewide Interoperability Coordinator [OPERATIONAL COMMUNICATION]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The SWIC position coordinates with emergency communications agencies to insure interoperability and manages operational communication projects in the State of Nevada under NTIA and DHS/FEMA. This strategic capability was approved by the Homeland Security Commission March 26, 2019.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Q
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** Statewide Interoperability Coordinator

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Current filled position

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The SWIC guides jurisdictions with compliance of National Emergency Communications Plan (NECP) and the SCIP. They organize and manage the annual Nevada Communications Interoperability Summit (NCIS), represent the state on the Regional Emergency Communications Coordination Working Group (RECCWG) and the National Council of Statewide Interoperability Coordinators (NCSWIC). The SWIC coordinates between Nevada governance structures along with the Nevada Core Systems (NCORE) Executive Committee, and the Nevada Commission on Homeland Security (NCHS), the Office of the Governor, and other interested bodies.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	DPS/Division of Emergency Management	State	Melissa Friend
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

This program is currently in place and is funded by SHSP, SLIGP 2.0 and state funding. Current funding is 15% SHSP funds. Future sustainment is required to continue the program mission and to achieve the goal of these services in support of the NECP. This position is also required by HSGP for any communications related projects.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%

Statewide (SHSP)

0%

Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>Q</b>
<b>Date Submitted</b>	<b>4/30/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Statewide Interoperability Coordinator
---------------------------------	--

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	SWIC travel 4 @ \$1200 = \$4,800 Communications Travel 8 @ \$800 = \$6,400 Technology 4 @ \$800 = \$3,200		\$ 14,400.00	\$ 14,400.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Cell Phone/VPN - \$60 x 12 = \$720 Supplies - \$500		\$ 1,220.00	\$ 1,220.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Statewide Communications Exercise		\$ 6,000.00	\$ 6,000.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	SWIC Salary @15% = \$10,347.30 SWIC Fringe @ 15% = \$3,572.70		\$ 13,920.00	\$ 13,920.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 35,540.00	\$ 35,540.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Q
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** Statewide Interoperability Coordinator

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Governance, project management, training, outreach	10/01/19	09/30/21	24
3	Plan and participate with first responders regarding improving communications	10/01/19	09/30/21	24
4	Travel to meet with stakeholders	10/01/19	09/30/21	24
5	Track and report on financial and programmatic activities	10/01/19	09/30/21	24
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

This project oversees all the communication projects in Nevada and has a direct connection to all Nevada Communication Stakeholders. Communications is a priority in the Homeland Security 911 Act as well as Nevada Homeland Security Commission 2018 priorities. Without the SWIC Nevada is unable to manage current and future communication programs and projects.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Communications is a priority in the Homeland Security 911 Act as well as Nevada Homeland Security Commission 2018 priorities. Without the SWIC Nevada is unable to manage current and future communication programs and projects.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The salary is 15% of the salary amount, if necessary we can cut travel by 25%.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Q
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** Statewide Interoperability Coordinator

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>It is a DHS HSGP requirement to have a SWIC to manage communication projects.</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>The SWIC is available to the entire State of Nevada, completes statewide plans, training and exercises for communications. The SWIC is available for assessment, review and planning of statewide communication systems</p>	

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	DPS Division of Emergency Management	<b>Project Manager Name &amp; Contact #</b>	Melissa Friend 775-687-0371	<b>Grant Manager Name &amp; Contact #</b>	Kelli Anderson 775-687-0321	<b>Q</b>
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<b>IJ TITLE:</b>	<b>Statewide Interoperability Coordinator (SWIC)</b>										
	<b>One Budget Per Funding Stream</b>										
	<b>SHSP</b>										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		SWIC Salary	Maintain	SHSP	68982	15%	1	\$ 10,347.30	Communication - DEM SWIC	Operational Communications	SHSP
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							<b>\$ 10,347.30</b>			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

#1 The Statewide Interoperability Coordinator (SWIC) is a position required by the Homeland Security Grant Program (HSGP) Grant Guidance in order to fund any communications related projects. The SWIC is responsible for statewide communications governance, coordination, outreach and support. They maintain the Statewide Interoperability Plan (SCIP) which is also a requirement of the HSGP Grant Guidance. They maintain involvement with local, state, regional and national committees and working groups. They share information with tribes, counties and special districts, monitor grant performance and continually evaluate communications plans and training throughout the state.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		SWIC Fringe	Maintain	SHSP	23818	15%	1.00	\$ 3,572.70	Communication - DEM SWIC	Operational Communications	Personnel
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							<b>\$ 3,572.70</b>			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

# 5 Fringe associated with #1

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		SWIC stakeholder meetings	Maintain	SHSP	Planning	Stakeholder meetings to address Statewide Interoperability	4.00	1,200.00	4,800.00	Communication DEM SWIC	Operational Communications	SHSP
10		Communications Travel	Maintain	SHSP	Planning	Travel for communications meetings statewide	8.00	800.00	6,400.00	Communication DEM SWIC	Operational Communications	SHSP
11		Technology Travel	Maintain	SHSP	Planning	Travel to address Interoperable technology needs statewide	4.00	800.00	3,200.00	Communication DEM SWIC	Operational Communications	SHSP
12								-				
13								-				
14								-				
15								-				
16								-				
	<b>Travel Sub-Total</b>								<b>14,400.00</b>			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

#9 - Travel to Northeastern and Southern Nevada meet with communications stakeholders statewide, also included is out-of-state travel for conferences.

#10 - Travel for communications training and meetings statewide (UAWG, SNACC, coordination meetings)

#11 - Travel to address Interoperable technology needs statewide



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Supplies for SWIC	Maintain	SHSP	1	500.00	500.00	Communication - DEM SWIC	Operational Communications	SHSP
28		Technology support for SWIC	Maintain	SHSP	12.00	60.00	720.00	Communication - DEM SWIC	Operational Communications	SHSP
29							-			
30							-			
31							-			
32							-			
33							-			
34							-			
35							-			
	Planning Sub-Total						\$ 1,220.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

#27 Office supplies required to support the SWIC position  
 #28 includes monthly cell phone and VPN costs for SWIC

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-	-	\$ -			
39							\$ -			
	Organization Sub-Total						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40							\$ -				
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	EQUIPMENT Sub-Total						\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57												
58		State Communications Rodeo	Maintain	SHSP	Yes		1	6,000.00	Communication - DEM SWIC	Operational Communications	\$ 6,000.00	SHSP
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ 6,000.00	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

#51 Statewide communications exercise. The SWIC and Exercise Officer will work together to have a statewide communications exercise with as many jurisdictions/agencies as we can allow. Printing and possible water/lunch costs. Planning meetings will occur VTC and in person, travel might occur.

											Budget Total Request	\$ 35,540.00
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Project Q  
**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Statewide Interoperability Coordinator		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$35,540
		<b>UASI Funding Request:</b>	0
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>This project sustains the Statewide Interoperability Coordinator in compliance with federal HSGP grant requirements for the funding of communications related projects. This project also funds a statewide communications expo/drill</p> <p>Maintaining this compliance is necessary to ensure all organizations within the state remain eligible for Homeland Security grant funding.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>Services are provided for all jurisdictions and agencies including state agencies, local jurisdictions, tribal governments, and non-governmental organizations.</p> <p>Continued outreach will remain necessary to ensure that all jurisdictions have Interoperability.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
<p>There is a 25% contribution using State funding that supports the SWIC position.</p>			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
<p>DEM continues to work through the Nevada Commission on Homeland Security and the legislative process to advocate for additional state funding.</p>			

Project Q

Please provide a five year funding summary for your project.

DEM is the agency responsible for the SWIC position. The strategy utilized to continue to advance the implementation of the SWIC program contains the following components:

1. Salary funding requests for 2020-2025 are expected to rise by 5% per year to accommodate for the SWIC yearly increases.
2. It is also anticipated that there will be a slight increase in the funding required for the communications exercise. 2019 will be the first year the NDEM is the hosting agency so exact costs are unknown at this time.

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: R

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

5/13/19

1) PROJECT TITLE:	Emergency Alerting Mass Notification	
2) PROPOSING/LEAD AGENCY:	City of Las Vegas	
3) Project Manager Name/Title:	Carolyn Levering, Emergency Management Administrator	
Project Manager Contact Info:	Phone: (702) 229-0313	Email: clevering@lasvegasnevada.gov
4) Addl Project Manager Name/Title:	N/A	
Addl Project Manager Contact Info:	Phone:	Email: N/A
5) Finance/Grant Contact Name/Title:	Priscilla Wdowiak	
Finance/Grant Contact Info:	Phone: (702) 229-6045	Email: pwdowiak@lasvegasnevada.gov

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The city of Las Vegas has operated a mass notification system since 2005. The original system consisted of a locally-based server with out-of-area back-up capacity in the event a catastrophic emergency left the local system unusable. With the advent of "cloud" technology, the city has moved away from a local-based server to a subscription-based technology providing added assurance the emergency public information and warning capacity will exist when needed. Since the mass shooting attack in Las Vegas on 1 October 2017, local law enforcement, specifically the Southern Nevada Counter Terrorism Center, has learned more of what this existing system can provide, both from a Public Warning standpoint as well as an Intelligence and Information Sharing perspective. This increased interest in more frequent use of this system has created a requirement for the city to expand the current system capabilities from a per-unit usage system to an unlimited call, text, email system.

The system was expanded to unlimited call capacity as a result of funds re-obligated from the DHS FFY 2016 grant year. This project is to maintain that system expansion for another year.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	PUBLIC INFORMATION AND WARNING
HSGP Project Type Supporting Strategic Capacity:	Emergency Alert System [PUBLIC INFO & WARNING]
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	PUBLIC INFORMATION AND WARNING [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Public Information and Warning is defined as: Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate. This mass notification system is equipped to provide all services as described and we request it be extended another year.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	R
<b>Date Submitted</b>	5/13/19

**PROJECT TITLE REFERENCE:** Emergency Alerting Mass Notification

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

The city of Las Vegas adheres to all requirements of the RFP process to ensure fair, open and competitive bidding on projects and services of a certain dollar value. This project is one of those.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

As the current owner/operator of the mass notification system, the city of Las Vegas is prepared to accept funds to allow continued operation of the current system to meet emergency alerting mass notification needs. Project Manager, Carolyn Levering has implemented training for end users to ensure the system is capable of meeting the new user requirements.

Project Manager Carolyn Levering will work with Financial Analyst, Priscilla Wdowiak to ensure all program and financial reporting is completed in accordance with grant assurance requirements.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	City of Las Vegas	City of Las Vegas	Carolyn Levering
12(b)	N/A		
12(c)	N/A		

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

The existing system is currently maintained via Emergency Management Performance Grant funding awarded to the city from the State of Nevada annually. This grant is matched 50% from local (city) resources.

This system was expanded last year with funds re-obligated from UASI and SHSP FY 2016. The expansion ensures unlimited call, text, email messaging. This project seeks to maintain this same level of service for all end users.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	R
<b>Date Submitted</b>	5/13/19

<b>PROJECT TITLE REFERENCE:</b>	Emergency Alerting Mass Notification
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			
N/A			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			
N/A			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
Subscription services for unlimited system use. AEL # 04AP-09-ALRT	\$ 71,135.00		\$ 71,135.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			
N/A			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			
N/A			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			
			\$ 0.00
<b>15g) PROJECT TOTALS</b>			
	LV-UASI	State-wide	TOTAL
	\$ 71,135.00	\$ 0.00	\$ 71,135.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	R
<b>Date Submitted</b>	5/13/19

**PROJECT TITLE REFERENCE:** Emergency Alerting Mass Notification

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Per RFP and resulting contract, extend contract with existing vendor for an additional year.	06/01/19	07/31/19	2
3	Conduct additional system training courses (as needed) in collaboration with community partners.	08/01/19	12/31/19	5
4	Assist in development of administrators and databases in the system including contacts, groups, messages and, scenarios.	08/01/19	12/31/19	5
5	Comply with quarterly financial and program reporting requirements.	08/01/19	12/31/20	17
6	Complete final financial and program reports.	08/01/19	12/31/20	17
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

This system provides a pathway to access IPAWS capabilities and mass notification to the general public. Emergency Alerting and mass notification are part of a complex series of communications to the public to help keep people out of harms way during any kind of terror attack, barricaded suspect or suspect search, and protective actions to take during other types of emergencies as well.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Yes, mass notification is a major component to an overall Emergency Alert System capability.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Current contract pricing is for unlimited use of this system. Reducing use to a limited number of calls/texts/emails will result in inability to use the system once purchased units have been expended. Eliminating this system entirely will impact operations for city of Las Vegas, Clark County, Las Vegas Metropolitan Police Department, University Medical Center, ARES/RACES, State of Nevada Health & Human Services and others.

Fields "a", "b", and "c" are limited to visible text box size



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	R
<b>Date Submitted</b>	5/13/19

**PROJECT TITLE REFERENCE:** Emergency Alerting Mass Notification

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>There is no other identified funding for this project outside of grants.</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>A monthly usage report is generated to show the volume of system use by each participating agency.</p>	

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

As a result of the budget negotiations for many projects funded via the UASI funding stream, the State Division of Emergency Management has committed \$20,000 from EMPG funds (either FFY17 or FFY18) to complete the funding needed for this project this year. The city of Las Vegas will commit to make the \$20,000 match required for this purpose. The remaining balance of \$71,135 from FFY19 UASI will complete the balance of this year's contracted service.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	City of Las Vegas	Project Manager Name & Contact #	Carolyn Levering (702) 229-0313	Grant Manager Name & Contact #	Priscilla Wdowiak (702) 229-6045	<b>R</b>
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IJ TITLE:	Emergency Alerting Mass Notification										
One Budget Per Funding Stream											
UASI											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
<b>Personnel Sub-Total</b>								<b>\$ -</b>			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
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	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
<b>Fringe Sub-Total</b>								<b>\$ -</b>			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9								-				
10								-				
11								-				
12								-				
13								-				
14								-				
15								-				
16								-				
17								-				
18								-				
19								-				
20								-				
21								-				
22								-				
23								-				
24								-				
25								-				
26								-				
27								-				
<b>Travel Sub-Total</b>								<b>\$ -</b>				

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

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Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27												
28								-				
29								-				
30								-				
31								-				
32								-				
33								-				
34								-				
35								-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36								\$ -				
37								\$ -				
38								\$ -				
39								\$ -				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		Mass Notification Subscription Service -Unlimited	Maintain	UASI				\$ 71,135.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning	04AP-09-ALRT Systems, Public Notification and Warning	UASI
41								\$ -				
42								\$ -				
43								\$ -				
44								\$ -				
45								\$ -				
46								\$ -				
47								\$ -				
48								\$ -				
49								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ 71,135.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Maintain existing mass notification system. This portion of funding represents 75% of the total annual cost. The remaining balance is requested in SHSP.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 71,135.00	
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**Project R**  
**Emergency Alerting Mass Notification 3-5 Year Budget Plan**

**Background**

This system has provided mass communications solutions for many local agencies for many years. It features a list-driven system for notifications to specific contacts and groups as designated. It also includes a map-driven feature, which allows the user to target specific areas in the community in need of notification. For many years, the city hosted this system on a locally based server with a limited number of dial out lines. Over time, this proved to be less efficient and more labor intensive than expected. In conjunction with contract end-dates, the city issued an RFP for hosted services that would reduce local labor, increase call capacity, and add redundancy from servers located outside of the state. For cost-management purposes, the service was contracted for a limited number of call units, commensurate with usage rates at that time.

In anticipation of an increased level of system usage by participating agencies, the city sought additional funding to erase the limitation on call volume and offer unlimited text, calls and emails for both list-driven and map-driven activations. By consent of the Urban Area Working Group and the Finance Committee, a recommendation for funding from FY2016 deobligations was approved by the Nevada Commission on Homeland Security June 18, 2018.

Participating agencies\*:

City of Las Vegas

Clark County

City of North Las Vegas

Las Vegas Metropolitan Police Department (several portals assigned)

Southern Nevada Health District

University Medical Center

ARES/RACES

Nevada State Health & Human Services

*\*Additional portals remain available to new users*

**Funding Requirements into the Future**

The city of Las Vegas is proud to continue sponsoring the management of this system for such a diverse community of partners. This diversity, however, makes it impossible to justify the cost from the city general fund. Back-charging our partners for costs incurred is also labor-intensive and bureaucratic. Leveraging grant funds designed to support multiple public safety agencies at once continues to be the logical path for this project.

Current year funding consisted of three sources, the FY2018 EMPG grant managed by the city of Las Vegas and the FY2016 SHSP and UASI deobligations.

Years 2 & 3 – Fixed rate under contract \$91,135 (per year); proposed funding under Strategic Capability Public Information & Warning.

Years 4 & 5 – Existing contract expires. Must initiate new RFP managed by city of Las Vegas Purchasing. Cost for new contract unknown, but recent RFP processes have shown many mass notification systems to cost significantly more than the current rate. Proposed funding under Strategic Capability Public Information & Warning.

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	<b>S</b>
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	4/30/19

<b>1) PROJECT TITLE:</b>	Public Information and Warning	
<b>2) PROPOSING/LEAD AGENCY:</b>	DPS - Division of Emergency Management	
<b>3) Project Manager Name/Title:</b>	Gail Powell	
<b>Project Manager Contact Info:</b>	Phone: (775) 687-0325	Email: gpowell@dps.state.nv.us
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Kelli Anderson	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 687-0321	Email: kanderson@dps.state.nv.us

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project provides sustainment of the currently operating Emergency Alert System (EAS) and provides for an enhanced Public Information and Warning Program to the public, managed within DEM. This project is in direct response to the DHS core capability of Public Information and Warning. This project provides a common platform for Nevada's Public Safety Officials to quickly send out alerts and warnings. Additionally, the projects within this investment produce and deliver a broad range of public information and warning messaging. This includes video content for social media platforms, state websites, TV and radio broadcast. This messaging will cover the threats and hazards to Nevada as identified in the THIRA. This messaging promotes education, and awareness of the five cornerstones in emergency management: prevention, protection, mitigation, response and recovery to both public and private sectors. DEM will collaborate and share all content developed within this investment to partners in all jurisdictions and Tribal Nations across Nevada. The end goal is to better prepare all of Nevada in the event of an emergency through comprehensive public information and warning.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	PUBLIC INFORMATION AND WARNING
HSGP Project Type Supporting Strategic Capacity:	Emergency Alert System [PUBLIC INFO & WARNING]
If OTHER, please choose FFY16-18 NCHS Priority:	PUBLIC INFORMATION AND WARNING [Mission Area - ALL]
Core Capability aligned with Maintained Project:	PUBLIC INFORMATION AND WARNING [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project will sustain the current public warning system throughout the State allowing for quick and accurate alerts and warnings. In addition, the project directly provides public information through the development of a wide range of deliverables to be shared across multiple mediums and throughout all jurisdictions and Tribal Nations. Public Information sharing develops strong, resilient communities and has a direct correlation to the ability of a community to rebound from disaster. The ability to know, be aware of, and respond to an event lessens the impact to agencies who must respond. It also decreases the potential loss of property and life during an incident.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>S</b>
<b>Date Submitted</b>	<b>4/30/19</b>

**PROJECT TITLE REFERENCE:** Public Information and Warning

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

RFP will be required for the EAS subscription. This process is currently in progress.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

This project will begin with a thorough review of the current EAS system with input from its front line and end result users. The State will provide day to day coordination of the system. This project will be managed by key program managers within DEM under the leadership of an Emergency Management Program Manager (EMPM). Once approved and delivered, the various projects identified will be implemented under a "team" approach within the PIO Program and Technical Services Sections of DEM and placed within a schedule that identifies the phases of each project and their accompanying milestones. In some cases, where contractors are identified for either program support or for specific projects, the EMPM will assign a specific staff member to oversee their project and work performance to insure programmatic and financial compliance to their portion of the investment. Each individual program: PIO and Technical Services shall have their portions of the overall investment identified with a programmatic workplan and a budget to insure understanding and continual compliance with the investment. Quarterly reporting and grant compliance shall be maintained. State rules and regulation regarding purchasing and other areas shall be followed. We shall maintain an "audit-ready" posture throughout the life of the investment . At the conclusion of this investment we shall provide a report specific to the goals and eventual outcomes achieved by this investment.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	DPS - Division of Emergency Management	State	Gail Powell
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

This project will require ongoing yearly subscriptions. The PSA portion and its content may remain the same without additional development costs, but there will be costs associated with the promotion of the materials through various media, i.e. websites, social media platforms, and TV.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>S</b>
<b>Date Submitted</b>	<b>4/30/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Public Information and Warning
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
NV Broadcasters \$110,000 Social Media Dashboard: \$700 Advertising \$15,000 Video Productions \$ 30,000 Emergency Alert System Subscription \$40,000		\$ 195,700.00	\$ 195,700.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
EAS Trainer		\$ 20,000.00	\$ 20,000.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 0.00	\$ 215,700.00	\$ 215,700.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>S</b>
<b>Date Submitted</b>	<b>4/30/19</b>

**PROJECT TITLE REFERENCE:** Public Information and Warning

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Establish vendor contracts through State Purchasing	10/31/19	11/30/19	1
3	Begin EAS subscription	08/01/20	07/31/21	12
4	Deliver Media	10/31/19	10/31/21	24
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

This project strengthens local and state agencies to quickly send out emergency alerts and warnings during acts of terrorism. This project also has the ability to help prepare citizens for situations where these events occur. The media produced will relate to all of the threats and hazards contained within the THIRA for the state of Nevada as reported in 2017.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project aligns with the strategic capacity of Public Alerts and Warning.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Funding requested covers the EAS subscription. Some of the deliverables in the media and the outreach programs are scalable.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>S</b>
<b>Date Submitted</b>	<b>4/30/19</b>

**PROJECT TITLE REFERENCE:** Public Information and Warning

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
The State of Nevada EAS system cannot exist without this funding.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
This project allows local and state government to send out alerts and warnings statewide.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b> DPS Division of Emergency Management	<b>Project Manager Name &amp; Contact #</b> Gail Powell 775-687-0325	<b>Grant Manager Name &amp; Contact #</b> Kelli Anderson 775-687-0321	<b>S</b>
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<b>IJ TITLE: Public Information and Warning</b>											
<b>One Budget Per Funding Stream SHSP</b>											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9			Maintain					-				
10								-				
11								-				
12								-				
13								-				
14								-				
15								-				
16								-				
17								-				
	<b>Travel Sub-Total</b>							-				

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
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	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27		NV Broadcasters	Maintain	SHSP		1	110,000.00	110,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning		SHSP
28		Social Media Platform	Maintain	SHSP		1.00	700.00	700.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning		SHSP
29		Advertising	Maintain	SHSP		1	15,000.00	15,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning		SHSP
30		Video	Maintain	SHSP		1	30,000.00	30,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning		SHSP
31		Emergency Alerting System	Maintain	SHSP		1	40,000.00	40,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning		SHSP
32								-				
33								-				
34								-				
35								-				
<b>Planning Sub-Total</b>								\$ 195,700.00				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

#27 - Nevada Broadcasters - delivery of PSAs statewide, #28 - Social Media Service Platform for PSA delivery, #29 - Public Safety Advertising, #30 - PSA video production, #31 Statewide Emergency Alerting System

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36						-	-	\$ -				
37								\$ -				
38						-		\$ -				
39								\$ -				
<b>Organization Sub-Total</b>								\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
40								\$ -				
41								\$ -				
42								\$ -				
43								\$ -				
44								\$ -				
45								\$ -				

46													\$ -			
47													\$ -			
48													\$ -			
49													\$ -			
<b>EQUIPMENT Sub-Total</b>													\$ -			

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51		Training Coordinator	Maintain	SHSP	Yes	Yes	1	20,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning	\$ 20,000.00	SHSP
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
<b>Training Sub-Total</b>											\$ 20,000.00	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

# 51 - Training Coordinator (contract) to deliver EAS training throughout the state.

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
<b>Exercise Sub- Total</b>											\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

														Budget Total Request	\$ 215,700.00	
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Project S  
**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Public Information and Warning		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	215,700
		<b>UASI Funding Request:</b>	0
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The State of Nevada THIRA and SPR evaluation processes identified communications as an important element of homeland security and government functions. These assessments form the foundational components of the state Emergency Management Program. A key item of these assessments is the emphasis of the need for Public Information and Warning. The evaluation processes (THIRA &amp; SPR) have provided baseline capability levels for comparative analysis to gauge progress in planning, training, and exercise efforts under the NIMS requirements for the state, jurisdictions, and tribes.</p> <p>This project provides sustainment of the currently operating Emergency Alert System (EAS) and provides for an enhanced Public Information and Warning Program to the public, provides for the ability to monitor and post social media messaging, and will be managed within DEM. This project is in direct response to the DHS core capability of Public Information and Warning. This project provides a common platform for Nevada's Public Safety Officials to quickly send out alerts and warnings.</p> <p>Additionally, the projects within this investment produce and deliver a broad range of public information and warning messaging. This includes video content for social media platforms, state websites, TV and radio broadcast. This messaging will cover the threats and hazards to Nevada as identified in the THIRA. This messaging promotes education, and awareness of the five cornerstones in emergency management: prevention, protection, mitigation, response and recovery to both public and private sectors. DEM will collaborate and share all content developed within this investment to partners in all jurisdictions and Tribal Nations across Nevada. The end goal is to better prepare all of Nevada in the event of an emergency through comprehensive public information and warning.</p>			

Project S

<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>
Yes, the Statewide Public Information and Warning Project Proposal a component under the Division of Emergency Management's Preparedness Section. This project meets the Nevada Commission on Homeland Security Approved Priority of Operational Coordination and the FEMA Core Capability of Operational Coordination.
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>
There are no state funds provided for the State of Nevada's EAS system and the system cannot exist without this funding.
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>
There are no state funds provided for the State of Nevada's EAS system and the system cannot exist without this funding.
<b>Please provide a five year funding summary for your project.</b>
<p>DEM is the agency responsible for the management, implementation and execution of the Emergency Alert System to include public information and warning education statewide to include Tribal Nations. The strategy utilized contains the following components:</p> <ol style="list-style-type: none"><li>1. The Statewide Public Information and Warning Project Proposal a component under the Division of Emergency Management's Preparedness Section. This project meets the Nevada Commission on Homeland Security Approved Priority of Operational Coordination and the FEMA Core Capability of Operational Coordination.</li><li>2. This project will sustain the current public warning system throughout the State and Tribal Nations for quick and accurate alerts and warnings.</li><li>3. This project directly provides public information through the development of a wide range of deliverables to be shared across multiple mediums and throughout all jurisdictions and Tribal Nations.</li><li>4. Public Information sharing develops strong, resilient communities and has a direct correlation to the ability of a community to rebound from disaster. The ability to know, be aware of, and respond to an event lessens the impact to agencies who must respond. It also decreases the potential loss of property and life during an incident.</li><li>5. The Statewide PSA program promotes education, and awareness of the five cornerstones in emergency management prevention, protection, mitigation, response and recovery to both public and private sectors.</li><li>6. The end goal for the Public Information and Public Warning program is to better prepare all of Nevada in the event of an emergency through comprehensive public information and warning and supporting the Governor's objective for a more resilient Nevada.</li></ol>



# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: T

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/17/19

1) PROJECT TITLE:	COOP Sustain	
2) PROPOSING/LEAD AGENCY:	Washoe County Emergency Management and Homeland Security Program	
3) Project Manager Name/Title:	Aaron R. Kenneston, Washoe County Emergency Manager	
Project Manager Contact Info:	Phone: (775) 337-5898	Email: akenneston@washoecounty.us
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Kelly Echeverria, Washoe County Emergency Management Program Coordinator	
Finance/Grant Contact Info:	Phone: (775) 337-5898	Email: kecheverria@washoecounty.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To sustain and maintain planning through continuity of operations (COOP) and continuity of government (COG) for agencies Statewide.

This is a request to continue sustainment efforts and capabilities for this statewide project. During the initial phase of this project plans were developed for Counties, Cities, and Tribes throughout Northern Nevada. During Phase 2 of the project, sustainment began with Northern Nevada local government, while continuity plans were created for Clark County Metro to demonstrate the value of continuity plans for Southern Nevada terrorism preparedness, the City of Henderson, and the Moapa Tribe. The 3rd phase of the project completed additional State agencies and the City of Las Vegas. The 4th phase of the project focused on the UASI jurisdictions of Clark County, Clark County School District, and the Southern Nevada Health District; and continued the efforts to ensure that participants are trained to update plans, have access to planning tools, and refine continuity plans in the State of Nevada. The 5th phase added North Las Vegas and University of Nevada, Reno. Phase 6 developed Elko County and UNLV COOP plans in addition to securing the continued use of the planning tool through September 2021.

This phase will maintain the project through fiscal year 2022.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	PLANNING
HSGP Project Type Supporting Strategic Capacity:	Continuity of Operations (PLANNING)
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	PLANNING [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The COOP Plans ensure that jurisdictions and agencies can continue to operate and provide public safety after a terrorism incident or other crisis has occurred.

Originally, COOP was listed in the DHS "Target Capabilities List," it was also in the Nevada Commission on Homeland Security (NCHS) "Top Three" priorities. Over the last few years it has been integrated into a variety of DHS "Core Capabilities." National Security Presidential Directive (NSPD) 51 directed the DHS to develop and lead continuity activities and make available grants for continuity planning. The FEMA Continuity Guidance Circular (CGC) dated February 2018 stated "Continuity is an important element of preparedness and an integral part of each core capability across the five mission areas of protection, prevention, mitigation, response, and recovery within the National Preparedness System" (p.4).

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	T
<b>Date Submitted</b>	4/17/19

**PROJECT TITLE REFERENCE:** COOP Sustain

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

A request for proposals will be issued to secure the most responsive bidder.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

In addition to sustaining the Statewide Steering Committee consisting of key stakeholders from state, local, rural, tribes, urban, public jurisdictions, and the private sector (these are the administrators of the existing continuity plans); assistance will be given to one additional Northern Nevada agency (Reno-Tahoe Airport) and one additional State agency NDEP).

When selecting this year's COOP planning vendor, additional tasks will be included in the Scope of Work (SOW). Workshop IS-526: Mission Essential Functions Course will be held in two locations around the State to train and/or refresh personnel with the COOP/COG planning process; additional training will be provided to one Northern Nevada and one State agency to assist them in bring their COOP plans online. Plans-writers will work one-on-one with jurisdictions and agencies to update and sustain the plans to ensure that they are successful.

The collaborative website of NevadaContinuity.com will be continued along with a web-based COOP planning tool for resources. Best practices and the FEMA 2018 Continuity Guidance Circular dated February 2018 (which mentioned this initiative as a best practice on p.34) are being integrated into the plans, and outreach efforts conducted throughout the State.

Upon completion of this project, sustainment of individual plans will be conducted by state-level and local agency planners.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Washoe County Emergency Management and Homeland Security Program	Washoe County	Kelly Echeverria
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Again, NSPD-51 directed DHS to make available continuity funding to State, local, and tribal governments. However, should this assistance no longer be available sustainment in built into this project.

Upon completion of any phase of this project, individual plan sustainment will be conducted by state-level and local agency planners. The jurisdictions can choose to sustain the cloud-based tool usage, download into electronic documents or spreadsheets, and/or print hard copies.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

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<b>PROJECT TITLE REFERENCE:</b>	COOP Sustain
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Reestablish Statewide Steering Committee, hire tool/training vendors, plan workshops and sustainment activities. (Includes planning tool & software support, logistics vendor, and planning consultant)		\$ 100,000.00	\$ 100,000.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Conduct two, one-day workshops (IS-526: Mission Essential Functions Course) (Includes venue space, and trainers).		\$ 25,000.00	\$ 25,000.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 125,000.00	\$ 125,000.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	T
<b>Date Submitted</b>	4/17/19

**PROJECT TITLE REFERENCE:** COOP Sustain

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Accept funds through Board of County Commissioners	09/02/19	11/29/19	3
3	Contracting- RFP, and selection	12/02/19	01/17/20	2
4	Begin Steering Committee Meetings and activities	02/03/20	01/04/21	11
5	Continue usage of a Continuity web-based portal Tool	02/03/20	09/29/21	20
6	Conduct COOP Training in 2 statewide locations (North & South)	04/03/20	01/04/21	9
7	Develop sustainment planning activities	01/04/21	09/29/21	9
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

Yes,  
This project aligns with NSPD-51 to focus on preventing the failure of government after a terrorism event (but it is applicable to all-hazards, of course). The initiative ensures continuity of mission essential functions, orders of succession, alternate facilities, vital records, devolution, and reconstitution planning.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Yes,  
The Nevada Commission on Homeland Security (NCHS) has been briefed on several occasions and is supportive of ensuring that State/Local Government have these plans in place prior to a terrorism event. This project is identified by FEMA as supporting the implementation of the Threat and Hazard Identification and Risk Assessment (THIRA), the National Incident Management System (NIMS) and the National Response Framework (NRF). In addition to Federal directives, this also supports actions mandated by NRS 239c. The NCHS has previously asked why more jurisdictions have not been completed.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Yes, training could be reduced- although not recommended . The most essential piece is to ensure continued access to the planning tool, and to keep moving forward on adding jurisdictions and agencies to the list of Nevada organizations with these plans in place.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

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**PROJECT TITLE REFERENCE:** COOP Sustain

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p>	
<p>No, The current COOP Tool expires at the end of the 2018 grant cycle.</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p>	
<p>Yes, Benefit is measured in numbers of jurisdictions and agencies who have valid continuity plans, and can continue to operate after a catastrophic event.</p>	

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

This project provides benefit to the entire State of Nevada- jurisdictions and agencies large or small, urban, rural, and tribal.

"Today's threat environment has increased the need for comprehensive continuity plans that enable communities and organizations to continue essential functions and provide critical services across a broad spectrum of emergencies when normal operations are disrupted.

Effective continuity planning is the responsibility of the whole community. Continuity is an important element of preparedness and an integral part of each core capability across the five mission areas of protection, prevention, mitigation, response, and recovery within the National Preparedness System. Because incidents may affect an organization's or government's ability to provide assets, assistance, and services, continuity planning and operations are an inherent component of each core capability and the coordinating structures that provide them. Enduring constitutional government, continuity of government, and continuity of operations is dependent upon the foundation of preparedness built by each and every individual and community. No level of government can perform essential functions and provide critical services without the support of the rest of the Nation. Private sector entities, critical infrastructure, non-governmental organizations, communities, individuals, families, and households play a vital role" (FEMA Director introduction to Continuity Guidance Circular, March 2018 - FEMA National Continuity Programs).

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us



19		Airline expense (2 airline tickets @ \$400 ea)	Maintain	SHSP	Training	Attendance at Training Workshop	1.00	800.00	800.00	Planning - Continuity of Operations	Planning	SHSP
20		Meal expense for LV (2 attendees) 1-1/2 day lunch excluded/provided & calculated at 75% for travel day	Maintain	SHSP	Training	" "	1.00	157.00	157.00	Planning - Continuity of Operations	Planning	SHSP
21		Rental Car & fuel in LV for 2 attendees	Maintain	SHSP	Training	" "	1.00	160.00	160.00	Planning - Continuity of Operations	Planning	SHSP
22		Airport Parking	Maintain	SHSP	Training	" "	1.00	40.00	40.00	Planning - Continuity of Operations	Planning	SHSP
23		Hotel for 2 Attendees	Maintain	SHSP	Training	" "	2.00	130.00	260.00			
24									-			
25									-			
26									-			
27									-			
		<b>Travel Sub-Total</b>							<b>3,440.00</b>			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This travel is for two WCEM&HS personnel to attend the three events scheduled for Southern Nevada (two coordination meetings and a workshop). This project spans a two-year grant cycle, so the vast majority of the task force and coordination meetings will occur on teleconferences and video-teleconference. However, these minimal physical onsite visits are necessary to ensure statewide project success.

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27	Planning	Contractor- Continuation of Statewide access to Planning Portal	Maintain	SHSP	1	85,000.00	85,000.00	Planning - Continuity of Operations	Planning	SHSP
28	Planning	Project Logistics Vendor	Maintain	SHSP	1.00	10,000.00	10,000.00	Planning - Continuity of Operations	Planning	SHSP
29	Planning	Project Supplies (paper, printing, etc.)	Maintain	SHSP	1	5,000.00	3,000.00	Planning - Continuity of Operations	Planning	SHSP
30							-			
31							-			
32							-			
33							-			
34							-			
35							-			
	<b>Planning Sub-Total</b>						<b>\$ 98,000.00</b>			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						<b>\$ -</b>			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40							\$ -				
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						<b>\$ -</b>				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51	Training	Training Contractor for two, one-day training workshops (to address COOP tool use and S-526: Mission Essential Functions Course)	Maintain	SHSP	Yes	Yes	1	22,280.00	Planning - Continuity of Operations	Planning	\$ 22,280.00	
52	Training	Lunch of at training workshops (40 attendees x \$19 GSA Rate)	Maintain	SHSP	Yes	Yes	80	16.00	Planning - Continuity of Operations	Planning	\$ 1,280.00	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ 23,560.00	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 125,000.00	
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**Project T**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	COOP Sustainment		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$125,000
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
This project has over 30 jurisdictions and agencies participating from throughout the State. It has proven to be a statewide resource for creating, sustaining, and maintaining required Continuity of Operations and Continuity of Government (COOP/COG) plans in accordance with DHS/FEMA guidance.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
A statewide steering committee ensures that the project has representation from state, local government, tribes, and the public-sector. This project was recognized in the latest FEMA Continuity Guidance Circular (March 2018) as a best practice (p.34).			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
The local/state government investments to date have been in-kind staff hours of the statewide project participants. Several jurisdictions have also provided facilities for meeting space. The project is designed so that participants learn the skill sets to be self-sustaining, albeit at a much reduced level, if grant funding is no longer available.			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			

## Project T

Although National Security Presidential Directive (NSPD) 51 directed the DHS to develop and lead continuity activities and make available grants for continuity planning, this initiative has anticipated that someday grant funds may not be available.

Please provide a five year funding summary for your project.

Although at the conclusion of this grant cycle the State of Nevada has successfully completed Continuity of Operations/Continuity of Operations (COOP/COG) training and planning for 35 different State, Local, and Tribal agencies; there are many more agencies within the State.

A reasonable five-year funding plan is:

FFY-19 = \$125,000 (addition of one Northern and one State agency)

FFY-20 = \$225,000 (NGO/Private Sector outreach, with addition of one Northern, and one Southern agency)

FFY-21 = \$75,000 (focus on sustainment training activities and one rural agency)

FFY-22 = \$125,000 (addition of one Southern and one rural agency)

FFY- 23 = \$225,000 (NGO/private sector outreach, with addition of one Northern and one Southern agency)

This pattern can be repeated until all applicable agencies have mature COOP/COG plans.

The pace is set so that this project has a rhythm of "big gains," medium activity, and smaller sustainment years to ensure equitable use of funds and a pattern that does not overextend project staff.

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> U
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b> 4/25/19

<b>1) PROJECT TITLE:</b>	Implementation of Nevada's Statewide Resiliency Strategy	
<b>2) PROPOSING/LEAD AGENCY:</b>	State of Nevada DPS Emergency Management	
<b>3) Project Manager Name/Title:</b>	Kelli Anderson	
<b>Project Manager Contact Info:</b>	Phone: (775) 687-0300	Email: kanderson@dps.state.nv.us
<b>4) Addl Project Manager Name/Title:</b>	Sonja Williams	
<b>Addl Project Manager Contact Info:</b>	Phone: (775) 687-0300	Email: swilliams@dps.state.nv.us
<b>5) Finance/Grant Contact Name/Title:</b>	Justin Luna	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 687-0300	Email: jluna@dps.state.nv.us

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The goal of this project is to continue to support the Resilience Commission, Finance Committee, and Homeland Security Commission. DEM supports the Homeland Security Grant Program, commission members with travel, supplies, equipment and overtime to complete the review of the overall programmatic responsibilities. The direct user is NDEM and the beneficiaries of the funds are the Resilience Commission, Finance Committee, Homeland Security Commission, as well as the urban area. The funding supports the process of executive orders, federal statute, federal regulations, and current practices to ensure that strategic focus remains on building and sustaining resilience with the homeland security committees. This program will continue to implement strategic processes to focus on the homeland security. This process will be completed by UASI and State staff by meeting with Local, Tribal, State, Non Profit and Private for Profit stakeholders in our communities. This is comprised of face to face outreach, Emergency Management and Homeland Security resources and awareness level training.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	PLANNING
HSGP Project Type Supporting Strategic Capacity:	State of Nevada DEM [NIMS]
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	PLANNING [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

Homeland Security Working Group has been funded under NIMS and Planning for the past 5 years, we believe this fits in the overall "planning" core capability. This strategic capacity is to maintain processes within the program management of the resilience commission (RC), finance committee and commission. This investment supports travel for the committee, sponsoring national conference attendance from the UASI and State, training, overtime during peak grant season and software necessary to maintain the process,

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	U
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Implementation of Nevada's Statewide Resiliency Strategy

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

processes will be completed internally and if outside procurement NRS and NAC will be followed

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The RC project is a continuation of the current project, state grant staff will ensure that this project is carried out. Accomplishments will include travel to commission, finance and any sub committees approved by the commission as well as the RC and UAWG. This program also sponsor representatives to attend the National Homeland Security Conference yearly.

This project will be implemented and managed by state staff and DEM and we will continue to work with all committees developed by the Homeland Security Commission.

The RC Co Chairs will implement and oversee the following deliverable: new initiative to create a State Resiliency Report which it should embrace existing processes and policies that currently exist in executive orders, statute, regulations, and current practices, and modify them throughout the course of 2018/2019 through a strategic focus on resilience.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	DEM	State	Kelli Anderson
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

DEM will carry out the management of the grant if the funding decreases or is eliminated. DEM has funding each year to carry out the projects through this process, we would scale back slowly and stretch out the three year performance period if the grant is phased out.

DEM is requesting additional funding through the Legislative process this year to assist with the overall Emergency Management functions.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	U
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Implementation of Nevada's Statewide Resiliency Strategy
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Attend UASI meeting (1 person x 2 trips) = \$1,300.00, Attend Finance Committee Meetings (2 people x 3 trips) = \$3,900.00, Attend Commission Meetings (2 people x 3 trips)= \$3,900.00, RC Members (5 people x 2 trips)= \$6,500.00 Homeland Security Conferences, UASI Members (4 members x 1 Trip) = \$8,000.00 State Staff (3 members x 1 Trip) = \$6,000.00 -Homeland Security & FEMA meetings Resiliency Outreach Meetings 2 people x 5 days across the state of Nevada = \$1300 per person per week = \$5,200 Printing, Office Supplies and Updated software for Process = \$4,800.00 Working Lunch to support open meetings \$400 per meeting x 10 = \$4,000		\$ 43,600.00	\$ 43,600.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Overtime 2019/2020 process 100 hours x \$60.00 = \$6,000		\$ 6,000.00	\$ 6,000.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 49,600.00	\$ 49,600.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	U
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Implementation of Nevada's Statewide Resiliency Strategy

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive Funding and Board Approval	10/01/19	12/31/19	3
3	Receive Funding and Board Approval	10/01/19	09/30/20	12
4	Travel for Committees	01/01/20	03/31/21	18
5	Overtime for Resilience Commission Process	01/01/20	08/31/20	7
6	Attend Conferences	04/01/20	07/31/20	4
7	Maintain and update Resiliency Plan	10/01/19	03/31/20	12
8	Close out	07/01/21	08/31/21	2
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 This project supports all the projects submitted under this grant

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 Yes, this project supports the Nevada Commission of Homeland Security directly with the program management of the committees that make recommendations to the Commission.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 Yes, however it will equal scaling back on the travel to the meetings which may affect the overall deliverable.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

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**PROJECT TITLE REFERENCE:** Implementation of Nevada's Statewide Resiliency Strategy

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

This project could be de-funded, and we may be able to continue with the same level of support for approx 18-24 months using older funding, however once funding was spent, DEM would no longer be able to support the committees and sub committees in the manner in which we have in the past.

We would not be able to move forward for the Governor's executive order for the Implementation of Nevada's Statewide Resiliency Strategy.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

This project supports the entire State of Nevada with the Homeland Security Commission and monitors the program submission and recommendation process to the SAA.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

This request is to implement the Governor's Executive Order 2018-4 - Implementation of Nevada's Statewide Resiliency Strategy.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us



HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	DEM	Project Manager Name & Contact #	Kelli Anderson 775-687-0300	Grant Manager Name & Contact #	Sonja Williams 775-687-0300	<b>U</b>
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**IJ TITLE: Implementation of Nevada's Statewide Resiliency Strategy**

**One Budget Per Funding Stream**  
**SHSP**

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		Overtime for 2019/2020 Process		SHSP	60	100%	100	\$ 6,000.00	Planning - Continuity of Operations	Planning	SHSP
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ 6,000.00			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		Attend UASI meetings (1 person)	Maintain		Planning		2.00	650.00	1,300.00	Planning - Continuity of Operations	Planning	SHSP
10		Attend Finance Committee Meetings (2 people x 3 trips)	Maintain		Planning		3.00	1,300.00	3,900.00	Planning - Continuity of Operations	Planning	SHSP
11		Attend Commission Meetings (2 people x 3 trips)	Maintain		Planning		3.00	1,300.00	3,900.00	Planning - Continuity of Operations	Planning	SHSP
12		Travel for Resilience Commission voting members (5 people x 2 trips)	Maintain		Planning		5.00	1,300.00	6,500.00	Planning - Continuity of Operations	Planning	SHSP
13		Homeland Security Conference (4 UASI members x 1 trip)	Maintain		Planning		4.00	2,000.00	8,000.00	Planning - Continuity of Operations	Planning	SHSP
14		Homeland Security Conference (Stat staff 3 members x 1 trip)	Maintain		Planning		3.00	2,000.00	6,000.00	Planning - Continuity of Operations	Planning	SHSP
15		Resiliency Outreach Meetings (2 people 5 days)	New / Enhance / Past / Competitive		Planning		4.00	1,300.00	5,200.00	Planning - Continuity of Operations	Planning	SHSP
16												
	<b>Travel Sub-Total</b>								34,800.00			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Printing, Office Supplies and Software Updates	Maintain		1	4,800.00	4,800.00	Planning - Continuity of Operations	Planning	SHSP
28		Working lunches to support open meetings			10.00	400.00	4,000.00			
#REF!	Planning Sub-Total						\$ 8,800.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT. SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-		\$ -			
39							\$ -			
	Organization Sub-Total						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40							\$ -				
41							\$ -				
	EQUIPMENT Sub-Total						\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 49,600.00	
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## FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

### STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Implementation of Nevada's Statewide Resiliency Strategy		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	100% SHSP	<b>SHSP Funding Request:</b>	\$49,600
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
The RC Commission is a multi-regional, multi-discipline coordination group that reviews various programs and collaborates to makes recommendations to DEM and other boards and commissions. The structure is evolving. However, we do not anticipate major changes to the funding needs to support the RC, Finance Committee, and the Nevada Commission on Homeland Security. This funding also sponsors travel and training for programmatic management of Homeland Security Grants.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
Yes, DEM Co-Chairs, the RC Commission with the Urban Area Administrator, along with all of the Commission members.			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
DEM provides program and administrative management of all grants that reviewed by the Resilience Commission. DEM is only approx. 8-10% state funded; we have requested additional state resources. However, we have been unsuccessful.			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
DEM will continue to request additional State funds to help support the mission. However, the next request to the legislature will not be heard until 2021.			

Please provide a five year funding summary for your project.

Year 1

Attend UASI meeting (1 person x 2 trips) = \$1,300.00, Attend Finance Committee Meetings (2 people x 3 trips) = \$3,900.00, Attend Commission Meetings (2 people x 3 trips)= \$3,900.00, RC Members (5 people x 2 trips)= \$6,500.00

Homeland Security Conferences, UASI Members (4 members x 1 Trip) = \$8,000.00

State Staff (3 members x 1 Trip) = \$6,000.00 -Homeland Security & FEMA meetings

Resiliency Outreach Meetings 2 people x 5 days across the state of Nevada = \$1300 per person per week = \$5,200

Printing, Office Supplies and Updated software for Process = \$4,800.00

Working Lunch to support open meetings \$400 per meeting x 10 = \$4,000

Overtime 2020/2021 process 100 hours x \$60.00 = \$6,000

Year 1 = \$49,600

Year 2

Attend UASI meeting (1 person x 2 trips) = \$1,300.00, Attend Finance Committee Meetings (2 people x 3 trips) = \$3,900.00, Attend Commission Meetings (2 people x 3 trips)= \$3,900.00, RC Members (5 people x 2 trips)= \$6,500.00

Support of the Homeland Security National Conference = 15,000

Homeland Security Conferences, UASI Members (4 members x 1 Trip) = \$8,000.00

State Staff (3 members x 1 Trip) = \$6,000.00 -Homeland Security & FEMA meetings

Resiliency Outreach Meetings 2 people x 5 days across the state of Nevada = \$1300 per person per week = \$5,200

Printing, Office Supplies and Updated software for Process = \$4,800.00

Working Lunch to support open meetings \$400 per meeting x 10 = \$4,000

Overtime 2021/2022 process 100 hours x \$60.00 = \$6,000

Year 2 = \$64,600

Year 3

Attend UASI meeting (1 person x 2 trips) = \$1,300.00, Attend Finance Committee Meetings (2 people x 3 trips) = \$3,900.00, Attend Commission Meetings (2 people x 3 trips)= \$3,900.00, RC Members (5 people x 2 trips)= \$6,500.00

Homeland Security Conferences, UASI Members (4 members x 1 Trip) = \$8,000.00

State Staff (3 members x 1 Trip) = \$6,000.00 -Homeland Security & FEMA meetings

Resiliency Outreach Meetings 2 people x 5 days across the state of Nevada = \$1300 per person per week = \$5,200

Printing, Office Supplies and Updated software for Process = \$4,800.00

Working Lunch to support open meetings \$400 per meeting x 10 = \$4,000

Overtime 2022/2023 process 100 hours x \$60.00 = \$6,000

Year 3 = \$49,600

Year 4

May be lowered depending on State fund approval request

Attend UASI meeting (1 person x 2 trips) = \$1,300.00, Attend Finance Committee Meetings (2 people x 3 trips) = \$3,900.00, Attend Commission Meetings (2 people x 3 trips)= \$3,900.00, RC Members (5 people x 2 trips)= \$6,500.00

Homeland Security Conferences, UASI Members (4 members x 1 Trip) = \$8,000.00

State Staff (3 members x 1 Trip) = \$6,000.00 -Homeland Security & FEMA meetings  
Resiliency Outreach Meetings 2 people x 5 days across the state of Nevada = \$1300 per person per week = \$5,200  
Printing, Office Supplies and Updated software for Process = \$4,800.00  
Working Lunch to support open meetings \$400 per meeting x 10 = \$4,000  
Overtime 2023/2024 process 100 hours x \$60.00 = \$6,000  
Year 4 = \$49,600

#### Year 5

May be lowered depending on State fund approval request

Attend UASI meeting (1 person x 2 trips) = \$1,300.00, Attend Finance Committee Meetings (2 people x 3 trips) = \$3,900.00, Attend Commission Meetings (2 people x 3 trips)= \$3,900.00, RC Members (5 people x 2 trips)= \$6,500.00  
Homeland Security Conferences, UASI Members (4 members x 1 trip) = \$8,000.00  
State Staff (3 members x 1 trip) = \$6,000.00 -Homeland Security & FEMA meetings  
Resiliency Outreach Meetings 2 people x 5 days across the state of Nevada = \$1300 per person per week = \$5,200  
Printing, Office Supplies and Updated software for Process = \$4,800.00  
Working Lunch to support open meetings \$400 per meeting x 10 = \$4,000  
Overtime 2025/2026 process 100 hours x \$60.00 = \$6,000  
Year 5 = \$49,600

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: V

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/26/19

1) PROJECT TITLE:	Statewide Recovery Plan Implementation Phase 3	
2) PROPOSING/LEAD AGENCY:	State of Nevada DPS DEM	
3) Project Manager Name/Title:	Suz Coyote, State Recovery Officer	
Project Manager Contact Info:	Phone: (775) 745-6806	Email: scoyote@dps.state.nv.us
4) Addl Project Manager Name/Title:	Kelli Anderson, Programs Manager, Grants, Recovery and Mitigation	
Addl Project Manager Contact Info:	Phone: (775) 687-0300	Email: kanderson@dps.state.nv.us
5) Finance/Grant Contact Name/Title:	Justin Luna , Administrative Services Officer III	
Finance/Grant Contact Info:	Phone: (775) 687-0300	Email: jluna@dps.state.nv.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project is to improve the overall resiliency, capability and readiness of the core capability under operational coordination which covers the recovery core capability under the recovery initiative that was funded under FFY 2015 and the project was completed in the calendar year 2017. Washoe County EM took on the statewide initiative in FFY 2015 recovery project and completed the first draft of the Nevada Recovery Framework with stakeholder buy in along with the contract and training to roll out the preliminary damage assessment tool. The FFY 2018 project continued to build on the framework that was established in FFY2015 in alignment with the the DEM resilience strategy to include the following outcomes

Recovery Framework adoption, socialization, training and exercise

Recovery Support Function roll out and training

Preliminary Damage Assessment Tool and Training

Update to the Plan after the Exercise & After Action is complete

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	RECOVERY
HSGP Project Type Supporting Strategic Capacity:	Nevada Disaster Recovery Framework [RECOVERY]
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Operational Coordination is to establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. The cross walk capability is to "to provide multi-agency coordination (MAC) for incident management by activating and operating an EOC for a pre-planned or no-notice event. EOC management includes EOC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; coordination of efforts among neighboring governments at each level and among local, regional, State, and Federal EOCs; coordination public information and warning; and maintenance of the information and communication necessary for coordinating response and recovery activities." The development and maintenance of a statewide PDA tool increases capacity of local governments to provide real-time situational awareness to the state EOC for inclusion in a potential emergency or disaster declaration. Additionally it provides the state with a tool for compiling the data required to support a request for a major disaster declaration.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	V
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Statewide Recovery Plan Implementation Phase 3

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source** State of Nevada Purchasing has an existing contract with a provider of the ESRI/ArcGIS online tool.
- Internal

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Preliminary Damage Assessment Tool and Training  
 State will purchase a cloud-based, Geographic Information System (GIS)-enabled tool, ArcGIS online with Survey 123 app, and 20 licenses for use by counties and tribal entities statewide. The FEMA PDA overlay will be used with the Survey 123 app to uniformly gather PDA data across all jurisdictions in alignment with FEMA guidelines.

A DEM partner, ,NDOT GIS staff will provide the initial set up of the tool and support as needed during an event. Maintenance of the tool and licenses will be managed by DEM staff.

Statewide roll-out will include full day training and exercise with the tool and update to the PDA tool guidance in the State Recovery Guide. State will leverage funding from FY18 grant for contractor to develop the training and exercise.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	DEM	State	Suz Coyote
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

The cost of the licenses needed to use the PDA tool and annual statewide training are needed to sustain this capability going forward.

State of Nevada is requesting additional funding to sustain the recovery program and other projects through the legislature, however we will not know if we will be successful for another year, if we are successful we will not request additional funding.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	V
<b>Date Submitted</b>	4/26/19

<b>PROJECT TITLE REFERENCE:</b>	Statewide Recovery Plan Implementation Phase 3
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Hire a contractor to work with DEM to develop a conference, training and exercise for the PDA tool and update the State Recovery Guide. This contractor will be leveraged from FY18 Recovery Initiative funding. (\$0)				\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
PDA tool, ArcGIS online Creator license for state management of tool, 20 Field Worker licenses for use by counties and tribal entities.			\$ 11,250.00	\$ 11,250.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Travel for the training and exercise for local jurisdictions, tribal nations and state agencies. (10 people to travel to each conference/training \$800 x 10 people x 2 trips = \$16,000.			\$ 16,000.00	\$ 16,000.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 27,250.00	\$ 27,250.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	V
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Statewide Recovery Plan Implementation Phase 3

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive grant funding and process the grant to receive authority to spend funds	04/01/20	06/01/20	2
3	Review ArcGIS licenses	06/01/20	01/01/22	18
4	Draft and finalize training and exercise for regional conferences, training and exercising	06/01/20	09/01/20	3
5	Update Recovery Guide	10/01/20	04/01/21	6
6	Deliver Final plans to stakeholders	04/01/21	05/01/21	1
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

The recovery project/program has a nexus to terrorism. All types of emergencies must have the ability to recover regardless of the type of disaster. The tools must be in place to work towards recovery. If you review the core capability cross walk you will see a common theme throughout the crosswalk "recovery" is listed in almost every one of the core capabilities

---

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Yes, recovery falls under Operation Coordination, however recovery is also a part of the communication, public warning and Information and intelligence.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

The project is scalable depending on the deliverables. We are requesting 18 months of the PDA tool, 2 conferences to socialize and train on the PDA tool. A data collection person to roll out tools to all jurisdictions to assist with recovery (leveraged from FY18 grant).

Fields "a", "b", and "c" are limited to visible text box size

**PROJECT TITLE REFERENCE:** Statewide Recovery Plan Implementation Phase 3

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>At this time we do not have the funding necessary to complete this project.</p>
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>Yes this is a statewide project meaning the end user is the local jurisdictions as well as the tribes and the State of Nevada. All disciplines will be included in this process.</p>

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

The State of Nevada, DPS, Emergency Management experienced several Federally Declared Disasters in 2017, along with one significant State disaster. It is critical to ensure that we use all the tools afforded to use and look at all gaps with the lessons learned to ensure we are better able to recover from disasters.

Thorough Preliminary Damage Assessment is key to the success of a request for federal financial support. A coordinated statewide effort to support the development of ,and participation in, a federal disaster declaration is the key to future federal financial support of Nevada's recovery efforts.

Stakeholders throughout the state have requested this tool to train and prepare for recovery from disaster which is key to community resilience.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b> NV DEM	<b>Project Manager Name &amp; Contact #</b> Suz Coyote, State Recovery Officer 775-7456806	<b>Grant Manager Name &amp; Contact #</b> Kelli Anderson, Programs Mgr, Grants, Recovery & Mitigation 775-220-1618	<b>V</b>
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	<b>IJ TITLE: Statewide Recovery Implementation Phase 3</b>	
	<b>One Budget Per Funding Stream SHSP</b>	

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

**PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

**TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A**

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		State, local, tribal partners travel to roll out, implementation, socialization of PDA tool	Maintain	SHSP	Planning		8.00	800.00	6,400.00		Nevada Disaster Recovery Framework - State Implementation Operational Coordination	SHSP
10		PDA Tool Training Travel for local, tribal, state partners	Maintain	SHSP	Training		8.00	800.00	6,400.00		Nevada Disaster Recovery Framework - State Implementation Operational Coordination	SHSP
11		State Training to stay up to date while rolling out the tool out to partners	Maintain	SHSP	Training		4.00	800.00	3,200.00		Nevada Disaster Recovery Framework - State Implementation Operational Coordination	SHSP
12								-				
13								-				
	<b>Travel Sub-Total</b>								16,000.00			

**TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Contractor to develop the training & exercise of the PDA tool. This contractor will also assist with the update to the PDA tool guidance in the Response & Recovery Guide. Leveraging funds FY 2018 Recovery Grant- no funds requested.		SHSP		-	-	Nevada Disaster Recovery Framework - State Implementation	Operational Coordination	
28						-	-			
29						-	-			
30						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	\$ -			
37						-	\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Preliminary Damage Assessment Tool for 18 months. State leveraging the tool developed for FEMA damage assessment using ArcGIS Online Survey 123 app. State to purchase licence and users for 17 local jurisdictions with 3 additional for tribal partners.	Maintain	SHSP	18.00	625.00	\$ 11,250.00	Nevada Disaster Recovery Framework - State Implementation	Operational Coordination	04AP-03-GISS System, Geospatial Information (GIS)	SHSP
41							\$ -				
42							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 11,250.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 27,250.00
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## FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

### STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	<a href="#">Statewide Recovery Plan Implementation Phase 3</a>		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	<a href="#">SHSP</a>	SHSP Funding Request:	<a href="#">27,250.00</a>
		UASI Funding Request:	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<a href="#">Yes this is a statewide project meaning the end user is the local jurisdictions as well as the tribes and the State of Nevada. All disciplines will be included in this process.</a>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<a href="#">Stakeholders throughout the state have requested this tool to train and prepare for recovery from disaster which is key to community resilience. A DEM partner, NDOT GIS staff will provide the initial set up of the tool and support as needed during an event. Maintenance of the tool and licenses will be managed by DEM staff.</a>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
<a href="#">State of Nevada is requested additional funding to sustain the recovery program and other projects through the legislature, however we were not successful this session. Staff time for planning, training, coordination and maintenance of this resource across the state is the primary investment provided by DEM.</a>			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
<a href="#">State of Nevada may request additional funding to sustain the recovery program and other projects through the legislature, next session, however we do not know if we will be successful. If we are successful we will not request additional funding.</a>			

Please provide a five year funding summary for your project.

FY 19

Equipment- PDA tool, ArcGIS online Creator license for state management of tool, 20 Field Worker licenses for use by counties and tribal entities. = \$11,250.00\*

Travel for the training and exercise for local jurisdictions, tribal nations and state agencies. (10 people to travel to each conference/training \$800 x 10 people x 2 trips = \$16,000.

Total= \$27,250.00

FY 20

Equipment- PDA tool, ArcGIS online Creator license for state management of tool, 20 Field Worker licenses for use by counties and tribal entities. = \$11,250.00\*

Travel for the training and exercise for local jurisdictions, tribal nations and state agencies. (10 people to travel to each conference/training \$800 x 10 people x 2 trips = \$16,000.

Total= \$27,250.00

FY 21

Equipment- PDA tool, ArcGIS online Creator license for state management of tool, 20 Field Worker licenses for use by counties and tribal entities. = \$11,250.00\*

Travel for the training and exercise for local jurisdictions, tribal nations and state agencies. (10 people to travel to each conference/training \$800 x 10 people x 2 trips = \$16,000.

Total= \$27,250.00

FY 22

Equipment- PDA tool, ArcGIS online Creator license for state management of tool, 20 Field Worker licenses for use by counties and tribal entities. = \$11,250.00\*

Travel for the training and exercise for local jurisdictions, tribal nations and state agencies. (10 people to travel to each conference/training \$800 x 10 people x 2 trips = \$16,000.

Total= \$27,250.00

FY 23

Equipment- PDA tool, ArcGIS online Creator license for state management of tool, 20 Field Worker licenses for use by counties and tribal entities. = \$11,250.00\*

Travel for the training and exercise for local jurisdictions, tribal nations and state agencies. (10 people to travel to each conference/training \$800 x 10 people x 2 trips = \$16,000.

Total= \$27,250.00

\*The State anticipates that 20 licenses will be sufficient to equip the counties and tribes. This number may increase depending on the capacity of the field worker licenses.



<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> W
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted:</b> 4/25/19

<b>1) PROJECT TITLE:</b>	Mass Fatality Preparedness and Revise Mass Fatality Management Plan
<b>2) PROPOSING/LEAD AGENCY:</b>	Clark County Office of the Coroner/Medical Examiner
<b>3) Project Manager Name/Title:</b>	John Fudenberg, Coroner
<b>Project Manager Contact Info:</b>	Phone: (702) 455-3385   Email: FUD@clarkcountynv.gov
<b>4) Addl Project Manager Name/Title:</b>	David Mills, Coroner Investigative Forensic Supervisor
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 455-0852   Email: DMS@clarkcountynv.gov
<b>5) Finance/Grant Contact Name/Title:</b>	Elizabeth Vorce
<b>Finance/Grant Contact Info:</b>	Phone: (702) 455-1784   Email: C1210EJV@clarkcountynv.gov

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.] <input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <input checked="" type="radio"/>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To review, revise, and update the Clark County Office of the Coroner/Medical Examiner (CCOCME) Mass Fatality (MF) response plan developed under previous HSGP funding in order to maintain a unified operation appropriately integrating stakeholders and supporting the integration of core capabilities; To update the list of pre-positioned MF response equipment and make available to statewide responder agencies; To provide refresher training to statewide responders and NGO collaborators on MF response; To conduct local and regional table top MF exercises to evaluate plan revisions and associated after-action training. To conduct a full-scale MF disaster portable morgue unit (DPMU) and disaster victim identification (DV) exercises. Revisions will further outline the operational response and handling of complex incidents; coordination of mutual aid; roles and responsibilities of the staff and agency core capabilities. Revisions will be adaptable to the Clark County Mass Casualty Incident Plan and as a resource to the rural areas within the State of Nevada. The revised plan would be exercised locally and/or during regional events to further train and improve our ability to effectively plan, organize, equip and to exercise the preparedness of our organization and community stakeholders. If granted the required funding, it will help develop new organizational capabilities, or significantly enhance existing capabilities through exercise and will directly expand the organization's ability to deliver core emergency management and disaster preparedness services and support to community.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	RECOVERY
HSGP Project Type Supporting Strategic Capacity:	Mass Fatality [PLANNING]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	FATALITY MANAGEMENT SERVICES [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This request will align with Clark County's upcoming (in process) updates to the Emergency Operations Plan and Annexes, MCI Plan and FAC plan. It will allow the Urban Area to be better trained and prepared in responding to physical threats to local Southern Nevada organizations, which allows for increased ability to coordinate operational responses. After the reviews, revisions, trainings, and updates are made each local and/or state agency and NGO will self-sustain training and plans after the life of this grant. Existing MF response plans will be maintained by each respective agency after the life of this grant. The expectation is that each participating agency would conduct internal training and exercises in order to maintain proficiency. CCOCME will participate and assist with the coordinated efforts to train and exercise with the respective state and local entities during an annual or bi-annual county and/or statewide exercise in order to maintain statewide response proficiency.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	W
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Mass Fatality Preparedness and Revise Mass Fatality Management Plan

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

CCOCME will obtain quotes to develop an updated mass fatality response plan that outlines the operational response and handling of complex incidents; coordination of mutual aid; roles and responsibilities of the staff and agency core capabilities.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Clark County Office of the Coroner/Medical Examiner (CCOCME) will obtain quotes from vendors to provide the required services to revise the CCOCME Mass Fatality Management Plan. The revisions will be adaptable to the Clark County Mass Casualty Incident Plan; serve as a resource to the rural areas of Clark County and within the State of Nevada. The revised plan would be exercised locally and/or during regional events to further train and improve our ability to effectively plan, organize, equip and to exercise the preparedness of our organization and community stakeholders. If granted the required funding, it will help develop new organizational capabilities, or significantly enhance existing capabilities through exercise and will directly expand the organization's ability to deliver core emergency management and disaster preparedness services and support to community.

In order to affect the achievement of all goals we propose to hire an project manager/plans writer; The project manager reviews, revises, and updates existing CCOCME MF plans statewide; Project manager plans, coordinates, facilitates refresher training on plan and revisions; The Program manager will update and revise a comprehensive list of all pre-positioned MF equipment accessible to responders; Years 1-2, CCOCME will conduct semi-annual project meetings with the project manager/plans writer to coordinate and facilitate 3 regional MF table top exercises to evaluate plan revisions. The project manager will conduct additional training as needed per After Action Report (AAR) from table tops to address deficiencies; Conduct a comprehensive full-scale exercise to test portable morgue unit deployment and victim identification process, with AAR and further training recommendations to be sustained by respective agencies.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County Office of the Coroner/Medical Examiner (CCOCME)	Clark County	John Fudenberg
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

After the reviews, revisions, trainings, and updates are made each local and/or state agency and NGO will self-sustain training and plans after the life of this grant. Existing MF response plans will be maintained by each respective agency after the life of this grant. The expectation is that each participating agency would conduct internal training and exercises in order to maintain proficiency. The state and local entities will coordinate a bi-annual statewide exercise in order to maintain statewide response. CCOCME will require additional funding to conduct annual tabletop and/or field exercises to exercise the updated plan and to sustain a measurable level of preparedness with CCCOCME staff and Clark County/State stakeholders.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	W
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Mass Fatality Preparedness and Revise Mass Fatality Management Plan
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Planning will include hiring a contract project manager functioning also as a plans writer to facilitate the review, revision, and updating of existing CCOCME mass fatality (MF) response plan and development of a county/statewide prepositioned mass fatality equipment tracking list. They will be required to plan, organize, and facilitate a county wide MF table top exercise and would be required to plan, organize, and facilitate a final HSEEP compliant disaster portable morgue unit (DPMU) and disaster victim identification (DVI) exercise in the final year of the grant, including after action reports with recommended training on reported deficiencies. Exercise would include executable goals to meet defined objectives.	\$ 12,000.00		\$ 12,000.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Organization will consist of hiring a contract project manager functioning also as a plans writer to facilitate the review, revision, and updating of existing statewide MF response plans and development of the statewide prepositioned mass fatality equipment tracking list. The remainder of their duties fall under the Planning aspect of this grant proposal, where they will be required to plan, organize, and facilitate 2-3 MF table top exercises. They will also be required to plan, organize, and facilitate a final HSEEP compliant DPMU and DVI exercise in the final year of the grant, including after action reports with recommended training on reported deficiencies.	\$ 15,000.00		\$ 15,000.00

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Not expected to use funding for any organization.			\$ 0.00

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
The project manager/plans writer will plan, coordinate, and facilitate training sessions for Clark County, State and local support agencies, and collaborative NGO agencies once the CCOCME MF plan revisions and equipment lists are in place. Future statewide training TBD from SHSP funding to be allocated for training sessions conducted outside Clark County. Additional training sessions will be scheduled after the conclusion of the planned MF incident table top exercise in Clark County is conducted. Due to the collaborative nature of the Nevada statewide MF response to incidents it is expected that training participants will require travel funds to attend various sessions.	\$ 12,000.00		\$ 12,000.00

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
MF table top exercises scheduled in various geographic areas of Clark County, which will be planned, coordinated, and facilitated by the program manager/plans writer. The table top exercises will be developed to test the revisions and updates to the MF response plans. The grant program manager will plan, coordinate, and facilitate an HSEEP compliant full scale MF DPMU and DVI exercise under approval of the DEM Exercise Management Officer. The primary location would be in Clark County. The purposes would be to exercise the full deployment and to evaluate CCOCME, state and local support capabilities to execute one or more portions of the MF response plan.	\$ 15,000.00		\$ 15,000.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Not expected to use funding. Expand capabilities in MF management in conducting victim identification and management of ante-mortem data collection for the deceased and their families throughout the State of Nevada. Exercise coordinated training for local and statewide users; conduct needs assessment and plans writing to update MF plans, coordinate, facilitate, evaluate, and document postmortem and dental identification exercises in the UVIS/CME Case Management software.			\$ 0.00

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 54,000.00	\$ 0.00	\$ 54,000.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	W
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Mass Fatality Preparedness and Revise Mass Fatality Management Plan

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Funding approval	08/01/19	10/31/29	2
3	Hire Project Manager/Plans Writer	09/01/19	10/01/19	2
4	Provide updates for quarterly grant reports	12/01/19	04/01/20	4
5	Review, Revise, Update statewide Mass Fatality Response plans	10/01/19	10/01/20	12
6	Review, Revise, and Distribute MF equipment list statewide	10/01/19	04/01/19	6
7	Plan, Coordinate, Facilitate semi-annual meetings	10/01/19	10/01/20	12
8	Prepare and Conduct training on revised plans	12/01/19	03/31/20	4
9	Prepare and Conduct table top exercises	01/01/20	03/01/20	2
10	Review AAR and conduct additional training	06/01/20	06/01/22	24
11	Plan, Coordinate, Facilitate DPMU/DVI exercise	09/01/19	09/01/20	12
12	Complete the final grant report	08/01/20	11/30/20	3

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

During a terrorist or other mass causality/fatality incident, the revised CCOCME Mass Fatality Management Plan, with emphasis to planned exercises, will increase the effectiveness and preparedness of CCOCME and Clark County stakeholders. Exercising of the plan will increase the CCOCME core capability to respond to mass fatality incidents ranging from natural to man made disasters, which will provide sustainable services during a prolonged and complex recovery period. LV Strip had highest NYE terror threat level ("Sear 1") in nation after 1 Oct. Project would increase community preparedness to ensure increased capability to communicate, collaborate, and exchange information with the State, Local and Federal partners is crucial component of managing the event in an effort to deter, detect, protect citizens and visitors to Clark County.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project aligns with the State Resilience Commission identified "Recovery" as a Strategic Capacity, under which the Core Capability of Fatality Management specifically falls. The CCOCME Mass Fatality Management Plan plan update will also align with the county's upcoming (in process) updates to the Emergency Operations Plan and Annexes, MCI Plan and FAC plan.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

These costs are limited to the essential aspects to adequately review, revise and update the CCOCME Mass Fatality Management response plan, with emphasis to panning and exercising the completed plan. Any reductions in funding would impact our ability to exercise the plan effectively with regard to deploying a full scale disaster portable morgue unit (DPMU).

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	W
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Mass Fatality Preparedness and Revise Mass Fatality Management Plan

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

After the reviews, revisions, trainings, and updates are made to the CCOCME MFMP, CCOCME and each local and/or state agency will self-sustain training and plans after the life of this grant. There was no corresponding budget for semi-annual status meetings for planned training with state oversight and the major community stakeholders and local multi-jurisdictional participants. Costs associated with such meetings, most likely at a government building or office environment, shows that no real costs with exception to travel for the participants is realistically expected. Most if not all materials can be delivered electronically, so the budget will be based on further planned exercises to be determined after completion of CCOCME MF revisions, tabletop exercise/full scale exercise and associated training costs: however, we anticipate a future funding stream will be acquired from SHSP or combined funding from UASI and SHSP grants.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

Mass fatality incidents of a large size almost always require a federal response, to include federal DMORT response in coordination with state mass fatality and NGO (Red Cross, private mortuaries, etc.) responders. The CCOCME MF plan is a statewide function, beyond a local government plan. It is designed to benefit the State of Nevada and enable an effective response, statewide, in times of crisis, and requires just as much operational coordination under an EOC, if not more, than other agencies that unquestionably fall under this and other priorities. We contend it would be detrimental to the state not to maintain the alliance, coordination, and effectiveness of these mass fatality response agencies to allow another cycle to pass without testing the Mass Fatality Preparedness response on a state wide level.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

CCOCME provides fatality management services, including decedent remains recovery and victim identification, working with local, state, tribal, territorial, insular area, and federal authorities to provide mortuary processes, temporary storage or permanent internment solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains. A revised CCOCME Mass Fatality Management Plan (MFMP) will ensure that CCOCME can effectively respond and provide services during a mass fatality incident (MFI). A MFI occurs when the number and/or condition of human remains that must be managed during a response to an incident challenges local fatality management capabilities to the point that additional assistance is required to perform remains recovery, morgue services, and disposition of victims. Such high-consequence incidents are likely to occur with little or no warning and will require utilization of resources and procedures that go beyond those employed in day-to-day response.

Revising and exercising the CCOCME MFMP would provide clearer, practical guidance for responding to such incidents and to improve the sustainability of a prolonged recovery. The plan will be a step-by-step guide to the actions that need to be taken to respond to a MFI to reduce vulnerability to Clark County and the State of Nevada from increased preparedness. This guide can be used as a checklist to lead officials through the process from the time of initial notification to the return to normal operations. References within the CCOCME MFMP will provide additional information that clarifies and expands upon the required actions and resources required. Mass Fatality Preparedness is the Core Capability for CCOCME and the State Resilience Commission identified "Recovery" as a Strategic Capacity, under which the Core Capability of Fatality Management specifically falls. Fatality Management is also listed under the Strategic Capacity of Planning. The plan update will align with the Clark County's upcoming (in process) updates to the Emergency Operations Plan and Annexes, MCI Plan and FAC plan.

After the reviews, revisions, trainings, and updates are made to the CCOCME MFMP, CCOCME and each local and/or state agency will self-sustain training and plans after the life of this grant. The CCOCME MF response plan will be maintained by this agency after the life of this grant. The expectation is that CCOCME will conduct internal training and exercises in order to maintain proficiency. The CCOCME, along with state and local entities will coordinate an annual and/or bi-annual statewide exercise in order to maintain statewide response proficiency. We anticipate that the allocation of future funding will be acquired from SHSP or combined funding from UASI and SHSP grants.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Clark County Coroner/Medical Examiner	Project Manager Name & Contact #	John Fudenberg, Coroner 702-455-3210	Grant Manager Name & Contact #	David Mills, Coroner Investigative Forensic Supervisor 702-455-0852	<b>W</b>
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IJ TITLE:	Mass Fatality Preparedness										
	One Budget Per Funding Stream										
	UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		A Project Manager/Plans Writer will be contracted under Organization. It is not anticipated that any staff will be hired under Personnel for this project.						\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		None.						\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
		Not expected to use funding for any organization.										
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

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Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Mass Fatality Plan Review - Clark County	Maintain	UASI	1	2,000.00	2,000.00	Planning - Mass Fatality	Fatality Management Services	UASI
28		Semi-Annual Table Top Exercise planning - Clark County	Maintain	UASI	1.00	5,000.00	5,000.00	Planning - Mass Fatality	Fatality Management Services	UASI
29		Mass Fatality Pre-positioned Equipment List consolidation	Maintain	UASI	1	2,000.00	2,000.00	Planning - Mass Fatality	Fatality Management Services	UASI
30		Semi-Annual Coordination Meetings Facilitation in Clark County	Maintain	UASI	1	3,000.00	3,000.00	Planning - Mass Fatality	Fatality Management Services	UASI
31							-			
32							-			
33							-			
34							-			
35							-			
	<b>Planning Sub-Total</b>						\$ 12,000.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36		Project Manager/Plans Writer: to facilitate the review, revision, and updating of existing CCOCME MF response plans and development of the statewide prepositioned mass fatality equipment tracking list.	Maintain	UASI	1.00	1.00	\$ 15,000.00	Planning - Mass Fatality	Fatality Management Services	
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ 15,000.00			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40		None.					\$ -				
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.



Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51		MF Training on Plan Revisions and NTE Courses AWR-232 and MGT-341 - Clark County			Yes		1	2,000.00	Planning - Mass Fatality	Fatality Management Services	\$ 2,000.00	
52		Semi-annual project meetings with the project manager/plans writer to coordinate and facilitate regional MF table top exercises to evaluate plan revisions			Yes		1	6,000.00	Planning - Mass Fatality	Fatality Management Services	\$ 6,000.00	
53		Follow Up MF Training on Table Top AAR and NTE Course MGT-901-Clark County			Yes		1	2,000.00	Planning - Mass Fatality	Fatality Management Services	\$ 2,000.00	
54		Training on designation/deployment of mass fatality equipment and the utilization of the CCOCME mass fatality equipment tracking list(s).			Yes		1	2,000.00	Planning - Mass Fatality	Fatality Management Services	\$ 2,000.00	
55											\$ -	
56											\$ -	
	Training	Sub-Total									\$ 12,000.00	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58		County wide MF Table Top Exercise - Clark County	Maintain	UASI	Yes		1	3,000.00	Planning - Mass Fatality	Fatality Management Services	\$ 3,000.00	UASI
#REF!		2-Day Full Scale MF DPMU/DVI Exercise	Maintain	UASI	Yes		1	12,000.00	Planning - Mass Fatality	Fatality Management Services	\$ 12,000.00	UASI
#REF!											\$ -	
	Exercise	Sub- Total									\$ 15,000.00	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 54,000.00
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**Project W**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Mass Fatality Preparedness and Revise Mass Fatality Management Plan		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	UASI	<b>SHSP Funding Request:</b>	
		<b>UASI Funding Request:</b>	UASI 100%
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>This request will align with Clark County's upcoming (in process) updates to the Emergency Operations Plan and Annexes, MCI Plan and FAC plan. It will allow the Urban Area to be better trained and prepared in responding to physical threats to local Southern Nevada organizations, which allows for increased ability to coordinate operational responses. After the reviews, revisions, trainings, and updates are made each local and/or state agency and NGO will self-sustain training and plans after the life of this grant. Existing MF response plans will be maintained by each respective agency after the life of this grant. The expectation is that each participating agency would conduct internal training and exercises in order to maintain proficiency. CCOCME will participate and assist with the coordinated efforts to train and exercise with the respective state and local entities during an annual or bi-annual county and/or statewide exercise in order to maintain statewide response proficiency.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>To conduct local and regional table top MF exercises to evaluate plan revisions and associated after-action training; conduct a full-scale MF disaster portable morgue unit (DPMU) and disaster victim identification (DV) exercises. Revisions will further outline the operational response and handling of complex incidents; coordination of mutual aid; roles and responsibilities of the staff and agency core capabilities. Revisions will be adaptable to the Clark County Mass Casualty Incident Plan and as a resource to the rural areas within the State of Nevada. The revised plan would be exercised locally and/or during regional events to further train and improve our ability to effectively plan, organize, equip and to exercise the preparedness of our organization and community stakeholders. CCOCME will help develop new organizational capabilities, or significantly enhance existing capabilities through exercise and will directly expand the organization's ability to deliver core emergency management and disaster preparedness services and support to community. With respect to the Target Capabilities of CCOCME Mass Fatality preparedness and the absence of any for Fatality Management Service, we contend that participating and providing multi-agency training/coordination is essential to maximize resource capabilities to Clark County and State Mass Fatality Preparedness; with emphasis to a combination of various county agencies and NGO's working together as a pseudo state response force.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			

**Project W**

CCOCME is a training and response entity that coordinates with numerous outside agencies and a variety of subject matter experts to ensure that Clark County and the State of Nevada has a rapidly deployable medicolegal response support capability that can provide assistance to local jurisdictions following mass fatality incidents that overwhelm local capabilities. The revisions, development and maintenance of the CCOCME Mass Fatality response plan requires a dedicated staff of personnel with specific roles related to management, training, logistics, and scientific research to ensure that the plan is exercised and updated periodically. The revised/completed plan will connect to the Clark County Mass Causality Incident plan and will support future mass fatality preparedness initiatives while being able to provide deployable resources and support services, and will be robust enough to remain valuable during and between multi-jurisdictional deployments. The ongoing maintenance and development of the plan and the resources required to deploy will be partially funded from Clark County general fund and from further grant opportunities when available. The continued funding to develop and support the response capabilities of CCOCME is essential with ensuring an increased readiness by exercising the plan, providing training and operational medicolegal support to local jurisdictions, particularly those that do not have a coroner/medical examiner's office.

**Is there a plan for increasing offset by your jurisdiction to support this project in the future?**

After the reviews, revisions, trainings, and updates are made each local and/or state agency and NGO will self-sustain training and plans after the life of this grant. Existing MF response plans will be maintained by each respective agency after the life of this grant. The expectation is that each participating agency would conduct internal training and exercises in order to maintain proficiency. The state and local entities will coordinate an annual or bi-annual statewide exercise in order to maintain statewide response capabilities. CCOCME will require additional funding to conduct annual tabletop and/or field exercises to exercise the updated plan and to sustain a measurable level of preparedness with CCCOCME staff and Clark County/State stakeholders.

**Please provide a five year funding summary for your project.**

In order to affect the achievement of all goals we will require the following funding for the various phases: (1) Year 1 -Hire an project manager/plans writer; (2) Year 1 -Project manager reviews, revises, and updates existing MF plans statewide ; (3) Year 1 – Project manager plans, coordinates, facilitates refresher training on plan and revisions; (4) Year 1 – 2 Program manager updates and revises a comprehensive list of all pre-positioned MF equipment accessible to responders; (5) Year 2 - Project manager plans, coordinates, facilitates 3 regional MF table top exercises to evaluate plan revisions; (6) Year 2-3 Project manager conducts additional training as needed per AAR from table tops to address deficiencies; (7) Year 1-3 Conduct semi-annual project meetings with the project manager/plans writer, CCOCME, and Washoe County OME staff; (8) Year 3 - Conduct a comprehensive full-scale exercise to test portable morgue unit deployment and victim identification process. Year 4-5 to identify and apply for additional grant opportunities to augment HSGP FFY2019 UASI grant to replace and obtain equipment required to train and exercise during an event and/or response during a mass fatality incident.

Five year funding summary for the following services:

#	Task Description	From	To	Duration
1	Receive Funding			\$64,000
2	Hire Project Manager/Plans Writer			
3	Provide updates for quarterly grant reports			
4	Review, Revise, Update Mass Fatality Response plans			
5	Review, Revise, and Distribute equipment list			
6	Plan, Coordinate, Facilitate semi-annual meetings			
7	Prepare and Conduct training on revised plans			
8	Prepare and Conduct table top exercises			
9	Review AAR and conduct additional training			
10	Plan, Coordinate, Facilitate statewide DPMU exercise			
11	Review AAR and provide recommended training			
12	Complete the final grant report			

## Project W

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	X
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	4/24/19

<b>1) PROJECT TITLE:</b>	Metropolitan Medical Response System (MMRS) - MAINTAIN	
<b>2) PROPOSING/LEAD AGENCY:</b>	City of Las Vegas - Department of Fire & Rescue	
<b>3) Project Manager Name/Title:</b>	Chris Sproule, Chief MMRS Coordinator	
<b>Project Manager Contact Info:</b>	Phone: (702) 303-0968	Email: csroule@lasvegasnevada.gov
<b>4) Addl Project Manager Name/Title:</b>	Craig Cooper, Battalion Chief; Karl Rosette, Fire Training Officer (702) 383-2888	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 236-9597	Email: ccooper@lasvegasnevada.gov; krosette@lasvegasnevada.gov
<b>5) Finance/Grant Contact Name/Title:</b>	Priscilla Wdowiak	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 229-6045	Email: pwdowiak@lasvegasnevada.gov

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The goal of this project is to maintain the Metropolitan Medical Response System (MMRS) and support the 2019 Strategic Capacity of CBRNE and the 2018 Nevada Commission on Homeland Security Approved Priorities of Operational Coordination and Intelligence and Information Sharing. MMRS also supports Mass Care Services.

MMRS supports the integration of law enforcement, fire, emergency management, health, and medical systems into a coordinated response to a mass casualty incident caused by a WMD, an incident involving hazardous materials, an epidemic disease outbreak, or natural disaster. The focus of the program is to decrease morbidity and mortality, and to increase survivability, during those first critical hours following a disaster. MMRS enhances the response and management capabilities, and improves the existing local operational systems of a community before an incident occurs.

MMRS achieves this mission by creating an operational system at the local level intended to respond to and manage the first 24-96 hours of any event that creates mass casualties, or casualties requiring unique care capabilities, until State or Federal response resources become available. MMRS creates this operational system by developing plans, conducting training and exercises, and acquiring pharmaceuticals, personal protective equipment, and other specialized response equipment.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	MASS CARE SERVICES [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

MMRS is an existing program that is in alignment with the 2019 Strategic Capacity of CBRNE and supports the response and management of an MCI caused by a CBRNE incident. MMRS also supports the following: Operational Coordination and serves to establish and maintain a unified and coordinated operational structure and process that integrates critical stakeholders. Intelligence and Information Sharing through the FirstWatch Syndromic Surveillance and Early Warning System. Operational Communications through continued use of the HAvBED System and All-Hospital Radio Channel.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	X
<b>Date Submitted</b>	4/24/19

**PROJECT TITLE REFERENCE:** Metropolitan Medical Response System (MMRS) - MAINTAIN

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Standard equipment will go to bid or request for proposal, as appropriate, depending on thresholds in accordance with the City of Las Vegas purchasing process and NVDEM requirements.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The Las Vegas MMRS Coordinator is the Project Manager and will be responsible for project implementation and all aspects of planning, organizing, equipping, training, and conducting exercises, as it pertains to this project. The MMRS Coordinator will work closely with the City of Las Vegas Office of Emergency Management and Finance Department to ensure grant requirements are met with fiscal integrity and appropriate accountability and documentation.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Fire & Rescue	City of Las Vegas	Chris Sproule (Primary), Craig Cooper (Alternate), Karl Rosette (Alternate)
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Sustainment activities for recurring costs will include transferring these costs from MMRS program funding to the jurisdictions/agencies that are currently benefiting from the services.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

**Statewide (SHSP)**

100%

**Urban Area (UASI)**

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	X
<b>Date Submitted</b>	4/24/19

<b>PROJECT TITLE REFERENCE:</b>	Metropolitan Medical Response System (MMRS) - MAINTAIN
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	FirstWatch Real Time Early Warning System Annual Maintenance \$50,100	\$ 50,100.00		\$ 50,100.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	MMRS Coordinator Salary and Benefits (12 months) Salary:\$45,610 (50% of \$91,220) Benefits: \$35,575 (50% of \$71,150)	\$ 81,185.00		\$ 81,185.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 131,285.00	\$ 0.00	\$ 131,285.00



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	X
<b>Date Submitted</b>	4/24/19

**PROJECT TITLE REFERENCE:** Metropolitan Medical Response System (MMRS) - MAINTAIN

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Schedule Training (NIMS/ICS, etc.)	01/01/20	02/01/20	1
3	FirstWatch Annual Maintenance Payment	01/01/20	02/01/20	1
4	Maintain MMRS Capabilities	01/01/20	10/01/20	9
5	Maintain Public Health, Fire, EMS, and Law Enforcement Integration	01/01/20	10/01/20	9
6	Conduct Training (NIMS/ICS, etc.)	02/01/20	10/01/20	8
7	Update Plans, Policies, and Procedures as Appropriate	07/01/20	10/01/20	3
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

The MMRS Program was created in 1996, in response to the Tokyo mass transit Sarin gas attack by Aum Shinrikyo and the domestic terrorist bombing of the Alfred P. Murrah Building in Oklahoma City, both having occurred in 1995. The MMRS program assists Nevada in developing plans, conducting training and exercises, and acquiring pharmaceuticals and personal protective equipment to achieve the enhanced capability necessary to respond to a mass casualty incident caused by a WMD terrorist act, an incident involving hazardous materials, an epidemic disease outbreak, or a natural disaster. This assistance supports the jurisdictions' activities to increase their response capabilities during the first hours crucial to lifesaving and population protection, with their own resources, until significant external assistance can arrive.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

MMRS is an existing program that is in alignment with the 2019 Strategic Capacity of CBRNE and supports the response and management of a mass casualty incident caused by a CBRNE incident.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Yes, FirstWatch could be eliminated but it would result in a significant loss of established syndromic surveillance and emergency alerting capability.

Fields "a", "b", and "c" are limited to visible text box size

PROJECT TITLE REFERENCE: Metropolitan Medical Response System (MMRS) - MAINTAIN

Fields "d" and "e" are limited to visible text box size

<b>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b>	
No, without funding the MMRS program will not have an MMRS Coordinator to run the program and will not have equipment and/or intelligence and information sharing resources that would be available to the community during a mass casualty incident.	
<b>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</b>	
Yes, this project has a statewide benefit with deployable assets and appropriately trained and equipped personnel.	

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

"Although the Citizen Corps Program (CCP) and Metropolitan Medical Response System (MMRS) are no longer funded as discrete grant programs within HSGP, SAAs may include IJs funding to support CCP and MMRS activities/programs. Activities funded under these projects must meet the allowability requirements of the SHSP and UASI programs. The following coordination requirements will remain in place for proposed activities that support mass casualty incident preparedness, as well as citizen preparedness."

The Department of Homeland Security (DHS), Notice of Funding Opportunity (NOFO), Fiscal Year 2018 Homeland Security Grant Program (HSGP), Appendix B – FY 2018 HSGP Program Priorities, Page 47 of 100.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b> City of Las Vegas - Dept. of Fire & Rescue	<b>Project Manager Name &amp; Contact #</b> Primary: Chris Sproule 702.303.0968; Alt.: Craig Cooper 702.236.9597 / Karl Rosette 702.383.2888	<b>Grant Manager Name &amp; Contact #</b> Chris Sproule 702-303-0968		<b>X</b>
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	<b>IJ TITLE:</b> Metropolitan Medical Response System - MAINTAIN
	<b>One Budget Per Funding Stream</b>
	<b>UASI</b>

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		Salary for MMRS Coordinator - 12 Months	Maintain	UASI	\$45,610	50%	20/week	\$45,610		Operational Coordination	UASI
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							<b>\$ 45,610.00</b>			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The goal of this project is to sustain MMRS to continue to support and enhance the integration of local emergency management, law enforcement, fire, health, and medical systems. Sustaining these capabilities will improve the regions ability to prevent, prepare for, and respond to a large-scale incident.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		Fringe Benefits for MMRS Coordinator - 12 Months	Maintain	UASI	\$35,575	50%	20/week	\$35,575		Operational Coordination	Personnel
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							<b>\$ 35,575.00</b>			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The purpose of this line item is to cover fringe benefits provided to City of Las Vegas employees (Medical, dental, vision, etc.).

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9								-				
10								-				
11								-				
12								-				
13								-				
14								-				
15								-				
16								-				
17								-				
	<b>Travel Sub-Total</b>							<b>-</b>				

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		FirstWatch Annual Maintenance	Maintain	UASI	1.00	\$50,100	\$ 50,100.00		Intelligence and Information Sharing	04AP-06-CBRN Software, CBRNE/Commercial Chemical/Hazard	UASI
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 50,100.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FirstWatch Early Warning System helps identify hidden trends in data to improve situational awareness, operations, and clinical performance. It provides early warnings and automated alerts for incidents such as bomb threats, hazardous material incidents, structural fires, multi-casualty incidents and more.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 131,285.00
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## FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

### STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Metropolitan Medical Response System (MMRS)		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	UASI	<b>SHSP Funding Request:</b>	\$0
		<b>UASI Funding Request:</b>	\$131,285
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
MMRS supports the integration of law enforcement, fire, emergency management, health, and medical systems into a coordinated response to a mass casualty incident caused by a WMD, an incident involving hazardous materials, an epidemic disease outbreak, or natural disaster. The focus of the program is to decrease morbidity and mortality, and to increase survivability, during those first critical hours following a disaster. MMRS enhances local, regional, and statewide operational systems before an incident occurs.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
MMRS has provided equipment, training, exercises, and/or planning support to almost every public safety entity in Southern Nevada. This includes, but is not limited to, the following: Las Vegas Fire & Rescue, Clark County Fire Department, North Las Vegas Fire Department, Henderson Fire Department, Mesquite Fire Department, Boulder City Fire Department, Pahrump Fire Department, Las Vegas Metropolitan Police Department, North Las Vegas Police Department, Henderson Police Department, all Southern Nevada hospitals, SNHD, AMR Ambulance, MedicWest Ambulance, Community Ambulance, Clark County Emergency Management, North Las Vegas Emergency Management, Henderson Emergency Management, and Las Vegas Emergency Management.			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
Las Vegas Fire & Rescue has provided in-kind contributions since the program's inception in Las Vegas in 2000. This includes, but is not limited to, office space, office supplies, vehicles, and support personnel. Over the last few years, the City of Las Vegas has absorbed 50% of the MMRS Coordinator's salary and benefits in an effort to reduce reliance on grant funding for maintaining the MMRS Coordinator position and the program.			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
Since 2010, I have been working to eliminate the need for grant funding to maintain the MMRS Coordinator position by requesting that it be absorbed by the City of Las Vegas general fund. I have been successful in getting 50% covered by the general fund and have submitted every year thereafter for the remaining 50% to be absorbed by the general fund. The most recent request was for FY19.			

Please provide a five year funding summary for your project.

## Metropolitan Medical Response System 5-Year Projection Budget Estimate

- **2019**
  - MMRS Coordinator: \$81,185
  - FirstWatch: \$50,100
  - **Total:** \$131,285
  
- **2020**
  - MMRS Coordinator: \$82,185
  - FirstWatch: \$50,100
  - **Total:** \$132,285
  
- **2021**
  - MMRS Coordinator: \$83,185
  - FirstWatch: \$50,100
  - **Total:** \$133,285
  
- **2022**
  - MMRS Coordinator: \$84,185
  - FirstWatch: \$50,100
  - **Total:** \$134,285
  
- **2023**
  - MMRS Coordinator: \$85,185
  - FirstWatch: \$50,100
  - **Total:** \$135,285

# FFY 2019 HSGP PROJECT SUBMISSIONS

## COMPETITIVE PROJECTS

[SHSP-Only, SHSP/UASI Split, AND UASI-Only]

Project ID	Funding Stream	Project Title
I	UASI	Cyber Security Services
AA	SHSP	WCSO Northern Nevada Regional Intelligence Center (NNRIC)
BB	UASI	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System
CC	UASI	Southern Nevada Counter Terrorism Center - Fusion Watch
DD	UASI	Radio Site Target Hardening
EE	UASI	LVMPD DOC Dispatch
GG	UASI	LVMPD Wireless Mesh Network and TRV Enhancement
HH	UASI	Bomb Squad Electronic Countermeasures
II	SHSP	WCSO Air Purifying Respirators and SCBA
JJ	UASI	Metropolitan Medical Response System (MMRS) - NEW
KK	UASI	Las Vegas Urban Area/Clark County Nevada Shelter Project
MM	SHSP	Homeland Security Program Assistant
NN	UASI	Southern Nevada Counter Terrorism Center - Tactical Response Equipment
OO	UASI	CBRNE Mobility
PP	UASI	CBRNE Remote Monitor Platform
QQ	UASI	Southern Nevada Incident Management Team
RR	SHSP	Security Skills Professional Development for Information/Cyber Security Professionals
SS	UASI	UNLV Venue Security Enhancements
TT	UASI	Emergency Event Tracking System Maintenance
UU	UASI	Emergency Management Operational Coordination Maintenance
VV	UASI	Clark County Fire MACTAC Training
WW	SHSP/UASI	Statewide NIMS COMPETITIVE
XX	SHSP	NIMS - Communications
YY	SHSP	DEM Stop the Bleed



<b>BBB</b>	<b>UASI</b> [NOT FUNDED]	<b>Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Expansion</b>
<b>CCC</b>	<b>UASI</b>	<b>LVMPD Russell Corridor Camera Project</b>
<b>DDD</b>	<b>UASI</b> [NOT FUNDED]	<b>Southern Nevada Counter Terrorism Center - B</b>
<b>EEE</b>	<b>UASI</b>	<b>Bomb Squad Remote Operations</b>
<b>FFF</b>	<b>UASI</b>	<b>Clark County Rural Fire Stations Repeaters Project</b>
<b>GGG</b>	<b>UASI</b>	<b>Las Vegas Fire Special Operations Communications</b>
<b>HHH</b>	<b>UASI</b>	<b>University Police Services - Interoperable Communication Enhancements</b>
<b>III</b>	<b>UASI</b>	<b>CCSD Stop the Bleed</b>
<b>JJJ</b>	<b>UASI</b> [NOT FUNDED]	<b>Henderson Regional Hazmat Response Capability Sustainment – HAZMAT Truck Camera</b>
<b>KKK</b>	<b>UASI</b>	<b>LVMPD Tactical Response / MACTAC - B</b>
<b>LLL</b>	<b>UASI</b> [NOT FUNDED]	<b>LVMPD Wireless Mesh Network and TRV Enhancement – B</b>
<b>OOO</b>	<b>UASI</b> [NOT FUNDED]	<b>Virgin Valley SNACC</b>
<b>PPP</b>	<b>UASI</b>	<b>Mass Fatality Preparedness and Revise Mass Fatality Management Plan [SPLIT OUT FROM PROJ W]</b>

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

**PROJECT ID:**

I

## Project Proposal for FFY19 HSGP Funding Description

**Date Submitted**

4/25/19

1) <b>PROJECT TITLE:</b>	Cyber Security Services	
2) <b>PROPOSING/LEAD AGENCY:</b>	Southern Nevada Health District	
3) <b>Project Manager Name/Title:</b>	Jason Frame/IT Manager	
<b>Project Manager Contact Info:</b>	Phone: (702) 759-1641	Email: frame@snhd.org
4) <b>Addl Project Manager Name/Title:</b>	Steven Kramer	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 759-1658	Email: kramer@snhd.org
5) <b>Finance/Grant Contact Name/Title:</b>	Lynda Zielinski/Accountant II	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 759-1245	Email: zielinski@snhd.org

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project is for an off site Cyber Security Service that will monitor 24/7 the Internet systems utilized by the Southern Nevada Health District. The company will monitor and detect any security breaches within the current system. This would be a contract with the company to provide off site service that is tied into the SNHD Server System. SNHD received partial funding in the UASI 2018 grant and is requesting additional funding to finish the project.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	FUSION CENTERS
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This is directly tied to the ability to monitor in real time off site any possible intrusion to the system, be identified and blocked prior to entry into the SNHD network.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	I
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Cyber Security Services

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Continue with the selected vendor that was selected during the 2018 RFP process.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The SNHD put an RFP out for this specific type of service that was clearly outlined. Currently there are a few jurisdictional partners working with local providers to determine the best service available. SNHD will continue with the selected Vendor that was identified during the RFP process awarded during the 2018 UASI grant cycle. SNHD received a lower amount of funding to begin the process and is requesting additional funding to complete the process.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Southern Nevada Health District	County-Special District	Jason Frame
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Yearly service agreement for ongoing utilization. Currently not in SNHD budget, look to add during next fiscal year.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

Statewide  
(SHSP)

100%

Urban Area  
(UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	I
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Cyber Security Services
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Cyber Security Monitoring Service	\$ 87,000.00		\$ 87,000.00

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 87,000.00	\$ 0.00	\$ 87,000.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	I
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Cyber Security Services

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Complete monitoring service for 1 full year with Vendor identified during 2018 RFP.	09/01/19	08/31/20	12
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**  
 Intrusion to the Network that houses all SNHD information and HIPAA information.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**  
 System in place for Cybersecurity.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**  
 SNHD received funding less then the original project cost in 2018 and is requesting this amount to continue the project in its entirety.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	I
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Cyber Security Services

Fields "d" and "e" are limited to visible text box size

<p><b>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b></p> <p>No funding available through other resources.</p>	
<p><b>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</b></p> <p>The sharing of information related to a public Health Event.</p>	

**18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:**

- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
- NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

**19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box**

SNHD requested an amount for this project during the 2018 UASI grant process and was requested to take a lower amount to allow for the budgeting of another project from another agency during the 2018 grant year. SNHD was hoping the de-obligated funding would come available to bring the project up to full amount. Since there was no additional funding available, SNHD is requesting 2019 funding to complete the project.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Southern Nevada Health District	Project Manager Name & Contact #	Jason Frame-702-759-1641	Grant Manager Name & Contact #	Lynda Zielinski-702-759-1245 email Zielinski@snhd.org	I
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IJ TITLE:	Cybersecurity Services										
One Budget Per Funding Stream											
UASI											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1											
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
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	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5											
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27							-			
28							-			
29							-			
30							-			
31							-			
32							-			
33							-			
34							-			
35							-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36	Contractual	Contractor Company for Off-site Cyber Security Monitoring	Maintain	UASI	1.00	87,000.00	\$ 87,000.00	Cyber - Threat Identification	Cybersecurity	UASI
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ 87,000.00			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40							\$ -				
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 87,000.00
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**Project I**  
**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Cyber Security Project		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	UASI	<b>SHSP Funding Request:</b>	
		<b>UASI Funding Request:</b>	87,000.00
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
It is directly regional to SNHD in the fact that the project is designated to monitor the SNHD server for emails entering the system. This project is to provide real time monitoring for any potential intrusion into the system.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
No			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
NONE			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
That would be a discussion upon the initial setup and trial of the process.			

## Project I

Please provide a five year funding summary for your project.

Currently the initial cost is 200,000 for the startup. There could be a yearly ongoing cost of 200k for subsequent years of service.

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> AA
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b> 4/24/19

<b>1) PROJECT TITLE:</b>	Washoe County Sheriff's Office- Northern Nevada Regional Intelligence Center (NNRIC)	
<b>2) PROPOSING/LEAD AGENCY:</b>	Washoe County Sheriff's Office	
<b>3) Project Manager Name/Title:</b>	Max Brokaw, Lieutenant	
<b>Project Manager Contact Info:</b>	Phone: (775) 328-2847	Email: mbrokaw@washoecounty.us
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Laura Daniels	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 328-3013	Email: ldaniels@washoecounty.us

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities. <span style="float: right;"><input checked="" type="radio"/></span>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <span style="float: right;"><input type="radio"/></span>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Washoe County Sheriff's Office wants to continue sustainment and increase abilities of the Northern Nevada Regional Intelligence Centers (NNRIC) ability to provide real time intelligence to Northern Nevada. The Sheriff's Office continues to dedicate full time law enforcement personnel and civilian intelligence analyst to investigate and provided real time intelligence to assist Northern Nevada agencies on all crimes and incidents. Washoe County has invested substantial NON GRANT county funding in fiscal years 16/17/18 to enhance the investigative infrastructure and investigations capabilities. NNRIC compiles regional intelligence and distributes it accordingly, as well as conducting investigations on information and tips received. By sustaining current specialized equipment, software and skills to law enforcement and analyst they will be better equipped to research and provide intelligence to the region as well as conduct investigations where needed. NNRIC also provides threat assessments for events, VIP visits and and other high profile functions in the Northern Nevada area. Working closely with local businesses to gather and provide intelligence provides a safer environment for all residence of Northern Nevada.

Nevada State demographics and geographical distances impact the information sharing capabilities. NNRIC bridges this gap and provides a quick and efficient hub to distribute information over a greater area.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

NNRIC involves several levels of intelligence from crime prevention through statistical data and trends to incident response to immediate threats or crime patterns. This project funding will continue to sustain existing response capabilities of local law enforcement in Northern Nevada and assist in its growth to allow for more efficient distribution and reaching to the intelligence that is gathered.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	AA
<b>Date Submitted</b>	4/24/19

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office- Northern Nevada Regional Intelligence Center (NNRIC)

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

All purchases will follow by the Washoe County Grants Purchasing Guidelines

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Project will be implemented by full time members of the Washoe County Sheriff's Office NNRIC. Personnel will procure necessary equipment and software. The grant funded equipment and software will allow for more efficient and thorough intelligence gathering and distribution.

WCSCO continues to assign full time personnel to NNRIC related matters including investigation, intelligence gathering and distribution, tracking trends and patterns and threat assessments. Supervisory and non-supervisory personnel are assigned to the NNRIC. WCSCO has partnered with regional state and federal law enforcement on intelligence related matters. These partners include the FBI, RPD, SPD, and NTAC to name a few. WCSCO will continue attempts to expand regional efforts to include more entities, drawing upon skill sets available.

Over the past few years NNRIC has been utilizing a "GeoShield" software program that has significantly improved our ability to search, map and distribute intelligence, trends and patterns. NNRIC would benefit greatly with the ability to expand access to this program to more users within the county. The expansion of this program and supporting equipment will benefit a wide number of user, shortening the time to gather real time intelligence that will greatly benefit investigations of all types. With the implementation of 50 additional user license access to GeoShield can be given to patrol personnel. This would enable them to quickly research and access valuable investigative information.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Washoe County Sheriff's Office	Washoe County	Lt. Max Brokaw
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Equipment and/or software purchased with these funds will be supported by the Washoe County Sheriff's Office, once and if funding ceases, however the capabilities may be reduced. WCSCO will commit personnel, additional equipment and/or software, and office space for the project.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	AA
<b>Date Submitted</b>	4/24/19

<b>PROJECT TITLE REFERENCE:</b>	Washoe County Sheriff's Office- Northern Nevada Regional Intelligence Center (NNRIC)
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
The Washoe County Sheriff's office provides a weekly T-CAR meeting which is attended by multiple jurisdictions. This is a meeting to share crime trends in the Washoe County/No. Nevada area compiled by the NNRIC division. In addition to this the Sheriff's Office has a quarterly ACES meeting which can be attended by invitation - a request to attend by an agency is submitted to executive staff.				\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
The Washoe County Sheriff's office was established in 1861. The Washoe County Sheriff's Office provides law enforcement services for the unincorporated area of Washoe County. We also are responsible for operating the only adult detention facility for pretrial detainees and sentenced misdemeanants within Washoe County. The Sheriff's Office is divided into three Bureaus. While each Bureau has a unique function, they impact the operation of the other Bureaus. The Washoe County Sheriff's Office strives to ensure public safety by building trust and creating partnerships within the diverse communities in which we serve.				\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
GeoShield software user license for 50 users = \$37,500.00 (per year). To enable patrol officers access to current crime data from the patrol vehicle MDTs				
Purchase of HP DesignJet SD Pro MFP-multifunction color printer, to support work being conducted with the GeoShield software. = \$15,858.55 (one time purchase).			\$ 53,358.55	\$ 53,358.55
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
N/A				\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
N/A				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
The NNRIC division currently has 7 full time employees and 1 part time employee. These employees are a combination of Washoe County Sheriff's Office, Sparks Police Department, and the Reno Police Department.				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 53,358.55	\$ 53,358.55

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	AA
<b>Date Submitted</b>	4/24/19

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office- Northern Nevada Regional Intelligence Center (NNRIC)

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Board of County Commissioners acceptance of award	10/01/19	12/31/19	3
3	Competitive quote process	01/01/20	03/01/20	2
4	Order software/equipment	04/01/20	09/01/20	5
5	Install software/equipment	09/01/20	10/30/20	2
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 Often times tips or intelligence gathered has a possible terrorist nexus. It is quickly vetted by investigators or relayed to the appropriate authorities such as the FBI.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 The NNRIC's mission aligns directly with the sharing of information and intelligence throughout the Northern Nevada region. It has become the hub of information for many regionalized units in Northern Nevada and with plans to increase the number of regionalized units NNRIC will be relied upon even more so.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 Requested funding reductions can be reduced at various levels and still remain effective, but the number of users would be reduced and thus reducing the effectiveness of the program.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	AA
<b>Date Submitted</b>	4/24/19

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office- Northern Nevada Regional Intelligence Center (NNRIC)

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

The project can continue without funding, but without funding the program can not expand therefore making it difficult to meet the needs that NNRIC provides. The Washoe County Sheriff's Office is the only entity in Northern Nevada capable of collecting intelligence and distributing it to such a large customer base. With the regionalization of many of the investigative units in Northern Nevada the need for a centralized intelligence center is becoming more of a necessity than ever to effect sound and efficient investigations.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

This project covers all of Northern Nevada and parts of California as well as information sharing with Southern Nevada. This project allows for statewide collaboration and assistance with local, state, and federal partners. The Washoe County Sheriff's Office and partners have provided intelligence and investigative information throughout all of Nevada and Northern California. The sharing of information is what allows agencies to apprehend criminal who have no boundaries in an efficient and effective manner.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

The State of Nevada and local governments cannot solely rely on information gathered by one source. It is proven that the more information shared between agencies and on a broader scale that investigations are more efficient and effective. NNRIC provides that service for Northern Nevada and only wants to become even more effective and efficient.

The Washoe County Sheriff's Office has committed full time law enforcement personnel and analyst to provide this service. With the addition of new software, expansion of existing software and addition of new equipment NNRIC can increase it's effectiveness in gathering and distributing intelligence. This will greatly benefit on going investigations and identify crime trends and patterns.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us



**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Washoe County Sheriff's Office	<b>Project Manager Name &amp; Contact #</b>	Lt. Max Brokaw, 775-328-2847	<b>Grant Manager Name &amp; Contact #</b>	Laura Daniels, 775-328-3013	<b>AA</b>
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<b>IJ TITLE:</b>	WCSO Northern Nevada Regional Intelligence Center (NNRIC)					
	One Budget Per Funding Stream SHSP					

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27							-	-		
28							-	-		
29							-	-		
30							-	-		
31							-	-		
32							-	-		
33							-	-		
34							-	-		
35							-	-		
<b>Planning Sub-Total</b>							\$	-		

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -	-		
37							\$ -	-		
38					-	-	\$ -	-		
39							\$ -	-		
<b>Organization Sub-Total</b>							\$	-		

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		50 user license for GeoShield	New / Enhance / Past / Competitive	Local Funds	1.00	37,500.00	\$ 37,500.00		Intelligence and Information Sharing	13IT-00-DACQ Data Acquisition	SHSP
41		HP DesignJet SD Pro MFP-printer	New / Enhance / Past / Competitive	Local Funds	1.00	15,858.55	\$ 15,858.55		Intelligence and Information Sharing	04HW-01-INHW Hardware, Computer, Integrated	SHSP
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
<b>EQUIPMENT Sub-Total</b>							\$	53,358.55			

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

NNRIC compiles regional intelligence and distributes it accordingly, as well as conducting investigations on information and tips received. This information is shared in the weekly multi-jurisdictional T-CAR meetings. The 50 licenses will be issue to Patrol to enable the officers to update the data from their vehicles. By sustaining current specialized equipment, software and skills to law enforcement and analysts they will be better equipped to research and provide intelligence to the region as well as conduct investigations where needed. NNRIC also provides threat assessments for events, VIP visits and other high profile functions in the Northern Nevada area. Working closely with local businesses to gather and provide intelligence provides a safer environment for all residence of Northern Nevada.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 53,358.55
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Project AA

FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Washoe County Sheriff's Office- Northern Nevada Regional Intelligence Center (NNRIC)		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	SHSP	<b>SHSP Funding Request:</b>	AA
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
The Washoe County Sheriff's Office wants to continue sustainment and increase abilities of the Northern Nevada Regional Intelligence Centers (NNRIC) ability to provide real time intelligence to Northern Nevada. The Sheriff's Office continues to dedicate full time law enforcement personnel and civilian intelligence analyst to investigate and provided real time intelligence to assist Northern Nevada agencies on all crimes and incidents. NNRIC also provides threat assessments for events, VIP visits and other high profile functions in the Northern Nevada area. Working closely with local businesses to gather and provide intelligence provides a safer environment for all residence of Northern Nevada.			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
The NNRIC division is a collaboration of Washoe County Sheriff's Office, Sparks Police Department, and the Reno Police Department. All agencies have an employee in this centralized office which enables them to share data throughout Northern Nevada.			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
General funds are used for the day to day operation of this division			
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>			
Currently the NNRIC and its equipment/software is funded entirely by the Washoe County Sheriff's Office through general funds for or Special Operations Division. This grant would allow us to increase our capabilities that the current budgeting will not sustain.			

**Project AA**

Please provide a five year funding summary for your project.

The Washoe County Sheriff's Office will continue to submit for funding through the Washoe County Commission to provide line item funding that will support and sustain programs associated with the Special Operations Division, more specifically NNRIC.

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	<b>BB</b>
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	4/25/19

<b>1) PROJECT TITLE:</b>	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System	
<b>2) PROPOSING/LEAD AGENCY:</b>	City of Henderson	
<b>3) Project Manager Name/Title:</b>	Troy Westover, Facilities Manager	
<b>Project Manager Contact Info:</b>	Phone: (702) 267-3290	Email: Troy.Westover@cityofhenderson.com
<b>4) Addl Project Manager Name/Title:</b>	Ryan Turner, Division Chief of Emergency Management & Safety	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 267-2212	Email: Ryan.Turner@cityofhenderson.com
<b>5) Finance/Grant Contact Name/Title:</b>	Heather Carson, Fire Department Business Analyst III	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 267-2246	Email: Heather.Carson@cityofhenderson.com

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

With funding from FFY16 Department of Homeland Security (DHS) Urban Area Security Initiative (UASI), the City of Henderson (COH) received funding to help build its Multi Use Emergency Operations Center (EOC). In 2017, DHS conducted a vulnerability assessment of multiple significant asset and areas (SAA's) within COH. As a result, the DHS Infrastructure Survey Security and Resilience Report identified that "closed circuit television (CCTV) coverage of facility perimeters was limited." They recommended COH "evaluate CCTV coverage of the facility perimeter to determine if it meets the facility's security requirements. Explore options to increase coverage as necessary." COH also participated in the Regional Resiliency Assessment Program in 2017, which focused on water reclamation facilities and made similar findings. Furthermore, on March 28, 2017, the Office of Intelligence and Analysis published an "Intelligence Note" that provided current intelligence on a specific threat to US Water and Wastewater systems. After reviewing the recommendations from these reports and the intelligence provided, COH conducted the necessary evaluations. As a result, COH seeks to mitigate findings from formal DHS sponsored assessments and to ensure the safety and welfare of COH's critical infrastructure/key resources, data, personnel as well as the citizens and vendors who frequent these facilities and depend on these critical systems and services. Therefore, COH is respectfully requesting the assistance of DHS UASI to help sustain its EOC through acquiring an enterprise surveillance system to strengthen its intelligence and information sharing as well as its operational coordination with partnering agencies within the Las Vegas urban area at key facilities such as Henderson City Hall, Water, and Wastewater facilities.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This is a new project and aligns with the FY-16-19 core capabilities intelligence and information sharing along with operational coordination. The City of Henderson, Nevada's second largest city seeks to prevent, protect and respond to its critical infrastructure with the use of an enterprise surveillance system that will be monitored and coordinated from the Multi-Use EOC. In 2017, DHS conducted a vulnerability assessment of multiple significant asset and areas (SAA's) within COH. As a result, the DHS Infrastructure Survey Security and Resilience Report identified that "closed circuit television (CCTV) coverage of facility perimeters was limited." After reviewing the recommendations from these reports and the intelligence provided, COH conducted the necessary evaluations, which led to this proposal request. Through this proposal, COH seeks to mitigate findings from formal DHS sponsored assessments and to ensure the safety and welfare of COH's critical infrastructure/key resources, data, personnel as well as the citizens and vendors who frequent these facilities and depend on these critical systems and services.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>BB</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Henderson Multi Use EOC Sustainment - Enterprise Surveillance System

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

City of Henderson will follow the RFP process.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

After approval of grant funding, the enterprise surveillance system, which consists of the Video Management System (VMS) and associated cameras and equipment, will be procured as outlined in Nevada Revised statutes. A Request For Qualifications (RFQ) will be published and a team from the City will review and short list the most qualified applicants. These short-listed applicants will be scrutinized by staff to determine the best value for the City. This process will include coordination with other Emergency Managers in the region to determine which system works best with the other municipalities.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Henderson Fire Department	City of Henderson	Shawn White, Fire Chief
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Depending on the grant funding allocated to this project this grant cycle, COH may need further grant assistance in subsequent grant years to fund the project in phases. If supported by grant funding, COH will of course continue to have discussions with COH leadership on the prioritization of this project if additional funding should become available. The goal is for COH to fund this system's on-going operations and maintenance.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>BB</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Enterprise surveillance system, which consists of the Video Management System (VMS) and associated cameras and equipment: base license with one-year care plus for base license; materials, installation, supporting infrastructure unit; device license/camera; one-year care plus for device license/camera; network switches & infrastructure; and, video storage, work stations, 2 data storage sites/per camera.	\$ 503,543.00	\$ 0.00	\$ 503,543.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 503,543.00	\$ 0.00	\$ 503,543.00



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>BB</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Henderson Multi Use EOC Sustainment - Enterprise Surveillance System

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive and Accept Sub-grant Award	10/01/19	11/30/19	2
3	Complete Environmental and Historic Preservation Screening Form Process	12/01/19	01/31/20	2
4	Design system	02/01/20	05/31/20	4
5	Procure Equipment in Compliance with Grant Guidelines	06/01/20	09/30/20	4
6	Equipment Inventory and Installation	10/01/20	03/31/21	6
7	Test Equipment	04/01/21	06/30/21	3
8	Put Equipment into Full Service	07/01/21	07/31/21	1
9	Closeout Grant	08/01/21	08/31/21	1
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**  
 Yes, through this proposal, COH will be able to identify, deter, detect, disrupt and prepare for terrorist events; reduce vulnerability of critical assets, systems and networks and mitigate potential consequences of critical infrastructure if a terrorist attack or subversive act did occur.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**  
 No, this is a new project and the explanation has been provided in section 9 of this grant proposal.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**  
 Yes, this project may be implemented in multiple phases.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>BB</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Henderson Multi Use EOC Sustainment - Enterprise Surveillance System

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

No, grant opportunities allow COH to address critical needs that may not be addressed otherwise. COH continues to compile a needs assessment to determine the highest priority demands for additional resources. Because of the number of critical needs city-wide, the infrastructure systems request has not been funded.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

Yes, the project provides a measurable "statewide" benefit as it supports the monitoring of critical infrastructures, which were identified as vulnerable in the DHS assessments.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. **Field is limited to the visible text box**

n/a

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	City of Henderson	<b>Project Manager Name &amp; Contact #</b>	Troy Westover Facilities Manager (702)267-3290	<b>Grant Manager Name &amp; Contact #</b>	Heather Carson Fire Department Business Analyst III (702)267-2246	<b>BB</b>
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<b>LI TITLE:</b>	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System										
	One Budget Per Funding Stream UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel	Sub-Total						\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe	Sub-Total						\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
	Travel	Sub-Total										

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
<b>Planning Sub-Total</b>							\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37							\$ -			
38						-	-			
39							\$ -			
<b>Organization Sub-Total</b>							\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEM LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		Base license	Maintain	UASI	1	575.00	\$ 575.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
41		One-year care plus for base license	Maintain	UASI	1	3,183.00	\$ 3,183.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
42		Materials, installation, supporting infrastructure unit	Maintain	UASI	65	4,500.00	\$ 292,500.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
43		Device license/camera	Maintain	UASI	65	329.00	\$ 21,385.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
44		One-year care plus for device license/camera	Maintain	UASI	65	60.00	\$ 3,900.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
45		Network switches & infrastructure	Maintain	UASI	65	700.00	\$ 45,500.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
46		Video storage, work stations, 2 data storage sites/per camera	Maintain	UASI	65	2,100.00	\$ 136,500.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
47							\$ -				
48							\$ -				
49							\$ -				
<b>EQUIPMENT Sub-Total</b>							\$ 503,543.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

After approval of grant funding, the enterprise surveillance system, which consists of the Video Management System (VMS) and associated cameras and equipment, will be procured as outlined in Nevada Revised statutes. A Request For Qualifications (RFQ) will be published and a team from the City will review and short list the most qualified applicants. These short-listed applicants will be scrutinized by staff to determine the best value for the City. This process will include coordination with other Emergency Managers in the region to determine which system works best with the other municipalities.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training	Sub-Total									\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise	Sub-Total									\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP. PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 503,543.00	
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Project BB

FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)

STRATEGIC PLAN SUPPLEMENTAL INFORMATION

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Project ID: BB		
<b>Funding Source:</b> (SHSP, UASI, SHSP/UASI Split)	UASI	SHSP Funding Request:	0%
		UASI Funding Request:	100% of \$503,543.00
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>The project provides a measurable regional and statewide benefit as it supports the monitoring of critical infrastructures, which were identified as vulnerable in the DHS assessments. In addition, the project will allow City of Henderson (COH) to establish and maintain a unified and coordinated operation by creating protocols to include all stakeholders in monitoring critical infrastructures by utilizing its EOC to facilitate incident activities via the Incident Command System (ICS), which is consistent with the National Incident Management System (NIMS). Furthermore, the project will allow COH to provide Intelligence and Information Sharing, to “anticipate and identify emerging and/or imminent threats;” “share relevant, timely, and actionable information and analysis with Federal, state, local, private sector, and international partners and develop and disseminate” appropriately; and, ensure these “partners possess or have access to a mechanism to submit terrorism-related information and/or suspicious activity reports to law enforcement.”</p> <p><a href="https://www.fema.gov/core-capabilities">https://www.fema.gov/core-capabilities</a></p>			
<b>How have you collaborated with other agencies to maximize the resource’s capacity?</b>			
<p>To maximize the resource’s capacity, the City of Henderson (COH) has collaborated with other agencies in the Las Vegas urban area such as City of North Las Vegas, the Las Vegas Metropolitan Police Department, and the Clark County School District Police Department to inquire as to their current enterprise surveillance systems and which vendor(s) they chose and what type(s) of cameras and associated equipment they purchased. This will allow for easier intelligence and information sharing and operational coordination because personnel at these agencies will have the same basic knowledge of the software and equipment being used at each agency.</p>			

**Project BB**

<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>
The current investment provided by the City of Henderson (COH) to offset reliance on grant funding for this project will depend on if COH is successful in receiving the full amount requested in both its original and supplemental proposals.
<b>Is there a plan for increasing offset by your jurisdiction to support this project in the future?</b>
If COH only receives the amount requested in its original proposal, there will still be a need to complete the project in the next grant funding cycle. If COH receives all the requested funding in both its original and supplemental proposals, COH does not plan to return for further grant assistance to outfit its other facilities.
<b>Please provide a five year funding summary for your project.</b>
COH leadership has been briefed as to the potential of grant funding to be received in either this fiscal year or the next fiscal year. Therefore, if grant funding is received to fund COH's key facilities, COH leadership is prepared to prioritize and complete with City funds its remaining facilities as well as the entire system's on-going operations and maintenance.

# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

CC

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/25/19

1) PROJECT TITLE:	Southern Nevada Counter Terrorism Center	
2) PROPOSING/LEAD AGENCY:	Las Vegas Metropolitan Police Department	
3) Project Manager Name/Title:	Chris Tomaino / Captain	
Project Manager Contact Info:	Phone: (702) 828-2281	Email: c4671t@lvmpd.com
4) Addl Project Manager Name/Title:	Rachel Skidmore / Emergency Manager	
Addl Project Manager Contact Info:	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
5) Finance/Grant Contact Name/Title:	Joni Prucnal, Director of Finance	
Finance/Grant Contact Info:	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.] <input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The National Network of Fusion Centers is the cornerstone of the Department of Homeland Security's vision for protecting the Homeland. This network provides the conduit for the U.S. Intelligence Community to our partners by providing ground information to complement the intelligence streams. This ultimately supports the goal of exchanging information and intelligence. The network collaborates with state, local, and federal partners in an effort to deter, detect, prevent, and/or mitigate terrorism, hazards, and other criminal activity. This is for the protection of the citizens, visitors, and critical infrastructure of the state of Nevada and the United States. As a result of funding, the Southern Nevada Counter Terrorism Center (SNCTC) will be able to sustain current operations to meet the Fusion Center Baseline Capabilities / CoC's / EC's. The SNCTC is committed to intelligence and information sharing within the state, regionally, and nationally, to include FEMA Region IX. This project proposal further sustains our efforts to maintain necessary information streams throughout our state, and continue to operate as the DHS Primary fusion center for the State of Nevada. We are seeking to staff a full time member in the Fusion Watch program to lend consistency to training, and program implementation.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	FUSION CENTERS
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project is the sustainment request for the Southern Nevada Counter Terrorism Center.



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	CC
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

All three are completed.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The project will be administered by the Las Vegas Metropolitan Police Department (LVMPD), the host agency for the Southern Nevada Counter Terrorism Center. In addition to the staff that are provided by LVMPD there are 21 partner agencies represented to include: The Federal Aviation Administration, Henderson Police Department, Department of Homeland Security - CFATS, Department of Homeland Security - ICE, Transportation Security Administration, Nevada National Guard, Department of Homeland Security - Federal Security, Department of Homeland Security- PSA, Nevada Highway Patrol, Clark County Fire Department, Boulder City Police Department, North Las Vegas Police Department, Department of Homeland Security - Office of Intelligence and Analysis, Federal Bureau of Investigation, RRG Privacy Officer, Las Vegas City Marshals, Hoover Dam Police Department, Moapa Tribal Police Department, Southern Nevada Health District, US State Department, and the Clark County School District Police Department. It is through these partnerships with the various agencies that information is collected, analyzed, and distributed to our consumers. The crime and intelligence analysts, along with supporting research staff leverage technology and the diverse data sets owned by the participating agencies to produce insightful and actionable intelligence products for the stakeholders and other customers of the SNCTC.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

We are currently looking to sustain the existing projects, programs, and procedures that are already in place within the Southern Nevada Counter Terrorism Center through HSGP funds, as well as host and partner agency support.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>CC</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Southern Nevada Counter Terrorism Center
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Salary for one FTE Fusion Watch Specialist for 18 months.	\$ 127,890.52	\$ 0.00	\$ 127,890.52
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 127,890.52	\$ 0.00	\$ 127,890.52

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	CC
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Hiring Process	01/01/20	03/01/21	3
3	Implement Training Programs, and Project Management	03/01/20	09/30/21	18
4				
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Yes, the Southern Nevada Counter Terrorism Center's primary purpose is to implement the National SAR initiative which is to combat terrorism within the United States.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Fusion centers are intelligence and information sharing at the core. We are currently seeking to build out the cybersecurity components within our center

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

We would have capability loss.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	CC
Date Submitted	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

The LVMPD requires the grants to sustain this program.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

Yes the SNCTC is the state designated fusion center for the state of Nevada.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	LVMPD	Project Manager Name & Contact #	Christopher Tomaino 702-828-2257	Grant Manager Name & Contact #	Joni Prucnal 702 828 8267	CC
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IJ TITLE:	SNCTC Enhancement										
	One Budget Per Funding Stream										
	UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		FTE Fusion Watch Specialist - 18 months	New / Enhance / Past / Competitive		27.49967308	100%	3120	\$ 85,798.98	Fusion Center - SNCTC	Intelligence and Information Sharing	UASI
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel	Sub-Total						\$ 85,798.98			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This is the 18 month anticipated salary for two Fusion Watch Specialists.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		FTE Fusion Watch Specialist - 18 months	New / Enhance / Past / Competitive		13.49087821	100%	3,120.00	\$ 42,091.54	Fusion Center - SNCTC	Intelligence and Information Sharing	UASI
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe	Sub-Total						\$ 42,091.54			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This is the 18 month anticipated salary for one Fusion Watch Specialist.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
	Travel	Sub-Total										

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
31							-	-				
32							-	-				
33							-	-				
34							-	-				
35							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	\$ -				
37								\$ -				
38							-	\$ -				
39								\$ -				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
	<b>EQUIPMENT Sub-Total</b>							\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 127,890.52	
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<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> DD
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b> 4/25/19

<b>1) PROJECT TITLE:</b>	Radio Site Target Hardening
<b>2) PROPOSING/LEAD AGENCY:</b>	LVMPD
<b>3) Project Manager Name/Title:</b>	Brad Cupp/Sergeant
<b>Project Manager Contact Info:</b>	Phone: (702) 828-4455   Email: b8104c@lvmpd.com
<b>4) Addl Project Manager Name/Title:</b>	Rachel Skidmore / Emergency Manager
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 828-2257   Email: r14590s@lvmpd.com
<b>5) Finance/Grant Contact Name/Title:</b>	Joni Prucnal, Director of Finance
<b>Finance/Grant Contact Info:</b>	Phone: (702) 828-8267   Email: J13700P@LVMPD.COM

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities. <span style="float: right;"><input checked="" type="radio"/></span>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <span style="float: right;"><input type="radio"/></span>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

LVMPD operates and maintains ten (10) remote radio sites located on remote outskirts of the Las Vegas Valley that are critical infrastructure to facilitating and maintaining radio communications for the LVMPD and other public safety agencies in the Las Vegas valley. Although these locations are remote, many of them can be accessed by vehicle and on foot which puts them at risk by anyone wishing to disrupt public safety radio communications in the Las Vegas valley. There is currently no way to remotely monitor these radio sites. This project would provide for the installation of IP-based surveillance cameras at the ten (10) LVMPD maintained radio sites and allow for 24/7 video monitoring by Fusion Center and LVMPD radio shop personnel through the Milestone Video Management System (VMS).

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	Not Applicable

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This project provides an effective means for 24/7 video monitoring of critical infrastructure necessary for public safety radio communications in the Las Vegas Valley.



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	DD
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Radio Site Target Hardening

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Procurement will be through existing LVMPD competitively bid contracts for camera and related camera equipment.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

All work will be completed by LVMPD and members of the Emergency Management Section, Technical and Surveillance Squad (TASS), and the Communications Bureau.

1. Receive Funding
2. System Design
3. EHP submission
4. Bid Equipment
5. Issue Purchasing Order
6. Procure Equipment
7. Install Equipment

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

There is no subscription fee, or annual reoccurring cost associated with this network.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

Statewide  
(SHSP)

100%

Urban Area  
(UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	DD
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Radio Site Target Hardening
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
	Computer Server, Milestone Licenses, Network switches, (20) Surveillance Cameras, and miscellaneous cabling and mounts	\$ 50,000.00		\$ 50,000.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
		\$ 50,000.00	\$ 0.00	\$ 50,000.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	DD
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Radio Site Target Hardening

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	System Design	10/01/19	10/31/19	1
3	Bid Equipment	10/01/19	11/30/19	2
4	Issue Purchasing Request	10/01/19	10/31/19	1
5	Procure Equipment	11/01/19	11/30/19	1
6	Install Equipment	12/01/19	06/30/20	6
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Infrastructure for public safety radio communications are an enticing target for terrorists and would potentially delay public safety response to a terrorist or major event.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

This project would allow the SNCTC Fusion Center to remotely monitor these critical infrastructure sites from the SNCTC Fusion Center.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

Once the main server and managed switch is operational, the camera installations at each of the 10 camera sites can be scaled individually by location.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	DD
Date Submitted	4/25/19

**PROJECT TITLE REFERENCE:** Radio Site Target Hardening

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
There is currently no identified funding source for this project.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
This provides target hardening of communications for the Las Vegas valley.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	LVMPPD	Project Manager Name & Contact #	Sgt. Brad Cupp 702-828-4455	Grant Manager Name & Contact #	Joni Prucnal 702 828 8267	DD
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<b>IJ TITLE: Radio Site Hardening Project</b>											
<b>One Budget Per Funding Stream UASI</b>											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-	\$ -			
37							-	-	\$ -			
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>											
40		Cameras	New / Enhance / Past / Competitive			20.00	1,500.00	\$ 30,000.00		Operational Communications	04MD-01-VCAM	UASI
41		Camera Mounts	New / Enhance / Past / Competitive			10.00	200.00	\$ 2,000.00		Operational Communications	04MD-01-VCAM	UASI
42		Video Server	New / Enhance / Past / Competitive			1.00	3,500.00	\$ 3,500.00		Operational Communications	04HW-01-INHW	UASI
43		Network Switches	New / Enhance / Past / Competitive			10.00	100.00	\$ 1,000.00		Operational Communications	04HW-01-INHW	UASI
44		Surveillance Cabinets/Nema Boxes	New / Enhance / Past / Competitive			10.00	300.00	\$ 3,000.00		Operational Communications	04HW-01-INHW	UASI
45		Milestone Licenses	New / Enhance / Past / Competitive			10.00	500.00	\$ 5,000.00		Operational Communications	04SW-04-NETW	UASI
46		Managed Network Switch	New / Enhance / Past / Competitive			1.00	2,000.00	\$ 2,000.00		Operational Communications	04HW-01-INHW	UASI
47		Misc hardware and Cat 6 Outdoor cabling	New / Enhance / Past / Competitive			1.00	1,500.00	\$ 1,500.00		Operational Communications	04HW-01-INHW	UASI
48		Camera Midspans	New / Enhance / Past / Competitive			10.00	200.00	\$ 2,000.00		Operational Communications	04MD-01-VCAM	UASI
49								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ 50,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The above equipment provides us target hardening at our repeater sites. This will allow us to install 20 cameras and the necessary equipment.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 50,000.00	
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: EE

4/25/19

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/25/19

1) PROJECT TITLE:	LVMPD DOC Dispatch	
2) PROPOSING/LEAD AGENCY:	Las Vegas Metropolitan Police Department	
3) Project Manager Name/Title:	Jason Letkiewicz	
Project Manager Contact Info:	Phone: (702) 828-2281	Email: j46571@lvmpd.com
4) Addl Project Manager Name/Title:	Rachel Skidmore / Emergency Manager	
Addl Project Manager Contact Info:	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
5) Finance/Grant Contact Name/Title:	Joni Prucnal, Director of Finance	
Finance/Grant Contact Info:	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Providing a second dispatch station in the Department Operations Center (DOC) will enhance the capabilities of the Communications bureau in mass casualty incidents (MCI). The new stations will provide dispatchers working the event a location at the DOC to meet the communications needs of the DOC commander.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	Not Applicable

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

In the case of a MCI, one dispatch channel is not sufficient to meet the needs of the LVMPD DOC, this second station will enhance our ability to ensure timely communication with command staff, personnel responding to the incident, and other involved jurisdictions, allowing for enhanced coordination.



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	EE
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD DOC Dispatch

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Internal procurement will take place.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Captain Letkiewicz of the Las Vegas Metropolitan Police Department (LVMPD) Communications Bureau will be the project manager. Manager Adam Wittman of LVMPD's facilities section will work with the civilian contractors on the installation of the furniture, electrical, and data ports. IT Manager Jared Grant will oversee the installation of all LVMPD Computer systems necessary to support the consoles. Director Vinnie Puglia will oversee the installation of all LVMPD radio elements of the project.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Jason Letkiewicz
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

LVMPD will sustain.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

Statewide (SHSP)

100%

Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>EE</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	LVMPD DOC Dispatch
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
This equipment costs include radio, communications, cubicle, and desk equipment to make an additional dispatching position within the LVMPD DOC.	\$ 14,370.40	\$ 0.00	\$ 14,370.40
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 14,370.40	\$ 0.00	\$ 14,370.40

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	EE
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD DOC Dispatch

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Request Bids	01/01/20	12/31/20	12
3	Procure Equipment	01/01/20	12/31/20	12
4	Installation	01/01/20	12/31/20	12
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 Yes, the LVMPD is the law enforcement agency that serves the largest population within the state of Nevada. Dispatching during a terrorism event is a critical function.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 This project meets the needs of Operational Communication, and Intelligence and Information as this resides within the Department Operations Center for LVMPD.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 No, without some items the dispatch station would not function.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	EE
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD DOC Dispatch

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>DOC is currently seeking funds to enhance their capabilities during a response.</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>We dispatch for the largest population served within the state of Nevada, yes.</p>	

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Las Vegas Metropolitan Police Department	Project Manager Name & Contact #	Jason Letkiewicz 828 7172	Grant Manager Name & Contact #	Joni Prucnal, 702 828 8267	EE
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IJ TITLE:	DOC Dispatch										
One Budget Per Funding Stream											
UASI											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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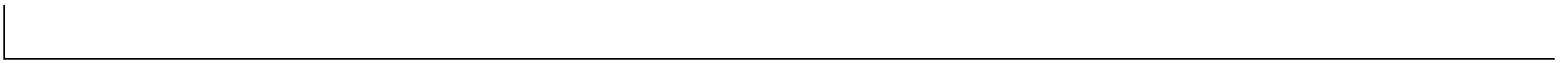
Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
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	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27										
28										
29										
30							-			
31							-			
32							-			
33							-			
34							-			
35							-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36										
37										
38										
39										
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Desk equipment	New / Enhance / Past / Competitive	21GN-00-OCEQ	2357.00	1.00	\$ 2,357.00			21GN-00-OCEQ Equipment and Supplies, Information/Emergency Operations/Fusion Centers	UASI
41		Dispatching Equipment and Supplies	New / Enhance / Past / Competitive	06CP-01-BASE	5724.48	1.00	\$ 5,724.48				UASI
42		Cubicle extension and equipment	New / Enhance / Past / Competitive	21GN-00-OCEQ	4232.81	1.00	\$ 4,232.81				UASI
43		Dispatching Computer Equipment	New / Enhance / Past / Competitive	04HW-01-INHW	2056.11	1.00	\$ 2,056.11				UASI
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 14,370.40				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This equipment costs include radio, communications, cubicle, and desk equipment to make an additional disptachina position within the LVMPD DC





Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 14,370.40
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

GG

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/25/19

1) PROJECT TITLE:	LVMPD Wireless Mesh Network and TRV Enhancement	
2) PROPOSING/LEAD AGENCY:	LVMPD	
3) Project Manager Name/Title:	Brad Cupp/Sergeant	
Project Manager Contact Info:	Phone: (702) 828-4455	Email: b8104c@lvmpd.com
4) Addl Project Manager Name/Title:	Rachel Skidmore / Emergency Manager	
Addl Project Manager Contact Info:	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
5) Finance/Grant Contact Name/Title:	Joni Prucnal, Director of Finance	
Finance/Grant Contact Info:	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

LVMPD is seeking to build out a valley-wide wireless mesh network to add direct live feeds into the command post and Department Operations Center. This project will allow video feeds captured from drones, robots, and other cameras to be streamed real-time to the SNCTC, DOC or a command post in the field.

Additionally, a small portion of this project will be utilized to add additional radios to the TASS TRV which would allow the vehicle to serve as a regional asset capable of deploying real-time video and integrating air-to-ground video feeds in an operational area to a command post for increased situational awareness.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	Not Applicable

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This project provides the capability to ingest video feeds from disparate systems such as a drone into the Fusion Center or another command post in real-time. This capability currently doesn't exist in southern Nevada and will provide increased situational awareness and real-time video intelligence during a major incident.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>GG</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** LVMPD Wireless Mesh Network and TRV Enhancement

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Equipment will be sourced through existing LVMPD contracts or through the GSA purchasing program.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

All work will be completed by LVMPD and members of the Emergency Management Section, Technical and Surveillance Squad (TASS), and the Communications Bureau.

1. Receive Funding
2. System Design
4. Bid Equipment
5. Issue Purchasing Order
6. Procure Equipment
7. Install Equipment
8. Equipment Testing

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

There is no subscription fee, or annual reoccurring cost associated with this network.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>GG</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	LVMPD Wireless Mesh Network and TRV Enhancement
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
This equipment is for outfitting a smart network that includes network switches, software, mounting hardware, wi-fi dongles, fixed infrastructure site wireless network nodes, accessories, batteries, GPS broadcaster.		\$ 604,400.00		\$ 604,400.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 604,400.00	\$ 0.00	\$ 604,400.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>GG</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** LVMPD Wireless Mesh Network and TRV Enhancement

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	System Design	10/01/19	10/31/19	1
3	Bid Equipment	10/01/19	10/31/19	1
4	Issue Purchasing Request	10/01/19	10/31/19	1
5	Procure Equipment	11/01/19	11/30/19	1
6	Install Equipment	12/01/19	06/30/20	6
7	Equipment Testing	12/01/19	06/30/20	6
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

Real-time disparate video footage could play a critical role in a terrorist attack in terms of providing real-time intelligence information back to a command post or the Fusion Center.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project would allow the SNCTC Fusion Center to ingest and monitor the real-time video feeds from assets that are deployed to in the field.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Failure to build out adequate infrastructure would not provide the coverage area necessary to support the objective of this project.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	GG
Date Submitted	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Wireless Mesh Network and TRV Enhancement

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
There is currently no identified funding source for this project.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
Once the equipment is installed assets can be deployed anywhere in the state to provide these capabilities if the needs arises.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey


19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	LVMPPD	Project Manager Name & Contact #	Sgt. Brad Cupp 702-828-4455	Grant Manager Name & Contact #	Joni Prucnal 702 828 8267	
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IJ TITLE:	Air to Ground Link/TRV Enhancement Project										
	One Budget Per Funding Stream										
	UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
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FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
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27												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

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Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY									
27						-	-				
28						-	-				
29						-	-				
30						-	-				
31						-	-				
32						-	-				
33						-	-				
34						-	-				
35						-	-				
	<b>Planning Sub-Total</b>						\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

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36						-	\$ -				
37							\$ -				
38						-	\$ -				
39							\$ -				
	<b>Organization Sub-Total</b>						\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Fixed Infrastructure Sites 4x4, 8W MiMO wireless network nodes, sector antennas, and cabling.	New / Enhance / Past / Competitive		12.00	28,100.00	\$ 337,200.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
41		Drones	New / Enhance / Past / Competitive		4.00	12,000.00	\$ 48,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	03OE-07-ROVL	UASI
42		GPS broadcaster	New / Enhance / Past / Competitive		6.00	3,500.00	\$ 21,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
43		4x2, 4W MiMo Dismount kits w/ 2 batteries	New / Enhance / Past / Competitive		6.00	13,300.00	\$ 79,800.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
44		Misc Accessory cables	New / Enhance / Past / Competitive		1.00	4,500.00	\$ 4,500.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
45		MBITR Dual Battery Charger	New / Enhance / Past / Competitive		6.00	800.00	\$ 4,800.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
46		Fixed Infrastructure Sites 4x4, 8W MiMO Wireless Network Nodes	New / Enhance / Past / Competitive		4.00	25,000.00	\$ 100,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
47		Wi-Fi Dongle	New / Enhance / Past / Competitive		3.00	450.00	\$ 1,350.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
		Misc Mounting Poles and Brackets	New / Enhance / Past / Competitive		1.00	950.00	\$ 950.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI

48		RF Interference Detection Software	New / Enhance / Past / Competitive			4.00	500.00	\$ 2,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04SW-04-NETW	UASI
49		Network Switches	New / Enhance / Past / Competitive			16.00	300.00	\$ 4,800.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
		<b>EQUIPMENT Sub-Total</b>						\$ 604,400.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The above equipment is for outfitting a smart network that includes network switches, software, mounting hardware, wi-fi dongles, fixed infrastructure site wireless network nodes, accessories, batteries, GPS broadcaster.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 604,400.00
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# Nevada Homeland Security Grant Program (HSGP) Project Proposal for FFY19 HSGP Funding Description

<b>PROJECT ID:</b>	HH
<b>Date Submitted</b>	4/10/19

<b>1) PROJECT TITLE:</b>	Bomb Squad Electronic Countermeasures		
<b>2) PROPOSING/LEAD AGENCY:</b>	Las Vegas Fire & Rescue Bomb Squad		
<b>3) Project Manager Name/Title:</b>	Richard Brooks		
<b>Project Manager Contact Info:</b>	Phone: (702) 232-6417	Email: rbrooks@lasvegasnevada.gov	
<b>4) Addl Project Manager Name/Title:</b>	Steven Poe		
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 303-0773	Email: sbpoe@lasvegasnevada.gov	
<b>5) Finance/Grant Contact Name/Title:</b>	Priscilla Wdowiak		
<b>Finance/Grant Contact Info:</b>	Phone: (702) 229-6045	Email: pwdowiak@lasvegasnevada.gov	

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Las Vegas Fire & Rescue Bomb Squad is the only Federal Bureau of Investigations (FBI) accredited Bomb Squad in Southern Nevada that has the capability to operate electronic counter measures. The squad supports Clark, Esmeralda, Lincoln and Nye Counties. Las Vegas Fire & Rescue also provides support for St George, UT Bullhead City, AZ and surrounding areas.

The goal of this project is to improve and expand the Las Vegas Bomb Squad by supporting the National Priority of: "Strengthening Chemical, Biological, Radiological/Nuclear and Explosive (CBRNE) Detection, Response, and Decontamination Capabilities".

The Focus of this project and equipment is to prepare for and respond to hazardous device incidents, unmanned aircraft systems with improvised explosives and large vehicle borne explosives with electronics present. This equipment would assist the Bomb Technicians by decreasing the mortality rate and increasing the survivability during hazardous device responses and unmanned aircraft system incidents.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	Las Vegas Bomb Squad [CBRN,E]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This specialized equipment is not generally budgeted in capital or general funds. Its necessity is specific to meeting our region's needs due to the terror threat level for our community. Equipment will be maintained by Las Vegas Fire and Rescue until it has reached end of useful life in approximately 7-10 years. The proposed equipment is a technological enhancement for current equipment. These electronic countermeasure devices will be used to defeat hazardous devices that are using unmanned aircraft systems and electronic component to arm or trigger hazardous devices activation. This provides physical protective measures by determining safe zones and areas of exclusion. This information also equips Incident Commanders with critical information needed to protect their personnel and public at-large.

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	HH
<b>Date Submitted</b>	4/10/19

**PROJECT TITLE REFERENCE:** Bomb Squad Electronic Countermeasures

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Requested equipment will require an RFP (Request for Proposal). This process is time consuming, but a requirement to ensure funds are used most effectively. Once there is a qualified bidder, the Project Manager will proceed with the procurement process.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Upon award and acceptance by City Council, project implementation will be conducted by Steven Poe, Richard Brooks and consist of procurement, training and delivering of the equipment to the Las Vegas Fire & Rescue Bomb Squad.

Requested equipment will require an RFP (Request for Proposal). This process is time consuming, but a requirement to ensure funds are used most effectively.

Once there is a qualified bidder, the Project Manager will proceed with the procurement process. Upon receipt, the Project Manager will ensure adequate training is conducted and equipment distributed to assigned units.

Quarterly Financial and Progress reports will be submitted to Nevada Department of Emergency Management as required by state grant assurances until the project has reached its conclusion.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Fire & Rescue	City of Las Vegas, NV	Richard Brooks
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Since this project is for the acquisition of equipment only, there are no ongoing sustainment expenses projected after the original purchase. The vendor will provide training as well as future software upgrades. Las Vegas Fire & Rescue general funds will be used to cover any expenses for maintenance, repairs or updates to the equipment purchased. Maintenance, repairs and updates to equipment is a widely accepted general fund allowance under government entities.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

Nevada Homeland Security Grant Program (HSGP)  
 Project Proposal for FFY19 HSGP Funding Description

PROJECT ID:	HH
Date Submitted	4/10/19

PROJECT TITLE REFERENCE:	Bomb Squad Electronic Countermeasures
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15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.

15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00
15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00
15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
2 - Handheld Counter-Unmanned Aircraft System RF Sensor & Effector  Disables Unmanned Air Vehicles. Allows for bomb squads to thwart criminals and enemies the use of drones for surveillance and direct attacks to activate hazardous devices.  Can also be used to disable a drone being operated in restricted air space or when a drone is interfering with their operations.	\$ 70,170.00		\$ 70,170.00
15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00
15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00
15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00
15g) PROJECT TOTALS	LV-UASI	State-wide	TOTAL
	\$ 70,170.00	\$ 0.00	\$ 70,170.00

Fields are limited to visible text box size

Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description

PROJECT ID:	HH
Date Submitted	4/10/19

PROJECT TITLE REFERENCE: Bomb Squad Electronic Countermeasures

16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.

FIELDS ARE LIMITED TO TEXT BOX SIZE

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Funding Received / Purchase Order Received	09/01/19	12/01/19	3
3	Bid/Order Equipment	09/01/19	12/01/19	3
4	Receive Equipment	12/01/19	03/01/20	3
5	Conduct User Training	03/01/20	04/01/20	1
6	Distribute Equipment	04/01/20	05/01/20	1
7				
8				
9				
10				
11				
12				

17) SUPPLEMENTARY INFORMATION - Please provide a **BRIEF** explanation for your response to these questions:

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

The Handheld Counter-Unmanned Aircraft System RF Sensor & Effector disables Unmanned Air Vehicles. Allows CBRNE task forces to thwart criminals and enemies the use of drones for surveillance and direct attacks to activate hazardous devices and improvised explosive devices (IEDs) on personnel.

Can also be used by First Responders and others to disable a drone being operated in restricted air space or when a drone is interfering with their operations.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Operational Coordination cannot be effectively achieved when the threat is an unknown. By sustaining the Las Vegas Fire and Rescue Department's capability to identify and defeat unmanned aircraft, the unknown become known and Unified Command is armed with the information necessary to make critical life and death decisions.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

Although this project cannot officially go to bid until funding is assigned, the price is set for this unit unless 100 or more is purchased. The Project Manager is committed to leveraging the best pricing and can request reductions in the amount of units requested. The quantity of (6) each is the amount of units for deployment of (3) fully and properly equipped bomb squad teams.

Fields "a", "b", and "c" are limited to visible text box size

Nevada Homeland Security Grant Program (HSGP)  
 Project Proposal for FFY19 HSGP Funding Description

PROJECT ID:	HH
Date Submitted	4/10/19

PROJECT TITLE REFERENCE: Bomb Squad Electronic Countermeasures

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

This project will only move forward if it has the support and funding from the Nevada Homeland Security Grant Program (HSGP).

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

This project is a continuing endeavor undertaken by the Las Vegas Fire & Rescue Bomb Squad, Federal Bureau of Investigations, and its community partners to create a unique asset that would provide service and support to all of southern Nevada in the event of an unmanned aircraft system hazardous device deployment, improvised explosive device with active assailants and chemical, biological, radiological nuclear devices (CBRNE). This project is unique in that it is not a routine operation. The project is characterized by well-defined parameters, specific objectives, common benefits, planned activities, a scheduled completion date, and an established budget with a specified source of funding.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

This equipment would allow for (3) specialized Bomb Squad Teams to respond simultaneously to calls for service. These teams would consist of personnel from Las Vegas Fire & Rescue Bomb Squad, Federal Bureau of Investigations and its community partners allowing the teams to respond to prevent initial or follow-up on terrorist attacks. This equipment would also allow the Las Vegas Bomb Squad to conduct counter-terrorism operations in up to (3) separate locations.

The equipment that is being requested is extremely unique and Las Vegas Fire & Rescue Bomb Squad is the only authorized Bureau in Southern Nevada to obtain and operate this equipment. Although Las Vega Fire and bomb Squad and it's community partners have "made it work" in the past without this equipment, incidents in the US and abroad can no longer be tolerated. This is a vital piece of equipment that is needed in the Las Vegas Valley.



HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Las Vegas Fire & Rescue Bomb Squad	Project Manager Name & Contact #	Richard Brooks 702.232.6417	Grant Manager Name & Contact #	Priscilla Wdowiak 702-229-6045	HH
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IJ TITLE:	Electronic Countermeasures											
One Budget Per Funding Stream UASI												

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							<b>\$ -</b>			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							<b>\$ -</b>			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9								-				
10								-				
11								-				
12								-				
13								-				
14								-				
15								-				
16								-				
17								-				
18								-				
19								-				
20								-				
21								-				
22								-				
23								-				
24								-				
25								-				
26								-				
27								-				
	<b>Travel Sub-Total</b>							<b>-</b>				

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

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Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-	-	\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40	Handheld Counter-UAS RF Sensor & Effector	squads to thwart criminals and enemies the use of drones for surveillance and direct attacks to activate hazardous devices.  Can also be used to disable a drone being operated in restricted air space or when a drone is interfering with their operations.	Maintain	UASI	2.00	35,085.00	\$ 70,170.00	CBRNE - Las Vegas Bomb Squad	Operational Coordination	02EX-03-ELCM Equipment, Electronic Countermeasures	UASI
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 70,170.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 70,170.00	
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<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> II
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted:</b> 4/25/19

<b>1) PROJECT TITLE:</b>	Washoe County Sheriff's Office - Air Purifying Respirators and SCBA	
<b>2) PROPOSING/LEAD AGENCY:</b>	Washoe County Sheriff's Office	
<b>3) Project Manager Name/Title:</b>	Lt. Phil Jones	
<b>Project Manager Contact Info:</b>	Phone: (775) 321-4940	Email: pjones@washoecounty.us
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Laura Daniels	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 328-3013	Email: ldaniels@washoecounty.us

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The desired outcome for the Nevada Homeland Security Grant Program (HSGP) grant is to continue the effective and safe response to Chemical, Biological, Radiological, High-Yield Explosive and Nuclear (CBRNE) related terrorism. Currently Washoe County Sheriff's Office (WCSO) has Air Purifying Respirators (APR's) that are out of date and will not be suitable to use during any CBRNE related terrorism incident.

The HSGP funding will help provide the WCSO with new, updated, APR's. This will strengthen, the ability of WCSO personnel to safely respond, contain and rescue citizens involved in a CBRNE related incident.

The upgrades to the WCSO APR's will allow us to continue to focus on training, preparedness, and response capabilities. WCSO needs these APR's to sustain and strengthen CBRNE prevention, deterrence and response. Progress on the above objective will continue through applying funds to meet the needs for first responders. Equally, the grant will further develop prevention, response equipment capacity, and protective equipment. This component is key to equipping Nevada's Public Safety agencies with the appropriate equipment to adequately prepare for a CBRNE incident. Nevada's Public agencies, to include the WCSO will continue to need operational, current, APR's for Operational Coordination

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	ENV RESPONSE/HEALTH AND SAFETY [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

N/A

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	II
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office - Air Purifying Respirators and SCBA

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

All purchases will abide by the Washoe County Grants Purchasing Guidelines

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The proposed project will be implemented by the WCSO by supplying the entire Agency with 100 APR's with filters and voice projection, 50 Replacement SCBA Bottles, 55 Medium Face Shields, and 55 Interface Voice Amplifier which our currently expired.

With any award money, the WCSO will be able to purchase new, reusable APR's along with SCBA equipment our first responders can utilize when deploying hazardous materials teams thus implementing this project into our CBRNE and WMD response.

The Special Operations Division is called upon to assist neighboring counties in need of our capabilities. This equipment will allow us the ability to assist rural areas who may not have the training or equipment for these events.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Washoe County Sheriff's Office	Washoe County	Lt. Phillip Jones
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

The maintenance of the APRs and SCBAs purchased with these funds will be maintained by the Washoe County Sheriff's Office.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%

Statewide  
(SHSP)

0%

Urban Area  
(UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	II
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Washoe County Sheriff's Office - Air Purifying Respirators and SCBA
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			
This investment will follow the same planning we have in place for our existing APR's and SCBA's. The Fire Safety Officer and the Special Operations Division will be in charge of organizing the APR's and getting them distributed to Special Operations. The Fire Safety Officer will also ensure that everyone in Special Operations has an APR in the event there will be a CBRNE or WMD attack.  The fire safety officer will ensure the SCBA replacement bottles along with masks are distributed needed units.			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			
The Washoe County Sheriff's office was established in 1861. The Washoe County Sheriff's Office provides law enforcement services for the unincorporated area of Washoe County. We also are responsible for operating the only adult detention facility for pretrial detainees and sentenced misdemeanants within Washoe County. The Sheriff's Office is divided into three Bureaus. While each Bureau has a unique function, they impact the operation of the other Bureaus. The Washoe County Sheriff's Office strives to ensure public safety by building trust and creating partnerships within the diverse communities in which we serve.			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
The following equipment requested as a replacement due to expiration, physical condition or outdated: 140 APR's with filters and voice projection. 60 Replacement SCBA Bottles 60 Medium Face Shields 60 Interface Voice Amplifier		\$ 190,160.00	\$ 190,160.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			
Provided training for APR's is given to all first responders with the WCSO. SCBA Training provided to all Special Operations people. Continued training will also be an option for all first responders at the WCSO with this investment. This investment will also give our Agency the capability of giving Operations Division new, updated equipment.			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			
The investment will enable the WCSO to exercise and continue emphasis on our regional Special Operations response capacity to CBRNE and WMD attacks for our and rural counties. The investment will also improve our capabilities against advanced CBRNE and WMD attacks with newer equipment provided that can withstand the new advanced types of agents that the WCSO can come in contact.			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			
The personnel that will be implementing the project will be the Fire Safety Officer and the Administrative Support Unit to maintain and distribute all the new APR's and SCBA's to Special Operations staff.			\$ 0.00
<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
	\$ 0.00	\$ 190,160.00	\$ 190,160.00

Fields are limited to visible text box size



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	II
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office - Air Purifying Respirators and SCBA

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Funds accepted after BCC approval	10/01/19	12/31/19	3
3	Obtain quotes and necessary purchasing documents	01/01/20	01/31/20	1
4	Purchase APR's and Filters for the APR's	02/01/20	03/01/20	1
5	Receive and distribute APR's and Filters to Special Operations staff.	03/01/20	04/30/20	2
6	Purchase SCBA bottles with Masks and Voice Piece	05/01/20	05/31/20	1
7	Receive and distribute SCBA bottles and new masks with voice piece	06/01/20	08/31/20	3
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

The WCSO Special Operations Division, whom are first responders, will need APR's and SCBA's that can withstand CBRNE agents that would be distributed in the areas that the first responders respond to.

These types of attacks are known to be conducted by terrorist organizations or during active shooting events. When there is a terroristic attack that falls under a CBRNE or WMD incident which could cause substantial disruption to our emergency services, our first responders at the WCSO will need adequate and proper equipment as their first line of defense against these types of terroristic attack.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Terrorism and Active Shooting events have seen a recent increase in threats and possible attacks. This proposal addresses the response to suspected incidents when they occur. The immediate preservation of life and property is critical during a CBRNE or WMD event and it is also critical to have the proper equipment for first responders that is in good condition and usable during these types of events.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The requested funding can be reduced at various levels and still remain effective, however, the WCSO Special Operations Division responders response will be limited to only a select few that would have adequate APR's and SCBA's in the event there is a CBRNE or WMD event.

Fields "a", "b", and "c" are limited to visible text box size

**PROJECT TITLE REFERENCE:** Washoe County Sheriff's Office - Air Purifying Respirators and SCBA

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>The project can continue without proposed funding, however, it will come with substantial risks. The elimination of funding would critically damage the capability to respond to CBRNE or WMD events due to the WCSO Special Operations Division not having the capability to give its first responders all of the necessary equipment to protect them during terroristic events. SWAT, EOD, K9 and other levels of Special Operations are the first line of controlling the spreading of these types of events.</p>
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>This project will allow for the WCSO Special Operations Division to be fully equipped for a CBRNE or WMD incident. In the event there is a terroristic attack or a contaminated active shooter event, in the Washoe County Community or surrounding areas, our first responders will be prepared to respond and help victims and contain the area that is affected.</p>

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

<p>The WCSO has committed full time Special Operations law enforcement personnel to respond and investigate any terroristic related criminal activity.</p> <p>These types of responses require highly advanced equipment that are capable to combat the rapidly changing terroristic activities that can be presented to our community and surrounding areas.</p> <p>It is imperative that the WCSO Special Operation responders have the proper equipment available to them at all times during their response to be efficient and affective during acts of terrorism. If this agency does not have adequate APR's or SCBA's to use during a WMD attack or a CBRNE incident, it will prevent our Special Operations first responders from protecting and helping the citizens of Washoe County and its surrounding areas.</p>
--

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Washoe County Sheriff's Office	Project Manager Name & Contact #	Lt. Phillip Jones, 775-321-4940	Grant Manager Name & Contact #	Laura Daniels, 775-328-3013	
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IJ TITLE:	WCSO APRs & SCBAs										
One Budget Per Funding Stream											
Select Funding Stream											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

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Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-	\$ -		
37						-	-	\$ -		
38						-	-	\$ -		
39						-	-	\$ -		
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
	<b>HHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		APRs with Filters and Voice Projection	New / Enhance / Past / Competitive	Local Funds	140.00	550.00	\$ 77,000.00		Operational Coordination	01AR-02-APR Respirator, Air-Purifying, Full-Face, Tight-Fitting, Negative Pressure, CBRN	SHSP
41		SCBA Bottles	New / Enhance / Past / Competitive	Local Funds	60.00	1,100.00	\$ 66,000.00		Operational Coordination	01AR-01-SCBA SCBA, CBRN	SHSP
42		Medium Face Shield	New / Enhance / Past / Competitive	Local Funds	60.00	250.00	\$ 15,000.00		Operational Coordination	01AR-02-APR Respirator, Air-Purifying, Full-Face, Tight-Fitting, Negative Pressure, CBRN	SHSP
43		Radio Direct Voice Amplifier	New / Enhance / Past / Competitive	Local Funds	60.00	536.00	\$ 32,160.00		Operational Coordination	06CP-04-WADN Network, Wide Area Digital	SHSP
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 190,160.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training	Sub-Total									\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

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57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise	Sub- Total									\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 190,160.00
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

JJ

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/24/19

1) PROJECT TITLE:	Metropolitan Medical Response System (MMRS) - NEW	
2) PROPOSING/LEAD AGENCY:	City of Las Vegas - Department of Fire & Rescue	
3) Project Manager Name/Title:	Chris Sproule, Chief MMRS Coordinator	
Project Manager Contact Info:	Phone: (702) 303-0968	Email: csproule@lasvegasnevada.gov
4) Addl Project Manager Name/Title:	Craig Cooper, Battalion Chief; Karl Rosette, Fire Training Officer (702) 383-2888	
Addl Project Manager Contact Info:	Phone: (702) 236-9597	Email: ccooper@lasvegasnevada.gov; krosette@lasvegasnevada.gov
5) Finance/Grant Contact Name/Title:	Priscilla Wdowiak	
Finance/Grant Contact Info:	Phone: (702) 229-6045	Email: pwdowiak@lasvegasnevada.gov

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The goal of this project is to enhance the Metropolitan Medical Response System (MMRS) and support the 2019 Strategic Capacity of CBRNE and the following Core Capabilities: Public Health, Healthcare, and Emergency Medical Services, Critical Transportation, and Mass Care Services.

MMRS supports the integration of law enforcement, fire, emergency management, health, and medical systems into a coordinated response to a mass casualty incident caused by a WMD, an incident involving hazardous materials, an epidemic disease outbreak, or natural disaster. The focus of the program is to decrease morbidity and mortality, and to increase survivability, during those first critical hours following a disaster. MMRS enhances the response and management capabilities, and improves the existing local operational systems of a community before an incident occurs.

MMRS achieves this mission by creating an operational system at the local level intended to respond to and manage the first 24-96 hours of any event that creates mass casualties, or casualties requiring unique care capabilities, until State or Federal response resources become available. MMRS creates this operational system by developing plans, conducting training and exercises, and acquiring pharmaceuticals, personal protective equipment, and other specialized response equipment.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	MASS CARE SERVICES [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

MMRS is an existing program that is in alignment with the 2019 Strategic Capacity of CBRNE and supports the response and management of an MCI caused by a CBRNE incident. It also supports the following:  
 Critical Transportation by providing Gators for special events for better deployment, enhanced mobility, and the strengthened ability to provide medical aid during a MCI.  
 Public Health, Healthcare, and Emergency Medical Services and Mass Care Services by providing Stingray Poleless Litters, Individual First Aid Kits (IFAK), and ballistic PPE to first responders rendering aid in a hostile environment.



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	JJ
<b>Date Submitted</b>	4/24/19

**PROJECT TITLE REFERENCE:** Metropolitan Medical Response System (MMRS) - NEW

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Standard equipment will go to bid or request for proposal, as appropriate, depending on thresholds in accordance with the City of Las Vegas purchasing process and NVDEM requirements.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The Las Vegas MMRS Coordinator is the Project Manager and will be responsible for project implementation and all aspects of planning, organizing, equipping, training, and conducting exercises, as it pertains to this project. The MMRS Coordinator will work closely with the City of Las Vegas Office of Emergency Management and Finance Department to ensure grant requirements are met with fiscal integrity and appropriate accountability and documentation.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Fire & Rescue	City of Las Vegas	Chris Sproule (Primary), Craig Cooper (Alternate), Karl Rosette (Alternate)
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Sustainment activities for recurring costs will include transferring these costs from MMRS program funding to the jurisdictions/agencies that are currently benefiting from the services.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

**Statewide (SHSP)**

100%

**Urban Area (UASI)**

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	JJ
<b>Date Submitted</b>	4/24/19

<b>PROJECT TITLE REFERENCE:</b>	Metropolitan Medical Response System (MMRS) - NEW
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
EMS Special Event Gators: 2-LVFR, 2-CCFD Rural, (4@\$30,000) \$120,000 Stingray Poleless Litter: (140@\$150) \$21,000 Individual First Aid Kit (IFAK) (60@\$150) \$9,000 Ballistic Helmets (175@\$325) \$56,875 Ballistic Vests (25@\$85) \$2,125 Ballistic Vest Steel Plates (175@\$190) \$33,250 Ballistic Equipment Bags (25@\$50) \$1,250	\$ 243,500.00		\$ 243,500.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			\$ 0.00
<b>15g) PROJECT TOTALS</b>	LV-UASI \$ 243,500.00	State-wide \$ 0.00	TOTAL \$ 243,500.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	JJ
<b>Date Submitted</b>	4/24/19

**PROJECT TITLE REFERENCE:** Metropolitan Medical Response System (MMRS) - NEW

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Spec. Equipment	01/01/20	02/01/20	1
3	Conduct RFP for equipment	02/01/20	06/01/20	4
4	Purchase equipment	06/01/20	07/01/20	1
5	Receive and inventory equipment	07/01/20	08/01/20	1
6	Interlocal Agreements in place for equipment transfers as appropriate	03/01/20	07/01/20	4
7	Distribute Equipment	08/01/20	09/01/20	1
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

The MMRS Program was created in 1996, in response to the Tokyo mass transit Sarin gas attack by Aum Shinrikyo and the domestic terrorist bombing of the Alfred P. Murrah Building in Oklahoma City, both having occurred in 1995. The MMRS program assists Nevada in developing plans, conducting training and exercises, and acquiring pharmaceuticals and personal protective equipment to achieve the enhanced capability necessary to respond to a mass casualty incident caused by a WMD terrorist act, an incident involving hazardous materials, an epidemic disease outbreak, or a natural disaster. This assistance supports the jurisdictions' activities to increase their response capabilities during the first hours crucial to lifesaving and population protection, with their own resources, until significant external assistance can arrive.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

MMRS is an existing program that is in alignment with the 2019 Strategic Capacity of CBRNE and supports the response and management of a mass casualty incident caused by a CBRNE incident.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Yes, equipment could be eliminated or reduced.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	JJ
<b>Date Submitted</b>	4/24/19

**PROJECT TITLE REFERENCE:** Metropolitan Medical Response System (MMRS) - NEW

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>Yes, the MMRS program can continue without any enhancement.</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>Yes, this project has a statewide benefit with deployable assets and appropriately trained and equipped personnel.</p>	

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

"Although the Citizen Corps Program (CCP) and Metropolitan Medical Response System (MMRS) are no longer funded as discrete grant programs within HSGP, SAAs may include IJs funding to support CCP and MMRS activities/programs. Activities funded under these projects must meet the allowability requirements of the SHSP and UASI programs. The following coordination requirements will remain in place for proposed activities that support mass casualty incident preparedness, as well as citizen preparedness."

The Department of Homeland Security (DHS), Notice of Funding Opportunity (NOFO), Fiscal Year 2018 Homeland Security Grant Program (HSGP), Appendix B – FY 2018 HSGP Program Priorities, Page 47 of 100.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b> City of Las Vegas - Department of Fire & Rescue	<b>Project Manager Name &amp; Contact #</b>	Primary: Chris Sproule 702.303.0968; Alt.: Craig Cooper 702.236.9597 / Karl Rosette 702.383.2888	<b>Grant Manager Name &amp; Contact #</b> Chris Sproule 702-303-0968	<b>JJ</b>
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	<b>IJ TITLE:</b> Metropolitan Medical Response System - NEW				
	<b>One Budget Per Funding Stream</b>				
	<b>UASI</b>				

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		Stingray Poleless Litter	New / Enhance / Past / Competitive	UASI	140.00	150.00	\$ 21,000.00		Public Health and Medical Services	09ME-05-LITR Litters/Stretchers	UASI
41		EMS Special Event Gators	New / Enhance / Past / Competitive	UASI	4.00	30,000.00	\$ 120,000.00		Critical Transportation	12VE-00-MISS Vehicle, Specialized Mission	UASI
42		Ballistic Helmets	New / Enhance / Past / Competitive	UASI	175.00	325.00	\$ 56,875.00		Public Health and Medical Services	01LE-01-HLMT Helmet, Ballistic	UASI
43		Ballistic Vests	New / Enhance / Past / Competitive	UASI	25.00	85.00	\$ 2,125.00		Public Health and Medical Services	03OE-01-VSTO Vests, Operational	UASI
44		Ballistic Vest Steel Plates	New / Enhance / Past / Competitive	UASI	175.00	190.00	\$ 33,250.00		Public Health and Medical Services	03OE-01-VSTO Vests, Operational	UASI
45		Individual First Aid Kit (IFAK)	New / Enhance / Past / Competitive	UASI	60.00	150.00	\$ 9,000.00		Public Health and Medical Services	09ME-01-BAGM Bag/Kit/Pack, Medical	UASI
46		Ballistic Equipment Bags	New / Enhance / Past / Competitive	UASI	25.00	50.00	\$ 1,250.00		Public Health and Medical Services	19GN-00-BGPK Bags / Packs	UASI
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 243,500.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Factors for special events will be used for patient transport, triage, and the strengthening ability to provide medical care during a MCI. Stingray Poleless Litters for rapid patient movement and transport during MCI's. Ballistic personal protective equipment (Helmets, vests, steel plates, and equipment bag) allow first responders to provide medical aid and conduct other life-saving operations in a hostile environment including, but not limited to, an active shooter. First responder Individual First Aid Kits (IFAK) to treat life threatening bleeding wounds (knife/stab wounds, gunshot, or other serious bleeding injuries including arterial bleeding) during an MCI.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 243,500.00	
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<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> KK
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b> 4/23/19

<b>1) PROJECT TITLE:</b>	Las Vegas Urban Area/Clark County Nevada Shelter Project	
<b>2) PROPOSING/LEAD AGENCY:</b>	Clark County Office of Emergency Management	
<b>3) Project Manager Name/Title:</b>	Misty Richardson	
<b>Project Manager Contact Info:</b>	Phone: (702) 455-5713	Email: richardsonm@clarkcountynv.gov
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Karen Taylor	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 455-6183	Email: KarenT@clarkcountynv.gov

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities. <span style="float: right;"><input checked="" type="radio"/></span>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <span style="float: right;"><input type="radio"/></span>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Develop and maintain a comprehensive shelter catalog of regional sites, capacities, and capabilities (traditional, non-traditional, temporary, migration, and mobile hospital), command structure and program, alignment of agencies roles and responsibilities, resources, equipment, and space requirements, along with an exercise and on-going training program.

This project will increase the sheltering mass care capability by establishing a scalable, unified plan and structure to mass care sheltering operations and operational coordination across all agencies in the Las Vegas Urban Area/Clark County Nevada.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	MASS CARE SERVICES [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This request allows the Las Vegas Urban Area/Clark County Nevada to provide a timely, scalable, and unified response to mass care with increased operational coordination for safe sheltering operations in direct response to incidents in Southern Nevada and adjacent jurisdictions.



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>KK</b>
<b>Date Submitted</b>	<b>4/23/19</b>

**PROJECT TITLE REFERENCE:** Las Vegas Urban Area/Clark County Nevada Shelter Project

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source** This request allows the Las Vegas Urban Area/Clark County Nevada to provide a timely, scalable, and unified response to mass care with increased operational coordination for safe sheltering operations in direct response to incidents in Southern Nevada and adjacent jurisdictions.
- Internal

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

All phases of this project will be lead by contractor and supported by CCOEM staff. The breakdown of the project is as follows:  
 Phase 1 of this 5 phase project was gratis and included a baseline study and needs assessment.  
 Phase 2 Tasks: 1. Conduct additional agency interviews not initially identified in phase 1. 2. Develop shelter type listings and descriptions of available/appropriate facilities 3. Develop shelter site catalog using locations as provided by EM program for consideration as shelter sites. 4. Sample of shelter site audits for be conducted to review drawings, data (utility connections and amenities), identify site limitations 5. Agency space allocation review shelter agency space layouts and requirements per agency and shelter type.  
 Phase 3 Tasks: Create basic plans for Shelter Type A (50-500 Capacity) Type B (500-1500 Capacity) Type C (1500-3000 Capacity) Type D (3000-5000+ Capacity) Type E (Green Field Site Module - Full Temporary, RV and Camping Sites) Type F (Migration Fuel & Feed Site Module) Type G (Mobile Medical Clinic/Hospital Module)  
 Phase 4 Tasks: 1. Assess Training and Needs determine specific training needs as they relate to the Shelter Operations Commander training program 2. Define Scope of and identify all training objectives identify and confirm specific training objectives for the Shelter Operations Commander training program. These objectives to include task analysis, task lists, terminal objectives 3/4. Define structure for training materials and develop specific number of lesson plans based on identified objectives. 5/6. Conduct test delivery of training and then implement training program.  
 Phase 5 Tasks: 1. Establish an exercise development team to create content for the exercise program. The team will approve exercise scenarios, exercise objectives; establish Exercise Evaluation Guides (EEGs); develop a Master Scenario Events List (MSEL); and propose exercise injects. 2/3. Create three-year exercise plan with exercise templates for each exercise. Completion of this project will yield for each jurisdiction a catalog of shelters and a shelter type plan for each classification.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County Fire Department/OEM	County	Misty Richardson
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

-This project has been developed as scalable; however, updates and maintenance of the shelter catalog, on-going training, and exercise implementation are not included.  
 -Additionally, scope reductions were made to streamline the project and provide core deliverables to meet funding needs. The remaining scope has been blocked into tasks and phases to provide flexibility as funding becomes available.  
 -As part of the reduction exercise, the following operational coordination tasks are not provided including; policies and procedures development, temporary infrastructure commodity and services contract development, temporary infrastructure service level agreement development, facility use agreement development, and shelter drawings for every site (one site drawing per shelter type is provided – providing a template to apply to all sites of the same type, all sites will be typed and estimated capacities assigned in catalog).

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>KK</b>
<b>Date Submitted</b>	<b>4/23/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Las Vegas Urban Area/Clark County Nevada Shelter Project
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Phase Two - Programming. Additional agency interviews, confirmation of shelter types development of site catalog, site audits against the shelter type site plans. Allocation of space and agency space allocation layouts. Phase Three - Type A-G shelter site basic plan development	\$ 88,575.00		\$ 88,575.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Phase Four - Command training development. Outline of all project objectives including task analysis, task lists, terminal objectives for cognitive and behavioral tasks, performance objectives, and any pre-requisite skills required. Outline of test items or practical assessments, indicated level of instruction, and any reference materials as required. Develop specific number of modules based on identified objectives, including identifying any specific lesson plan layouts. Create lesson plans and training materials necessary to deliver training program. To include any audio visual materials, training aids, teacher lesson plans. Conduct training program to train the trainers.	\$ 38,500.00		\$ 38,500.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Phase 5 - Establish an Exercise Development Team. The team will be tasked with creating content for the exercise program including templates to be used in exercises to be planned at annual intervals. The team will approve exercise scenarios, select potential sites, identify exercise objectives and metrics; establish Exercise Evaluation Guides (EEGs); develop a Master Scenario Events List (MSEL); and propose exercise injects. - Create Three-year Exercise Plan	\$ 21,100.00		\$ 21,100.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 148,175.00	\$ 0.00	\$ 148,175.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	KK
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Las Vegas Urban Area/Clark County Nevada Shelter Project

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Funding approval	10/01/19	12/01/19	2
3	Purchasing process	12/01/19	03/30/20	3
4	Invoicing Process	04/01/20	06/30/20	4
5	Begin process again for new fiscal year	07/01/20	08/31/21	13
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

In the event of a terrorist or emergency incident in the Las Vegas Urban Area, specifically tourist areas – temporary sheltering will be required for large-scale populations. It is critical to establish and confirm locations, capacities, operational coordination requirements and resources to align mass care responsibilities to ensure safe sheltering.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

This project aligns with strategic capacities approved by the Resilience Commission for Mass Care under the strategic capacity for recovery and the Nevada Disaster Recovery Framework and supports the core capability of mass care services.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

Since this is a multi phase project portions of the overall project can be completed with substantial outputs that will be beneficial to the overall progress of Mass Care planning.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>KK</b>
<b>Date Submitted</b>	<b>4/23/19</b>

**PROJECT TITLE REFERENCE:** Las Vegas Urban Area/Clark County Nevada Shelter Project

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

There are no other viable funding sources available.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

The development of a regional comprehensive, strategic and coordinated shelter plan provides valuable data for the state in its preparedness planning about Southern Nevada’s capabilities in the event of a migration event that requires statewide response and coordination. Further, the plans, tools and templates developed through this project are replicable and transferable for use by state, local and tribal governments across Nevada.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

Providing timely coordinated shelter services was a critical component to response support after the 1 October shooting incident in 2017. Compounded by recent mass care sheltering incidents across the United States and in response to the VG-17 after action report, Clark County OEMHS identified the need to conduct an analysis of their Annex C—Sheltering and Mass Care. A study was undertaken to assess the baseline preparedness and capabilities of resources within Clark County government to respond to a shelter or mass care incident. Annex C states, “Local government has the ultimate responsibility for providing shelter and mass care services to protect local residents displaced from their homes, tourists evacuated from hotels and others who evacuate into our jurisdiction due to emergency situations” (p. 3). The study was intended to be the catalyst for developing a more comprehensive approach to shelter and mass care operations throughout the Las Vegas Urban Area/Clark County Nevada (LVUA). The baseline study has identified a number of assumptions, fundamental gaps in services, and incomplete understanding of the resources that would be required at a shelter operation.

Additional concerns regarding policy/legal considerations along with security and safety concerns have illustrated the complexity of shelter operations and the importance of approaching the issue with a regional solution. This urgent shelter development project proposal is to establish a unified shelter and mass care plan across all agencies within the LVUA, using current large-scale event operational planning and venue development practices. The project will include scalable operations and site planning for traditional and non-traditional sheltering sites, migration sites, and a temporary hospital site(s) to provide a comprehensive sheltering response for the LVUA.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Clark County OEM	<b>Project Manager Name &amp; Contact #</b>	Misty Richardson	<b>Grant Manager Name &amp; Contact #</b>	Karen Taylor	<b>KK</b>					
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<b>IJ TITLE:</b>	Clark County Shelter Project										
	One Budget Per Funding Stream UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Hire Consultant to complete Shelter Study	New / Enhance / Past / Competitive		1	88,575.00	88,575.00	Approved Strategic Capacity	Mass Care Services	UASI
28		for Urban Area,development site catalog,develop				-	-			
29		shelter plan				-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ 88,575.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Clark County will hire a consultant do complete a Shelter Study for the Urban Area, development of shelter sites catalog, develop shelter plan.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37						-	-			
38						-	-			
39						-	-			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40							\$ -				
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51		Consultant develop training,assessments,training programs					1	38,500.00	Approved Strategic Capacity	Mass Care Services	\$ 38,500.00	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ 38,500.00	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Clark County will hire a consultant to develop a training programs and assessments for shelter operations.

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58		Consultant develop exercise program for shelter plan					1	21,100.00	Approved Strategic Capacity	Mass Care Services	\$ 21,100.00	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ 21,100.00	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Clark County will hire a consultant to develop an Shelter Plan exercise.

											Budget Total Request	\$ 148,175.00
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<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	MM
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	4/17/19

<b>1) PROJECT TITLE:</b>	Homeland Security Program Assistant	
<b>2) PROPOSING/LEAD AGENCY:</b>	Washoe County Emergency Management and Homeland Security Program	
<b>3) Project Manager Name/Title:</b>	Aaron R. Kenneston, Washoe County Emergency Manager	
<b>Project Manager Contact Info:</b>	Phone: (775) 337-5898	Email: akenneston@washoecounty.us
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Kelly Echeverria, Washoe County Emergency Management Program Coordinator	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 337-5898	Email: kecheverria@washoecounty.us

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To improve planning and implementation of NCHS priorities through Washoe County Emergency Management and Homeland Security engagement for regional and statewide projects with jurisdictions and agencies Statewide.

This project provides support for the Washoe County Emergency Management and Homeland Security Program to assist in implementing the Nevada Commission on Homeland Security FFY18/19 priorities for the unincorporated County, Cities of Reno and Sparks, Pyramid Lake Paiute Tribe, Reno-Sparks Indian Colony, and associated Special Districts. This assistance will include sustainment of the Statewide initiatives such as Continuity of Operations (COOP), Recovery, and Public Information and Warning, as well as administrative and operational support for homeland security projects that affect the region.

These new duties are the result of the creation of the Department of Homeland Security (DHS) and the steady creation of new laws and regulations over the past several years. After each major emergency, new directives and tasks have been enacted that affect workload. This project will be based out of the Regional Emergency Operations Center and will work with homeland security stakeholders throughout the State, meeting regularly with Northern, Southern, and Eastern counterparts to achieve the NCHS stated objectives. This project is absolutely essential to the success of the Washoe County region to sustain the capacity built over the last decade, meet the emerging resiliency projects, support regional and State stakeholders, as well as meeting the Nevada Commission on Homeland Security (NCHS) priorities and needs of our citizens.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	PLANNIING
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This Homeland Security Program Assistant will provide operational coordination for homeland security initiatives within the Washoe County Region and in support of Statewide Initiatives.

The position will allow accomplishment of HSPD-5 directives, support the accomplishment of Statewide NIMS, and the resulting increased workload created by Department of Homeland Security (DHS) directives that do not align with the Emergency Management Program Grant (EMPG).

Although not able to be depicted on the FFY19 Strategic Capacity drop-down menu, this assistant will be working with, or on, every strategic capacity- NDEM, CERT, Mass Fatality, Public Warning, Recovery, COOP, Operational Communications, CyberSecurity, as well as other terrorism related Homeland Security issues. It is precisely because of these capacities that must be maintained in the region that this project is so critical to success to our second most populous County.



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	MM
<b>Date Submitted</b>	4/17/19

**PROJECT TITLE REFERENCE:** Homeland Security Program Assistant

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

This will be an advertised position with full and open competition. Although there will be no relocation allowance, the applicant does not have to be a Washoe County resident.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

When funding is received, it will be accepted by the Washoe County Board of County Commissioners and the Comptroller will allocate the funding for the Homeland Security Program Assistant. With this in place, the Human Resources Director will work with the Washoe County Emergency Management and Homeland Security Program to advertise and compete the position as widely as possible. Through a transparent and competitive process, the most viable candidate will be selected to fill the position.

Onboarding will be conducted to include security clearance, and then just in time training on any Homeland Security topics not in the selected individuals resume'. An orientation with the Nevada Division of Emergency Management Homeland Security personnel as well as the Nevada Threat Analysis Center (NTAC) will also be accomplished to ensure this position adds value.

Once on board, the individual will serve as central point of contact for DHS grants and administration, assist with homeland security projects and NIMS plans updates, serve as a homeland security public awareness advocate, provide a much needed resource for County departments, as well as regional partners including cities, special districts, and tribes, to conduct essential training and exercises, as well as serve as a regional Staff Duty Officer in the absence of the Emergency Management and Homeland Security Administrator to include operation of technology for alerts and warnings.

This individual will act as primary contact for State homeland security initiatives and coordinate with other regions to ensure that homeland security activities are synchronized as NCHS priorities are addressed in an efficient and timely manner. These homeland security planning, operations, training, and exercising duties will continue as the initiative progress toward sustainment and a local government funded position.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Washoe County Emergency Management and Homeland Security Program	Washoe County	Kelly Echeverria
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Although this project could simply end and the tasks be transferred back to the Washoe County Emergency Manager and other jurisdiction part-time/additional duty Emergency Managers; value would still have been added to the region and State with the accomplishment of numerous NCHS priorities. The work accomplished by this project will have lasting effect with the successful completion of projects within the POETE model. The region and State will be safer and better prepared for potential terrorism activities.

However, the Washoe County senior leadership has committed to develop a sustainment activities at the Regional Emergency Operations Center (REOC) with the goal of providing funding for this important position through the General Fund by year three of this project. Barring any catastrophic economic event, this project sets the conditions for sustainment into the next decade.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	MM
<b>Date Submitted</b>	4/17/19

<b>PROJECT TITLE REFERENCE:</b>	Homeland Security Program Assistant
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			\$ 0.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			
One Washoe County Homeland Security Program Assistant in support of regional and statewide NCHS FFY18 initiatives.		\$ 91,158.00	\$ 91,158.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 0.00	\$ 91,158.00	\$ 91,158.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	MM
<b>Date Submitted</b>	4/17/19

**PROJECT TITLE REFERENCE:** Homeland Security Program Assistant

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Board of County Commissioners accepts funds and directs the comptroller to establish accounts	10/01/19	11/01/19	1
3	Human Resources and Emergency Management and Homeland Security Program will compete the position and select a candidate	11/04/19	12/30/19	2
4	Position will attend requisite on the job training (and formal classroom training) to integrate with NDEM, NTAC, and other Homeland Security partners.	01/01/20	03/02/20	3
5	Position will perform Homeland Security duties in accordance with NCHS priorities.	03/03/20	08/31/21	20
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

This program is directly tasked with performing homeland security duties in accordance with the Nevada Commission of Homeland Security (NCHS) priorities. The position is funded by homeland security, and focused on homeland security. The individual will work closely with regional, state, and federal partners (to include acting as a Terrorism Liaison Officer [TLO] and coordinating closely with fusion and intelligence center personnel). This project is exclusively focused on the terrorism nexus, and NOT Mitigation, Response, Recovery, and Preparedness for natural hazards or man made issues other than terrorism.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This position is tasked with implementing the NCHS strategic priorities, initiatives, and capacities. The overarching reason for the position is to focus on homeland security and the accomplishment of strategic directives.

The day to day tasks will be the Planning, Organizing, Equipping, Training, and Exercising (POETE) of the Statewide strategic capacities of Citizen Corps, Mass Fatality, Public Warning, Recovery, COOP, Operational Communications, and CyberSecurity as well as other terrorism related Homeland Security issues that have been or will be priorities to the State of N

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The position is scalable; however, this should be viewed with a cost-benefit in mind. Reduced funding means an individual with less skill sets and/or less hours to devote to the project. Of course there is a tipping point where a significantly reduced amount of funds would not support a position to accomplish the myriad tasks backlogged withing the NCHS strategic priorities in the region. Because this is an important position, and the amount of funding requested in not excessive, it is requested that it be funded at the level specified in the justification.

**PROJECT TITLE REFERENCE:** Homeland Security Program Assistant

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

This project is wholly dependent upon funding. Specifically, it must be funded with SHSP to ensure the purpose of the position and funding source are in concert. Although and EMPG or even CDC/ASPER position could help, because these are directly Homeland Security tasks and initiatives funded by Department of Homeland Security (DHS) State Homeland Security Program (SHSP) funds, the Program Assistant project should also be funded with SHSP to avoid any issues with appropriateness of funding source. Washoe County will pay an additional 10% above what is requested in this project so that should an Emergency Management Task related to a disaster activation occur, the SHSP funded position could assist without using SHSP funds for a local emergency not related to terrorism

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

The project is easily measured in regional and statewide projects completed, NIMS objectives sustained, terrorism training accomplished, homeland security exercises completed, and homeland security plans updated/completed. Although the project will be based in Washoe County, the support of Statewide initiatives and support given to surrounding jurisdictions (some of which are even in California) ensures measurable benefit to citizens and guests throughout the State and beyond.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

This Homeland Security Program Assistant position is a key to both sustaining and enhancing the homeland security posture of the second largest jurisdiction in the State encompassing over 6,500 square miles, and over 550,000 citizens.

Despite the increased Homeland Security workload, Washoe County has remained an example of a model emergency management program. The program is one of only 100 counties in the nation to be accredited by EMAP, and is recognized to be a premier program. The program coordinates the region's preparedness, response, recovery and mitigation efforts for the City of Reno, City of Sparks, Reno-Sparks Indian Colony, Pyramid Lake Paiute Tribe, airport, RTC, TMWA, volunteers, private sector, and etc. However, this success has come at a price with only one Emergency Manager and a program coordinator with primary responsibilities in LEPC and County budget administration. This has resulted in a slow backlog of Homeland Security tasks. Examples of this steady increase over the past few years are Federal and State laws enacted to address Continuity, Animals in Disaster, Special Needs Populations, Cybersecurity, Resort-Hotel emergencies, Schools, and Utilities. All of these Homeland Security related mandates must be reviewed, coordinated, and addressed at a regional level to avoid causing failure at individual regional partner level given the lack of personnel resources in the Homeland Security profession. Clark County and the State are slightly better off, although not ideal, because at least they have a few Homeland Security positions funded. This is not the case in Washoe County.

Currently, these Homeland Security tasks are being covered by a single Emergency Management funded person (the Washoe County Emergency Manager) with the assistance of other regional Emergency Manager who are all part-time and/or additional duty personnel. Because of this, the volume of deferred tasks are increasing. The region must maintain the National Incident Management System (NIMS) Homeland Security specific standards without the appropriate resources. Again, Washoe County agencies are attempting to maintain compliance with part-time personnel to cover both Emergency Management AND Homeland Security directives. By implementing this proposal, all regional agencies will benefit, and Statewide projects will be more efficiently implemented as well.

The Washoe County Emergency Management and Homeland Security Program has given freely of time and energy to support Statewide initiatives for well over a decade. The Program is in dire need of assistance to ensure that the gains made thus far are not lost. Each year additional DHS Directives are received, and threats increase. This relatively modest proposal will allow the region to maintain the hard won gains in terrorism readiness, and to move forward on implementing and supporting the new initiatives in both the region and State of Nevada.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Washoe County EM&HS	<b>Project Manager Name &amp; Contact #</b>	Aaron Keneston (775) 337-5898	<b>Grant Manager Name &amp; Contact #</b>	Kelly Echeverria (775) 337-5859	<b>MM</b>
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<b>IJ TITLE:</b>	Washoe County Homeland Security Assistant										
	One Budget Per Funding Stream										
	SHSP										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		Homeland Security Program Assistant	New / Enhance / Past / Competitive		33.088675	90%	2080	\$ 61,942.00	Planning - Community Resilience	Operational Coordination	SHSP
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel	<b>Sub-Total</b>						\$ 61,942.00			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This position will perform duties associated with the Washoe County Emergency Management and Homeland Security Program's specific Homeland Security duties. The position will allow accomplishment of HSPD-5 directives and the resulting increased workload created by Department of Homeland Security (DHS) to serve as central point of contact for implementing the NCHS priorities.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		Homeland Security Program Assistant	New / Enhance / Past / Competitive		15.606837	90%	2,080.00	\$ 29,216.00	Planning - Community Resilience	Operational Coordination	SHSP
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe	<b>Sub-Total</b>						\$ 29,216.00			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COSTS required by State and local government to support the position to serve as central point of contact for DHS grants and administration, and to serve as a homeland security public awareness advocate.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
	Travel	<b>Sub-Total</b>										

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27								-				
28								-				
29								-				
30								-				
31								-				
32								-				
33								-				
34								-				
35								-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36								\$ -				
37								\$ -				
38								\$ -				
39								\$ -				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40								\$ -				
41								\$ -				
42								\$ -				
43								\$ -				
44								\$ -				
45								\$ -				
46								\$ -				
47								\$ -				
48								\$ -				
49								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 91,158.00	
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**Project MM**

**FFY19 HOMELAND SECURITY GRANT PROGRAM (HSGP)**

**STRATEGIC PLAN SUPPLEMENTAL INFORMATION**

For all FFY19 HSGP project submissions that **MAINTAIN** the **FFY19 approved Strategic Capacities**, the following information must be provided during your project presentations at the following meetings:

- Urban Area Working Group (UAWG) – May 8, 2019 - Time TBD
- Resilience Commission – May 14, 2019 – 9:00 a.m.

Please fill out the following information, and be prepared to discuss at the UAWG and/or Resilience Commission meetings noted above:

<b>FFY19 Project Name:</b>	Homeland Security Program Coordinator		
<b>Funding Source:</b> <small>(SHSP, UASI, SHSP/UASI Split)</small>	SHSP	<b>SHSP Funding Request:</b>	\$91,158
		<b>UASI Funding Request:</b>	
<b>How is your project a regional or statewide resource, or how do you intend for it to be so in the future?</b>			
<p>This is a regional resource that will also be tasked with assisting statewide NCHS priorities and projects. The individual will be stationed at the Washoe County Regional Emergency Operations Center (REOC) and will be attending Nevada Commission on Homeland Security meetings, as well as outreach to Fusion/Intelligence centers, and participation in the various Homeland Security projects and initiatives to ensure synchronization of effort between regional and State homeland security efforts.</p>			
<b>How have you collaborated with other agencies to maximize the resource's capacity?</b>			
<p>The program currently coordinates (as limited personnel and resources allow) throughout the Region with the THIRA development, SPR input, TEPW, and HSEEP. The program operates from the Regional Emergency Operations Center (REOC) to ensure collaboration with the dozen separate disciplines (Fire, Law, EMS, etc.), to include the Private Sector across the two Cities (Reno, Sparks), two Tribes (Reno-Sparks Indian Colony &amp; Pyramid Lake Paiute Tribe), Unincorporated County, as well as multiple special districts and regional agencies. The regional partners include several Nevada Counties supported by MOUs and California Counties as well. This position will allow sustainment of these efforts to provide a consistency and level of resource to accomplish NCHS priorities that often must be deferred due to lack of this position.</p>			
<b>What is the current investment provided by your jurisdiction to offset reliance on grant funding for this project?</b>			
<p>The County Pays for 50% of the County Emergency Manager (match for EMPG), as well as 100% of a Program Coordinator who has duties to support the Local Emergency Planning Committee (LEPC) and perform activities in support of the REOC. With the addition of this position, the County has pledged an initial 10% start-up investment.</p>			



## Project MM

**Is there a plan for increasing offset by your jurisdiction to support this project in the future?**

Yes, the County's intent is to increase the investment incrementally with a goal of sustaining the position with local funds.

The plan is to then sustain this position through other funding streams such as the County General Fund no later than the conclusion of Year Three.

**Please provide a five year funding summary for your project.**

Again, the position is in support of the State goal of increasing resilience across the whole community by focusing on collaboration in policy development, building operational capacity, and maximizing financial resources throughout all four phases of the emergency management cycle.

This is in concert with the vision of building Nevada resilience through coordination and partnerships. It will build capacity through investment in regional partnerships through the statewide emergency management homeland security program (SHSP) with a continued focus on increasing strategic capacities through planning and coordination with statewide partners in support of NCHS priorities.

A reasonable five-year funding plan is:

FFY-19 = \$91,158

FFY-20 = \$65,000 (County increases investment and reduces reliance on SHSP)

FFY-21 = \$35,000 (County increases investment and further reduces reliance on SHSP)

FFY-22 = \$0 (County sustains project, if economic conditions do not require reductions in force)

FFY- 23 = \$0 (County sustains project, if economic conditions do not require reductions in force)

This project is planned to sunset as the County increases the investment.

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> NN
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b> 4/25/19

<b>1) PROJECT TITLE:</b>	LVMPD Tactical Response / MACTAC
<b>2) PROPOSING/LEAD AGENCY:</b>	Las Vegas Metropolitan Police Department
<b>3) Project Manager Name/Title:</b>	Justin Van Nest
<b>Project Manager Contact Info:</b>	Phone: (702) 828-3389   Email: j14198v@lvmpd.com
<b>4) Addl Project Manager Name/Title:</b>	Rachel Skidmore / Emergency Manager
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 828-2257   Email: r14590s@lvmpd.com
<b>5) Finance/Grant Contact Name/Title:</b>	Joni Prucnal, Director of Finance
<b>Finance/Grant Contact Info:</b>	Phone: (702) 828-8267   Email: J13700P@LVMPD.COM

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities. <span style="float: right;"><input checked="" type="radio"/></span>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <span style="float: right;"><input type="radio"/></span>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

LVMPD and CCFD are seeking to exercise the operational coordination and communication plans defined in the Hostile Event policy. This policy was revised following the 1 October shooting and further supported by recommendations outlined in the Joint FEMA AAR. This project will improve coordination and communications within both agencies, by focusing on multi-agency response to critical incidents that require a Unified Command structure. Law enforcement participation will prioritize LVMPD Convention Center Area Command (CCAC) and supporting resources. Fire Department participation will prioritize resources geographically proximal to the Las Vegas Resort Corridor and Command Level Officers (Battalion Chiefs) from Southern Nevada Fire Departments that have adopted the Hostile Event Policy. Convention Center Area Command and the respective CCFD Stations were determined based on the geographical location. Being that these properties are located along Las Vegas Blvd it is deemed to be critical infrastructure. Las Vegas Blvd houses over 20 mega resort style properties and is the one of largest resort corridors in the world housing 40 million visitors a year. Historically and presently numerous threats are made to Las Vegas throughout terrorist propaganda, making it the #2 most mentioned target. This training is a counter-terrorism measure ensuring multi-agency coordination during critical incidents. This grant request also includes tactical response equipment for our SWAT team and our TAC vehicle outlines in the equipment category.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	Not Applicable

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project aligns with several of the 1 October, FEMA After Action Report recommendations, both that need implemented and those that need to be sustained. Identified recommendations encourage both agencies to develop training that furthers operational coordination and communication.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	NN
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Tactical Response / MACTAC

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Internal

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Training will be a joint effort from both CCFD and LVMPD personnel. Training staff will include LVMPD Multi Assault Counter Terrorism Action Capabilities unit. A thorough train the trainer program will ensure consistency among training staff during multiple training modules. CCFD company officers whom are familiar with LVMPD joint training will be selected as core instructors alongside the MACTAC unit.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

This training was designed to be completed within proposed limits. Upon completion this should serve as a model for larger scale training to include additional agencies amongst law enforcement and fire.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

Statewide  
(SHSP)

100%

Urban Area  
(UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>NN</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	LVMPD Tactical Response / MACTAC
---------------------------------	----------------------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	This cost includes \$40,343.60 for 10 members to conduction 12 x four-hour sessions of a MACTAC training courses, and one 5 hour Train-the-Trainer course.	\$ 40,343.60	\$ 0.00	\$ 40,343.60
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	n.a	\$ 0.00	\$ 0.00	\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Bullhorns for Tac vehicles, and simunition rounds.	\$ 4,600.00	\$ 0.00	\$ 4,600.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	n.a	\$ 0.00	\$ 0.00	\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	n.a	\$ 0.00	\$ 0.00	\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	n.a	\$ 0.00	\$ 0.00	\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 44,943.60	\$ 0.00	\$ 44,943.60

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	NN
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Tactical Response / MACTAC

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive Funding	01/01/20	12/31/20	12
3	Define Training Objectives	01/01/20	12/31/20	12
4	Procure Training Materials	01/01/20	12/31/20	12
5	Identify instructors	01/01/20	12/31/20	12
6	Train the Trainer	01/01/20	12/31/20	12
7	Identify Training Dates and Implement Training	01/01/20	12/31/20	12
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 Absolutely, patrol is the first responders on scene during an event.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 This directly supports Operational Coordination.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 Yes, but it would change the number of who gets them and who doesn't.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	NN
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Tactical Response / MACTAC

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>There is no funding for these shields</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>You can show how many items were procured.</p>	

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b>	Las Vegas Metropolitan Police Department	<b>Project Manager Name &amp; Contact #</b>	Rachel Skidmore 702 828 2257	<b>Grant Manager Name &amp; Contact #</b>	Joni Prucnal 702 828 8267	<b>NN</b>
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	<b>IJ TITLE:</b>	LVMPD Tactical Response					
		<b>One Budget Per Funding Stream UASI</b>					

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
2		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
3		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
4		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
4		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
5		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
6		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
7		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
8		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
9		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
10		MACTAC Cadre	New / Enhance / Past / Competitive		69.2	100%	53	\$ 3,667.60			
	<b>Personnel Sub-Total</b>							\$ 40,343.60			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This cost includes overtime of \$40,343.60 for 10 members to conduction 12 x four-hour sessions of a MACTAC training courses, and one 5 hour Train-the-Trainer courses.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

There is no fringe payments for these employees. That is their overtime cost.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9								-	-			
	<b>Travel Sub-Total</b>							-	-			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY									
27						-	-				
28						-	-				
29						-	-				
30						-	-				
31						-	-				
32						-	-				
	<b>Planning Sub-Total</b>						\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.									
36					-	-	\$ -				
37							\$ -				
38					-		\$ -				
39							\$ -				
	<b>Organization Sub-Total</b>						\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40											
41		Bullhorns	New / Enhance / Past / Competitive		36.00	50.00	\$ 1,800.00		Operational Coordination	03OE-03-MEGA	UASI
42		Simunition Rounds	New / Enhance / Past / Competitive		1.00	2,800.00	\$ 2,800.00		Operational Coordination		UASI
43											
44											
45											
46											
47											
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 4,600.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Bullhorns for Tac vehicles, and simunition rounds. Sims don't have an AEL and require a controlled equipment request form.



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 44,943.60	
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

OO

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/30/19

1) PROJECT TITLE:	CBRNE Mobility	
2) PROPOSING/LEAD AGENCY:	Las Vegas Fire Rescue	
3) Project Manager Name/Title:	Karl Rosette Fire Training Officer	
Project Manager Contact Info:	Phone: (702) 271-0480	Email: krosette@lasvegasnevada.gov
4) Addl Project Manager Name/Title:	Craig Cooper	
Addl Project Manager Contact Info:	Phone: (702) 236-9597	Email: ccooper@lasvegasnevada.gov
5) Finance/Grant Contact Name/Title:	Priscilla Wdowiak	
Finance/Grant Contact Info:	Phone: (702) 229-6045	Email: pwdowiak@lasvegasnevada.gov

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This proposal is to enhance the Utility Task Vehicle (UTV) portion of the CBRNE response. This unit is recognized as a response partner to the FBI and LVMPD by MOU. Approval of this project is critical to sustain and expand operational capability.

The goal of this project is to replace the Las Vegas Fire & Rescue John Deere Gator UTV. The original Gator was purchased with UASI funds and has been in-service and maintained by city of Las Vegas. The current unit only seats two personnel. This limits the ability of the team to transport personnel, limiting operational coordination and capability. The HazMat/WMD entry component consists of a minimum of 3 personnel to follow a facilitator, sampler and over-watch model of staffing. More seating capacity will also allow the Task Force the ability to carry personnel from partnering agencies in the roles of prevention, mitigation and protection.

This unit is frequently used in protection and mitigation missions at events involving The Southern Nevada CBRNE Task Force as identified in the Nevada PRND plan. These missions are at events including Las Vegas New Years Eve (2017 SEAR 1 Event), The Rock and Roll Marathon, NASCAR Races, Electric Daisy Carnival and the Life is Beautiful Music Festival. These events are geographically large and require motorized surveillance to successfully prevent, mitigate and respond to incidents.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	Please choose the core capability that aligns with your MAINTAINED project

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Las Vegas Fire Rescue is a named response partner in the Nevada Preventative Radiological/Nuclear Detection (PRND) program. Las Vegas Fire Rescue is also recognized in the Memorandum of Understanding between Las Vegas Metropolitan Police Department, City of Las Vegas Fire and Rescue and The Federal Bureau of Investigation concerning Chemical, Biological, Radiological, Nuclear and Explosives Incidents. This proposal seeks equipment to increase capability in this mission space.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	OO
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** CBRNE Mobility

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

The City of Las Vegas will develop specifications and hold an open bid process to purchase this equipment.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

This project will be implemented by Karl Rosette of Las Vegas Fire Rescue. The financial management of this proposal will be carried out by City of Las Vegas, Priscilla Wdowiak. Bid specifications will be developed and posted for bid. Winning bid will be selected. Items will be procured through City of Las Vegas procurement process. Items will be received. Training on the device will be conducted. Unit will be placed into service. This time line may vary due to manufacturer lead time.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Fire Rescue	City of Las Vegas	Karl Rosette
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Maintenance fueling and storage of these units will be carried out by City of Las Vegas. The trailers included in this proposal ensure that storage conditions for these units will be in a weather resistant enclosure.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

**Statewide (SHSP)**

100%

**Urban Area (UASI)**

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	OO
<b>Date Submitted</b>	4/30/19

<b>PROJECT TITLE REFERENCE:</b>	CBRNE Mobility
---------------------------------	----------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
2- 6 seat UTV's marked for use by Las Vegas Fire Rescue with emergency lighting and lockable storage.			
2- 8.5 x 20 foot enclosed trailers for transport and storage of UTV's.	\$ 70,600.00		\$ 70,600.00

15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15g) PROJECT TOTALS	LV-UASI	State-wide	TOTAL
	\$ 70,600.00	\$ 0.00	\$ 70,600.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	OO
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** CBRNE Mobility

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Specification Development	10/01/19	10/31/19	1
3	Bid Development	10/31/19	11/29/19	1
4	Bid Posted	11/29/19	01/02/20	2
5	Selection of Bid	01/02/20	02/03/20	1
6	Procurement	02/03/20	03/02/20	1
7	Manufacture Time	03/02/20	09/02/20	6
8	Receive	09/02/20	10/02/20	1
9	Place in service.	10/02/20	11/02/20	1
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

The role of Las Vegas Fire and Rescue in a WMD response is as a member of the Southern Nevada CBRNE Task Force as recognized in the State of Nevada PRND, LEPC Plan and MOU's. Utility Task Vehicle units are a critical part of the response provided in increasingly complex areas to access.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Las Vegas Fire Rescue is not named in the Strategic Capacities, Las Vegas Fire and Rescue does work with LVMPD ARMOR and Las Vegas Fire and Rescue Bomb Squad as a response partner as recognized in MOU.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

This proposal is for 2 units and trailers. The scalability is by number of units.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	OO
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** CBRNE Mobility

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

This project will not move forward without funding. Less effective units will be rented for special events leaving minimal capability for normal operations.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

This project will remain in Southern Nevada. CBRNE is a regional response unit.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

	<b>Agency Name</b> Las Vegas Fire Rescue 500 North Casino Center Las Vegas NV 89101	<b>Project Manager Name &amp; Contact #</b> Karl Rosette 702-271-0480	<b>Grant Manager Name &amp; Contact #</b> Priscilla Wdowiak- 702-229-6045		<b>00</b>
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<b>IJ TITLE:</b>	<b>CBRNE Mobility</b>
	<b>One Budget Per Funding Stream</b>
	<b>UASI</b>

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

<b>IJ TITLE:</b>	<b>CBRNE Mobility</b>
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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
31							-	-				
32							-	-				
33							-	-				
34							-	-				
35							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-	\$ -			
37								\$ -				
38							-	\$ -				
39								\$ -				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40	UTV	6 seat UTV outfitted to support CBRNE mitigation and response mission.	New / Enhance / Past / Competitive	UASI		2.00	22,000.00	\$ 44,000.00		Operational Coordination	12VE-00-MISS Vehicle, Specialized Mission	UASI
41	Trailers	Trailer for the storage and transportation of UTV.	New / Enhance / Past / Competitive	UASI		2.00	13,300.00	\$ 26,600.00		Operational Coordination	12TR-00-TEQP Trailer, Equipment	UASI
42								\$ -				
43								\$ -				
44								\$ -				
45								\$ -				
46								\$ -				
47								\$ -				
48								\$ -				
49								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ 70,600.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The goal of this program to equip Las Veags Fire Rescue with 2, 6 seat UTV's outfitted for CBRNE response. Included in this budget are 2 enclosed trailers to store and move the UTV's to areas of operation.



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 70,600.00	
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

PP

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/30/19

1) PROJECT TITLE:	CBRNE Remote Monitor Platform	
2) PROPOSING/LEAD AGENCY:	Las Vegas Fire Rescue	
3) Project Manager Name/Title:	Karl Rosette Fire Training Officer	
Project Manager Contact Info:	Phone: (702) 271-0480	Email: krosette@lasvegasnevada.gov
4) Addl Project Manager Name/Title:	Craig Cooper	
Addl Project Manager Contact Info:	Phone: (702) 236-9597	Email: ccooper@lasvegasnevada.gov
5) Finance/Grant Contact Name/Title:	Priscilla Wdowiak	
Finance/Grant Contact Info:	Phone: (702) 229-6045	Email: pwdowiak@lasvegasnevada.gov

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The goal of this project is to equip the Las Vegas Fire and Rescue CBRNE unit with a remotely operated robotic platform with integrated HazMat/ CBRNE monitor capabilities. This capability will allow for faster development of common operating picture in events. Faster development of common operating picture allows for more accurate mitigation tactic employment and response objective development.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	Please choose the core capability that aligns with your MAINTAINED project

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Las Vegas Fire Rescue is a named response partner in the Nevada Preventative Radiological/Nuclear Detection (PRND) program. Las Vegas Fire Rescue is also recognized in the Memorandum of Understanding between Las Vegas Metropolitan Police Department, City of Las Vegas Fire and Rescue and The Federal Bureau of Investigation concerning Chemical, Biological, Radiological, Nuclear and Explosives Incidents. This proposal seeks equipment to increase capability in this mission space.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	PP
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** CBRNE Remote Monitor Platform

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

The City of Las Vegas will develop specifications and hold an open bid process to purchase this equipment.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

This project will be implemented by Karl Rosette of Las Vegas Fire Rescue. The financial management of this proposal will be carried out by City of Las Vegas, Priscilla Wdowiak. Bid specifications will be developed and posted for bid. Winning bid will be selected. Items will be procured through City of Las Vegas procurement process. Items will be received. Training on the device will be conducted. Unit will be placed into service. This time line may vary due to manufacturer lead time.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Fire Rescue	City of Las Vegas	Karl Rosette
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Maintenance of CBRNE sensors on the device will have associated maintenance costs. One specification of this unit will be the use of RAE systems sensors to maintain platform consistency of sensors on this platform and sensors in use by the agency.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	PP
<b>Date Submitted</b>	4/30/19

<b>PROJECT TITLE REFERENCE:</b>	CBRNE Remote Monitor Platform
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
	Remotely operated robotic platform with integrated CBRNE sensors.	\$ 150,000.00		\$ 150,000.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
		\$ 150,000.00	\$ 0.00	\$ 150,000.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	PP
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** CBRNE Remote Monitor Platform

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Specification Development	10/01/19	10/31/19	1
3	Bid Development	10/31/19	11/29/19	1
4	Bid Posted	11/29/19	01/02/20	2
5	Selection of Bid	01/02/20	02/03/20	1
6	Procurement	02/03/20	03/02/20	1
7	Manufacture Time	03/02/20	01/29/21	10
8	Receive	01/29/21	02/26/21	1
9	Training for Operation	02/26/21	03/26/21	1
10	Place in service.	03/26/21	04/30/21	1
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

This device would have integrated CBRNE sensors for Weapon of Mass destruction mitigation and detection.

---

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Las Vegas Fire Rescue is not named in the Strategic Capacities, Las Vegas Fire and Rescue does work with LVMPD ARMOR and Las Vegas Fire and Rescue Bomb Squad as a response partner as recognized in MOU.

---

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

This project is scalable with utilizing options of platforms with reduced capability.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	PP
Date Submitted	4/30/19

**PROJECT TITLE REFERENCE:** CBRNE Remote Monitor Platform

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

This capability does not currently exist in an integrated platform. Improvised units are possible for deployment but are not typically utilized.

---

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

This project will remain in Southern Nevada. CBRNE is a regional response unit.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b>	Las Vegas Fire Rescue 500 North Casino Center Las Vegas NV 89101	<b>Project Manager Name &amp; Contact #</b>	Karl Rosette 702-271-0480	<b>Grant Manager Name &amp; Contact #</b>	Priscilla Wdowiak- 702-229-6045	<b>PP</b>
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	<b>IJ TITLE:</b>	Remote Monitor Platform									
		One Budget Per Funding Stream									
		UASI									

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40	Robotics	Remotely operated robotic platform with integrated CBRNE monitoring capability.	New / Enhance / Past / Competitive		1.00	150,000.00	\$ 150,000.00		Operational Coordination	030E-07-ROVL Vehicles, Remotely Operated, Land	UASI
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 150,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The goal of this project is to equip Las Vegas Fire and Rescue CBRNE with a remotely operated robotic platform with integrated CBRNE monitoring capabilities.



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 150,000.00
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

**PROJECT ID:** QQ

## Project Proposal for FFY19 HSGP Funding Description

**Date Submitted** 4/23/19

1) <b>PROJECT TITLE:</b>	Southern Nevada Incident Management Team	
2) <b>PROPOSING/LEAD AGENCY:</b>	Clark County Office of Emergency Management	
3) <b>Project Manager Name/Title:</b>	Larry Haydu, Assistant Fire Chief	
<b>Project Manager Contact Info:</b>	Phone: (702) 455-5710	Email: LHaydu@ClarkCountyNv.gov
4) <b>Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
5) <b>Finance/Grant Contact Name/Title:</b>	Karen Taylor	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 455-6183	Email: Karent@ClarkCounty.Nv.gov

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Sustain the ability to maintain and continue to enhance the capabilities of Southern Nevada Incident Management team(IMT). Clark County would like to strengthen its multi-agency, multi-disciplinary membership by having a part time contract employee to develop standard operating procedures, team exercise, team deployments, develop by-laws and mou's, maintain inventory for the IMT;also request operational functions support. Building additional capabilities for the Southern Nevada Incident Management team(IMT) will increase the Operational Coordination effectiveness in multi-agency response during the event.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	If this project is NEW, please select Not Applicable
HSGP Project Type Supporting Strategic Capacity:	If this project does NOT align with a FFY19 strategic capacity, please choose OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

The project aligns with Operational Coordination strategic capacity; which will increase Southern Nevada ability to response to incidents and maintain a unified and coordinated operational structure that integrates all critical stakeholder;enhancing the capabilities of the Southern Nevada Incident Management team.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	QQ
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Southern Nevada Incident Management Team

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal

Clark County would RFQ for the contracted work, and use quotes to purchase other items.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Clark County Office of Emergency Management will request RFQ for the contracted work, and get quotes from all the other purchases.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County Fire Department/Office of Emergency Management	Clark County	Larry Haydu
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Clark County Office of Emergency Management will need to apply for continued yearly sustainment of this program for the Southern Nevada Incident Management Team. Future years may be at a reduced rate once some administrative objectives are completed.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

**Statewide  
(SHSP)**

100%

**Urban Area  
(UASI)**

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>QQ</b>
<b>Date Submitted</b>	<b>4/23/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Southern Nevada Incident Management Team
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Hire contractor to develop standard operating procedures, develop strategies for IMT, by-laws, team training evolutions		\$ 50,000.00		\$ 50,000.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Operational expense of IMT (including but not limited to tires, printer cartridges, radio repairs, uniforms, radio mics, safety equipment,		\$ 20,000.00		\$ 20,000.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
IMT Team Vehicle -Truck-(\$50,000) 6- laptop and software-(\$14,400) 4-printers-(1,600) 10-Radios and Accessories-(18,412.00)		\$ 84,412.00		\$ 84,412.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Position Specific type training(305), (\$20,000)		\$ 20,000.00		\$ 20,000.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 174,412.00	\$ 0.00	\$ 174,412.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	QQ
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Southern Nevada Incident Management Team

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Develop RFQ for contracted employee for IMT	10/01/19	01/01/20	3
3	Get quotes for purchasing process	02/01/20	06/30/20	3
4	Receive and implementation	07/01/20	11/30/20	5
5	Invoicing process	11/30/20	01/30/21	3
6	Continued project implementation	02/01/21	07/30/21	6
7	Close out process	08/01/21	08/31/21	1
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

During a terrorist or other emergency event, the community need to have a trained Incident Management team to assist with response, recovery efforts to deter, detect, protect citizens and visitors to Clark County.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project aligns with Operational Coordination by coordinating training and organizational of procedures for better response and recovery efforts of the Southern Nevada Incident Management Team to protect the citizens and visitors to Clark County

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The reduction will be measured by less progress in the objective of better prepared and more effective Incident Management Team.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	QQ
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Southern Nevada Incident Management Team

Fields "d" and "e" are limited to visible text box size

<b>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b>
No, Clark County does not have budget to fund for this project.
<b>e. Does this project provide a MEASUREABLE statewide benefit? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b>
None

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

	<b>Agency Name</b>	Clark County OEM	<b>Project Manager Name &amp; Contact #</b>	Larry Haydu	<b>Grant Manager Name &amp; Contact #</b>	Karen Taylor							<b>QQ</b>
	<b>IJ TITLE:</b>	Southern Nevada Incident Managemnet Team											
		<b>One Budget Per Funding Stream UASI</b>											
<b>Line #</b>	<b>CATEGORY</b>	<b>PERSONNEL DETAIL DESCRIPTION</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Salary or Hourly</b>	<b>% of Effort</b>	<b>Calculation (hours)</b>	<b>Personnel Cost Amount</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>		<b>Requested Funding Source</b>	
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.											
1								\$ -					
2								\$ -					
3								\$ -					
4								\$ -					
	<b>Personnel Sub-Total</b>							\$ -					
PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													
<b>Line #</b>	<b>CATEGORY</b>	<b>FRINGE DETAIL DESCRIPTION</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Salary Hourly</b>	<b>% of Effort</b>	<b>Calculation (Input hours)</b>	<b>Personnel Cost Amount</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>		<b>Requested Funding Source</b>	
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above											
5								\$ -					
6								\$ -					
7								\$ -					
8								\$ -					
	<b>Fringe Sub-Total</b>							\$ -					
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													
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<b>Line #</b>	<b>CATEGORY</b>	<b>PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Category of Each Travel</b>	<b>Justification &amp; Narrative for each trip must be included here</b>	<b>Total Trips</b>	<b>Cost for each Trip</b>	<b>Total Cost</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>	<b>Requested Funding Source</b>	
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type										
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13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
	<b>Travel Sub-Total</b>												
TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													

Narrative HERE

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Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27										
28										
29										
30										
31										
32										
33										
34										
35										
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36		hire contractor to develop standard operating procedures, develop strategies for IMT, by laws, team training	New / Enhance / Past / Competitive		1.00	50,000.00	\$ 50,000.00	Approved Strategic Capacity	Operational Coordination	UASI
37		Operational operating expenses IMT	New / Enhance / Past / Competitive		1.00	20,000.00	\$ 20,000.00	Approved Strategic Capacity	Operational Coordination	UASI
38		tires,trailer maintenance,printer cartridges,go bags,office supplies,radio and equipment repairs,crew uniforms,minor equipment replacements					\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ 70,000.00			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

this will allow Clark County to hire a contractor to future develop Southern Nevada Incident Management Team by standard operation procedures, team training, develop by-laws.The small operational budget includes items such as tires, trailer maintenance, printer cartridges, go bags, office supplies, radio and equipment repairs,crew uniforms, minor equipment replacements for the team.

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		IMT team Vehicle-Truck	New / Enhance / Past / Competitive		1.00	50,000.00	\$ 50,000.00	Approved Strategic Capacity	Operational Coordination	12VE-00-CMDV Vehicle, Command, Mobile	UASI
41		laptops and software	New / Enhance / Past / Competitive		6.00	2,400.00	\$ 14,400.00	Approved Strategic Capacity	Operational Coordination	04HW-01-INHW Hardware, Computer, Integrated	UASI
42		printers	Maintain	UASI	4.00	400.00	\$ 1,600.00	Approved Strategic Capacity	Operational Coordination	21GN-00-MAIN Maintenance	UASI
43		King P-150 Radios	Maintain	UASI	10.00	1,451.20	\$ 14,512.00	Approved Strategic Capacity	Operational Coordination	06CP-01-MOBL Radio, Mobile	UASI
44		microphones	Maintain	UASI	10.00	80.00	\$ 800.00	Approved Strategic Capacity	Operational Coordination	06CP-03-PRAC Accessories, Portable Radio	UASI
45		Ciam Shell Batteries	Maintain	UASI	10.00	35.00	\$ 350.00	Approved Strategic Capacity	Operational Coordination	06CP-03-PRAC Accessories, Portable Radio	UASI

46		Antenna	Maintain	UASI		10.00	35.00	\$ 350.00	Approved Strategic Capacity	Operational Coordination	06CP-03-PRAC Accessories, Portable Radio	UASI
47		Charger	Maintain	UASI		10.00	80.00	\$ 800.00	Approved Strategic Capacity	Operational Coordination	06CP-03-PRAC Accessories, Portable Radio	UASI
48		Li-Ion Battery	Maintain	UASI		10.00	100.00	\$ 1,000.00	Approved Strategic Capacity	Operational Coordination	06CP-03-PRAC Accessories, Portable Radio	UASI
49		Leather Case	Maintain	UASI		10.00	60.00	\$ 600.00	Approved Strategic Capacity	Operational Coordination	06CP-03-PRAC Accessories, Portable Radio	UASI
<b>EQUIPMENT Sub-Total</b>								<b>\$ 84,412.00</b>				

**EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

**OEM will need to purchase a truck for the So Nevada IMT be to used in response activities, the laptops, radios and accessories are needed for deployed IMT members on location.**

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57												
58		Position specific type Training(305),	Maintain	UASI			1	17,500.00	Approved Strategic Capacity	Operational Coordination	\$ 17,500.00	UASI
59		Water, lunch	New / Enhance / Past / Competitive				1	2,500.00	Approved Strategic Capacity	Operational Coordination	\$ 2,500.00	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ 20,000.00	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

provide additional position training for the IMT team, water for deployments and lunch for training.

											Budget Total Request	\$ 174,412.00	
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<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	RR
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	4/27/19

<b>1) PROJECT TITLE:</b>	Security Skills Professional Development for Information/Cyber Security Professionals	
<b>2) PROPOSING/LEAD AGENCY:</b>	Nevada Office of Information Security (OIS)	
<b>3) Project Manager Name/Title:</b>	Robert Dehnhardt, State Chief Information Security Officer	
<b>Project Manager Contact Info:</b>	Phone: (775) 684-7322	Email: rwdehnhardt@admin.nv.gov
<b>4) Addl Project Manager Name/Title:</b>	Shaun Rahmeyer, DPS Div Admr, Cyber Defense Coordination	
<b>Addl Project Manager Contact Info:</b>	Phone: (775) 687-9051	Email: srahmeyer@dps.state.nv.us
<b>5) Finance/Grant Contact Name/Title:</b>	Alisanne Maffei, Chief Research Planning Grant Management	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 684-5855	Email: awmaffei@admin.nv.gov

6) **CLASSIFICATION** - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities. <span style="float: right;"><input checked="" type="radio"/></span>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <span style="float: right;"><input type="radio"/></span>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME** - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To improve the core competencies in cybersecurity knowledge, skills and abilities of State, Tribal, County, and City Government Information Security Officers (ISO) or staff working in Information/Cyber Security disciplines - statewide - by providing Cybersecurity Professional Development Training, through the SANS Global Information Assurance Certification (GIAC) Security Essentials, SANS Intro to Cyber Security certifications, or other SANS cyber professional development.

8) **PROPOSED STRATEGIC CAPACITY** - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CYBERSECURITY
HSGP Project Type Supporting Strategic Capacity:	Education and Awareness [CYBERSECURITY]
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	CYBERSECURITY [Mission Area - PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION** - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project aligns directly with the Education and Awareness (CYBERSECURITY) Strategic Capacity. Its focus is on providing training for information/cyber security professionals to update and improve their skills or learn new skills. This will have a direct, positive effect on their ability to protect the State's critical technology infrastructure against online, cyber terrorism, malicious interference, and targeted disruption of service.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	RR
<b>Date Submitted</b>	4/27/19

**PROJECT TITLE REFERENCE:** Security Skills Professional Development for Information/Cyber Security Professionals

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal

SANS Global Information Assurance Certification (GIAC) and related cyber professional development available through SANS.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The State, Tribal, County and City candidates are to be registered to participate in the professional development training. Registration for State Executive Branch candidates will be coordinated through the Office of Information Security, while County, City, Tribal and non-Executive Branch State candidates will be coordinated through the Office of Cyber Defense Coordination. Establish Professional Development with approvals from DEM training office for the SANS Global Information Assurance Certification (GIAC) Security Essentials, SANS GIAC Intro to Cyber Security, or other SANS cyber professional development certification programs, limited to the number of vouchers available. The professional development must be completed by May, 2021. Develop evaluation process and evaluate training process results at conclusion. AEP# 05NP-00-IDPS. This will provide 60 ppl cybersecurity professional development of SANS Voucher Program for Long Course, Certification and evaluation through June 30, 2021.

Vouchers will be obtained and distributed under the supervision of the grant project co-managers. Recipients will be able to choose their course from the SANS long course catalog; voucher use is tracked on the SANS portal. The project co-managers will meet quarterly to track voucher usage and course progress; vouchers that have been distributed but not used may be pulled back and redistributed at the project co-managers' discretion to ensure timely and effective use of the training resources.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	State of Nevada Office of Information Security and Executive Branch candidates	State of Nevada	Robert Dehnhardt, State Chief Information Security Officer, NV OIS
12(b)	Political Subdivision candidates - facilitated through the Nevada Ofc of Cyber Defense	Tribal, County and Cities within the State of Nevada	Shaun Rahmeyer, DPS Div Admr, Ofc of Cyber Defense Coordination
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

The GIAC certification will be valid for 4 years; after which, individuals and/or hiring agencies will be responsible for the continuation of the certification. The GIAC certifications demonstrate a mastery of Information/Cyber Security skills recognized industry-wide and state agencies are expected to promote the GIAC continuance, budget authority prevailing. The 4 year timeline speaks to the overall value of this investment .

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	RR
<b>Date Submitted</b>	4/27/19

<b>PROJECT TITLE REFERENCE:</b>	Security Skills Professional Development for Information/Cyber Security Professionals
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Provide 60 ppl cybersecurity professional development, coordinated as described in item 11 above; SANS Voucher Program for SANS Global Information Assurance Certification (GIAC) Security Essentials, SANS GIAC Intro to Cyber Security, or other SANS cyber professional development certification programs		\$ 229,140.00	\$ 229,140.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 229,140.00	\$ 229,140.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	RR
<b>Date Submitted</b>	4/27/19

**PROJECT TITLE REFERENCE:** Security Skills Professional Development for Information/Cyber Security Professionals

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Grant award acceptance and approvals	09/03/19	12/08/19	3
3	Conduct Compliant Procurement Process	12/18/19	01/17/20	1
4	Create SANS Voucher Account for management of process	01/17/20	01/31/20	1
5	Complete ISO and vetted participant registration process for courses	02/03/20	04/30/20	3
6	Course Kickoff for authorized participants	05/04/20	05/29/20	1
7	Conduct training	06/01/20	05/03/21	12
8	Concurrent with training, perform quarterly checks to ensure training is progressing properly; evaluate voucher distribution and redistribute as required	06/01/20	05/03/21	12
9	Evaluate training process results	05/03/21	06/30/21	2
10	Close out the Grant	07/01/21	07/30/21	1
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Yes, the Security Skills Professional Development project has a nexus to terrorism. The highly damaging cyber based attacks or threats-of- attack against information systems may be made for a number of causes, to intimidate or coerce governments in pursuit of nefarious goals, converging terrorism with cyberspace with devastating results. Strengthening the knowledge base of cyber security professionals and readying the cyber professionals is a key part of the cyber defense and is part of the war-fighting domain.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Yes, the Security Skills Professional Development project has directly aligned with the Nevada Commission on Homeland Security FY19 Priorities. The Nevada Commission on Homeland Security FY19 Priorities identified Cybersecurity as a Core Capability. Education and Awareness [CYBERSECURITY] was identified as a strategic supporting capacity.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

No, based on the pre-planning for this project with state agencies and other political subdivisions, the demand for this skill based training for the cyber security professionals in the state far exceeds the number of vouchers being proposed.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	RR
<b>Date Submitted</b>	4/27/19

**PROJECT TITLE REFERENCE:** Security Skills Professional Development for Information/Cyber Security Professionals

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

The cybersecurity training awareness program may continue for cybersecurity professionals. The cybersecurity community may continue to offer cyber security training programs, however the specific sustainment of the GIAC certifications will be the responsibility of the candidate's hiring agency.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

Yes, measurable advantages to State, Tribal, County and Cities' users are of state-wide benefit. Users, state-wide, also include all public safety state, tribal, and the local participants.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

Further reference includes  
 Office of Information Security, OIS Governance and Management Framework, and link with NIST Standards  
 OIS Security Strategic Plan  
 National Initiative for Cybersecurity Education (NICE)  
 SANS Quote available, 60 vouchers for Information/Cyber Security Professional candidates  
 2019 SANS Course Catalog: <https://www.sans.org/security-training/course-catalog-2019.pdf>

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us



**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Office of Information Security (OIS)	<b>Project Manager Name &amp; Contact #</b>	Robert Dehnhardt, CISO, 775-684-7322	<b>Grant Manager Name &amp; Contact #</b>	Alisanne Maffei, 775-684-5855	<b>RR</b>				
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<b>IJ TITLE:</b>	Security Skills Professional Development for Information/Cyber Security Professionals										
	One Budget Per Funding Stream										
	SHSP										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1	n/a							\$ -			
2								\$ -			
3								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5	n/a							\$ -			
6								\$ -			
7								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9	n/a											
10												
11												
12												
13												
14												
15												
16												
17												
18												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Provide 60 ppl cybersecurity professional development; SANS Voucher Program for Long Course through June 30, 2021	New / Enhance / Past / Competitive		60	3,050.00	183,000.00	Cyber- Education Awareness		05NP-00-IDPS SHSP
28		Provide 60 ppl cybersecurity professional development; SANS Voucher Program for Certification through June 30, 2021.	New / Enhance / Past / Competitive		60	769.00	46,140.00	Cyber- Education Awareness		05NP-00-IDPS SHSP
29							-			
	Planning Sub-Total						\$ 229,140.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

To improve the core competencies in cybersecurity knowledge, skills and abilities of State, Tribal, County, and City Government Information Cyber/Security Professionals - statewide. The project is to provide Professional Development thorough SANS Voucher Program for Global Information Assurance Certification (GIAC) Security Essentials, SANS Intro to Cyber Security certifications, or other SANS long course cyber professional developments, limited to the number of vouchers available and must be completed by May, 2021. Cybersecurity professionals are typically recruited and valued for the SANS certifications and those cyber professionals employed by the state, tribal, counties and cities that complete this training would likewise be valued. As cyber attacks have increased, so has the demand for IT professionals who are training to identify, protect against, and stop such attacks. Vouchers will be obtained and distributed under the supervision of the grant project co-managers. Recipients will be able to choose their course from the SANS long course catalog; voucher use is tracked on the SANS portal. The project co-managers will meet quarterly to track voucher usage and course progress; vouchers that have been distributed but not used may be pulled back and redistributed at the project co-managers' discretion to ensure timely and effective use of the training resources.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36	n/a						\$ -			
37							\$ -			
38							\$ -			
39							\$ -			
	Organization Sub-Total						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40	n/a						\$ -				
41							\$ -				
42							\$ -				
	EQUIPMENT Sub-Total						\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51	no FEMA/DHS training										\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58	n/a										\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 229,140.00	
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<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	<b>SS</b>
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	<b>4/26/19</b>

<b>1) PROJECT TITLE:</b>	UNLV Venue Security Enhancements	
<b>2) PROPOSING/LEAD AGENCY:</b>	University Police Services, Southern Command	
<b>3) Project Manager Name/Title:</b>	Adam Garcia, Associate Vice President & Director	
<b>Project Manager Contact Info:</b>	Phone: (702) 895-2634	Email: adam.garcia@unlv.edu
<b>4) Addl Project Manager Name/Title:</b>	Richard Dohme, Assistant Chief	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 895-4741	Email: richard.dohme@unlv.edu
<b>5) Finance/Grant Contact Name/Title:</b>	Ariana Renick, Publications Writer	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 895-5792	Email: ariana.renick@unlv.edu

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Being in close proximity to the Las Vegas Strip, UNLV venues share similar threats and hazards and are a potential target for terrorism and other man-made emergencies. Security threats identified in previous semesters have led us to conclude that the current systems in place around the University of Nevada, Las Vegas are not adequate to support the growing number of visitors to the educational, sporting and entertainment events held each year. In 2018 UNLV hosted 21 events at Sam Boyd Stadium (224,000 attendees), 49 events at Cox Pavilion (35,000 attendees), and 138 events at the Thomas & Mack Center (807,000 attendees). To improve safety and security for these events and venues, UNLV proposes to purchase 22 mobile walk through metal detectors to reduce man-made risks associated with these activities. Additionally, these metal detectors may be utilized by partner agencies within southern Nevada and throughout the Urban Area. UNLV is transforming its safety and security protocols and has begun a detailed Planning process to upgrade its Emergency Operations Plan and associated security annexes to continue to strengthen community (University) resilience. The metal detectors will allow for detection and identification of concealed threats/weapons. Establishing these enhanced security measures (updated plans and use of metal detectors), will significantly reduce risks associated with the high profile events held at UNLV.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	PLANNING
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	Not Applicable

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

University Police Services and UNLV's Office of Emergency Management's common campus purpose is to sustain and build systems that will prepare for, respond to, and recover from any threat which may face our campus, keeping UNLV students and staff, campus visitors and event attendees, and surrounding community secure and safe. UNLV has identified a need for enhanced security (mobile metal detectors) at multiple, high profile events. Even though metal detectors may also serve as a prevention tool, they will enhance community (University) resilience and reduce potential risks identified during UNLV's broader planning process.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>SS</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** UNLV Venue Security Enhancements

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

University Police Services has identified the equipment for purchase that best suits the needs of the venues, events, and campus population.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

University Police Services will perform the following implementation steps:

- Conduct final needs assessment
- Conduct final site visit
- Distribute Request for Proposal
- Select Vendor
- Order Metal Detectors
- Receive Metal Detectors
- Update security plan, including metal detector deployment locations
- Establish organizational procedures.
- Test metal detectors
- Establish mutual-aid agreements with partner agencies
- Deploy metal detectors
- Regular testing and maintenance

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	University Police Services	CSN, DRI, NSC, UNLV	Adam Garcia, AVP & Director
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

University Police Services will be responsible for maintenance and upkeep for the lifetime of the equipment.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>SS</b>
<b>Date Submitted</b>	<b>4/26/19</b>

<b>PROJECT TITLE REFERENCE:</b>	UNLV Venue Security Enhancements
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	22 - Garrett PD 6500i Enhanced Pinpoint Walk-Through Metal Detectors and ancillary parts	\$ 135,967.45		\$ 135,967.45
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 135,967.45	\$ 0.00	\$ 135,967.45

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>SS</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** UNLV Venue Security Enhancements

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Final needs assessment and site visit.	07/01/19	07/12/19	1
3	Request for Proposal and vendor selection.	07/15/19	08/16/19	1
4	Order and receive equipment .	08/19/19	10/18/19	2
5	Update security plan, including metal detector deployment locations .	08/19/19	09/20/19	1
6	Establish operational procedures.	09/23/19	10/18/19	1
7	Install and test equipment.	10/21/19	11/22/19	1
8	Establish mutual-aid agreements.	09/23/19	12/20/19	3
9	Deploy equipment.	12/02/19		1
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

According to the Homeland Security Digital Library, on December 17, 2003, President Bush issued Homeland Security Presidential Directive 7 establishing a national policy for Federal departments and agencies to identify and prioritize critical infrastructure and key resources to protect them from terrorist attacks. The Department of Homeland Security and Congress identified public assembly facilities as part of this critical infrastructure. These metal detectors will serve as a counter-terrorism and security measure, significant in making attendees feel safer and effective at stopping an assailant from gaining access to the stadium – requiring little time invested to combat a potentially lethal threat.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

University Police Services and UNLV's Office of Emergency Management's common campus purpose is to sustain and build systems that will prepare for, respond to, and recover from any threat which may face our campus, keeping UNLV students and staff, campus visitors and event attendees, and surrounding community secure and safe. UNLV has identified a need for enhanced security (mobile metal detectors) at multiple, high profile events. Even though metal detectors may also serve as a prevention tool, they will enhance community (University) resilience and reduce potential risks identified during UNLV's broader planning process.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Although the number of metal detectors cannot be reduced to ensure all entrances are screened, University Police Services can look into other viable options that might be available, including phasing in screening locations or possibly renting equipment for auxiliary entrances/locations.

**PROJECT TITLE REFERENCE:** UNLV Venue Security Enhancements

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

This project is dependent upon HSGP funding. Funding is not currently available from any other source to strengthen community resiliency, increase security measures, or employ the use of metal detectors at UNLV event venues.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

UNLV regularly hosts national, state, and regional events, including 2016 Presidential Debate, Governor bill signing ceremony, October 1, Federal Appeals Court visits Nevada Supreme Court visits, National Finals Rodeo LVCVA, NBA Summer League over a million visitors. Additionally, University Police Services plans to establish mutual-aid partner agreements for equipment to be utilized by partner agencies within southern Nevada and throughout the Urban Area. In accordance with the consolidation of University Police Services, Southern Command this equipment can be deployed for use on all College of Southern Nevada, Desert Research Institute, Las Vegas, Nevada State College, and University of Nevada, Las Vegas campuses and properties.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

UNLV regularly hosts national, state, and regional events, including the 2016 Presidential Debate, Governor bill signing ceremonies, Federal Appeals Court visits, Nevada Supreme Court visits, National Finals Rodeo, and NBA Summer League which draws over a million visitors. The Thomas & Mack Center served as an area of refuge for victims of the 1 October tragedy. Additionally, the Thomas and Mack Center is a designated Mega-Point of Dispensing (POD) by Clark County and the Southern Nevada Health District. UNLV has been unable to follow suit with similar event arenas around the country that have installed metal detectors at entrances as part of their standard security operations. This includes the South Eastern Conference which has required all schools within their conference to have metal detectors in place at their venues by fall of 2020. Lastly, the Department on Homeland Security has recommended all MLB, NFL, NHL, and NBA events include metal detector technology in their standardized security practices. The installation of metal detectors will help to ensure the safety and well being of the campus and its surrounding community during all of the above events at UNLV.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us



**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	University Police Services	<b>Project Manager Name &amp; Contact #</b>	Adam Garcia 702-895-2634	<b>Grant Manager Name &amp; Contact #</b>	Ariana Renick 702-895-5792	<b>SS</b>
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<b>IJ TITLE:</b>	UNLV Venue Security Enhancements											
<b>One Budget Per Funding Stream UASI</b>												

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

**PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

<b>Line #</b>	<b>CATEGORY</b>	<b>FRINGE DETAIL DESCRIPTION</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Salary Hourly</b>	<b>% of Effort</b>	<b>Calculation (Input hours)</b>	<b>Personnel Cost Amount</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>	<b>Requested Funding Source</b>
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	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

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Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9									-			
10									-			
11									-			
12									-			
13									-			
14									-			
15									-			
16									-			
17									-			
18									-			
19									-			
	<b>Travel Sub-Total</b>								-			

**TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		PD 6500 Enhanced Pinpoint Walk-Through Metal Detector - EZL Version & ADA Compliant Passageway Version	New / Enhance / Past / Competitive		22.00	5,745.00	\$ 126,390.00	Planning - Community Resilience	Planning	02EX-00-PBIE Equipment, Post-Blast Investigation	UASI
41		Permanent Magna Dolly for 30" & 32.5" width walkthrough detectors	New / Enhance / Past / Competitive		22.00	249.95	\$ 5,498.90	Planning - Community Resilience	Planning	02EX-00-PBIE Equipment, Post-Blast Investigation	UASI
42		Transportation Brace for 30" standard width detector & 32.5" width detector	New / Enhance / Past / Competitive		22.00	59.95	\$ 1,318.90	Planning - Community Resilience	Planning	02EX-00-PBIE Equipment, Post-Blast Investigation	UASI
43		10 ft. Jumper Cord to link multiple walk-thru units	New / Enhance / Past / Competitive		5.00	35.00	\$ 175.00	Planning - Community Resilience	Planning	02EX-00-PBIE Equipment, Post-Blast Investigation	UASI
44		Operational test piece designed to FAA 3-run test requirements	New / Enhance / Past / Competitive		1.00	59.95	\$ 59.95	Planning - Community Resilience	Planning	02EX-00-PBIE Equipment, Post-Blast Investigation	UASI
45		Operational test piece designed to represent small knife or box cutter	New / Enhance / Past / Competitive		1.00	24.95	\$ 24.95	Planning - Community Resilience	Planning	02EX-00-PBIE Equipment, Post-Blast Investigation	UASI
46		MZ 6100 Battery Module, lithium ion 14 A-Hr for portable applications	New / Enhance / Past / Competitive		5.00	499.95	\$ 2,499.75	Planning - Community Resilience	Planning	02EX-00-PBIE Equipment, Post-Blast Investigation	UASI
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 135,967.45				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

PD 6500 Enhanced Pinpoint Walk-Through Metal Detector - EZL Version & ADA-Compliant Passageway Version  
22 @ \$5,745.00 = \$126,390

Zone lights on both the entry and exit sides, allowing the operator to view the alarmed object from any position. 8 located at the Main Entrance, 4 located at Strip View Pavilion, 3 located at Cox Pavilion Main Entrance, 2 located at University Entrance, 1 located at Section 104, 1 located at Front Lobby, 1 located at Cox Pavilion Ground Entrance, 1 located at TMC Tunnel, 1 located at Cox Tunnel. See supplemental documents for position map of metal detector locations.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 135,967.45
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

TT

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/23/19

1) PROJECT TITLE:	Emergency Event Tracking System Maintenance	
2) PROPOSING/LEAD AGENCY:	Clark County Office of Emergency Management	
3) Project Manager Name/Title:	Arlene Chapman/Resource Coordinator	
Project Manager Contact Info:	Phone: (702) 455-5713	Email: ArleneC@ClarkCountyNv.gov
4) Addl Project Manager Name/Title:	Steve Kramer/Preparedness Supervisor So Nevada Health District	
Addl Project Manager Contact Info:	Phone:	Email: Kramer@SNHD.ORG
5) Finance/Grant Contact Name/Title:	Karen Taylor	
Finance/Grant Contact Info:	Phone: (702) 455-6183	Email: Karent@ClarkCounty.Nv.gov

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Sustain the ability to track incident or event participants and individuals during mass casualty, evacuations, planned or other events, that involves different agencies and jurisdictions. In the Urban Area, there is a critical gap in the tracking the flow of information during events; by maintaining this system it greatly improves the core capabilities by a standardized tracking between all critical stakeholders.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The project aligns with Intelligence and Information Sharing by ensuring the key stakeholders are using information that has been collected and disseminated in a centralized and standardized methodology, which reduces the occurrence of misinformation or inaccurate date and casualty counts. This project would greatly improve Operational Coordination by standardizing tracking information between all critical stakeholder to enhance situational awareness, response, tracking, and recovery would be strengthened by creating a coordinated, centralized structure for information flow.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	TT
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Emergency Event Tracking System Maintenance

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal

We will be using the vendor whom owns the software program for Emergency Event Tracking

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The funding will maintain the ability for continued implementation in the Urban Area of local partners using the Emergency Event Tracking System to improve information and data during an event. Clark County Emergency Management and the Southern Nevada Health District will continue to implement comprehensive project planning and coordination, outreach, needs assessment, plans and procedures, project roll-out to Urban Area stakeholders.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County Fire Department/Office of Emergency Management	Clark County	Arlene Chapman
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Clark County Office of Emergency Management will need to apply for continued yearly sustainment of this program for Emergency Event Tracking System.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

**Statewide (SHSP)**

100%

**Urban Area (UASI)**

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	TT
<b>Date Submitted</b>	4/23/19

<b>PROJECT TITLE REFERENCE:</b>	Emergency Event Tracking System Maintenance
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
Maintain software for the Emergency Tracking Event Equipment	\$ 60,000.00		\$ 60,000.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			\$ 0.00
<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
	\$ 60,000.00	\$ 0.00	\$ 60,000.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	TT
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Emergency Event Tracking System Maintenance

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Puchasing Prcess	10/01/19	01/01/20	3
3	Invoicing Process	02/01/20	05/30/20	3
4	Grant closeout	06/01/20	08/31/20	3
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

A crucial gap in the Urban Area is the accurate information flow and tracking of individuals to the response and recovery efforts of our communities in the region.

---

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

This project would Intelligence and Information Sharing as well as Operational Coordination by standardizing tracking information between all critical stakeholders and providing accurate, centralized situational awareness, and ensure that stakeholders are trained and prepared to implement improved tracking capabilities.

---

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

The software supports an unlimited number of users within the region, and enables emergency preparedness stakeholders to respond to incidents or events of any size.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	TT
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Emergency Event Tracking System Maintenance

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
 No, the Emergency Event Tracking System Equipment needs the software program to maintain functional use intended.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
 n/a

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us



**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b>	Clark County OEM	<b>Project Manager Name &amp; Contact #</b>	Arlene Chapman	<b>Grant Manager Name &amp; Contact #</b>	Karen Taylor							<b>TT</b>
	<b>IJ TITLE:</b>	<b>Emergency Event Tracking System</b>											
		<b>One Budget Per Funding Stream</b>											
		<b>UASI</b>											
<b>Line #</b>	<b>CATEGORY</b>	<b>PERSONNEL DETAIL DESCRIPTION</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Salary or Hourly</b>	<b>% of Effort</b>	<b>Calculation (hours)</b>	<b>Personnel Cost Amount</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>		<b>Requested Funding Source</b>	
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.											
1								\$ -					
2								\$ -					
3								\$ -					
4								\$ -					
	<b>Personnel Sub-Total</b>							\$ -					
PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													
<b>Line #</b>	<b>CATEGORY</b>	<b>FRINGE DETAIL DESCRIPTION</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Salary Hourly</b>	<b>% of Effort</b>	<b>Calculation (Input hours)</b>	<b>Personnel Cost Amount</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>		<b>Requested Funding Source</b>	
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above											
5								\$ -					
6								\$ -					
7								\$ -					
8								\$ -					
	<b>Fringe Sub-Total</b>							\$ -					
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A													
<b>Line #</b>	<b>CATEGORY</b>	<b>PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN</b>	<b>Select Purchase Type</b>	<b>Previous Funding Type</b>	<b>Category of Each Travel</b>	<b>Justification &amp; Narrative for each trip must be included here</b>	<b>Total Trips</b>	<b>Cost for each Trip</b>	<b>Total Cost</b>	<b>Approved Strategic Capacity</b>	<b>Core Capability</b>	<b>Requested Funding Source</b>	
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type										
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
	<b>Travel Sub-Total</b>												
TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.													
Narrative HERE													

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-	\$ -		
37								\$ -		
38						-	-	\$ -		
39								\$ -		
	<b>Organization Sub-Total</b>							\$ -		

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Maintenance of Emergency Event Tracking	Maintain	UASI	1.00	60,000.00	\$ 60,000.00	Approved Strategic Capacity	Intelligence and Information Sharing	04HW-01-INHW Hardware, Computer, Integrated	UASI
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 60,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This maintenance is to continue the use of the Emergency Event Tracking system and software that was purchased and will begin implementation with the contractor after the RFP process is completed by Clark County Purchasing.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 60,000.00
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<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> UU
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b> 4/23/19

<b>1) PROJECT TITLE:</b>	Emergency Management Operational Coordination Maintenance	
<b>2) PROPOSING/LEAD AGENCY:</b>	Clark County Office of Emergency Management	
<b>3) Project Manager Name/Title:</b>	Arlene Chapman	
<b>Project Manager Contact Info:</b>	Phone: (702) 455-5710	Email: ArleneC@ClarkCountyNv.gov
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Karen Taylor	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 455-6183	Email: Karent@ClarkCountyNv.gov

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Sustain ability to maintain the cloud based software for the Video Conference Equipment purchased with UASI funding and Clark County's WEBEOC software applications for Mapper Professional, ARC GIS, and Resources Request and Deployment Module, which are utilized by multiple organization within Clark County's Urban Area. These software application increase to ability to exchange information, and collaborate with the State, Local and Federal Partners by providing a central collection point for information tracking incidents and resources management deployment and GIS mapping functions in as effort to deter, detect terrorism, and protect citizens and visitors to Clark County.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	If this project is NEW, please select Not Applicable
HSGP Project Type Supporting Strategic Capacity:	If this project does NOT align with a FFY19 strategic capacity, please choose OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This request allows the Urban Area to provide timely accurate information concerning physical threats to local Southern Nevada organizations, which allows for increased ability to coordinate operational responses.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	UU
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Emergency Management Operational Coordination Maintenance

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal

For the software maintenance of WEBEOC Mapper Pro, ARC GIS, Resource Request and Deployment Module will be to the vendor who owns software. For the cloud base systems for the Video Conference equipment, OEM will get quotes from different vendors

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Clark County Office of Emergency Management will get quotes from vendors for the cloud based systems for the video conference equipment. For the WEBEOC modules Mapper Pro, ARC GIS, Resource Request and Deployment Module, OEM will be using the vendor whom owns WEBEOC platforms.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County Office of Emergency Management	Clark County	Arlene Chapman
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Clark County Emergency Management will need to apply for continued yearly sustainment for these projects annual maintenance changed for the cloud based software for video conference equipment and the WEBEOC Modules Resource Manager, Mapper Professional, and ARC GIS as part of the WEBEOC program.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

Statewide (SHSP)

100%

Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	UU
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Emergency Management Operational Coordination Maintenance

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Cloud based subscription for the Video Conference Equipment(\$46,000) Juvare maintenance for modules Mapper Professional, Resource Manager, and ARC GIS (\$26,000)		\$ 72,000.00		\$ 72,000.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 72,000.00	\$ 0.00	\$ 72,000.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	UU
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Emergency Management Operational Coordination Maintenance

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Funding approval	10/01/19	12/01/19	2
3	Purchasing process, vendor selection	12/01/19	03/30/20	3
4	Invoicing Process	04/01/20	06/30/20	4
5	Begin process again for new fiscal year	07/01/20	08/31/21	13
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

During a terrorist or other emergency event the ability to communicate, collaborate, and exchange information with the State, Local and Federal partners is crucial component of managing the event in an effort to deter, detect, protect citizens and visitors to Clark County.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

This project aligns with the strategic capacities approved by the Resilience Commission of Public Information and Warning. These software application provide centralized situational awareness to all organization with Clark County.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

These costs are to maintain current usage of Video Conference Equipment and WEBEOC modules.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	UU
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Emergency Management Operational Coordination Maintenance

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>No, The Video Conference Equipment will not work without the cloud base application. The applications for WEBEOC will maintain programs that are currently in use by Clark County.</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>N/A</p>	

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box


PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us



HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Clark County OEM	Project Manager Name & Contact #	Arlene Chapman	Grant Manager Name & Contact #	Karen Taylor	
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IJ TITLE:	Emergency Management Operational Coordination Maintenance										
One Budget Per Funding Stream											
UASI											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel	Sub-Total						\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
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	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe	Sub-Total						\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
	Travel	Sub-Total										

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-				
37							-	-				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>											
40		Cloud based software application for VTC's	Maintain	UASI		1.00	1.00	\$ 46,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning	04AP-09-ALRT Systems, Public Notification and Warning	UASI
41		WEBEOC Resource Request software application	Maintain	UASI		1.00	10,000.00	\$ 10,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning	04AP-07-INVN Software, Equipment Tracking and Inventory	UASI
42		WEBEOC Mapper Pro Software Application	Maintain	UASI		1.00	11,000.00	\$ 11,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning	04AP-07-INVN Software, Equipment Tracking and Inventory	UASI
43		WEBEOC ARCGIS software Application	Maintain	UASI		1.00	5,000.00	\$ 5,000.00	Public Information & Warning - Statewide Emergency Alert System	Public Information and Warning	04AP-03-GISS System, Geospatial Information (GIS)	UASI
44								\$ -				
45								\$ -				
46								\$ -				
47								\$ -				
48								\$ -				
49								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ 72,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This is to maintain use of the video conference equipment by purchased by UASI funding by using a cloud based software application, Clark County purchased the WEBEOC Resource Request and Mapper Pro and ARCGIS software applications with UASI funding this will maintain the functions that are being used by the Urban Area.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
	Training	Sub-Total									\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise	Sub-Total									\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 72,000.00
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

VV

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

4/23/19

1) PROJECT TITLE:	Clark County Fire MACTAC Training	
2) PROPOSING/LEAD AGENCY:	Clark County Fire Department	
3) Project Manager Name/Title:	Jon Wiercinski/Deputy Fire Chief	
Project Manager Contact Info:	Phone: (702) 455-7311	Email: Jwiercin@ClarkCountyNv.gov
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Karen Taylor	
Finance/Grant Contact Info:	Phone: (703) 455-6183	Email: Karent@ClarkCountyNv.gov

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

LVMPD and CCFD are seeking to exercise the operational coordination and communication plans defines in the Hostile Event policy. This policy was revised following the 1 October shooting and further supported by recommendations outlined in the Joint FEMA AAR. This project will improve coordination and communications with both agencies, by focusing on multi-agency response to critical incidents that require a Unified Command structure. Law enforcement participation will prioritize LVMPD Convention Center Area Command and supporting resources. Fire Department participation will prioritize resources geographically proximal to the Las Vegas Resort Corridor and Command Level Officers(Battalion Chiefs) from Southern Nevada Fire Departments that have adopted the Hostile Event Policy.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	OPERATIONAL COMMUNICATION
HSGP Project Type Supporting Strategic Capacity:	If this project does NOT align with a FFY19 strategic capacity, please choose OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project aligns with several of the 1 October, FEMA After Action Report recommendations, both that need implemented and those that need to be sustained. Identified recommendations encourage both agencies to develop training that furthers operational coordination and communication.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	VV
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Clark County Fire MACTAC Training

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
  - Sole Source
  - Internal
- Clark County Fire will be using Captain's to do training, and limited supplies needed will be ordered using Clark County's purchasing policy.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Training will be a joint effort from both CCFD and LVMPD personnel. Training staff will include LVMPD Multi Assault Counter Terrorism Action Capabilities unit. A thorough train the trainer program will ensure consistency among training staff during multiple training modules. CCFD company officers whom are familiar with LVMPD joint training will be selected as core instructors alongside MACTAC unit.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County Fire Department	Clark County	Jon Wiercinski
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

This training was designed to be completed within proposed limits, Upon completion this should serve as a model for larger scale training to include additional agencies amongst law enforcement and fire.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	VV
<b>Date Submitted</b>	4/23/19

<b>PROJECT TITLE REFERENCE:</b>	Clark County Fire MACTAC Training
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
	4 Hostile MC Bags \$ 2,400 2 Mannequins \$ 1,400	\$ 3,800.00		\$ 3,800.00
	15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
	Overtime pay for 5 CCFD Captains to instruct 5 hours training for 13 sessions at \$56.00 per hour .	\$ 13,260.00		\$ 13,260.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 17,060.00	\$ 0.00	\$ 17,060.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	VV
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Clark County Fire MACTAC Training

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Define Training Objectives	10/01/19	01/30/20	3
3	Procure Training Materials	02/01/20	04/01/20	2
4	Identify Instructors	04/15/20	05/31/20	2
5	Train the Trainer	06/01/20	09/01/20	3
6	Identify training dates	09/15/20	10/01/20	2
7	Implementation of Training	11/01/20	03/31/21	5
8	Grant Closeout	04/01/21	05/31/21	2
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

Convention Center Area Command and the respective CCFD Stations were determined based on the geographical location. Being that these properties are located along Las Vegas Blvd it is deemed to be critical infrastructure. Las Vegas Blvd houses over 20 mega resort style properties and is the one of largest resort corridors in the world housing 40 million visitors a year. Historically and presently numerous threats are made to Las Vegas throughout terrorist propaganda, making it the 2 most mentioned target. This training is a counter-terrorism measure ensuring multi-agency coordination during critical incidents.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Yes, operational coordination is one of the core capabilities, Historically and presently numerous threats are made to Las Vegas throughout terrorist propaganda, making it the 2 most mentioned target. This training is a counter-terrorism measure ensuring multi-agency coordination during critical incidents.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

No, Both agencies have scaled project back before HSGP process started.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	VV
<b>Date Submitted</b>	4/23/19

**PROJECT TITLE REFERENCE:** Clark County Fire MACTAC Training

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.	
No, Clark County Fire does not have the budget for this project.	
e. Does this project provide a MEASUREABLE statewide benefit? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.	
N/A	

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us



HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Clark County Fire Department	Project Manager Name & Contact #	Jon Wiercinski	Grant Manager Name & Contact #	Karen Taylor	VV
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IJ TITLE:	MACTAC											
One Budget Per Funding Stream	UASI											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
<b>Personnel Sub-Total</b>								<b>\$ -</b>			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
<b>Fringe Sub-Total</b>								<b>\$ -</b>			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9								-				
10								-				
11								-				
12								-				
13								-				
<b>Travel Sub-Total</b>								<b>-</b>				

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
31							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-				
37							-	-				
38							-	-				
39							-	-				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		Hostile MCI Bags	New / Enhance / Past / Competitive			4.00	600.00	\$ 2,400.00	Approved Strategic Capacity	Operational Coordination	09ME-01-MCIK Equipment/Kits, Multi-Casualty Incident (MCI)	UASI
41		Mannequins	New / Enhance / Past / Competitive			2.00	700.00	\$ 1,400.00	Approved Strategic Capacity	Operational Coordination	09ME-01-MCIK Equipment/Kits, Multi-Casualty Incident (MCI)	UASI
42								\$ -				
43								\$ -				
44								\$ -				
45								\$ -				
46								\$ -				
47								\$ -				
48								\$ -				
49								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ 3,800.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

These items hostile MCI bags and mannequins will be use during the training sessions.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51		Overtime pay for 5 CCFD Captains to instruct	New / Enhance / Past / Competitive				1	13,260.00	Approved Strategic Capacity	Operational Coordination	\$ 13,260.00	UASI
52		5 hours training for 13 sessions at \$56.00 per hour									\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ 13,260.00	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Clark County Fire Department will use 5 Captains paying Overtime as instructors for these training sessions.

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 17,060.00
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: WW

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted: 4/26/19

1) PROJECT TITLE:	Statewide NIMS COMPETITIVE	
2) PROPOSING/LEAD AGENCY:	DPS - Division of Emergency Management	
3) Project Manager Name/Title:	Preparedness EMPM	
Project Manager Contact Info:	Phone: (775) 687-0305	Email: xxx@dps.state.nv.us
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Kelli Anderson / Emergency Management Program Manager	
Finance/Grant Contact Info:	Phone: (775) 687-0321	Email: kanderson@dps.state.nv.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The outcome of this project enhances the continued delivery of the statewide training, exercise, planning, resource management, and technology programs needed to remain in compliance with federal NIMS requirements and build capacity and capability within Nevada. These programs span all of the core capabilities; including those of Operational Coordination, Operational Communication, Public Information and Warning, and Planning; and provides for coordination and cooperation at all levels and for all types of disasters throughout the state. Services will be provided for all jurisdictions and agencies including state agencies, local jurisdictions, tribal governments, and non-governmental organizations. Maintaining NIMS compliance is necessary to ensure all organizations within the state remain eligible for Homeland Security grant funding.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	NATIONAL INCIDENT MANAGEMENT SYSTEM [NIMS]
HSGP Project Type Supporting Strategic Capacity:	State of Nevada DEM [NIMS]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

NIMS is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity. It improves coordination and cooperation between public and private entities in a variety of incident management activities, and provides a common standard for overall incident management. The Planning, Training, Exercise, Communications, Public Information, and Resource Management Programs supported in this project directly establish, maintain, and integrate on a statewide platform those operational structures and processes used by local, state, and tribal jurisdictions. This program and those projects contained within provide this capability statewide, integrating all stakeholders, and supports the execution of all Mission Areas of the National Preparedness Goal.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	WW
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Statewide NIMS COMPETITIVE

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

May require an RFP, however procurement method may vary depending on costs and circumstances.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

This project will be managed by key program managers within DEM under the leadership of an Emergency Management Program Manager (EMPM). Once approved and delivered, the various projects identified will be implemented under a "team" approach within the Preparedness and Technical Services Sections of NDEM and placed within a schedule that identifies the phases of each project and their accompanying milestones. In some cases, where contractors are identified for either program support or for specific projects, the EMPM will assign a specific staff member to oversee their project and work performance to insure programmatic and financial compliance to their portion of the investment. Each individual program: Planning, Training, Exercise, Resource Management and Credentialing, and Technical Services, shall have their portions of the overall investment identified with a programmatic workplan and a budget to insure understanding and continual compliance with the investment. Quarterly reporting and grant compliance shall be maintained. State rules and regulation regarding purchasing and other areas shall be followed. We shall maintain an "audit-ready" posture throughout the life of the investment. At the conclusion of this investment we shall provide a report specific to the goals and eventual outcomes achieved by this investment.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	DPS - Division of Emergency Management	State of Nevada	Preparedness EMPM
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Changes in NIMS requirements and attrition within agencies and organizations necessitates the constant need for NIMS Program investments. NIMS assessments of capabilities such as the Stakeholder Preparedness Review (SPR), Threat and Hazard Identification and Risk Assessment (THIRA), and After Action Reports / Improvement Plans from exercises and real events also demonstrate the continual requirement for a sustained NIMS program. Maintenance funding will also be necessary to maintain technology systems, licenses, and an inventory of ever-changing resources spread out across the state, as well as maintenance of a credentialing system which includes a repository of documents used in support of credential verification.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

77%	23%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	WW
<b>Date Submitted</b>	4/26/19

<b>PROJECT TITLE REFERENCE:</b>	Statewide NIMS COMPETITIVE
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Travel: Technology \$4,500 / Training \$33,500 / Exercise \$4,000 / Resource Management \$5,000 / Planning \$8,000 Supplies: Technology \$2,000 / Training \$2,000 / Exercise \$0 / Resource Management \$3,000 / Planning \$1,500 Technology Fees/Subscriptions \$0 Resource Management Contract Support \$10,000 Planning Contract Support \$15,000 THIRA/SPR Contract Support \$50,000 HSGP / \$50,000 UASI	\$ 50,000.00	\$ 138,500.00	\$ 188,500.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Credentialing Equipment and Software \$17,655 Printer for Planning \$1,500		\$ 19,155.00	\$ 19,155.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Training - Develop, Support and Participate \$9,000		\$ 9,000.00	\$ 9,000.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 50,000.00	\$ 166,655.00	\$ 216,655.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	WW
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Statewide NIMS COMPETITIVE

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Conduct THIRA, SPR, Consequence Analysis, and NIMS Assessments	10/01/19	12/31/20	15
3	Conduct Jurisdictional Plans Reviews and Updates	10/01/19	12/31/20	15
4	Prepare for and Deliver Operational Coordination Training and Exercises	10/01/19	12/31/20	15
5	Statewide Exercise Initial Planning Conference, Mid-term Planning Conference, Final Planning Conference, and event	10/01/19	12/31/20	15
6	SEOC / Local EOC Exercise Development and Delivery	10/01/19	12/31/20	15
7	Develop, Coordinate and Deliver the Nevada Preparedness Summit	10/01/19	12/31/20	15
8	Complete specifications, purchase, install, configure and test tech equipment.	10/01/19	12/31/20	15
9	Prepare and submit licensing renewal information for payment	10/01/19	12/31/20	15
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

All Operational Coordination and Public Information and Warning functions will be applicable to terrorism events. Planning, Training and Exercises conducted will prepare organizations and staff statewide to respond to terrorism. Communications equipment will be used for operational coordination during terrorism events, and resources are being cataloged and typed in preparation for a terrorism event requiring mutual aid.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project aligns with the FFY19 strategic capacity of Statewide NIMS.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Reductions in funding will directly reduce the planning, training and exercise support to the tribal and local jurisdiction within the state. Less planning efforts, training classes offered, and exercises to verify capabilities will be available. Significantly reduced funding jeopardizes the maintenance of the NIMS program within the state, also jeopardizing the eligibility of the State for federal grant funding.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	WW
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Statewide NIMS COMPETITIVE

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

Without funding the State will not be able to maintain the Statewide NIMS program as required to remain eligible for Federal HSGP funding.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

All portions of this project provide services statewide. The planning, training and Exercise programs provide support to tribal and local jurisdictions throughout the state. The communications upgrades included in this project will allow tribal and local jurisdictions to communicate more effectively throughout the State. Public Service Announcements will be delivered statewide to residents and travelers in Nevada.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

None at this time

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us



**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	DPS - Division of Emergency Management	<b>Project Manager Name &amp; Contact #</b>	Jim Walker (775) 687-0305	<b>Grant Manager Name &amp; Contact #</b>		<b>WW</b>
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<b>IJ TITLE:</b>	Statewide NIMS - Competitive											
	<b>One Budget Per Funding Stream</b>											
	<b>SHSP</b>											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
5								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									Personnel
6								\$ -			
7								\$ -			
8								\$ -			
9								\$ -			
10								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
11												
12												
13		NIMS Classes in Eiko	New / Enhance / Past / Competitive	SHSP	Training	ICS course - Instructor travel	2.00	1,000.00	2,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
14		NIMS Classes rural	New / Enhance / Past / Competitive	SHSP	Training	ICS course - Instructor travel	3.00	1,000.00	3,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
15		NIMS Classes Southern NV	New / Enhance / Past / Competitive	SHSP	Training	ICS course - Instructor travel	6.00	1,000.00	6,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
16		EMI travel support	New / Enhance / Past / Competitive	SHSP	Training	DEM staff EMI costs not funded	5.00	500.00	2,500.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP

17		DEM travel to national courses	New / Enhance / Past / Competitive	SHSP	Training	DEM staff travel to attend national courses with no stipend	4.00	2,000.00	8,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
18		DEM training travel to Las Vegas	New / Enhance / Past / Competitive	SHSP	Training	Training officer travel to southern NV for Technical Assistance	4.00	1,200.00	4,800.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
19		Training Supervisor travel	New / Enhance / Past / Competitive	SHSP	Training	Training Supervisor travel to Northern NV	6.00	1,200.00	7,200.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
20		Chief Travel to training	New / Enhance / Past / Competitive	SHSP	Training	DEM Chief to travel for training	-	1,200.00	-	NIMS - State of Nevada DEM	Operational Coordination	SHSP
21									-			
22									-			
23									-			
24									-			
25		Travel: Technology Support	New / Enhance / Past / Competitive	SHSP	Planning	Henderson 2020 NPS	1.00	1,500.00	1,500.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
26									-			
27									-			
28		Travel: Technology Support	New / Enhance / Past / Competitive	SHSP	Planning	Conference: Infocom	2.00	1,500.00	3,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
29									-			
30		Travel: Exercise In & Out of State	New / Enhance / Past / Competitive	SHSP	Exercise	Exercise Officer and exercise designers, players, controllers and evaluators travel	5.00	800.00	4,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
31									-			
32		Resource Management & Credentialing Travel	New / Enhance / Past / Competitive	SHSP	Planning	Technical Asst. to Tribes/Locals; ICAM and EMAC Meetings	5.00	1,000.00	5,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
33									-			
34		Planning Support Travel	New / Enhance / Past / Competitive	SHSP	Planning	THIRA/SPR/CA/NIMS: Planning for Tribes/Locals; School Planning; Mass Care Planning; Tech. Plans development	8.00	1,000.00	8,000.00	NIMS - State of Nevada DEM	Planning	SHSP
35									-			
<b>Travel Sub-Total</b>									<b>55,000.00</b>			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

- Line 13-15: DEM adjunct instructor travel to instruct NIMS/ICS courses in NV.
- Line 16: Travel support to pick up non-covered costs from FEMA for consortium travel.
- Line 17: Travel support to national courses that are not available for stipend through FEMA.
- Line 18: Travel for training officer to support Clark County
- Line 19: Travel support for supervisor to visit Carson City.
- Line 20: Travel support for the Chief to attend a national course.
- Line 25: Travel to support the technology needs of the Nevada Prep. Summit in 2020, Henderson.
- Line 28: Travel to attend INFOCOM to gather equipment and process information during the engineering and upgrade phase of the SEOC technology.
- Line 30: Travel for State Exercise Officer to develop and support federal, state and local exercises. Travel for players, controllers, evaluators, and simulators to attend exercises and exercise development meetings
- Line 32: Attend Identity, Credential and Access Management (ICAM) Quarterly Meeting, EMAC Regional/National Meetings; provide support and technical assistance to counties and tribes.
- Line 34: Travel and per diem for THIRA/SPR/Consequence Analysis/NIMS Assessment in and out of state, planning support to counties and tribes, attending school planning training, National Mass Care Exercise, and threat/hazard specific planning training (i.e.: Radiological, Biochemical, Cyber, etc.) in and out of state; development of planning capability for local and tribal planners

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
40		Training- Printing & Purchase Course Materials	New / Enhance / Past / Competitive	SHSP	1	2,000.00	2,000.00	NIMS - State of Nevada DEM	Operational Coordination	SHSP
41							-			
42							-			
43							-			
44							-			
45		Subscription: Satellite Phone	New / Enhance / Past / Competitive	SHSP	-	3,000.00	-	NIMS - State of Nevada DEM	Operational Communications	SHSP
46		Supplies: Technology Support components, parts for replacement, support equipment.	New / Enhance / Past / Competitive	SHSP	1	2,000.00	2,000.00	NIMS - State of Nevada DEM	Operational Communications	SHSP
47							-			
48							-			

49												
50												
51												
52		Resource Mgmt & Credentialing supplies & materials	New / Enhance / Past / Competitive	SHSP		1	3,000.00	3,000.00	NIMS - State of Nevada DEM	Operational Coordination		SHSP
53		Direct Contract Support to Local/Tribal Resource Management & Credentialing implementation	New / Enhance / Past / Competitive	SHSP		1	10,000.00	10,000.00	NIMS - State of Nevada DEM	Operational Coordination		SHSP
54												
55												
56												
57		THIRA/SPR Contract Support	New / Enhance / Past / Competitive	SHSP		1	50,000.00	50,000.00	NIMS - State of Nevada DEM	Planning		SHSP
58		Planning Supplies and Materials	New / Enhance / Past / Competitive	SHSP		1	1,500.00	1,500.00	NIMS - State of Nevada DEM	Planning		SHSP
59		Consequence Analysis - Contract	New / Enhance / Past / Competitive	SHSP		1	10,000.00	10,000.00	NIMS - State of Nevada DEM	Planning		SHSP
60		EOP Development Support - Rural/Tribal	New / Enhance / Past / Competitive	SHSP		1	5,000.00	5,000.00	NIMS - State of Nevada DEM	Planning		SHSP
		<b>Planning Sub-Total</b>						<b>\$ 83,500.00</b>				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

**Line 40:** Printing of training documents and purchase of training material in support of statewide training program.  
**Line 45:** Subscription for 3 satellite phones for SEOC  
**Line 46:** Support equipment to replace failing legacy equipment, to support changing technologies and capability, and system support for SEOC and Network AV development. Further, to provided for equipment, installation and maintenance of new and existing components at the SEOC and local jurisdictions.  
**Line 52:** Supplies and materials to support Resource Management and Credentialing  
**Line 53:** Provide contract support to County & Tribal Nations for Resource Management & Credentialing implementation  
**Line 57:** THIRA/SPR Contract Support - additional funding to come from UAS  
**Line 58:** Supplies and Materials to support the annual THIRA/SPR, the Consequence Analysis, NIMS Assessment, and other planning related activities.  
**Line 59:** Contract support to conduct required THIRA Consequence Analysis and Gap Analysis  
**Line 60:** Contract support to assist Rural and Tribal Nations with EOP Updates and Development

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT. SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
61							\$ -			
	<b>Organization Sub-Total</b>						<b>\$ -</b>			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
62							\$ -				
63							\$ -				
64							\$ -				
65							\$ -				
66							\$ -				
67							\$ -				

68		Project support equip. & software for agencies & jurisdictions for Resource Mgmt & Credentialing (physical & logical access)	New / Enhance / Past / Competitive				1.00	17,655.00	\$ 17,655.00	NIMS - State of Nevada DEM	Operational Coordination	04AP-05-CRED System, Credentialing	SHSP
69									\$ -				
70									\$ -				
71		Printer	New / Enhance / Past / Competitive				1.00	1,500.00	\$ 1,500.00	NIMS - State of Nevada DEM	Planning	04HW-01-INHW Hardware, Computer, Integrated	SHSP
		<b>EQUIPMENT Sub-Total</b>							\$ 19,155.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 68: Equipment and software to continue the development and implementation of the Resource Management & Credentialing Project  
 Line 71: Printer to support the DEM Planning Section

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
72		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
73		Training- Develop, Support & Participate in NIMS Training	New / Enhance / Past / Competitive	SHSP	Yes	Yes	8	1,125.00	NIMS - State of Nevada DEM	Operational Coordination	\$ 9,000.00	SHSP
74											\$ -	
75											\$ -	
76											\$ -	
77											\$ -	
78											\$ -	
		<b>Training Sub-Total</b>									\$ 9,000.00	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Line 73: Instructor pay for adjunct course delivery in support of NIMS and ICS. Working Lunches for training sessions.

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
79		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
80											\$ -	
81											\$ -	
82											\$ -	
83											\$ -	
		<b>Exercise Sub-Total</b>									\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

										<b>Budget Total Request</b>	<b>\$ 166,655.00</b>	
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**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	DPS - Division of Emergency Management	<b>Project Manager Name &amp; Contact #</b>	Preparedness EMPM (775) 687-0305	<b>Grant Manager Name &amp; Contact #</b>		<b>WW</b>				
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<b>IJ TITLE:</b>	Statewide NIMS - Competitive										
	One Budget Per Funding Stream SHSP										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

**PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									CATEGORY
3								\$ -			
4								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
5												
6												
7												
	<b>Travel Sub-Total</b>											

**TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
8		THIRA/SPR Contract Support	New / Enhance / Past / Competitive	SHSP	1	50,000.00	50,000.00	NIMS - State of Nevada DEM	Planning	SHSP
	<b>Planning Sub-Total</b>						\$ 50,000.00			

**PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

**Line 8:** Contract support to conduct required THIRA/SPR Consequence Analysis and Gap Analysis

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
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	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
9												
	Organization Sub-Total											

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
10								\$ -				
	EQUIPMENT Sub-Total							\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
11												
12											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
13												
14											\$ -	
15											\$ -	
	Exercise Sub-Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

												Budget Total Request	\$ 50,000.00
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID: XX

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted 4/30/19

1) PROJECT TITLE:	NIMS - Communications	
2) PROPOSING/LEAD AGENCY:	DPS - Division of Emergency Management	
3) Project Manager Name/Title:	Melissa Friend - SWIC	
Project Manager Contact Info:	Phone: (775) 687-0371	Email: mnfriend@dps.state.nv.us
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Kelli Anderson	
Finance/Grant Contact Info:	Phone: (775) 687-0321	Email: kanderson@dps.state.nv.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The outcome of this project sustains the continued delivery of the statewide communications program needed to remain in compliance with federal NIMS requirements. This program aligns with the core capability of Operational Communication and provides the communication equipment and support necessary for coordination and cooperation at all levels and for all types of disasters throughout the state. Communications will be established with, and services will be provided for, all jurisdictions and agencies including state agencies, local jurisdictions, tribal governments, and non-governmental organizations. Maintaining NIMS compliance is necessary to ensure all organizations within the state remain eligible for Homeland Security grant funding.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	State of Nevada DEM [NIMS]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This program aligns with the core capability of Operational Communication and provides the communication equipment and support necessary for coordination and cooperation at all levels and for all types of disasters throughout the state. Communications will be established with, and services will be provided for, all jurisdictions and agencies including state agencies, local jurisdictions, tribal governments, and non-governmental organizations. Maintaining NIMS compliance is necessary to ensure all organizations within the state remain eligible for Homeland Security grant funding.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	XX
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** NIMS - Communications

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

May require an RFP, however procurement method may vary depending on costs and circumstances.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

This project will be managed by key program managers within DEM under the leadership of an Emergency Management Program Manager (EMPM). Once approved and delivered, the various projects identified will be implemented under a "team" approach within the Technical Services Section of NDEM and placed within a schedule that identifies the phases of each project and their accompanying milestones. In some cases, where contractors are identified for either program support or for specific projects, the EMPM will assign a specific staff member to oversee their project and work performance to insure programmatic and financial compliance to their portion of the investment. Quarterly reporting and grant compliance shall be maintained. State rules and regulation regarding purchasing and other areas shall be followed. We shall maintain an "audit-ready" posture throughout the life of the investment . At the conclusion of this investment we shall provide a report specific to the goals and eventual outcomes achieved by this investment.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	DPS - Division of Emergency Management	State	Melissa Friend
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Costs associated with this project proposal are considered one-shot and will not require additional funding until end of life.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
Statewide (SHSP)	Urban Area (UASI)



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	XX
<b>Date Submitted</b>	4/30/19

<b>PROJECT TITLE REFERENCE:</b>	NIMS - Communications
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
Radio and components \$12,400		\$ 12,400.00	\$ 12,400.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			\$ 0.00
<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
	\$ 0.00	\$ 12,400.00	\$ 12,400.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	XX
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** NIMS - Communications

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Complete specifications, purchase, install, configure and test tech equipment.	10/01/19	12/31/19	2
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

All Operational Communications functions will be applicable to terrorism events. Communications equipment will be used for operational coordination during terrorism events, and resources are being cataloged and typed in preparation for a terrorism event requiring mutual aid.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

This project aligns with the FFY19 strategic capacity of Operational Communication

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

Reductions in funding will directly reduce the communications capabilities within the state.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	XX
<b>Date Submitted</b>	4/30/19

**PROJECT TITLE REFERENCE:** NIMS - Communications

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

This is the only funding source available for this project.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

All portions of this project provide services statewide. The communications upgrades included in this project will allow tribal and local jurisdictions to communicate more effectively throughout the State.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	DPS - Division of Emergency Management	<b>Project Manager Name &amp; Contact #</b>	Melissa Friend (775) 687-0371	<b>Grant Manager Name &amp; Contact #</b>	Paul Burke (775) 687-0423	<b>XX</b>
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<b>LI TITLE:</b>	<b>STATEWIDE NIMS ENHANCEMENT</b>					
	<b>One Budget Per Funding Stream</b>					
	<b>SHSP</b>					

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
5								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
6								\$ -			
7								\$ -			
8								\$ -			
9								\$ -			
10								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
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28												
29												
30												
31												
32												
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34												
35												
36												
37												
38												

39													
	<b>Travel Sub-Total</b>												
<b>TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.</b>													
Narrative HERE													
Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source	
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY											
40								-					
41								-					
42								-					
43								-					
44								-					
45								-					
46								-					
47								-					
48								-					
49								-					
50								-					
51								-					
52								-					
53								-					
54								-					
55								-					
56								-					
57								-					
58								-					
59								-					
60								-					
	<b>Planning Sub-Total</b>							\$ -					

<b>PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.</b>													
Narrative HERE													
Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source	
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.											
61								\$ -					
	<b>Organization Sub-Total</b>							\$ -					

<b>ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.</b>													
Narrative HERE													
Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source	
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL											
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>												
62		Radio, DHS HF SHARES system	New / Enhance / Past / Competitive			1.00	5,000.00	\$ 5,000.00	NIMS - State of Nevada DEM	Operational Communications	06CP-01-HFRQ Radio, High Frequency (HF) Single Sideband	SHSP	
63		Radio, Public Safety / EAS system components case	New / Enhance / Past / Competitive			1.00	2,000.00	\$ 2,000.00	NIMS - State of Nevada DEM	Operational Communications	06CP-01-BASE Radio, Base	SHSP	
64		Antennas, Dipole	New / Enhance / Past / Competitive			2.00	820.00	\$ 1,600.00	NIMS - State of Nevada DEM	Operational Communications	06CP-03-TOWR Systems, Antenna and Tower	SHSP	

65		Radio Upgrade component for XL200 Portable	New / Enhance / Past / Competitive			6.00	500.00	\$ 3,000.00	NIMS - State of Nevada DEM	Operational Communications	06CP-01-PORT Radio, Portable	SHSP
66		Radio, New, DualBand VHF / UHF, Digital Fusion	New / Enhance / Past / Competitive			1.00	800.00	\$ 800.00	NIMS - State of Nevada DEM	Operational Communications	06CP-01-BASE Radio, Base	SHSP
67								\$ -				
68								\$ -				
69								\$ -				
70								\$ -				
71								\$ -				
		<b>EQUIPMENT Sub-Total</b>						<b>\$ 12,400.00</b>				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line 62: System components for communication with DHS HF radio network. This reestablishes this capability within the SEOC Communications Suite.

Line 63: Case and components for the installation of existing PS Radios and EAS system for COOP.

Line 64: Antennas for the ARES / RACES radio repeater systems.

Line 65: Radio component to enhance current XL 200 portables within the SEOC for UHF which was left out at time of purchase.

Line 66: Radio will replace current with next-generation unit with digital capabilities.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
72		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
73											\$ -	
74											\$ -	
75											\$ -	
76											\$ -	
77											\$ -	
78											\$ -	
		<b>Training Sub-Total</b>									<b>\$ -</b>	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
79		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
80											\$ -	
81											\$ -	
82											\$ -	
83											\$ -	
		<b>Exercise Sub- Total</b>									<b>\$ -</b>	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										<b>Budget Total Request</b>	<b>\$ 12,400.00</b>	
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# Nevada Homeland Security Grant Program (HSGP) RESUBMISSION

PROJECT ID:

YY

## Project Proposal for FFY19 HSGP Funding Description

Date Submitted

1) PROJECT TITLE:	Stop the Bleed	
2) PROPOSING/LEAD AGENCY:	Division of Emergency Management	
3) Project Manager Name/Title:	J. P. Giovacchini, Grants and Projects Analyst	
Project Manager Contact Info:	Phone: (775) 687-0317	Email: jgiovacchini@dps.state.nv.us
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:	Kelli Anderson, Emergency Management Programs Manager	
Finance/Grant Contact Info:	Phone: (775) 687-0321	Email: kanderson@dps.state.nv.us

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To establish a bleeding control station consisting of 8 individual bleeding control kits in most if not all locations deemed appropriate by DEM in alignment with the Mass Care Services Core Capability, in order to provide life-saving resources for as many individuals as possible. These stations will compliment the current ongoing training across the state in Stop the Bleed interventions, providing the tools necessary to dramatically decrease loss of life in the event of a terrorist incident or other mass casualty incident within the area defined as Northern Nevada.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	MASS CARE SERVICES [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project aligns with Mass Care Services by providing critical life-sustaining medical supplies directly on-site at designated locations. Schools, as an example, have increasingly become targets for mass casualty incidents and this project ties to the Response Mission Area in order to limit the loss of life in the instance of an incident. DEM will determine will there kits will be located

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

PROJECT ID:	YY
Date Submitted	

PROJECT TITLE REFERENCE: Stop the Bleed

10) **PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

DEM will complete the procurement or sub the funds out for procurement

11) **PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The Stop the Bleed Stations will be installed in designated locations as follows:

- [A] Northern Nevada where appropriate training will follow.
- [B] Coordinate the purchase of 82 bleeding control stations following the State of Nevada's procurement standards.
- [C] Coordinate installation of stations at each designated facility.
- [D] Maintain the supply of bleeding kits using facility funding, as necessary.

12) **SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Division of Emergency Management	State of Nevada, Department of Public Safety	J. P. Giovacchini, Grants and Project Analyst
12(b)			
12(c)			

13) **SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Funding to replenish and replace bleeding control kits as needed will be provided through facility budgets.

14) **STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%

Statewide (SHSP)

0%

Urban Area (UASI)



**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	YY
<b>Date Submitted</b>	

<b>PROJECT TITLE REFERENCE:</b>	Stop the Bleed
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
Purchase of 82 bleeding control stations, each containing 8 bleeding control kits.		\$ 50,882.46	\$ 50,882.46
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			\$ 0.00
<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
	\$ 0.00	\$ 50,882.46	\$ 50,882.46

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	YY
<b>Date Submitted</b>	

**PROJECT TITLE REFERENCE:** Stop the Bleed

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Initiate procurement process	10/01/19	12/31/19	3
3	Vendor selection	12/31/19	01/30/20	1
4	Order and receive bleeding control stations	02/03/20	02/28/20	1
5	Distribute kits to locations	03/02/20	06/01/20	3
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

Shootings and terrorist incidents have become an alarmingly frequent form of domestic terrorism and remain targets for global terrorists due to the potential targeting of vulnerable populations.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project aligns with the Response Mission Area and Mass Care Services core capability.

---

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Depending on available funding this project can easily be scaled to reduce the number of facilities that receive Stop the Bleed stations.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	YY
<b>Date Submitted</b>	

**PROJECT TITLE REFERENCE:** Stop the Bleed

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

While the Stop the Bleed training will continue for all employees throughout the area, at this time there is no dedicated funding in place to provide STB stations everywhere.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

The establishment of bleeding control stations in designated facilities will offer a critical resource in the event of a facility shooting or other terror attack. While the hope is that these stations never have to be utilized, the growing reality is that violence is trending upward and emergency medical preparedness is paramount to an effective response plan.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

The Division of Emergency Management has a number of partners with Hospitals and American Medical Response to provide Stop the Bleed training for personnel. The Hartford Consensus after the Sandy Hook school shooting identified that early access to bleeding control kits by those who are trained to use them will save lives. This grant will ensure that there are bleeding control kits at every designated location. DEM will determine where the kits will be located.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Division of Emergency Management	<b>Project Manager Name &amp; Contact #</b>	J. P. Giovacchini (775) 687-0317	<b>Grant Manager Name &amp; Contact #</b>	Kelli Anderson (775) 687-0321	<b>YY</b>
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<b>II TITLE:</b>	<b>Stop the Bleed</b>
	<b>One Budget Per Funding Stream</b>
	<b>SHSP</b>

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
31							-	-				
32							-	-				
33							-	-				
34							-	-				
35							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-	\$ -			
37							-	-	\$ -			
38							-	-	\$ -			
39							-	-	\$ -			
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		83 Stop the Bleed Stations (8 kits per station)	New / Enhance / Past / Competitive			82.00	615.01	\$ 50,882.46		Mass Care Services	09MS-04-TNQT Tourniquet	SHSP
41								\$ -				
42								\$ -				
43								\$ -				
44								\$ -				
45								\$ -				
46								\$ -				
47								\$ -				
48								\$ -				
49								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ 50,882.46				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training	Sub-Total									\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise	Sub- Total									\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 50,882.46
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# Nevada Homeland Security Grant Program (HSGP) UASI ONLY

PROJECT ID:

BBB

## Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19

Date Submitted

4/25/19

1) PROJECT TITLE:	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Expansion	
2) PROPOSING/LEAD AGENCY:	City of Henderson	
3) Project Manager Name/Title:	Troy Westover, Facilities Manager	
Project Manager Contact Info:	Phone: (702) 267-3290	Email: Troy.Westover@cityofhenderson.com
4) Addl Project Manager Name/Title:	Ryan Turner, Division Chief of Emergency Management and Safety	
Addl Project Manager Contact Info:	Phone: (702) 267-2212	Email: Ryan.Turner@cityofhenderson.com
5) Finance/Grant Contact Name/Title:	Heather Carson, Fire Department Business Analyst III	
Finance/Grant Contact Info:	Phone: (702) 267-2246	Email: Heather.Carson@cityofhenderson.com

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; OR the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.] <input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

In the FFY19 Department of Homeland Security (DHS) Urban Area Security Initiative (UASI) process, the City of Henderson (COH) requested assistance to sustain its Emergency Operations Center (EOC) by receiving funding for an enterprise surveillance system to mitigate findings from formal DHS sponsored assessments and to ensure the safety and welfare of COH's critical infrastructure/key resources, data, personnel as well as the citizens and vendors who frequent these facilities and depend on these critical systems and services. This additional request to expand on the proposal for the enterprise surveillance system would allow COH to strengthen its intelligence and information sharing as well as its operational coordination with partnering agencies within the Las Vegas urban area and completely outfit its key facilities - Henderson City Hall, Water, and Wastewater facilities. Sustaining the Henderson Multi Use EOC through the acquisition of an enterprise surveillance system supports Intelligence and Information Sharing core capability, allowing COH to "anticipate and identify emerging and/or imminent threats;" "share relevant, timely, and actionable information and analysis with Federal, state, local, private sector, and international partners and develop and disseminate" appropriately; and, ensure these "partners possess or have access to a mechanism to submit terrorism-related information and/or suspicious activity reports to law enforcement." Supporting the Operational Coordination capability, COH will establish and maintain a unified and coordinated operation by creating protocols to include all stakeholders in monitoring critical infrastructures by utilizing its EOC to facilitate incident activities via the Incident Command System (ICS), which is consistent with the National Incident Management System (NIMS).

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This is a new project and aligns with the FY-16-19 core capabilities intelligence and information sharing along with operational coordination. The City of Henderson, Nevada's second largest city seeks to prevent, protect and respond to its critical infrastructure with the use of an enterprise surveillance system that will be monitored and coordinated from the Multi-Use EOC. Through this method of intelligence and information sharing, COH will have the capability for early detection to deliver its EOC personnel real time data and imagery to provide situational awareness to first responders to mitigate any potential threats. In addition, supporting the core capability of Operational Coordination because COH will operationally coordinate amongst its departments to ensure the safety and welfare of data, infrastructure, and personnel, citizens it serves, and partnering agencies in the Las Vegas urban area - including the ability to maximize operational coordination with the Fusion Center to provide historical and live data feed.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>BBB</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Expansion

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

City of Henderson will follow the RFP process.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

After approval of grant funding, the enterprise surveillance system, which consists of the Video Management System (VMS) and associated cameras and equipment, will be procured as outlined in Nevada Revised statutes. A Request For Qualifications (RFQ) will be published and a team from the City will review and short list the most qualified applicants. These short-listed applicants will be scrutinized by staff to determine the best value for the City. This process will include coordination with other Emergency Managers in the region to determine which system works best with the other municipalities.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Henderson Fire Department	City of Henderson	Shawn White, Fire Chief
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

If the City of Henderson (COH) is successful in receiving the full amount requested in both its original proposal and this supplemental proposal, COH does not plan to return for further grant assistance to outfit its other facilities. If supported by this grant funding stream, COH has requested from its leadership to prioritize and complete this project with City funds. The goal is for COH to fund this system's on-going operations and maintenance.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)



**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>BBB</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Expansion
---------------------------------	--

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	Enterprise surveillance system, which consists of the Video Management System (VMS) and associated cameras and equipment: base license with one-year care plus for base license; materials, installation, supporting infrastructure unit; device license/camera; one-year care plus for device license/camera; network switches & infrastructure; and, video storage, work stations, 2 data storage sites/per camera.	\$ 269,115.00	\$ 0.00	\$ 269,115.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 269,115.00	\$ 0.00	\$ 269,115.00

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>BBB</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Expansion

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive and Accept Sub-grant Award	10/01/19	11/30/19	2
3	Complete Environmental and Historic Preservation Screening Form Process	12/01/19	01/31/20	2
4	Design system	02/01/20	05/31/20	4
5	Procure Equipment in Compliance with Grant Guidelines	06/01/20	09/30/20	4
6	Equipment Inventory and Installation	10/01/20	03/31/21	6
7	Test Equipment	04/01/21	06/30/21	3
8	Put Equipment into Full Service	07/01/21	07/31/21	1
9	Closeout Grant	08/01/21	08/31/21	1
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**  
 Yes, through this proposal, COH will be able to identify, deter, detect, disrupt and prepare for terrorist events; reduce vulnerability of critical assets, systems and networks and mitigate potential consequences of critical infrastructure if a terrorist attack or subversive act did occur.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**  
 No, this is a new project and the explanation has been provided in section 9 of this grant proposal.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**  
 Yes, this project may be implemented in multiple phases.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>BBB</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Expansion

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

No, grant opportunities allow COH to address critical needs that may not be addressed otherwise. COH continues to compile a needs assessment to determine the highest priority demands for additional resources. Because of the number of critical needs city-wide, the infrastructure systems request has not been funded.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

Yes, the project provides a measurable "statewide" benefit as it supports the monitoring of critical infrastructures, which were identified as vulnerable in the DHS assessments.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. **Field is limited to the visible text box**

n/a

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	City of Henderson	<b>Project Manager Name &amp; Contact #</b>	Troy Westover Facilities Manager (702)267-3290	<b>Grant Manager Name &amp; Contact #</b>	Heather Carson Fire Department Business Analyst III (702)267-2246	<b>BBB</b>
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<b>IJ TITLE:</b>	Henderson Multi Use EOC Sustainment - Enterprise Surveillance System Expansion											
	<b>One Budget Per Funding Stream</b>											
	<b>Select Funding Stream</b>											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37						\$ -	\$ -			
38						\$ -	\$ -			
39						\$ -	\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		Materials, installation, supporting infrastructure unit	Maintain	UASI	35	4,500.00	\$ 157,500.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
41		Device license/camera	Maintain	UASI	35	329.00	\$ 11,515.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
42		One-year care plus for device license/camera	Maintain	UASI	35	60.00	\$ 2,100.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
43		Network switches & infrastructure	Maintain	UASI	35	700.00	\$ 24,500.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
44		Video storage, work stations, 2 data storage sites/per camera	Maintain	UASI	35	2,100.00	\$ 73,500.00		Intelligence and Information Sharing	14SW-01-VIDA Systems, Video Assessment, Security	UASI
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 269,115.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

After approval of grant funding, the enterprise surveillance system, which consists of the Video Management System (VMS) and associated cameras and equipment, will be procured as outlined in Nevada Revised statutes. A Request For Qualifications (RFQ) will be published and a team from the City will review and short list the most qualified applicants. These short-listed applicants will be scrutinized by staff to determine the best value for the City. This process will include coordination with other Emergency Managers in the region to determine which system works best with the other municipalities.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training	Sub-Total									\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise	Sub-Total									\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP. PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 269,115.00
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>CCC</b>
<b>Date Submitted</b>	<b>4/25/19</b>

1) <b>PROJECT TITLE:</b>	LVMPD Russell Corridor Camera Project	
2) <b>PROPOSING/LEAD AGENCY:</b>	Las Vegas Metropolitan Police Department	
3) <b>Project Manager Name/Title:</b>	Brad Cupp/Sergeant	
<b>Project Manager Contact Info:</b>	Phone: (702) 828-4455	Email: b8104c@lvmpd.com
4) <b>Addl Project Manager Name/Title:</b>	Rachel Skidmore / Emergency Manager	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
5) <b>Finance/Grant Contact Name/Title:</b>	Joni Prucnal, Director of Finance	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

A stadium construction project is currently under way to house the Las Vegas Raiders football team starting the 2020 season. The stadium site is located on Russell Road, just west of the I-15, and is in close proximity to the tourist corridor along Las Vegas Blvd. The goal of the project is to expand the existing Public Safety Camera System in Las Vegas to encompass the new Stadium corridor. This project would add surveillance cameras and related wireless/network infrastructure at approximately 22 locations within the County right of way and would cover all ingress and egress areas into the stadium complex. All video would be streamed back to the Fusion Center where it can be consumed in real-time and/or at a command post on site during large scale events. Funding for this project would need to be completed under the FY19 grant cycle in order for the project to be completed by the 2020 NFL season.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	FUSION CENTERS
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This project would provide 24/7 real-time video surveillance capability for the Fusion Center in the stadium corridor, which would be especially beneficial during the many large scale events that are expected to occur once the new stadium is completed.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	CCC
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Russell Corridor Camera Project

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Procurement will be through existing LVMPD competitively bid contracts for camera and related camera equipment.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

All work will be completed by LVMPD and members of the Emergency Management Section, Technical and Surveillance Squad (TASS), and the Communications Bureau.

1. Receive Funding
2. System Design
3. EHP submission
4. Issue Purchasing Order
5. Procure Equipment
6. Install Equipment

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

There is no subscription fee, or annual reoccurring cost associated with this network.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)



**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>CCC</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	LVMPD Russell Corridor Camera Project
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Milestone Licenses, Networking equipment, (44) Surveillance Cameras, (22) camera boxes, and miscellaneous cabling and mounts	\$ 195,200.00	\$ 0.00	\$ 195,200.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	\$ 0.00	\$ 0.00	\$ 0.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 195,200.00	\$ 0.00	\$ 195,200.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	CCC
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Russell Corridor Camera Project

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	System Design	10/01/19	12/31/20	1
3	EHP Submission	10/01/19	12/31/20	2
4	Issue Purchasing Request	11/01/19	12/31/20	1
5	Procure Equipment	11/01/19	11/30/19	1
6	Install Equipment	03/01/20	09/30/20	6
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

When completed the stadium is expected to have a capacity ranging from 65,000-72,000 people. A venue this size makes an attractive soft target for a potential terrorist attack that would be highly visible and highly publicized. Especially when you consider that the new stadium may be a viable site to host something like the Super Bowl in a few years.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

This project would allow the SNCTC Fusion Center 24/7 video surveillance of the stadium corridor, as well as, a command post that could potentially be stood up in the area during a major incident.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

Once the network and infrastructure components are in place the project is scalable from 1-44 cameras. However, reducing the number of cameras reduces the surveillance capabilities and would leave avenues of ingress/egress uncovered.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>CCC</b>
<b>Date Submitted</b>	<b>4/25/19</b>

**PROJECT TITLE REFERENCE:** LVMPD Russell Corridor Camera Project

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
No, there is currently no identified funding source for this project.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
A stadium venue of this size and the introduction of an NFL franchise provides a significant and measurable economic benefit to not only Clark County and the City of Las Vegas, but the State of Nevada as a whole. Like the Las Vegas Strip, the new stadium corridor will be a key contributor for economic growth for the state that warrants the necessary protections.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

none.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	LVMPD	Project Manager Name & Contact #	Sgt. Brad Cupp 702-828-4455	Grant Manager Name & Contact #	Joni Prucnal 702 828 8267	CCC
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IJ TITLE:	Russell Corridor Camera Project										
	One Budget Per Funding Stream										
	UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
	Planning Sub-Total							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-	\$ -			
37							-	-	\$ -			
38							-	-	\$ -			
39							-	-	\$ -			
	Organization Sub-Total							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
40		Cameras and Mounts	New / Enhance / Past / Competitive	UASI	04MD-01-VCAM	44.00	2,800.00	\$ 123,200.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04MD-01-VCAM	UASI
41		Camera Box	New / Enhance / Past / Competitive	UASI	04MD-01-VCAM	22.00	2,000.00	\$ 44,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04MD-01-VCAM	UASI
42		Milestone Licenses	New / Enhance / Past / Competitive	UASI	04SW-04-NETW	44.00	300.00	\$ 13,200.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04SW-04-NETW	UASI
43		Network and Wireless Equipment	New / Enhance / Past / Competitive	UASI	04HW-01-INHW	1.00	13,800.00	\$ 13,800.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
44		Miscellaneous Supplies	New / Enhance / Past / Competitive	UASI	04HW-01-INHW	1.00	1,000.00	\$ 1,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
45							-	\$ -				
46							-	\$ -				
47							-	\$ -				
48							-	\$ -				
49							-	\$ -				
	EQUIPMENT Sub-Total							\$ 195,200.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

The following is a request for 44 cameras, and 22 individual camera mount boxes. The milestone licenses are for the software feed consumption into our video management system. The remaining two line items are the necessary hardware required for video transmission and the installation items.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 195,200.00	
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	DDD
<b>Date Submitted</b>	4/25/19

1) <b>PROJECT TITLE:</b>	Southern Nevada Counter Terrorism Center - B	
2) <b>PROPOSING/LEAD AGENCY:</b>	Las Vegas Metropolitan Police Department	
3) <b>Project Manager Name/Title:</b>	Chris Tomaino / Captain	
<b>Project Manager Contact Info:</b>	Phone: (702) 828-2281	Email: c4671t@lvmpd.com
4) <b>Addl Project Manager Name/Title:</b>	Rachel Skidmore / Emergency Manager	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
5) <b>Finance/Grant Contact Name/Title:</b>	Joni Prucnal, Director of Finance	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The National Network of Fusion Centers is the cornerstone of the Department of Homeland Security's vision for protecting the Homeland. This network provides the conduit for the U.S. Intelligence Community to our partners by providing ground information to complement the intelligence streams. This ultimately supports the goal of exchanging information and intelligence. The network collaborates with state, local, and federal partners in an effort to deter, detect, prevent, and/or mitigate terrorism, hazards, and other criminal activity. This is for the protection of the citizens, visitors, and critical infrastructure of the state of Nevada and the United States. As a result of funding, the Southern Nevada Counter Terrorism Center (SNCTC) will be able to sustain current operations to meet the Fusion Center Baseline Capabilities / CoC's / EC's. The SNCTC is committed to intelligence and information sharing within the state, regionally, and nationally, to include FEMA Region IX. This project proposal further sustains our efforts to maintain necessary information streams throughout our state, and continue to operate as the DHS Primary fusion center for the State of Nevada. We are seeking to staff a full time member in the Fusion Watch program to lend consistency to training, and program implementation and to fund a new Cellebrite program.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	FUSION CENTERS
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project is the sustainment request for the Southern Nevada Counter Terrorism Center.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	DDD
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center - B

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

All three are completed.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The project will be administered by the Las Vegas Metropolitan Police Department (LVMPD), the host agency for the Southern Nevada Counter Terrorism Center. In addition to the staff that are provided by LVMPD there are 21 partner agencies represented to include: The Federal Aviation Administration, Henderson Police Department, Department of Homeland Security - CFATS, Department of Homeland Security - ICE, Transportation Security Administration, Nevada National Guard, Department of Homeland Security - Federal Security, Department of Homeland Security- PSA, Nevada Highway Patrol, Clark County Fire Department, Boulder City Police Department, North Las Vegas Police Department, Department of Homeland Security - Office of Intelligence and Analysis, Federal Bureau of Investigation, RRG Privacy Officer, Las Vegas City Marshals, Hoover Dam Police Department, Moapa Tribal Police Department, Southern Nevada Health District, US State Department, and the Clark County School District Police Department. It is through these partnerships with the various agencies that information is collected, analyzed, and distributed to our consumers. The crime and intelligence analysts, along with supporting research staff leverage technology and the diverse data sets owned by the participating agencies to produce insightful and actionable intelligence products for the stakeholders and other customers of the SNCTC.

This new position will allow the Fusion Watch program to have some consistency in program implementation, and the new celebrite technology will allow us to further investigate critical items during an investigation.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

This is a new project and has never been historically funded.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)



**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	DDD
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Southern Nevada Counter Terrorism Center - B
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Salary for one FTE Fusion Watch Specialist for 18 months.	\$ 127,890.52		\$ 127,890.52
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Cellebrite Hardware for Phone Investigations	\$ 80,170.00		\$ 80,170.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 208,060.52	\$ 0.00	\$ 208,060.52

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	DDD
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center - B

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Hiring Process	01/01/20	02/28/20	2
3	Implement Training Programs, and Project Management	02/01/20	08/01/21	18
4				
5				
6				
7				
8				
9				
10				
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Yes, the Southern Nevada Counter Terrorism Center's primary purpose is to implement the National SAR initiative which is to combat terrorism within the United States.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Fusion centers are intelligence and information sharing at the core. We are currently seeking to build out the cybersecurity components within our center.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

No.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	DDD
Date Submitted	4/25/19

**PROJECT TITLE REFERENCE:** Southern Nevada Counter Terrorism Center - B

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
The LVMPD requires the grants to hire this individual.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
Yes the SNCTC is the state designated fusion center for the state of Nevada.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box


none.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	LVMPD	Project Manager Name & Contact #	Christopher Tomaino 702-828-2257	Grant Manager Name & Contact #	Joni Prucnal 702 828 8267	
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IJ TITLE:	SNCTC Enhancement - B										
	One Budget Per Funding Stream										
	UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		FTE Fusion Watch Specialist - 18 months	New / Enhance / Past / Competitive		27.49967308	100%	3120	\$ 85,798.98	Fusion Center - SNCTC	Intelligence and Information Sharing	UASI
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel	Sub-Total						\$ 85,798.98			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This is the 18 month anticipated salary for two Fusion Watch Specialists.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		FTE Fusion Watch Specialist - 18 months	New / Enhance / Past / Competitive		13.49087821	100%	3,120.00	\$ 42,091.54	Fusion Center - SNCTC	Intelligence and Information Sharing	UASI
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe	Sub-Total						\$ 42,091.54			

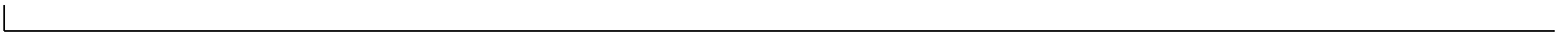
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This is the 18 month anticipated salary for one Fusion Watch Specialist.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
	Travel	Sub-Total										

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
31							-	-				
32							-	-				
33							-	-				
34							-	-				
35							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-	\$ -			
37								\$ -				
38							-	\$ -				
39								\$ -				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		Cellebrite Computer Hardware	New / Enhance / Past / Competitive			1.00	80,170.00	\$ 80,170.00	Fusion Center - SNCTC	Intelligence and Information Sharing	04HW-01-INHW	UASI
41												
42												
43												
44												
45												
46												
47												
48												
49												
	<b>EQUIPMENT Sub-Total</b>							\$ 80,170.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 208,060.52	
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	EEE
<b>Date Submitted</b>	4/26/19

1) <b>PROJECT TITLE:</b>	Bomb Squad Remote Operations	
2) <b>PROPOSING/LEAD AGENCY:</b>	Las Vegas Fire & Rescue Bomb Squad	
3) <b>Project Manager Name/Title:</b>	Richard Brooks	
<b>Project Manager Contact Info:</b>	Phone: (702) 232-6417	Email: rbrooks@lasvegasnevada.gov
4) <b>Addl Project Manager Name/Title:</b>	Steven Poe	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 303-0773	Email: sbpoe@lasvegasnevada.gov
5) <b>Finance/Grant Contact Name/Title:</b>	Priscilla Wdowiak	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 229-6045	Email: pwdowiak@lasvegasnevada.gov

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The Las Vegas Fire & Rescue Bomb Squad is the only Federal Bureau of Investigations (FBI) accredited Bomb Squad in Southern Nevada. The Las Vegas Fire & Rescue Bomb Squad supports Clark, Esmeralda, Lincoln and Nye Counties. Las Vegas Fire & Rescue also provides support for St George, UT Bullhead City, AZ and surrounding areas.

The goal of this project is to improve and expand the Las Vegas Bomb Squad by supporting the National Priority of: "Strengthening Chemical, Biological, Radiological/Nuclear and Explosive (CBRNE) Detection, Response, and Decontamination Capabilities".

The focus of this project and equipment is to prepare for and respond to hazardous device incidents. This equipment will allow the Bomb Technician to be at a safe location and at distance for the disposal or render safe of a device. This equipment would assist the Bomb Technicians by decreasing the mortality rate and increasing the survivability during hazardous device responses and unmanned aircraft system incidents.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	Las Vegas Bomb Squad [CBRN,E]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This specialized equipment is not generally budgeted in capital or general funds. Its necessity is specific to meeting our region's needs due to the terror threat level for our community. Equipment will be maintained by Las Vegas Fire and Rescue until it has reached end of useful life in approximately 3-5 years. The proposed equipment is a tool that will enhance our squads safety. These remote firing devices will be used to defeat hazardous devices that are in hard to reach places or at long distances away. This provides physical protective measures by providing large safe zones and areas of exclusion. These will give the Bomb Technicians a safe working at distance while working a problem or while training.

Currently the Las Vegas Fire & Rescue Bomb Squad has old, out dated and broken remote firing devices. These devices would be utilized in multiple scenarios to include but not limited to training of our unit, demo days for outside agencies in the valley on Hazardous Devices, Homemade Explosives, for all agencies in the valley.



**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	EEE
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Bomb Squad Remote Operations

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Requested equipment will require an RFP (Request for Proposal). This process is time consuming, but a requirement to ensure funds are used most effectively. Once there is a qualified bidder, the Project Manager will proceed with the procurement process.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Upon award and acceptance by City Council, project implementation will be conducted by Steven Poe, Richard Brooks and consist of procurement, training and delivering of the equipment to the Las Vegas Fire & Rescue Bomb Squad.

Requested equipment will require an RFP (Request for Proposal). This process is time consuming, but a requirement to ensure funds are used most effectively.

Once there is a qualified bidder, the Project Manager will proceed with the procurement process. Upon receipt, the Project Manager will ensure adequate training is conducted and equipment distributed to assigned units.

Quarterly Financial and Progress reports will be submitted to Nevada Department of Emergency Management as required by state grant assurances until the project has reached its conclusion.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Fire & Rescue	City of Las Vegas	Richard Brooks
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Since this project is for the acquisition of equipment only, there are no ongoing sustainment expenses projected after the original purchase. The vendor will provide training as well as future software upgrades. Las Vegas Fire & Rescue general funds will be used to cover any expenses for maintenance, repairs or updates to the equipment purchased. Maintenance, repairs and updates to equipment is a widely accepted general fund allowance under government entities.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	EEE
<b>Date Submitted</b>	4/26/19

<b>PROJECT TITLE REFERENCE:</b>	Bomb Squad Remote Operations
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
<b>3 - Remote Firing Device Systems</b>  Remote Firing Device (RFD) is an intelligent and discrete 2-way controlled initiation system, used on land as a primary firing mechanism to detonate explosive charges.  Safer to use than conventional electric initiation methods, the RFD has a versatility and reliability unlike any other demolition initiation systems.	\$ 71,559.00		\$ 71,559.00

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 71,559.00	\$ 0.00	\$ 71,559.00

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	EEE
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Bomb Squad Remote Operations

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Develop Specification	09/30/19	12/31/19	4
3	Request for Proposal	01/02/20	03/31/20	2
4	Procurement	04/01/20	06/01/20	2
5	Distribution of Units	06/01/20	08/01/20	2
6				
7				
8				
9				
10				
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 Remote Firing Device (RFD) is an intelligent and discrete 2-way controlled initiation system, used on land as a primary firing mechanism to detonate explosive charges. Allows CBRNE task forces to give distance to the known threats.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 Operational Coordination cannot be effectively achieved when the threat is an unknown. By sustaining the Las Vegas Fire and Rescue Department's capability to identify and defeat Hazardous devices, the unknown become known and Unified Command is armed with the information necessary to make critical life and death decisions.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 Although this project cannot officially go to bid until funding is assigned, the price is set for this unit unless 100 or more is purchased. The Project Manager is committed to leveraging the best pricing and can request reductions in the amount of units requested. The quantity of (6) each is the amount of units for deployment of (3) fully and properly equipped bomb squad teams.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	EEE
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** Bomb Squad Remote Operations

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

This project will only move forward if it has the support and funding from the Nevada Homeland Security Grant Program (UASI).

---

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

This project is a continuing endeavor undertaken by the Las Vegas Fire & Rescue Bomb Squad, Federal Bureau of Investigations, and its community partners to create a unique asset that would provide service and support to all of southern Nevada in the event of an unmanned aircraft system hazardous device deployment, improvised explosive device with active assailants and chemical, biological, radiological nuclear devices (CBRNE). This project is unique in that it is not a routine operation. The project is characterized by well-defined parameters, specific objectives, common benefits, planned activities, a scheduled completion date, and an established budget with a specified source of funding.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

This equipment would allow for (3) specialized Bomb Squad Teams to respond simultaneously to calls for service. These teams would consist of personnel from Las Vegas Fire & Rescue Bomb Squad, Federal Bureau of Investigations and its community partners allowing the teams to respond to prevent initial or follow-up on terrorist attacks. This equipment would also allow the Las Vegas Bomb Squad to conduct counter-terrorism operations in up to (3) separate locations.

The equipment that is being requested is for use by the Las Vegas Fire & Rescue Bomb Squad. This equipment will increase the safety of the Las Vegas Fire & Rescue. This is a vital piece of equipment that is needed in the Las Vegas Valley.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Las Vegas Fire & Rescue Bomb Squad	<b>Project Manager Name &amp; Contact #</b>	Richard Brooks 702.232.6417	<b>Grant Manager Name &amp; Contact #</b>	Priscilla Wdowiak 702-229-6045	<b>EEE</b>
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<b>IJ TITLE:</b>	<b>Bomb Squad Remote Operations</b>
<b>One Budget Per Funding Stream UASI</b>	

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9								-				
10								-				
11								-				
12								-				
13								-				
14								-				
15								-				
16								-				
17								-				
18								-				
	<b>Travel Sub-Total</b>							-				

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27							-			
28							-			
29							-			
30							-			
31							-			
32							-			
33							-			
34							-			
35							-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36							\$ -			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY. MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40	Remote Operation Firing Device	discrete 2-way controlled initiation system, used on land as a primary firing mechanism to detonate explosive charges.  Safer to use than conventional electric initiation methods, the RFD has a versatility and reliability unlike any other demolition initiation systems.	New / Enhance / Past / Competitive	UASI	3.00	23,853.00	\$ 71,559.00	CBRNE - Las Vegas Bomb Squad	Operational Coordination	02EX-02-TLPB Tools, Bomb Disabling	UASI
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 71,559.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 71,559.00	
--	--	--	--	--	--	--	--	--	--	--	----------------------	--------------	--



**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	FFF
<b>Date Submitted</b>	4/25/19

1) <b>PROJECT TITLE:</b>	Clark County Rural Fire Stations Repeaters Project	
2) <b>PROPOSING/LEAD AGENCY:</b>	Clark County Fire Department	
3) <b>Project Manager Name/Title:</b>	Larry Haydu, Assistant Fire Chief	
<b>Project Manager Contact Info:</b>	Phone: (702) 455-7757	Email: LHaydu@ClarkCountyNv.gov
4) <b>Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
5) <b>Finance/Grant Contact Name/Title:</b>	Karen Taylor	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 455-6183	Email: Karent@ClarkCountyNv.gov

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The goal of this request is to sustain and expand the fire department VHF radio communications system in Southern Nevada. The VHF radio system is a critical component to the daily fire department operations for both the Clark County Fire Department (CCFD) Rural Division as well as the CCFD Urban Division. The VHF radio system provides radio coverage in many of the areas that are not serviced by the larger Southern Nevada Area Communications (SNAC) system. The VHF radio system allows direct integration and interoperability with our Federal fire and law enforcement partners in the rural areas of the County. As most CCFD apparatus are equipped with VHF radios the system provides additional capabilities should the SNAC system fail or become overloaded during a catastrophic event. The current VHF radio system is comprised of 14 mountain top repeaters that provide coverage to 7000 square miles of Clark County. Currently 1 of the 14 repeaters is out of service and there are no spare repeater to allow the defective repeater to be changed out for repair. This causes dangerous down time while the repeater is removed, repaired and replaced. In addition, In 2017 the CCFD established a new Rural Fire Station in the Trout Canyon area of the county. Currently Trout Canyon cannot be serviced by any of the current repeater sites. The CCFD through its "Cooperators Agreement" with the U.S. Forrest Service will be able to establish a 15th repeater site using the Forest Service site on Mt. Charleston to provide radio coverage to the western edge of the county including portions of Nye County. This new site would require a third, Solar powered repeater to become operative.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	OPERATIONAL COMMUNICATION
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	Please choose the core capability that aligns with your MAINTAINED project

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This request would meet two Strategic Capacities; Operational Coordination and Communication Coordination/Operations. While the system is currently in operation, there are no funds available to replace, repair or upgrade the current system. Failure of the system would have an immediate impact on emergency operations in the rural areas of the County. A loss of the VHF radio system would impact automatic and mutual aid responses with not only our Federal partner agencies, but other county and municipal agencies that utilize the system through our agreements. Failure of the VHF radio system could have a catastrophic impact on emergency operations in the Urban area should the primary SNAC system fail during a major event in Southern Nevada. The current VHF radio system is a critical asset in the coordination of emergency operations between the CCFD, Federal, State and local government agencies.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	FFF
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Clark County Rural Fire Stations Repeaters Project

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Clark County would follow the guidelines of Clark County Purchasing getting quotes for all purchases related to this project.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Chief Haydu will oversee the replacement, repair, or upgrade of the repeaters for the rural fire stations.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County Fire Department	County	Larry Haydy
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

There would be no yearly sustainment, however if additional repeaters fail after the project is completed, additional funding may be necessary, since this is not a budgeted expense.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
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<b>PROJECT ID:</b>	FFF
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Clark County Rural Fire Stations Repeaters Project

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
Solar Powered Repeater -One \$15,000 Repeater-two @ 7500.00 each totaling \$15,000	\$ 30,000.00		\$ 30,000.00

15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15g) PROJECT TOTALS	LV-UASI	State-wide	TOTAL
	\$ 30,000.00	\$ 0.00	\$ 30,000.00

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	FFF
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Clark County Rural Fire Stations Repeaters Project

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Purchasing Process with Clark County Purchasing	10/01/19	01/01/20	4
3	Project installation of repeaters	02/01/20	06/30/20	5
4	Invoicing Process	07/01/20	08/30/20	2
5	Grant Closeout	09/30/20	10/31/20	2
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**  
 Sustainment of the CCFD VHF Radio system is critical in providing a backup system to the primary SNAC radio system. Failure of the SNAC system during a critical event, including a terrorist event without having the VHF radio system to fall back on would leave responding units unable to communicate vital information. In addition, during a major event in an urban area many mutual aid units for Federal, State and local agencies are equipped with VHF radios.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**  
 This request would meet two Strategic Capacities; Operational Coordination and Communication Coordination/Operations. While the system is currently in operation, there are no funds available to replace, repair or upgrade the current system. Failure of the system would have an immediate impact on emergency operations in the rural areas of the County. A loss of the VHF radio system would impact automatic and mutual aid responses with not only our Federal partner agencies, but other county and municipal agencies that utilize the system through our agreements. Failure of the VHF radio system could have a catastrophic impact on emergency operations in the Urban area should the primary SNAC system fail during a major event in Southern Nevada. The current VHF radio system is a critical asset in the coordination of emergency operations between the CCFD, Federal, State and local government agencies.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**  
 Partial funding would be acceptable, it would eliminate the ability to purchase all of the required communications equipment and could limit the sustainment of the radio system.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	FFF
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**PROJECT TITLE REFERENCE:** Clark County Rural Fire Stations Repeaters Project

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

No, this is not budgeted expense

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

The CCFD VHF radio system provides multi-jurisdictional radio coverage across Southern Nevada and provides radio coverage to Clark County and portions of Nye, Lincoln counties, as well as San Bernardino County in California and Mojave County in Arizona. The current CCFD VHF radio system allows all units on the system to utilize the 5"VFIRE" VHF Radio frequencies that are Federal and State wide fire coordination frequencies.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

N/A

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Clark County Fire Department	Project Manager Name & Contact #	Larry Haydu	Grant Manager Name & Contact #	Karen Taylor	FFF
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IJ TITLE:	Fire Station Repeater Project											
	One Budget Per Funding Stream UASI											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Solar Powered Repeater	New / Enhance / Past / Competitive		1.00	15,000.00	\$ 15,000.00		Operational Communications	06CP-01-REPT Repeaters	UASI
41		Repeater	New / Enhance / Past / Competitive		2.00	7,500.00	\$ 15,000.00		Operational Communications	06CP-01-REPT Repeaters	UASI
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 30,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Clark County will purchase one solar powered repeater to install at Trout Canyon, and the 2 additional repeaters for repairs to current network.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 30,000.00	
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>GGG</b>
<b>Date Submitted</b>	<b>4/26/19</b>

<b>1) PROJECT TITLE:</b>	Las Vegas Fire Special Operations Communications	
<b>2) PROPOSING/LEAD AGENCY:</b>	Las Vegas Fire Rescue	
<b>3) Project Manager Name/Title:</b>	Karl Rosette	
<b>Project Manager Contact Info:</b>	Phone: (702) 271-0480	Email: krosette@lasvegasnevada.gov
<b>4) Addl Project Manager Name/Title:</b>	Craig Cooper	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 236-9597	Email: ccooper@lasvegasnevada.gov
<b>5) Finance/Grant Contact Name/Title:</b>	Priscilla Wdowiak	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 229-6045	Email: pwdowiak@lasvegasnevada.gov

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The goal of this project is to improve communications for Las Vegas Fire and Rescue personnel including CBRNE and Bomb Squad. This goal will be accomplished by purchasing 65 noise canceling earphone and microphone accessories for SNACC radios in use by the agency.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	Please choose the core capability that aligns with your MAINTAINED project

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

Currently communications units utilized by Las Vegas Fire Rescue CBRNE/HazMat and Bomb personnel do not have noise canceling ability. This hampers communication and causes longer responses due to needing face to face communications. These units would be utilized in a task force setting for special events such as EDC, Life is Beautiful and New Year's Eve screening and support events. These events have extremely high background noise levels causing communication challenges. These operational communication challenges interfere with operational coordination and information sharing.

In incident response these units can be utilized in austere environments for communications. This includes low dexterity environments such as when using chemical protective clothing, operating in confined spaces or other restrictive personal protective equipment.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>GGG</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** Las Vegas Fire Special Operations Communications

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Specification will be developed. Request for proposal will be posted by City of Las Vegas Purchasing. Units will be procured following established processes.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Karl Rosette of Las Vegas Fire and Rescue will develop specification on units. Karl Rosette will work with City of Las Vegas purchasing to use compliant purchase methods in request for proposal. The units will be procured by City of Las Vegas Purchasing. Units will be distributed for use.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Fire Rescue	City of Las Vegas	Karl Rosette
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Units will be a one time purchase. Unit maintenance over the life of the unit is the only foreseeable cost. The maintenance of these units can be addressed by City of Las Vegas.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

**Statewide (SHSP)**

100%

**Urban Area (UASI)**

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>GGG</b>
<b>Date Submitted</b>	<b>4/26/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Las Vegas Fire Special Operations Communications
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
65 Noise canceling ear piece microphone units compatible with Motorola APX radios to maintain platform consistency with SNACC.	\$ 53,000.00		\$ 53,000.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			\$ 0.00
<b>15g) PROJECT TOTALS</b>	LV-UASI \$ 53,000.00	State-wide \$ 0.00	TOTAL \$ 53,000.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>GGG</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** Las Vegas Fire Special Operations Communications

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Develop Specification	09/30/19	12/31/19	4
3	Request for Proposal	01/02/20	03/31/20	2
4	Procurement	04/01/20	06/01/20	2
5	Distribution of Units	06/01/20	08/01/20	2
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

These units will allow for more efficient communications at screening and mitigation events. These units will also aid communications in chaotic environments in the event of an attack. Specified units will enhance the responders ability to communicate more effectively while having reduced dexterity in required personal protective equipment.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

Las Vegas Fire and Rescue CBRNE is not a named strategic capacity at the State level. By MOU Las Vegas Fire Rescue CBRNE/HazMat is a named partner with LVMPD Armor. A portion of these units will also be made available to the Las Vegas Fire Rescue Bomb Squad.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

This project is scalable by the number of units purchased.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>GGG</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** Las Vegas Fire Special Operations Communications

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
Currently the City of Las Vegas does not have money allotted for a project of this magnitude.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
These units are being purchased by the City of Las Vegas. Las Vegas Fire Rescue CBRNE response is a regional asset. The unit rarely travels outside the Southern Nevada Region. The units utilized by the Las Vegas Bomb Squad will be used in Southern Nevada and neighboring states.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

	<b>Agency Name</b> Las Vegas Fire Rescue 500 North Casino Center Las Vegas NV 89101	<b>Project Manager Name &amp; Contact #</b>	Karl Rosette 702-271-0480	<b>Grant Manager Name &amp; Contact #</b>	Priscilla Wdowiak- 702-229-6045	<b>GGG</b>
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<b>IJ TITLE: Special Operations Communications</b>											
<b>One Budget Per Funding Stream</b>											
<b>UASI</b>											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
<b>Personnel Sub-Total</b>								\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
<b>Fringe Sub-Total</b>								\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9									-			
10									-			
11									-			
12									-			
13									-			
14									-			
15									-			
16									-			
17									-			
18									-			
19									-			
20									-			
21									-			
22									-			
23									-			
24									-			
<b>Travel Sub-Total</b>									-			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-	-	\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40	Communications	Noise cancelling earphone/microphone with low dexterity PTT for use with SNACC radios.	New / Enhance / Past / Competitive	General Fund	65.00	800.00	\$ 52,000.00		Operational Communications	06CP-03-PRAC Accessories, Portable Radio	UASI
41		Bid Posting	New / Enhance / Past / Competitive	General Fund	1.00	200.00	\$ 200.00				
42		Shipping	New / Enhance / Past / Competitive	General Fund	1.00	800.00	\$ 800.00				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 53,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Item 1: The goal of this purchase is to improve communication for Las Vegas Fire and Rescue Special Operations to include CBRNE, HazMat, and Arson / Bomb Squad. The units will provide for the ability to communicate in austere environments with high background noises. The devices will also have low dexterity push to talk (PTT) features for operation of the units in PPE as required. Current units do not provide hearing protection or noise cancellation rendering them ineffective in loud environments and inside of PPE with respirator noise.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 53,000.00	
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	HHH
<b>Date Submitted</b>	5/9/19

<b>1) PROJECT TITLE:</b>	University Police Services - Interoperable Communication Enhancements		
<b>2) PROPOSING/LEAD AGENCY:</b>	University Police Services, Southern Command		
<b>3) Project Manager Name/Title:</b>	Adam Garcia, Associate Vice President & Director		
<b>Project Manager Contact Info:</b>	<b>Phone:</b> (702) 895-2634	<b>Email:</b> adam.garcia@unlv.edu	
<b>4) Addl Project Manager Name/Title:</b>	Ryan Doyle, Director of Technology		
<b>Addl Project Manager Contact Info:</b>	<b>Phone:</b> (702) 774-4122	<b>Email:</b> ryan.doyle@unlv.edu	
<b>5) Finance/Grant Contact Name/Title:</b>	Ariana Renick, Publications Writer		
<b>Finance/Grant Contact Info:</b>	<b>Phone:</b> (702) 895-5792	<b>Email:</b> ariana.renick@unlv.edu	

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; OR the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.] <span style="float: right;"><input checked="" type="radio"/></span>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b> <span style="float: right;"><input type="radio"/></span>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)...]; **OF WHAT CORE CAPABILITY (or CAPABILITIES** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

With primary campuses and major infrastructure throughout Southern Nevada, including the University of Nevada Las Vegas, College of Southern Nevada, and Nevada State College, the department relies on the ability to effectively communicate with other agencies in times of crisis and in support of other agencies throughout the region. Equipping both Divisions of the Southern Command with the same public safety grade communications equipment would support our mission of consolidating agencies to create a unified patrol and ensure interoperable communications with other regional public safety partners, including the City of Henderson Police and Fire Departments (COHPD/COHFD), City of Las Vegas Fire Department (LVFD), Clark County Fire Department (CCFD), Las Vegas Metropolitan Police Department (LVMPD), North Las Vegas Police and Fire Departments (NLVPD/NLVFD), and Clark County School District Police Department (CCSDPD). Additionally, the newer Motorola units would provide several additional benefits including a top LCD display to allow for officers to quickly view current talk group and other messages; talkgroup announcement; increased resistance to dust, impacts, and water submersion; and compatibility for future enhancements, including Over-the-air Rekeying (OTAR), and encrypted voice and data communications. The additional P25 Phase II-capable radio hardware will provide significant benefits, including: (1) continued and sustainable mission-critical voice communication for first responders; (2) increased in-building radio reception resulting in timely communication and decision-making; and (3) increased situational awareness through direct and indirect interoperable communications with regional public safety agencies.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	OPERATIONAL COMMUNICATION
HSGP Project Type Supporting Strategic Capacity:	If this project does NOT align with a FFY19 strategic capacity, please choose OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

University Police Services and UNLV's Office of Emergency Management's common campus purpose is to sustain and build systems that will prepare for, respond to, and recover from any threat which may face our campus, keeping UNLV students and staff, campus visitors and event attendees, and surrounding community secure and safe. The additional P25 Phase II-capable radio hardware will provide significant benefits, including: (1) continued and sustainable mission-critical voice communication for first responders; (2) increased in-building radio reception resulting in timely communication and decision-making; and (3) increased situational awareness through direct and indirect interoperable communications with regional public safety agencies which include City of Henderson Police and Fire Departments (COHPD/COHFD), City of Las Vegas Fire Department (LVFD), Clark County Fire Department (CCFD), Las Vegas Metropolitan Police Department (LVMPD), North Las Vegas Police and Fire Departments (NLVPD/NLVFD), and Clark County School District Police Department (CCSDPD).

**PROJECT TITLE REFERENCE:** University Police Services - Interoperable Communication Enhancements

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** Provide a brief explanation on your method of procurement - **FIELD IS LIMITED TO VISIBLE TEXT BOX:**
- Sole Source**
- Internal**

University Police Services has identified the equipment for purchase that best suits the needs for the consolidation of the Southern Command.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

University Police Services will perform the following implementation steps:

- Conduct final needs assessment
- Distribute Request for Proposal
- Select Vendor
- Order Subscriber Units
- Receive Subscriber Units
- Southern Nevada Area Communications Council program subscriber units
- Update mutual-aid agreements with partner agencies
- Distribute subscriber equipment.
- Regular testing and maintenance

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	University Police Services	CSN, DRI, NSC, UNLV	Adam Garcia, AVP & Director
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

University Police Services will be responsible for all licensing, maintenance, and upkeep, for the lifetime of the equipment.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	HHH
<b>Date Submitted</b>	5/9/19

**PROJECT TITLE REFERENCE:** University Police Services - Interoperable Communication Enhancements

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
(10) APX6000 portable units and related components.	\$ 59,000.00		\$ 59,000.00

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
			\$ 0.00

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 59,000.00	\$ 0.00	\$ 59,000.00

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	HHH
<b>Date Submitted</b>	5/9/19

**PROJECT TITLE REFERENCE:** University Police Services - Interoperable Communication Enhancements

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

**FIELDS ARE LIMITED TO TEXT BOX SIZE**

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Final needs assessment.	07/01/19	07/15/19	1
3	Distribute request for proposal and select vendor.	07/15/19	08/05/19	1
4	Order and receive subscriber units.	08/05/19	11/04/19	3
5	Southern Nevada Area Communications Council program the subscriber units.	11/04/19	11/18/19	1
6	Test subscriber equipment.	11/18/19	12/02/19	1
7	Update mutual-aid agreements with partner agencies.	08/05/19	10/07/19	2
8	Distribute subscriber equipment.	12/02/19	12/13/19	1
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

The new equipment will ensure all Divisions within the Southern Command are able to communicate with our regional public safety partners such as City of Henderson Police and Fire Departments (COHPD/COHFD), City of Las Vegas Fire Department (LVFD), Clark County Fire Department (CCFD), Las Vegas Metropolitan Police Department (LVMPD), North Las Vegas Police and Fire Departments (NLVPD/NLVFD), and Clark County School District Police Department during all hazards emergency response operations (including counter-terrorism). Additional features such as Over-the-air Rekeying (OTAR) and encrypted voice and data communications, will ensure interoperable communications with Las Vegas Metropolitan Police Department (LVMPD) who now require encryption for all of their radio communications after the 1 October incident.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

University Police Services' common campus purpose is to sustain and build systems that will prepare for, respond to, and recover from any threat which may face our campuses, keeping all students and staff, campus visitors and event attendees, and surrounding community secure and safe. Equipping both Divisions of the Southern Command with the same public safety grade communications equipment would align with and support the identified strategic capacity of operation communications including: (1) continued and sustainable mission-critical voice communication for first responders; (2) increased in-building radio reception resulting in timely communication and decision-making; and (3) increased situational awareness through direct and indirect interoperable communications with regional public safety agencies.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The number of radios cannot be reduced as that would be contrary to the overall goal of providing interoperable communications to all officers under the Southern Command. With primary campuses and major infrastructure throughout Southern Nevada, including the University of Nevada Las Vegas, College of Southern Nevada, and Nevada State College, the department relies on the ability to effectively communicate with other agencies in times of crisis and in support of other agencies throughout the region. Given our large jurisdiction, there is a high probability we will have a need to communicate with several regional public safety partners during large special events, responding to incidents within our jurisdiction, and in support of regional emergencies.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	HHH
<b>Date Submitted</b>	5/9/19

**PROJECT TITLE REFERENCE:** University Police Services - Interoperable Communication Enhancements

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

This project is dependent upon HSGP funding. Having recently procured P25 Phase II capable equipment for the department's Emergency Communications Center, Emergency Management and the Central Division at a cost of over \$1.2 million, the department currently lacks the resources to provide P25 Phase II compatible hardware for the department's Regional Division that ensures interoperable communications with federal, state, and local response agencies.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

Within our current responsibility of being the primary law enforcement and public safety agency for our jurisdiction, we facilitate communications between internal and external agencies, including the City of Henderson Police and Fire Departments (COHPD/COHFD), City of Las Vegas Fire Department (LVFD), Clark County Fire Department (CCFD), Las Vegas Metropolitan Police Department (LVMPD), North Las Vegas Police and Fire Departments (NLVPD/NLVFD), and Clark County School District Police Department (CCSDPD). Current facilities and properties throughout the region are commonly utilized for large special events, in support of regional emergencies, and often contain or are adjacent to critical infrastructure. University Police Services would have utilize this equipment in support of all hazard planning, regional training, and response to emergencies and disasters.

- 18) **THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:**
- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box**

Having recently procured P25 Phase II capable equipment for the department's Emergency Communications Center, Emergency Management and the Central Division at a cost of over \$1.2 million, the department currently lacks the resources to provide P25 Phase II compatible hardware for the department's Regional Division that ensures interoperable communications with federal, state, and local response agencies. HSGP funding will cover the cost of (10) Motorola APX 6000 portable radios for all officers on shift within the Southern Command. Equipping both Divisions of the Southern Command with the same public safety grade communications equipment would support our mission of consolidating agencies to create a unified patrol and ensure interoperable communications with other regional public safety partners, including City of Henderson Police and Fire Departments (COHPD/COHFD), City of Las Vegas Fire Department (LVFD), Clark County Fire Department (CCFD), Las Vegas Metropolitan Police Department (LVMPD), North Las Vegas Police and Fire Departments (NLVPD/NLVFD), and Clark County School District Police Department (CCSDPD).

All requested P25 Phase II capable equipment and be compatible with all state and regional public safety radio systems, including the LVMPD, SNACC, and future NSRS systems. Additionally, all equipment will be authorized according to the FEMA Equipment List, with appropriate TDMA, Over-the-air Rekeying (OTAR), and encrypted voice and data communications features. Lastly, the additional equipment would provide several benefits including: (1) continued and sustainable mission-critical voice communication for first responders; (2) increased in-building radio reception resulting in timely communication and decision-making; (3) increased situational awareness through direct and indirect interoperable communications with regional public safety agencies; (4) and increased operational efficiency with the department's limited human and fiscal resources.

University Police Services is responsible for the safety and security of numerous high profile events that require interoperable communications, coordination, and assistance from other regional public safety partners. The (10) Motorola APX 6000 portable radios will ensure University Police Services personnel remain deployable to assist other public safety agencies and guarantee we will have the appropriate interoperable communications to do so.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	University Police Services, Southern Co	<b>Project Manager Name &amp; Contact #</b>	Adam Garcia, 702-895-2634	<b>Grant Manager Name &amp; Contact #</b>	Ariana Renick, 702-895-5792	<b>HHH</b>
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**IJ TITLE: University Police Services - Interoperable Communication Enhancements**

**One Budget Per Funding Stream**

UASI

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous	Salary or	% of Effort	Calculation	Personnel	Approved	Core	Requested
	Personnel	Positions Require: How Many, Type, Max Amount of						\$ -			
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous	Salary or	% of Effort	Calculation	Personnel	Approved	Core	Requested
	Fringe Benefits	Positions Require: Fringe to be separate from						\$ -			
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL	Select Purchase Type	Previous	Category of	Justification &	Total Trips	Cost for	Total Cost	Approved	Core	Requested
	Travel Planning Training	THIS IS A NEW REQUIREMENT TO PROVIDE ALL	Select Type				-		-			
9									-			
10									-			
11									-			
12									-			
13									-			
14									-			
15									-			
16									-			
17									-			
18									-			
19									-			
20									-			
21									-			
22									-			
23									-			
24									-			
25									-			
26									-			
27									-			
	<b>Travel Sub-Total</b>								-			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous	QUANTITY	UNIT COST	TOTAL	Approved	Core	Requested
27	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE								
28										
29										
30										
31										
32										
33										
34										
35										
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous	QUANTITY	UNIT COST	TOTAL	Approved	Core	Requested
36	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE								
37										
38										
39										
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous	QUANTITY	UNIT COST	TOTAL	Approved	Core	AEL Ref # (if	Requested
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		APX6000 700/800 MODEL 2.5 PORTABLE	New / Enhance / Past /		10.00	\$2,208.98	\$ 22,089.80	Communication -	Operational	06CP-01-MOBL	UASI
41		ASTRO DIGITAL CAI OPERATION	New / Enhance / Past /		10.00	\$375.95	\$ 3,759.50	Communication -	Operational	06CP-01-MOBL	UASI
42		SMARTZONE OPERATION	New / Enhance / Past /		10.00	\$876.00	\$ 8,760.00	Communication -	Operational	06CP-01-MOBL	UASI
43		P25 9600 BAUD TRUNKING	New / Enhance / Past /		10.00	\$219.00	\$ 2,190.00	Communication -	Operational	06CP-01-MOBL	UASI
44		ADVANCED SYSTEM KEY - HARDWARE KEY	New / Enhance / Past /		10.00	\$3.65	\$ 36.50	Communication -	Operational	06CP-01-MOBL	UASI
45		TDMA OPERATION	New / Enhance / Past /		10.00	\$328.50	\$ 3,285.00	Communication -	Operational	06CP-01-MOBL	UASI
46		PROGRAMMING OVER P25 (OTAP)	New / Enhance / Past /		10.00	\$73.00	\$ 730.00	Communication -	Operational	06CP-01-MOBL	UASI
		LIION IMPRES 2 IP68 3400 MAH	New / Enhance / Past /		10.00	\$73.00	\$ 730.00	Communication -	Operational	06CP-01-MOBL	UASI
		ASTRO 25 OTAR W/ MULTIKEY	New / Enhance / Past /		10.00	\$540.20	\$ 5,402.00	Communication -	Operational	06CP-01-MOBL	UASI
		AES ENCRYPTION	New / Enhance / Past /		10.00	\$346.75	\$ 3,467.50	Communication -	Operational	06CP-01-MOBL	UASI
		1/4- WAVE 7/800 GPS STUBBY (NAR6595A)	New / Enhance / Past /		10.00	\$17.52	\$ 175.20	Communication -	Operational	06CP-01-MOBL	UASI
		5 YEAR ESSENTIAL ACCIDENTAL SERVICE	New / Enhance / Past /		10.00	\$360.00	\$ 3,600.00	Communication -	Operational	06CP-01-MOBL	UASI
		RADIO MANAGEMENT ONLINE	New / Enhance / Past /		10.00	\$0.00	\$ -	Communication -	Operational	06CP-01-MOBL	UASI
		RADIO MANAGEMENT LICENSES ONLINE	New / Enhance / Past /		10.00	\$143.11	\$ 1,431.10	Communication -	Operational	06CP-01-MOBL	UASI
		BATT IMPRES 2 LIION R IP68 3400T	New / Enhance / Past /		10.00	\$118.99	\$ 1,189.90	Communication -	Operational	06CP-01-MOBL	UASI
		IP68 REMOTE SPEAKER MICROPHONE 3.5MM.UL	New / Enhance / Past /		10.00	\$105.85	\$ 1,058.50	Communication -	Operational	06CP-01-MOBL	UASI
		CHARGER, SINGLE-UNIT, IMPRES 2, 3A, 100-240VAC	New / Enhance / Past /		10.00	\$109.50	\$ 1,095.00	Communication -	Operational	06CP-01-MOBL	UASI
	<b>EQUIPMENT Sub-Total</b>						\$ 59,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

APX6000 700/800 MODEL 2.5 PORTABLE

10 @ \$2,208.98 = \$22089.80

Portable radio unit which will be assigned to each individual officer.

P25 9600 BAUD TRUNKING

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous	Coordinated	Is This Request on	QUANTITY	UNIT	Approved	Core	TOTAL	Requested
	Training	All Training in this category must be coordinated with:										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous	Coordinated	This request is	QUANTITY	UNIT	Approved	Core	TOTAL	Requested
	Exercise	All Exercises must be HSEEP compliant and										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total	\$ 59,000.00
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	III
<b>Date Submitted</b>	5/1/19

1) <b>PROJECT TITLE:</b>	CCSD Stop the Bleed	
2) <b>PROPOSING/LEAD AGENCY:</b>	Clark County School District Police Department	
3) <b>Project Manager Name/Title:</b>	Michael Wilson, Director of Office of Emergency Management	
<b>Project Manager Contact Info:</b>	Phone: (702) 799-7830	Email: wilsonmf@nv.ccsd.net
4) <b>Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
5) <b>Finance/Grant Contact Name/Title:</b>	Rich Easter, Grant Manager	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 799-5425	Email: easter@nv.ccsd.net

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To establish a bleeding control station consisting of 8 individual bleeding control kits in all 360 Clark County School District schools in alignment with the Mass Care Services Core Capability, in order to provide life-saving resources for more than 390,000 students and employees in the nation's fifth largest school district. These stations will compliment the current ongoing training of all CCSD employees in Stop the Bleed interventions, providing the tools necessary to dramatically decrease loss of life in the event of a school shooting or other school-based mass casualty incident within the more than 8,600 square mile area of Southern Nevada encompassed by the district. An existing partnership with UMC has resulted in funding to provide stations in all CCSD high schools; the proposed UASI project would provide kits for the remaining 311 school sites.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	MASS CARE SERVICES [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This project aligns with MMRS and Mass Care Services by providing critical life-sustaining medical supplies directly on-site at every school in the district. Schools have increasingly become targets for mass casualty incidents and this project ties to the Response Mission Area in order to limit the loss of life in the instance of an incident.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	III
<b>Date Submitted</b>	5/1/19

**PROJECT TITLE REFERENCE:** CCSD Stop the Bleed

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

CCSD Purchasing will put out an RFP and use it's bid process to select a vendor for the Stop the Bleed kits.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

The Stop the Bleed Stations will be installed in the school as follows:

[A] CCSDPD, in partnership with UMC and American Medical Response (AMR) is currently delivering training to all CCSD building staff.

[B] Coordinate the purchase of 311 bleeding control stations following CCSD procurement standards.

[C] Coordinate installation of stations at each school, working with CCSD Facilities and school leadership.

[D] Maintain the supply of bleeding kits using school funding, as necessary.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County School District Police Dept	Clark County School District	Michael Wilson, Director
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Funding to replenish and replace bleeding control kits as needed will be provided through school budgets.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	III
<b>Date Submitted</b>	5/1/19

<b>PROJECT TITLE REFERENCE:</b>	CCSD Stop the Bleed
---------------------------------	---------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
Purchase of 311 bleeding control stations, each containing 8 bleeding control kits.	\$ 191,269.46		\$ 191,269.46

15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15g) PROJECT TOTALS	LV-UASI	State-wide	TOTAL
	\$ 191,269.46	\$ 0.00	\$ 191,269.46

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	III
<b>Date Submitted</b>	5/1/19

**PROJECT TITLE REFERENCE:** CCSD Stop the Bleed

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Initiate procurement process	10/01/19	12/31/19	3
3	Vendor selection	12/31/19	01/30/20	1
4	Order and receive bleeding control stations	02/01/20	02/28/20	1
5	Install stations at all school sites	03/01/20	05/31/20	3
6				
7				
8				
9				
10				
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 School shootings have become an alarmingly frequent form of domestic terrorism and remain soft targets for global terrorists due to the potential targeting of children.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 This project aligns with the Response Mission Area and Mass Care Services core capability.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 Depending on available funding this project can easily be scaled to reduce the number of schools that receive Stop the Bleed stations.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	III
<b>Date Submitted</b>	5/1/19

**PROJECT TITLE REFERENCE:** CCSD Stop the Bleed

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

While the Stop the Bleed training will continue for all employees throughout the district, at this time there is no dedicated funding in place to provide STB stations at schools.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

The establishment of bleeding control stations in all CCSD schools will offer a critical resource in the event of a school shooting or other terror attack. While the hope is that these stations never have to be utilized, the growing reality is that violence in schools is trending upward and emergency medical preparedness is paramount to an effective response plan.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box


Clark County School District has partnered with University Medical Center and American Medical Response to provide Stop the Bleed training for school district personnel. Unfortunately, schools have been a target of terrorism. The Hartford Consensus after the Sandy Hook school shooting identified that early access to bleeding control kits by those who are trained to use them will save lives. This grant will ensure that there are bleeding control kits at every school in Clark County.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	CCSDPD	Project Manager Name & Contact #	Michael Wilson (702-799-7830)	Grant Manager Name & Contact #	Rich Easter- 702-799-5425	
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IJ TITLE:	Stop the Bleed										
	One Budget Per Funding Stream										
	UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
31							-	-				
32							-	-				
33							-	-				
34							-	-				
35							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	-	\$ -			
37								\$ -				
38							-	\$ -				
39								\$ -				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		311 Stop the Bleed stations (8 kits per station)	New / Enhance / Past / Competitive			311.00	615.01	\$ 191,269.46		Mass Care Services	09MS-04-TNQT Tourniquet	UASI
41								\$ -				
42								\$ -				
43								\$ -				
44								\$ -				
	<b>EQUIPMENT Sub-Total</b>							\$ 191,269.46				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Funding is requested to purchase 311 Stop the Bleed stations, each containing 8 bleeding control kits. These stations will be installed at all CCSD schools to enure 100% of sites are prepared for a bleeding-related emergency.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 191,269.46	
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# Nevada Homeland Security Grant Program (HSGP) UASI ONLY

PROJECT ID: JJJ

## Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19

Date Submitted: 4/25/19

1) PROJECT TITLE:	Henderson Regional Hazmat Response Capability Sustainment – HAZMAT Truck Camera	
2) PROPOSING/LEAD AGENCY:	City of Henderson	
3) Project Manager Name/Title:	Richard Johnson, Division Chief - Logistics	
Project Manager Contact Info:	Phone: (702) 267-2213	Email: Richard.Johnson@cityofhenderson.com
4) Addl Project Manager Name/Title:	Ryan Turner, Division Chief of Emergency Management and Safety	
Addl Project Manager Contact Info:	Phone: (702) 267-2212	Email: Ryan.Turner@cityofhenderson.com
5) Finance/Grant Contact Name/Title:	Heather Carson, Fire Department Business Analyst III	
Finance/Grant Contact Info:	Phone: (702) 267-2246	Email: Heather.Carson@cityofhenderson.com

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

With funding from FFY15 Department of Homeland Security (DHS) Urban Area Security Initiative (UASI), the City of Henderson (COH) received funding to purchase a hazardous materials response vehicle. In building that vehicle, the option to include a HAZMAT Truck A/V 4K System 40' Mast and Thermo Combo Camera was not in the specifications because the base build of the project was already a significant cost and Henderson needed at least the basic vehicle for its team. However, since the purchase of the vehicle, this piece of technology has become an essential item to be added to the vehicle because it allows first responders to detect and identify potentially hazardous materials or contaminants, all while maintaining a safe distance from potential exposure. Additionally, it provides an incident commander with the real-time information required to make quick decisions. Other incident personnel from the HAZMAT vehicle may also view the live video and assist with hazard and risk assessment during an emergency event.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	THREATS AND HAZARDS IDENTIFICATION [Mission Area - MITI]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project falls under the FFY19 Strategic Capacity of Chemical, Biological, Radiological, Nuclear, and Explosive (CBRN,E) and aligns with the FY-16-19 core capabilities operational coordination along with threats and hazards identification. The City of Henderson, Nevada's second largest city seeks to prevent, protect and respond to its critical infrastructure. This investment seeks specific enhancements for the Henderson Fire Department regarding operational coordination and threats and hazards identification. This investment supports ongoing efforts to enhance mitigation, preparedness, and response capabilities for the Henderson Fire Department Hazardous Materials Response Team in operational coordination. This project is part of a regional collaboration aimed at providing coordinated capabilities for threats and hazards across the area. The project requiring investment is focused on mitigating and preparing for the risk of potential catastrophic hazardous materials incidents in the City of Henderson.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	JJJ
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Henderson Regional Hazmat Response Capability Sustainment – HAZMAT Truck Camera

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

City of Henderson will follow the RFP process.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

After approval of grant funding, the HAZMAT Truck A/V 4K System 40' Mast and Thermo Combo Camera, will be procured as outlined in Nevada Revised statutes. A Request For Qualifications (RFQ) will be published and a team from the City will review and short list the most qualified applicants. These short-listed applicants will be scrutinized by staff to determine the best value for the City.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Henderson Fire Department	City of Henderson	Shawn White, Fire Chief
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Since this project falls under the FFY19 Strategic Capacity of Chemical, Biological, Radiological, Nuclear, and Explosive (CBRN,E), there is potential for additional requests from this funding stream as needed to sustain the Henderson Regional Hazmat Response Capability.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

**Statewide (SHSP)**

100%

**Urban Area (UASI)**

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	JJJ
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Henderson Regional Hazmat Response Capability Sustainment – HAZMAT Truck Camera

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
HAZMAT Truck A/V 4K System 40' Mast and Thermo Combo Camera including touchpanels with controller and hardware, programming, installation, wires, cables, and components.	\$ 76,226.64	\$ 0.00	\$ 76,226.64

15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15g) PROJECT TOTALS	LV-UASI	State-wide	TOTAL
	\$ 76,226.64	\$ 0.00	\$ 76,226.64

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	JJJ
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Henderson Regional Hazmat Response Capability Sustainment – HAZMAT Truck Camera

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive and Accept Sub-grant Award	09/30/19	11/30/19	2
3	Procure Equipment in Compliance with Grant Guidelines	12/01/19	06/01/20	6
4	Equipment Inventory and Installation	06/02/20	08/02/20	2
5	Test Equipment	08/03/20	10/04/20	2
6	Put Equipment into Full Service	10/05/20	11/05/20	1
7	Closeout Grant	11/06/20	12/06/20	1
8				
9				
10				
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Yes, through this proposal, COH will be able to identify, deter, detect, disrupt and prepare for terrorist events; reduce vulnerability of critical assets, systems and networks and mitigate potential consequences of critical infrastructure if a terrorist attack or subversive act did occur.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Yes, this is a project which falls under a maintained strategic capacity and the explanation has been provided in section 9 of this grant proposal.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

No, all items within the proposal must be purchased together in order to be viable.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	JJJ
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Henderson Regional Hazmat Response Capability Sustainment – HAZMAT Truck Camera

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

No, grant opportunities allow COH to address critical needs that may not be addressed otherwise. COH continues to compile a needs assessment to determine the highest priority demands for additional resources. Because of the number of critical needs city-wide, the HAZMAT Truck A/V 4K System 40' Mast and Thermo Combo Camera request has not been funded.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

Yes, the project provides a measurable "statewide" benefit as it supports the enhancement of a vehicle that may travel to other areas of the state, if needed in a critical event.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

n/a

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	City of Henderson	<b>Project Manager Name &amp; Contact #</b>	Richard Johnson Division Chief - Logistics (702)267-2213 Richard.Johnson@cityofhenderson.com	<b>Grant Manager Name &amp; Contact #</b>	Heather Carson Fire Department Business Analyst III Heather.Carson@cityofhenderson.com (702)267-2246	<b>JJJ</b>
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<b>IJ TITLE:</b>	Henderson Regional Hazmat Response Capability Sustainment UASI FFY19 – HAZMAT Truck A/V 4K System 40' Mast and Thermo Combo Camera V1										
	<b>One Budget Per Funding Stream</b>										
	<b>UASI</b>										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9								-				
10								-				
11								-				
12								-				
13								-				
14								-				
15								-				
16								-				
17								-				
18								-				
19								-				
20								-				
21								-				
22								-				
23								-				
	<b>Travel Sub-Total</b>							-				

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-	-	\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
	<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40		42' Mast with Dual Camera External 42' Mast and Thermal Imager Plus SD & HD Camera with PTZ	Maintain	UASI	1.00	43,983.33	\$ 43,983.33	Approved Strategic Capacity	Operational Coordination	04MD-01-IREDCamera, Infrared (IR)	UASI
41		10" & 7" Touchpanels w/controller and hardware One 10"touchpanel plus stand, One 7" touchpanel plus stand and system controller	Maintain	UASI	1.00	3,866.56	\$ 3,866.56	Approved Strategic Capacity	Operational Coordination	04MD-01-IREDCamera, Infrared (IR)	UASI
42		4K VOIP 8x2 Matrix with Quad View 4K Video Over IP 8 Input 2 Output switching Matrix with Dual Monitor Quad View	Maintain	UASI	1.00	17,126.33	\$ 17,126.33	Approved Strategic Capacity	Operational Coordination	04MD-01-IREDCamera, Infrared (IR)	UASI
43		26-Port/24 PoE+ Gigabit Managed Switch	Maintain	UASI	1.00	919.46	\$ 919.46	Approved Strategic Capacity	Operational Coordination	04MD-01-IREDCamera, Infrared (IR)	UASI
44		Programming of all project devices	Maintain	UASI	1.00	2,100.00	\$ 2,100.00	Approved Strategic Capacity	Operational Coordination	04MD-01-IREDCamera, Infrared (IR)	UASI
45		Installation labor to install, terminate & test devices and mast	Maintain	UASI	1.00	6,535.20	\$ 6,535.20	Approved Strategic Capacity	Operational Coordination	04MD-01-IREDCamera, Infrared (IR)	UASI
46		Miscellaneous Wires, Cables and Components	Maintain	UASI	1.00	1,050.00	\$ 1,050.00	Approved Strategic Capacity	Operational Coordination	04MD-01-IREDCamera, Infrared (IR)	UASI
47		Shipping	Maintain	UASI	1.00	645.75	\$ 645.75	Approved Strategic Capacity	Operational Coordination	04MD-01-IREDCamera, Infrared (IR)	UASI
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 76,226.64				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

After approval of grant funding, the HAZMAT Truck AV 4K System 40' Mast and Thermo Combo Camera, will be procured as outlined in Nevada Revised statutes. A Request For Qualifications (RFQ) will be published and a team from the City will review and short list the most qualified applicants. These short-listed applicants will be scrutinized by staff to determine the best value for the City.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub-Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 76,226.64
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	KKK
<b>Date Submitted</b>	4/25/19

1) <b>PROJECT TITLE:</b>	LVMPD Tactical Response / MACTAC - B	
2) <b>PROPOSING/LEAD AGENCY:</b>	Las Vegas Metropolitan Police Department	
3) <b>Project Manager Name/Title:</b>	Justin Van Nest	
<b>Project Manager Contact Info:</b>	Phone: (702) 828-3389	Email: j14198v@lvmpd.com
4) <b>Addl Project Manager Name/Title:</b>	Rachel Skidmore / Emergency Manager	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
5) <b>Finance/Grant Contact Name/Title:</b>	Joni Prucnal, Director of Finance	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This grant is requesting an additional line item for the LVMPD Tactical Response Grant for ballistic shields. Currently these are not deployed for patrol, and only reside with our specialized units or tactical vehicles. There is no funding to provide these to the supervisors in the car for patrol, and was denied in our budget. This project aligns with several of the 1 October, FEMA After Action Report recommendations, to provide more equipment that is readily available to patrol resources during a response. There is also a line item for two scopes for view finding and surveillance.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	Not Applicable

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project aligns with several of the 1 October, FEMA After Action Report recommendations, to provide more equipment that is readily available to patrol resources during a response.

**PROJECT TITLE REFERENCE:** LVMPD Tactical Response / MACTAC - B

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

Internal.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Procurement will happen through existing contracts that were competitively bid.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

There is no annual reoccurring cost for these items.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

Statewide  
(SHSP)

100%

Urban Area  
(UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>KKK</b>
<b>Date Submitted</b>	<b>4/25/19</b>

<b>PROJECT TITLE REFERENCE:</b>	LVMPD Tactical Response / MACTAC - B
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
90 - Ballistic Shields and scopes	\$ 215,150.00	\$ 0.00	\$ 215,150.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	\$ 0.00	\$ 0.00	\$ 0.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 215,150.00	\$ 0.00	\$ 215,150.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	KKK
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Tactical Response / MACTAC - B

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive Funding	01/01/20	12/31/20	12
3	Procure Equipment	01/01/20	12/31/20	12
4	Close out Grant	01/01/20	12/31/20	12
5				
6				
7				
8				
9				
10				
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 Absolutely, patrol is the first responders on scene during an event.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 This directly supports Operational Coordination.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 Yes, but it would change the number of who gets them and who doesn't.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	KKK
Date Submitted	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Tactical Response / MACTAC - B

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
There is no funding for these shields

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
You can show how many items were procured.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

none.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Las Vegas Metropolitan Police Department	Project Manager Name & Contact #	Rachel Skidmore 702 828 2257	Grant Manager Name & Contact #	Joni Prucnal 702 828 8267	<b>KKK</b>
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IJ TITLE:	LVMPD Tactical Response - B										
	One Budget Per Funding Stream UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1											
2											
3											
4											
4											
5											
6											
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY									
27						-	-				
28						-	-				
29						-	-				
30						-	-				
31						-	-				
32						-	-				
33						-	-				
34						-	-				
35						-	-				
	<b>Planning Sub-Total</b>						\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.									
36						-	-	\$ -			
37								\$ -			
38						-	-	\$ -			
39								\$ -			
	<b>Organization Sub-Total</b>							\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40											
41											
42											
43		Ballistic Shields	New / Enhance / Past / Competitive		90.00	2,375.00	\$ 213,750.00		Operational Coordination	01LE-01-SHLD	UASI
44		Scopes with Tripods	New / Enhance / Past / Competitive		2.00	700.00	\$ 1,400.00		Operational Coordination	03OE-02-SCOP	UASI
45											
46											
47											
48											
49											
	<b>EQUIPMENT Sub-Total</b>						\$ 215,150.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

ballistic shields

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 215,150.00	
--	--	--	--	--	--	--	--	--	--	----------------------	---------------	--



# Nevada Homeland Security Grant Program (HSGP) UASI ONLY

PROJECT ID: LLL

## Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19

Date Submitted: 4/25/19

1) PROJECT TITLE:	LVMPD Wireless Mesh Network and TRV Enhancement - B	
2) PROPOSING/LEAD AGENCY:	Las Vegas Metropolitan Police Department	
3) Project Manager Name/Title:	Brad Cupp/Sergeant	
Project Manager Contact Info:	Phone: (702) 828-4455	Email: b8104c@lvmpd.com
4) Addl Project Manager Name/Title:	Rachel Skidmore / Emergency Manager	
Addl Project Manager Contact Info:	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
5) Finance/Grant Contact Name/Title:	Joni Prucnal, Director of Finance	
Finance/Grant Contact Info:	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

6) CLASSIFICATION - *Check the primary intention of the Proposed Project:* Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) PROJECT OUTCOME - *Describe the goal of the Proposed Project in a summary statement.*

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This is just an increase to a line item for drones in the already submitted request for this grant.

LVMPD is seeking to build out a valley-wide wireless mesh network to add direct live feeds into the command post and Department Operations Center. This project will allow video feeds captured from drones, robots, and other cameras to be streamed real-time to the SNCTC, DOC or a command post in the field.

Additionally, a small portion of this project will be utilized to add additional radios to the TASS TRV which would allow the vehicle to serve as a regional asset capable of deploying real-time video and integrating air-to-ground video feeds in an operational area to a command post for increased situational awareness.

8) PROPOSED STRATEGIC CAPACITY - *Identify by name the proposed strategic capacity, project type, and associated core capability.* Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	Not Applicable

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) STRATEGIC CAPACITY JUSTIFICATION - *Describe how this project aligns with the strategic capacity chosen.* Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project provides the capability to ingest video feeds from disparate systems such as a drone into the Fusion Center or another command post in real-time. This capability currently doesn't exist in southern Nevada and will provide increased situational awareness and real-time video intelligence during a major incident.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	LLL
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Wireless Mesh Network and TRV Enhancement - B

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*  
 Sole Source  
 Internal

Internal.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

All work will be completed by LVMPD and members of the Emergency Management Section, Technical and Surveillance Squad (TASS), and the Communications Bureau.

1. Receive Funding
2. System Design
4. Bid Equipment
5. Issue Purchasing Order
6. Procure Equipment
7. Install Equipment
8. Equipment Testing

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

There is no subscription fee, or annual reoccurring cost associated with this network.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

Statewide  
(SHSP)

100%

Urban Area  
(UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	LLL
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	LVMPD Wireless Mesh Network and TRV Enhancement - B
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Increase to the Drone line item.	\$ 72,000.00	\$ 0.00	\$ 72,000.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
n.a	\$ 0.00	\$ 0.00	\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	\$ 0.00	\$ 0.00	\$ 0.00
<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 72,000.00	\$ 0.00	\$ 72,000.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	LLL
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** LVMPD Wireless Mesh Network and TRV Enhancement - B

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Receive Funding	01/01/20	12/31/20	12
3	Procure Equipment	01/01/20	12/31/20	12
4	Close out Grant	01/01/20	12/31/20	12
5				
6				
7				
8				
9				
10				
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Real-time disparate video footage could play a critical role in a terrorist attack in terms of providing real-time intelligence information back to a command post or the Fusion Center.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

This project would allow the SNCTC Fusion Center to ingest and monitor the real-time video feeds from assets that are deployed to in the field.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

Failure to build out adequate infrastructure would not provide the coverage area necessary to support the objective of this project.

Fields "a", "b", and "c" are limited to visible text box size

**PROJECT TITLE REFERENCE:** LVMPD Wireless Mesh Network and TRV Enhancement - B

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.  
 There is currently no identified funding source for this project.

e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.  
 Once the equipment is installed assets can be deployed anywhere in the state to provide these capabilities if the needs arises.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

- 19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

none.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	LVMPD	Project Manager Name & Contact #	Sgt. Brad Cupp 702-828-4455	Grant Manager Name & Contact #	Joni Prucnal 702 828 8267	LLL
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IJ TITLE:	Air to Ground Link/TRV Enhancement Project - B										
	One Budget Per Funding Stream										
	UASI										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	Personnel Sub-Total							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	Fringe Sub-Total							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
	Travel Sub-Total											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY										
27							-	-				
28							-	-				
29							-	-				
30							-	-				
31							-	-				
32							-	-				
33							-	-				
34							-	-				
35							-	-				
	<b>Planning Sub-Total</b>							\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.										
36							-	\$ -				
37								\$ -				
38							-	\$ -				
39								\$ -				
	<b>Organization Sub-Total</b>							\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type		QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL										
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>										
40												
41		Drones	New / Enhance / Past / Competitive			1.00	72,000.00	\$ 72,000.00	Fusion Center - SNCTC	Intelligence and Information Sharing	03OE-07-ROVL	UASI
42												
43												
44												
45												
46												
47												
48												
49												
	<b>EQUIPMENT Sub-Total</b>							\$ 72,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Drone line item increase.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 72,000.00	
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	000
<b>Date Submitted</b>	4/25/19

<b>1) PROJECT TITLE:</b>	Virgin Valley SNACC	
<b>2) PROPOSING/LEAD AGENCY:</b>	Mesquite Fire & Rescue	
<b>3) Project Manager Name/Title:</b>	Spencer K. Lewis, Administrative Captain	
<b>Project Manager Contact Info:</b>	Phone: (702) 379-0714	Email: slewis@mesquitenv.gov
<b>4) Addl Project Manager Name/Title:</b>	Sonja Robinson, Administrative Assistant	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 346-2690	Email: srobinson@mesquitenv.gov
<b>5) Finance/Grant Contact Name/Title:</b>	Dave Empey, Director of Finance	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 346-5290	Email: dempey@mesquitenv.gov

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project will greatly improve the operational communications within the Virgin Valley (City of Mesquite, Bunkerville and AZ strip) and give the Virgin Valley Interoperable communications throughout the valley, including CCFD, North Las Vegas, City of Las Vegas, AMOR, and Henderson with their specialties. This will also give the Virgin Valley area communications with incoming resources from outside of our valley. By placing SNACC communications equipment within the Virgin Valley in the North-East corner of Clark county the footprint of SNACC coverage will be greatly enlarged overlapping into neighboring counties and states. This project will be a large step towards operation communications between all emergency responders from any jurisdiction or state.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	OPERATIONAL COORDINATION [Mission Area - ALL]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

The departments in the Virgin Valley all have operable communications systems for themselves. These systems are good alone but when we try to get all three together we have severe communications problems. This project will correct those problems that we have in this valley and will enhance interoperability by enlarging the footprint of the SNACC system giving the outside specialty resources that respond to our area communications on their existing channels. Without this project we have to find and give radios to incoming specialty units and the abilities for the three departments in the Virgin Valley are restricted when finding a common channel for communications between the three

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	000
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Virgin Valley SNACC

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

Mesquite Fire and Rescue will post proposal for bid for 30 days

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Mesquite Fire and Rescue will post proposal for bid for 30 days. Bid will be selected and timeline will be finalized. All tower sites will be analyzed and the best fit for this project will be selected in the first 3 months. Equipment will be ordered by contractor with in the first 3 months. Install will occur within 6 months. All issues will be found and fixed during the testing procedures and final testing should conclude at 9 months leaving the system fully operational.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Mesquite Fire & Rescue	City	Spencer K. Lewis
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

CCFD will maintain the Licensing and Agreements for SNACC System. When the tower is selected the agency that maintains that tower will include the maintenance of new equipment. Full warranties will be purchased for the equipment.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

**Statewide (SHSP)**

100%

**Urban Area (UASI)**

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	000
<b>Date Submitted</b>	4/25/19

<b>PROJECT TITLE REFERENCE:</b>	Virgin Valley SNACC
---------------------------------	---------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
SNACC antenna and trunking equipment to be installed on an existing tower	\$ 460,000.00		\$ 460,000.00

15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15g) PROJECT TOTALS	LV-UASI	State-wide	TOTAL
	\$ 460,000.00	\$ 0.00	\$ 460,000.00

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	OOO
<b>Date Submitted</b>	4/25/19

**PROJECT TITLE REFERENCE:** Virgin Valley SNACC

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Bidding Process	06/01/19	07/01/19	1
3	Tower Site Selection	06/01/19	09/01/19	2
4	Equipment Procured	07/01/19	09/01/19	2
5	Installation	09/01/19	01/01/20	4
6	Testing and Correcting	01/01/20	04/01/20	3
7				
8				
9				
10				
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Terrorist will seek to isolate victims any way possible. The Virgin Valley already has a lack of interoperable communications making it an easy target to isolate. Due to our limited resources we rely upon outside agencies for specialty services but without the completion of this project would have no way of notifying of terrorism or communicating with them during an event.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Within the Virgin Valley area, (City of Mesquite, Bunkerville and AZ strip), communications interoperability, the ability of public safety agencies and service agencies to communicate on their existing channels within and across agencies and jurisdictions in real time is currently extremely difficult. This project will give the Virgin Valley area communications with local and incoming resources from outside of our valley. By placing SNACC communications equipment within the Virgin Valley in the North-East corner of Clark county the footprint of SNACC coverage will be greatly enlarged overlapping into neighboring counties and states. It is essential that public safety has the interagency operability it needs to provide emergency services for the City of Mesquite and surrounding areas.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

There are no shortcuts to creating this link for the SNACC system. Without any one piece of the equipment needed the system will not operate

Fields "a", "b", and "c" are limited to visible text box size

**PROJECT TITLE REFERENCE:** Virgin Valley SNACC

Fields "d" and "e" are limited to visible text box size

<p>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>Without funding the Virgin Valley SNACC project the agencies will continue to operate as normal but interoperable communications will continue to be a major problem.</p>	
<p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>As this project grows the SNACC system grows and the ability to use I-OP Channels that have been designated for state emergencies will grow throughout the state and further.</p>	

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

Mesquite is the lead agency for this project but it benefits all emergency responders. Growing the SNACC footprint increases state wide communications and the ability to move throughout the state without the loss of communications or the need to find cache radios when responding into neighboring jurisdictions. Since this project benefits communities that are on the state border it will increase state to state communications as well.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	Mesquite Fire and Rescue	Project Manager Name & Contact #	Spencer Lewis 702-379-0714	Grant Manager Name & Contact #	Sonja Robinson 702-346-2690	<b>000</b>					
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<b>IJ TITLE: Virgin Valley SNACC</b>											
<b>One Budget Per Funding Stream</b>											
<b>UASI</b>											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
<b>Personnel Sub-Total</b>								\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
<b>Fringe Sub-Total</b>								\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
<b>Travel Sub-Total</b>												

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-	-	\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40							\$ -				
41		Modular multi-purpose network device that interconnects other network devices within the radio network			2.00	160,000.00	\$ 320,000.00			06CP-02-BRDG	
42		Microwave link for remote control of radio base stations or for links between infrastructure components and other communication assets.			1.00	126,000.00	\$ 126,000.00			06CP-03-MWAV	
43		Antenna			1.00	10,000.00	\$ 10,000.00			06CP-03-TOWR	
44		Non radiation-shielded transmission cable between base/repeater and antenna.			800.00	5.00	\$ 4,000.00			06CP-03-NRSC	
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 460,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 460,000.00	
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<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b>	<b>PPP</b>
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b>	<b>5/16/19</b>

<b>1) PROJECT TITLE:</b>	Mass Fatality Preparedness and Revise Mass Fatality Management Plan	
<b>2) PROPOSING/LEAD AGENCY:</b>	Clark County Office of the Coroner/Medical Examiner	
<b>3) Project Manager Name/Title:</b>	John Fudenberg, Coroner	
<b>Project Manager Contact Info:</b>	Phone: (702) 455-3385	Email: FUD@clarkcountynv.gov
<b>4) Addl Project Manager Name/Title:</b>	David Mills, Coroner Investigative Forensic Supervisor	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 455-0852	Email: DMS@clarkcountynv.gov
<b>5) Finance/Grant Contact Name/Title:</b>	Elizabeth Vorce	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 455-1784	Email: C1210EJV@clarkcountynv.gov

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input checked="" type="radio"/>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To review, revise, and update the Clark County Office of the Coroner/Medical Examiner (CCOCME) Mass Fatality (MF) response plan developed under previous HSGP funding in order to maintain a unified operation appropriately integrating stakeholders and supporting the integration of core capabilities; To update the list of pre-positioned MF response equipment and make available to statewide responder agencies; To provide refresher training to statewide responders and NGO collaborators on MF response; To conduct local and regional table top MF exercises to evaluate plan revisions and associated after-action training. To conduct a full-scale MF disaster portable morgue unit (DPMU) and disaster victim identification (DV) exercises. Revisions will further outline the operational response and handling of complex incidents; coordination of mutual aid; roles and responsibilities of the staff and agency core capabilities. Revisions will be adaptable to the Clark County Mass Casualty Incident Plan and as a resource to the rural areas within the State of Nevada. The revised plan would be exercised locally and/or during regional events to further train and improve our ability to effectively plan, organize, equip and to exercise the preparedness of our organization and community stakeholders. If granted the required funding, it will help develop new organizational capabilities, or significantly enhance existing capabilities through exercise and will directly expand the organization's ability to deliver core emergency management and disaster preparedness services and support to community.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	RECOVERY
HSGP Project Type Supporting Strategic Capacity:	Mass Fatality [PLANNING]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	FATALITY MANAGEMENT SERVICES [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This request will align with Clark County's upcoming (in process) updates to the Emergency Operations Plan and Annexes, MCI Plan and FAC plan. It will allow the Urban Area to be better trained and prepared in responding to physical threats to local Southern Nevada organizations, which allows for increased ability to coordinate operational responses. After the reviews, revisions, trainings, and updates are made each local and/or state agency and NGO will self-sustain training and plans after the life of this grant. Existing MF response plans will be maintained by each respective agency after the life of this grant. The expectation is that each participating agency would conduct internal training and exercises in order to maintain proficiency. CCOCME will participate and assist with the coordinated efforts to train and exercise with the respective state and local entities during an annual or bi-annual county and/or statewide exercise in order to maintain statewide response proficiency.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	PPP
<b>Date Submitted</b>	5/16/19

**PROJECT TITLE REFERENCE:** Mass Fatality Preparedness and Revise Mass Fatality Management Plan

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

CCOCME will obtain quotes to develop an updated mass fatality response plan that outlines the operational response and handling of complex incidents; coordination of mutual aid; roles and responsibilities of the staff and agency core capabilities.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Clark County Office of the Coroner/Medical Examiner (CCOCME) will obtain quotes from vendors to provide the required services to revise the CCOCME Mass Fatality Management Plan. The revisions will be adaptable to the Clark County Mass Casualty Incident Plan; serve as a resource to the rural areas of Clark County and within the State of Nevada. The revised plan would be exercised locally and/or during regional events to further train and improve our ability to effectively plan, organize, equip and to exercise the preparedness of our organization and community stakeholders. If granted the required funding, it will help develop new organizational capabilities, or significantly enhance existing capabilities through exercise and will directly expand the organization's ability to deliver core emergency management and disaster preparedness services and support to community.

In order to affect the achievement of all goals we propose to hire an project manager/plans writer; The project manager reviews, revises, and updates existing CCOCME MF plans statewide; Project manager plans, coordinates, facilitates refresher training on plan and revisions; Increased planning budget request will include that the contract project manager function also as a plans writer to facilitate workshops to develop the recommendations to the CCOCME MF response plan and to provide a comprehensive review with respective agencies and related literature to focus on various scenarios, and input from subject matter experts. The mass fatality management workshops would include a working group of operational and technical experts from local, state, and federal agencies to ensure practices are broad-based and identifiable/usable by most jurisdictions. Working groups would include representatives from area law enforcement, fire department, SNHD/public health, personnel, Funeral Homes, emergency managers, disaster consultants. Training workshop recommendations to be sustained by respective agencies.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Clark County Office of the Coroner/Medical Examiner (CCOCME)	Clark County	John Fudenberg
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

After the reviews, revisions, trainings, and updates are made each local and/or state agency and NGO will self-sustain training and plans after the life of this grant. Existing MF response plans will be maintained by each respective agency after the life of this grant. The expectation is that each participating agency would conduct internal training and exercises in order to maintain proficiency. The state and local entities will coordinate a bi-annual statewide exercise in order to maintain statewide response. CCOCME will require additional funding to conduct annual tabletop and/or field exercises to exercise the updated plan and to sustain a measurable level of preparedness with CCCOCME staff and Clark County/State stakeholders.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	<b>PPP</b>
<b>Date Submitted</b>	<b>5/16/19</b>

<b>PROJECT TITLE REFERENCE:</b>	Mass Fatality Preparedness and Revise Mass Fatality Management Plan
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Increased planning budget will include that the contractor/plans writer to facilitate workshops to develop the recommendations to the CCOCME MF response plan and to provide a comprehensive review with respective agencies and related literature to focus on various scenarios, and input from subject matter experts. The mass fatality management workshops would include a working group of operational and technical experts from local, state, and federal agencies to ensure practices are broad-based and identifiable/usable by most jurisdictions. Working groups would include representatives from area law enforcement, fire department, SNHD/public health, personnel, Funeral Homes, emergency managers, disaster consultants.	\$ 11,000.00		\$ 11,000.00

<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Funding previously requested for FFY19 HSGP project W proposal.			\$ 0.00

<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Not expected to use funding for any organization.			\$ 0.00

<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Funding previously requested for FFY19 HSGP project W proposal.	\$ 0.00		\$ 0.00

<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Funding previously requested for FFY19 HSGP project W proposal.			\$ 0.00

<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Funding previously requested for FFY19 HSGP project W proposal.			\$ 0.00

<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
	\$ 11,000.00	\$ 0.00	\$ 11,000.00

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	PPP
<b>Date Submitted</b>	5/16/19

**PROJECT TITLE REFERENCE:** Mass Fatality Preparedness and Revise Mass Fatality Management Plan

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Funding approval	07/01/19	09/01/19	2
3	Hire Project Manager/Plans Writer	09/01/19	10/01/19	2
4	Project Manager/Plans Writer to facilitate workshops	06/01/19	06/01/21	24
5	Complete the final grant report	06/01/19	06/01/21	24
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

During a terrorist or other mass causality/fatality incident, the revised CCOCME Mass Fatality Management Plan, with emphasis to planned exercises, will increase the effectiveness and preparedness of CCOCME and Clark County stakeholders. Exercising of the plan will increase the CCOCME core capability to respond to mass fatality incidents ranging from natural to man made disasters, which will provide sustainable services during a prolonged and complex recovery period. LV Strip had highest NYE terror threat level ("Sear 1") in nation after 1 Oct. Project would increase community preparedness to ensure increased capability to communicate, collaborate, and exchange information with the State, Local and Federal partners is crucial component of managing the event in an effort to deter, detect, protect citizens and visitors to Clark County.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

This project aligns with the State Resilience Commission identified "Recovery" as a Strategic Capacity, under which the Core Capability of Fatality Management specifically falls. The CCOCME Mass Fatality Management Plan plan update will also align with the county's upcoming (in process) updates to the Emergency Operations Plan and Annexes, MCI Plan and FAC plan.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

These costs are limited to the essential aspects to adequately review, revise and update the CCOCME Mass Fatality Management response plan, with emphasis to panning and exercising the completed plan. Any reductions in funding would impact our ability to exercise the plan effectively with regard to deploying a full scale disaster portable morgue unit (DPMU).

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	PPP
<b>Date Submitted</b>	5/16/19

**PROJECT TITLE REFERENCE:** Mass Fatality Preparedness and Revise Mass Fatality Management Plan

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

After the reviews, revisions, trainings, and updates are made to the CCOCME MFMP, CCOCME and each local and/or state agency will self-sustain training and plans after the life of this grant. There was no corresponding budget for semi-annual status meetings for planned training with state oversight and the major community stakeholders and local multi-jurisdictional participants. Costs associated with such meetings, most likely at a government building or office environment, shows that no real costs with exception to travel for the participants is realistically expected. Most if not all materials can be delivered electronically, so the budget will be based on further planned exercises to be determined after completion of CCOCME MF revisions, tabletop exercise/full scale exercise and associated training costs: however, we anticipate a future funding stream will be acquired from SHSP or combined funding from UASI and SHSP grants.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

Mass fatality incidents of a large size almost always require a federal response, to include federal DMORT response in coordination with state mass fatality and NGO (Red Cross, private mortuaries, etc.) responders. The CCOCME MF plan is a statewide function, beyond a local government plan. It is designed to benefit the State of Nevada and enable an effective response, statewide, in times of crisis, and requires just as much operational coordination under an EOC, if not more, than other agencies that unquestionably fall under this and other priorities. We contend it would be detrimental to the state not to maintain the alliance, coordination, and effectiveness of these mass fatality response agencies to allow another cycle to pass without testing the Mass Fatality Preparedness response on a state wide level.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. **Field is limited to the visible text box**

CCOCME provides fatality management services, including decedent remains recovery and victim identification, working with local, state, tribal, territorial, insular area, and federal authorities to provide mortuary processes, temporary storage or permanent internment solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains. A revised CCOCME Mass Fatality Management Plan (MFMP) will ensure that CCOCME can effectively respond and provide services during a mass fatality incident (MFI). A MFI occurs when the number and/or condition of human remains that must be managed during a response to an incident challenges local fatality management capabilities to the point that additional assistance is required to perform remains recovery, morgue services, and disposition of victims. Such high-consequence incidents are likely to occur with little or no warning and will require utilization of resources and procedures that go beyond those employed in day-to-day response.

Revising and exercising the CCOCME MFMP would provide clearer, practical guidance for responding to such incidents and to improve the sustainability of a prolonged recovery. The plan will be a step-by-step guide to the actions that need to be taken to respond to a MFI to reduce vulnerability to Clark County and the State of Nevada from increased preparedness. This guide can be used as a checklist to lead officials through the process from the time of initial notification to the return to normal operations. References within the CCOCME MFMP will provide additional information that clarifies and expands upon the required actions and resources required. Mass Fatality Preparedness is the Core Capability for CCOCME and the State Resilience Commission identified "Recovery" as a Strategic Capacity, under which the Core Capability of Fatality Management specifically falls. Fatality Management is also listed under the Strategic Capacity of Planning. The plan update will align with the Clark County's upcoming (in process) updates to the Emergency Operations Plan and Annexes, MCI Plan and FAC plan.

After the reviews, revisions, trainings, and updates are made to the CCOCME MFMP, CCOCME and each local and/or state agency will self-sustain training and plans after the life of this grant. The CCOCME MF response plan will be maintained by this agency after the life of this grant. The expectation is that CCOCME will conduct internal training and exercises in order to maintain proficiency. The facilitated workshops will assist with developing increased recommendations to the CCOCME MF response plan and to provide a comprehensive review with respective agencies and related literature to focus on various scenarios, and input from subject matter experts. The mass fatality management workshops would include a working group of operational and technical experts from local, state, and federal agencies to ensure practices are broad-based and identifiable/usable by most jurisdictions. Working groups would include representatives from area law enforcement, fire department, SNHD/public health, personnel, Funeral Homes, emergency managers, disaster consultants.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Clark County Coroner/Medical Examiner	<b>Project Manager Name &amp; Contact #</b>	John Fudenberg, Coroner 702-455-3210	<b>Grant Manager Name &amp; Contact #</b>	David Mills, Coroner Investigative Forensic Supervisor 702-455-0852	<b>PPP</b>
<b>IJ TITLE:</b>	Mass Fatality Preparedness - Project proposal PPP					

<b>Project ID: PPP</b>	<b>One Budget Per Funding Stream</b>										
	<b>UASI</b>										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1		A Project Manager/Plans Writer will be contracted under Organization. It is not anticipated that any staff will be hired under Personnel for this project.						\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5		None.						\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
		Not expected to use funding for any organization.										
1												
2												
3												
4												
5												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		Contractor/plans writer to facilitate workshops (up to 5) to develop the recommendations to the CCOCME MF response plan and to provide a comprehensive review with respective agencies and related literature to focus on various scenarios, and input from subject matter experts. The mass fatality management workshops would include a working group of operational and technical experts from local, state, and federal agencies to ensure practices are broad-based and identifiable/usable by most jurisdictions. Working groups would include representatives from CCOCME staff, area law enforcement, fire department, SNHD/public health, personnel, Funeral Homes, emergency managers, disaster consultants.	Maintain	UASI	1	11,000.00	11,000.00	Planning - Mass Fatality	Fatality Management Services	UASI
28							-			UASI
29							-			UASI
30							-			UASI
<b>Planning Sub-Total</b>							\$ 11,000.00			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
		Funding previously requested for FFY19 HSGP projectW proposal.								
1							\$ -			
2							\$ -			
3							\$ -			
<b>Organization Sub-Total</b>							\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									
40		None.					\$ -				
41							\$ -				
42							\$ -				
<b>EQUIPMENT Sub-Total</b>							\$ -				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
		Funding previously requested for FFY19 HSGP project W proposal.									\$ -	
											\$ -	
1											\$ -	
2											\$ -	
3											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
58		Funding previously requested for FFY19 HSGP project W proposal.									\$ -	UASI
#REF!											\$ -	UASI
#REF!											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 11,000.00
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## FFY 2019 HSGP PROJECT SUBMISSIONS

### **WITHDRAWN PROJECTS**

[SHSP-Only AND UASI-Only]

<b>Project ID</b>	<b>Funding Stream</b>	<b>Project Title</b>
Y	SHSP	Cyber Tool Tracking System
Z	UASI	ARMOR CBRNE Response - New Competitive
LL	SHSP	Electronic Access and Identity Verification System
FF	UASI	LVMPD TASS TRV
AAA	UASI	ARMOR CBRNE Response - New Competitive
MMM	UASI	School-based Emergency Medical Response: Bleeding Control Stations (EMR B-ConS)
NNN	UASI	UNLV Explosive Detecting Canine Units

<b>Nevada Homeland Security Grant Program (HSGP) RESUBMISSION</b>	<b>PROJECT ID:</b> Y
<b>Project Proposal for FFY19 HSGP Funding Description</b>	<b>Date Submitted</b> 4/27/19

<b>1) PROJECT TITLE:</b>	Cyber Tool Tracking System	
<b>2) PROPOSING/LEAD AGENCY:</b>	Department of Administration	
<b>3) Project Manager Name/Title:</b>	Dave Axtell, Special Advisor	
<b>Project Manager Contact Info:</b>	Phone: (775) 684-5824	Email: daxtell@admin.nv.gov
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Michele Lynn, EITS Fiscal Analyst	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 684-4707	Email: mlynn@admin.nv.gov

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

To improve the core competencies in cybersecurity. The outcomes of the Cyber Tool Tracking System would be to:

- Eliminate spend on poor tools;
- Capture tool efficacy;
- Identify real-world tool performance;
- Identify efficiencies of tool use;
- Increase knowledge base of tool use;
- Improve cybersecurity infrastructure planning;
- Increase operational coordination; and,
- Create a cyber tool community to share information.

The Cyber tool assessment and tracking is designed to identify state cybersecurity tools and is the first part of a chain in the security management system.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CYBERSECURITY
HSGP Project Type Supporting Strategic Capacity:	Threat Identification [CYBERSECURITY]
If OTHER, please choose FFY16-18 NCHS Priority:	CYBERSECURITY [Mission Area - PROT]
Core Capability aligned with Maintained Project:	Please choose the core capability that aligns with your MAINTAINED project

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project aligns directly with the Threat Identification(CYBERSECURITY) Strategic Capacity. Its focus is on providing proper tool tacking to improve infrastructure planning. This will have a direct, positive effect on their ability to protect the State's critical technology infrastructure against online, cyber terrorism, malicious interference, and targeted disruption of service.

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION**  
**Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Y
<b>Date Submitted</b>	4/27/19

**PROJECT TITLE REFERENCE:** Cyber Tool Tracking System

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

procurement using RFP process will take place.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

AEL# 04AP-07-INVN - Software, Equipment Tracking and Inventory. Collaboration with state entities to improve security over cybersecurity assets within the state.  
 Data to be captured would include:

- Tool type;
- Tool footprint;
- Tool name;
- Number of tool users;
- Cost of the tool;
- Success stories directly related to the implementation of the tool;
- Challenges, gaps, or failures of the tool;
- Ease of use of the tool;
- Training needed to become proficient;
- Ease of management/configuration of the tool;
- Entity rating of the tool (including rating rationale);
- Integration with other tools (actual and possible connections)

The Cyber Tool Tracking System is a service and not an application and would be hosted off premise.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	State of Nevada Agencies	State of Nevada	Dave Axtell, Enterprise IT Architect, State of Nevada
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

Request for sustainment to occur during the following budget session as sustainment of this project will depend on the legislature approval of ongoing budgetary funding in the subsequent biennium.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%

**Statewide**  
(SHSP)

0%

**Urban Area**  
(UASI)

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Y
<b>Date Submitted</b>	4/27/19

<b>PROJECT TITLE REFERENCE:</b>	Cyber Tool Tracking System
---------------------------------	----------------------------

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
This system would be created in a Platform as a Service (PaaS.) The cloud platform would be vendor provided as off the shelf software exists for the Cyber Tool Tracking System.		\$ 50,000.00	\$ 50,000.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			\$ 0.00
<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
	\$ 0.00	\$ 50,000.00	\$ 50,000.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Y
<b>Date Submitted</b>	4/27/19

**PROJECT TITLE REFERENCE:** Cyber Tool Tracking System

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Grant award acceptance and approvals	09/03/19	11/08/19	3
3	Conduct Compliant Procurement Process	11/18/19	12/18/19	1
4	Create implementation process, procedures, and reporting mechanism	01/06/20	01/31/20	1
5	Implement data collection with state agencies, to be ongoing process	02/03/20	04/30/20	3
6	Set reporting process	05/04/20	06/30/20	2
7	Run data collection and reporting	06/30/20	05/28/21	12
8	Evaluate results	06/01/21	06/30/21	1
9	Close out the Grant	07/01/21	07/30/21	1
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.

Yes, the Cyber Tool Tracking System project has a nexus to terrorism. The highly damaging cyber based attacks or threats-of- attack against information systems may be made for a number of causes, to intimidate or coerce governments in pursuit of nefarious goals, converging terrorism with cyberspace with devastating results. The cyber tool tracking system is to protect state systems.

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b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.

Yes, the Cyber Tool Tracking System project has directly aligned with the Nevada Commission on Homeland Security FY19 Priorities . The Nevada Commission on Homeland Security FY19 Priorities identified Cybersecurity as a Core Capability. threat identification[CYBERSECURITY] was identified as a strategic supporting capacity.

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c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.

The amount is scalable and negotiable. The amount may be able to be reduced.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) RESUBMISSION  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Y
<b>Date Submitted</b>	4/27/19

**PROJECT TITLE REFERENCE:** Cyber Tool Tracking System

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

Yes, the project may be possible to continue to sustain the project through billing the allowable units.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

Yes, measurable advantages to State, County and Cities' users are of state-wide benefit. Users, state-wide, include all public safety state and the local participants. All law enforcement benefits from the State's secure infrastructure. The application would track cyber-security tools used by all executive branch entities, boards, and commissions as well as statewide OIS tools to help unify the cyber-tool landscape.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

The application would track cybersecurity tools used by all executive branch entities, boards, and commissions as well as statewide OIS tools to help unify the cyber-tool landscape. The tracking must have a statewide focus that includes all the systems within its scope. The goal of the Cyber Tool Tracking System is to extract the maximum value from all cybersecurity assets and as input in future planning and decision making. Additional information on the tool is available if needed.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)**

FFY 2019

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b>	Nevada Department of Administration, CIO	<b>Project Manager Name &amp; Contact #</b>	Dave Axtell, State IT Architect, 775-684-5824	<b>Grant Manager Name &amp; Contact #</b>	Alisanne Maffei, 775-685-5855						<b>Y</b>
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	<b>IJ TITLE:</b>	Cyber Tool Tracking System										
		One Budget Per Funding Stream SHSP										

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.										
1		n/a						\$ -				
2								\$ -				
3								\$ -				
4								\$ -				
	<b>Personnel Sub-Total</b>							\$ -				

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability		Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above										
5		n/a						\$ -				
6								\$ -				
7								\$ -				
8								\$ -				
	<b>Fringe Sub-Total</b>							\$ -				

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9		n/a							-			
10									-			
11									-			
	<b>Travel Sub-Total</b>								-			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27		n/a				-	-			
28						-	-			
29						-	-			
30						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEM LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TC INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36		n/a				-	-			
37						-	-			
38						-	-			
39						-	-			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEM LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Inventory Security Asset Software for Security Asset Tracking and Management	New / Enhance / Past / Competitive		1.00	50,000.00	\$ 50,000.00	Cyber - Threat Identification	Cybersecurity	04AP-07-INVN Software, Equipment Tracking and Inventory	SHSP
41							\$ -				
42							\$ -				
43							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 50,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEM LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Cybersecurity software assets tracking for better risk management will in turn provide enhanced cost management for improved decision making. •Cyber tool assessment and tracking is designed to identify state cybersecurity tools and is the first part of a chain in the security management system; AEL# 04AP-07-INVN - Software, Equipment Tracking and Inventory. Collaboration with state entities to improve security over cybersecurity assets. The goal of the Cyber Tool Tracking System is to extract the maximum value from all cybersecurity assets and as input in future planning and decision making.



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51		n/a									\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58		n/a									\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

											Budget Total Request	\$ 50,000.00
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**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Z
<b>Date Submitted</b>	3/27/19

<b>1) PROJECT TITLE:</b>	ARMOR CBRNE Response - New Competitive	
<b>2) PROPOSING/LEAD AGENCY:</b>	LVMPD ARMOR	
<b>3) Project Manager Name/Title:</b>	Roger Haskins	
<b>Project Manager Contact Info:</b>	Phone: (702) 271-2325	Email: r5774h@lvmpd.com
<b>4) Addl Project Manager Name/Title:</b>		
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
<b>5) Finance/Grant Contact Name/Title:</b>	Angela Walker	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 828-8210	Email: a15306w@lvmpd.com

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The purpose of this grant application is to enhance and expand the ability to provide on-scene protection for robotic operations enabling intelligence collection and surveillance support capabilities to the Tactical teams and ARMOR operators within the Las Vegas Urban Area (LVMPD, HPD, and NLVPD). The platform for robotic operation and transportation requested is specifically designed for robotic operations on events and providing a vehicle that can be utilized transportation and employment of robotic platforms for CBRNE and CCTA surveillance, monitoring and exploitation of potentially hazardous devices and structures.

The robotic platforms employed by the ARMOR unit can be utilized with a variety of tools for location and detection of CBRNE threats compounded with the availability of communications capability to the Operations Center. By expanding the efficiency and effectiveness of this capability within the encompassing security and availability of one vehicle platform, ARMOR will enable rapid deployment capability to a multi-threat environment to provide real-time intelligence and information to Incident Commanders.

This grant will be in support of the Intelligence and Information-sharing Core Capability and Multi-agency Operational Coordination for the All-Hazards Regional Multi-agency Operations and Response (ARMOR) unit within the Las Vegas Urban Area, Clark County, State of NV, and the surrounding regions of the United States.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	Las Vegas ARMOR [CBRN,E]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	ON-SCENE SECURITY, PROT, AND LAW ENFORCEMENT [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Within the Core Capability of Intelligence and Information Sharing, the description of the capability is to, "Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security...."

The technological ability of the ARMOR Unit to provide the rapid and accurate detection, identification, and informational dissemination in the response, mitigation, and investigation of CBRNE threats and terrorism events is crucial to the effective and efficient response from local, state, and federal entities. As a multi-agency, state-asset, CBRNE unit, ARMOR provides numerous front-line intelligence collection, exploitation, processing, and analysis capabilities in the area of CBRNE response, identification, and mitigation.

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Z
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - New Competitive

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal

The capabilities, sustainment, and maintenance of the requested equipment will be maximized by contracting the purchase from the vendor currently utilized by LVMPD for the supply of vehicles of similar design and specifications.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Upon confirmation of the grant award, LVMPD/ARMOR will employ Federal Purchasing Guidelines for the procurement of equipment based upon criteria set forth for Grant Funded purchases set to be enacted in July 1, 2017.

LVMPD/ARMOR section will define criteria for the bidding by potential vendors based upon requirements for the equipment performance and specifications. Bids from competing vendors will be received and evaluated by the LVMPD purchasing and ARMOR project managers. Upon selection of vendor with most acceptable bid for pricing and performance guidelines, we will proceed with purchasing equipment and support services outlined in the proposal in accordance with LVMPD and DHS grant purchasing policy.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	LVMPD	Clark County	Roger Haskins
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

None. The consumables utilized by the equipment under consideration will be handled by LVMPD.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Z
<b>Date Submitted</b>	3/27/19

<b>PROJECT TITLE REFERENCE:</b>	ARMOR CBRNE Response - New Competitive
---------------------------------	--

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
This proposal is for the procurement of a specialized CBRNE response vehicle for the ARMOR unit that can be utilized for operations, investigations, and mitigation of high-risk events of CBRNE or terrorism.		\$ 400,000.00		\$ 400,000.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 400,000.00	\$ 0.00	\$ 400,000.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Z
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - New Competitive

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Prepare Bidding criteria and receive responses per Federal Guidelines	09/01/19	12/01/19	3
3	Vendor and Equipment selection based upon response	12/01/19	02/01/20	3
4	Purchasing contracts and securing with vendors	02/01/20	02/01/21	12
5	Receive, training, and Implementation	02/01/21	06/01/21	4
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

As the multi-agency Law Enforcement section for the CBRNE events ARMOR Section responds and investigates all CBRNE related-events that are criminal in nature within Clark County and Southern NV. In responding to WMD and CCTA events, the ARMOR unit will play a crucial role in successful mitigation. The capability of the ARMOR section will have a direct correlation upon the ability of CBRNE counter-terrorism operations, investigations, and response in the state of NV.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

As a multi-agency, multi-discipline, state-response entity which supports agencies throughout the Las Vegas Urban Area, the furtherance of quick and accurate CBRNE location, detection, and identification is crucial to the Intelligence and Information Sharing Core Capability of the state. In providing the necessary information and intelligence to the federal, state, local, and private stakeholders, ARMOR can provide timely intelligence and Information Sharing of the diverse and technologically-advanced response in concerted effort for the mitigation of hazards.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The securing of equipment requested requires a one-time purchase of the packaged equipment and cannot be purchased in smaller portions.

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	Z
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - New Competitive

Fields "d" and "e" are limited to visible text box size

<p><b>d. Can this project continue without funding? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</b></p> <p>This project was attempted to be realized through a variety of other options and programs. In attempting to limit the financial impact of this request from DHS funding, we have evaluated and rejected the donation of specialized vehicles from community businesses, securing similar vehicle through Defense Logistics Agency, and refurbishing vehicles which had reached the end of service life from agencies in the surrounding community. Each of the evaluated options presented greater financial and effectiveness obstacles that were insurmountable for the need.</p>	
<p><b>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</b></p> <p>The ARMOR Task Force is a long-recognized regional asset providing service for response, identification, intelligence, investigation, and analysis to the Southern NV Region, state-wide events, and adjoining areas. In recent years, ARMOR has responded to requests for assistance from numerous agencies throughout the Southern NV Region which exceed the available resources of the local agencies. LVMPD has a history of assisting multiple jurisdictions throughout the region as Subject Matter Experts and technical support in the area of CBRNE response, investigations, and evidentiary analysis.</p>	

**18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:**

- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
- NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

**19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box**

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b> LVMPD ARMOR	<b>Project Manager Name &amp; Contact #</b> Roger Haskins 702-271-2325	<b>Grant Manager Name &amp; Contact #</b> Angela Walker 702-828-8210	<b>Z</b>
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**IJ TITLE:** ARMOR CBRNE Response - New Competitive

**One Budget Per Funding Stream**  
**UASI**

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

**PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A**

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
	<b>Travel Sub-Total</b>											

**TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37						-	-			
38						-	-			
39						-	-			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL.									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Specialty CBRNE Response Vehicle	New / Enhance / Past / Competitive		1.00	400,000.00	\$ 400,000.00	CBRNE - LVMPD ARMOR	On-scene Security and Protection	12VE-00-MISS	UASI
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 400,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Due to the increased risks of the utilization of WMD and CBRNE materials in the event of a complex coordinated attacks, the ability to ensure the safe transportation, deployment and operation of remotely operated platforms (ROPs = Robots, sUAS, etc) into a variety of environments and high-risk events is critical. Recent events have expedited the need for a suitable vehicle for the rapid deployment capability that is sufficient for high-threat environments while allowing to minimize the distance for maximum platform coverage.



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 400,000.00
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**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	FF
<b>Date Submitted</b>	3/27/19

<b>1) PROJECT TITLE:</b>	LVMPD TASS TRV	
<b>2) PROPOSING/LEAD AGENCY:</b>	LVMPD	
<b>3) Project Manager Name/Title:</b>	Brad Cupp/Sergeant	
<b>Project Manager Contact Info:</b>	Phone: (702) 828-4455	Email: b8104c@lvmpd.com
<b>4) Addl Project Manager Name/Title:</b>	Rachel Skidmore / Emergency Manager	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 828-2257	Email: r14590s@lvmpd.com
<b>5) Finance/Grant Contact Name/Title:</b>	Joni Prucnal, Director of Finance	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 828-8267	Email: J13700P@LVMPD.COM

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

LVMPD is seeking to build purchase a TASS TRV that was submitted and heard by this body for re-obligated FY16 funds. The vehicle will allow us to pipe into existing LVMPD networks, and mesh them for a full view of tactical response. We are seeking these funds again as the FY16 process was unable to achieve due to the delays in award.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	Southern Nevada Counter Terrorism Center [FUSION]
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COMMUNICATIONS [Mission Area - RESP]
Core Capability aligned with Maintained Project:	Not Applicable

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

This project provides the capability to ingest video feeds from disparate systems such as a drone into the Fusion Center or another command post in real-time. This capability currently doesn't exist in southern Nevada and will provide increased situational awareness and real-time video intelligence during a major incident.

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	FF
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** LVMPD TASS TRV

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*

Sole Source

Internal

RFP Process necessary

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

All work will be completed by LVMPD and members of the Emergency Management Section, Technical and Surveillance Squad (TASS), and the Communications Bureau.

1. Receive Funding
2. System Design
4. Bid Equipment
5. Issue Purchasing Order
6. Procure Equipment
7. Install Equipment
8. Equipment Testing

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Las Vegas Metropolitan Police Department	Clark County	Christopher Tomaino
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

There is no subscription fee, or annual reoccurring cost associated with this vehicle.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%

Statewide  
(SHSP)

100%

Urban Area  
(UASI)

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	FF
<b>Date Submitted</b>	3/27/19

<b>PROJECT TITLE REFERENCE:</b>	LVMPD TASS TRV
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

	LV-UASI	State-wide	SubTotal
<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>			\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>			\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>			
TASS TRV	\$ 300,000.00		\$ 300,000.00
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>			\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>			\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>			\$ 0.00
<b>15g) PROJECT TOTALS</b>	\$ 300,000.00	\$ 0.00	\$ 300,000.00

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	FF
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** LVMPD TASS TRV

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	System Design	10/01/19	10/31/19	1
3	Bid Equipment	10/01/19	10/31/19	1
4	Issue Purchasing Request	10/01/19	10/31/19	1
5	Procure Equipment	11/01/19	11/30/19	1
6	Install Equipment	12/01/19	06/30/19	6
7	Equipment Testing	12/01/19	06/30/19	6
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

Real-time disparate video footage could play a critical role in a terrorist attack in terms of providing real-time intelligence information back to a command post or the Fusion Center.

---

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project would allow the SNCTC Fusion Center to ingest and monitor the real-time video feeds from assets that are deployed to in the field.

---

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Failure to build out adequate infrastructure would not provide the coverage area necessary to support the objective of this project.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	FF
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** LVMPD TASS TRV

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

There is currently no identified funding source for this project.

**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

Once the equipment is installed assets can be deployed anywhere in the state to provide these capabilities if the needs arises.

**18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:**

- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
- NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

**19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box**

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

	<b>Agency Name</b> LVMPD	<b>Project Manager Name &amp; Contact #</b> Sgt. Brad Cupp 702-828-4455	<b>Grant Manager Name &amp; Contact #</b> Joni Prucnal 702 828 8267	FF
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**IJ TITLE:** TASS TRV

**One Budget Per Funding Stream**  
**UASI**

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

**PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Narrative HERE

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

**FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A**

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
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16												
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19												
20												
21												
22												
23												
24												
25												
26												
27												
	<b>Travel Sub-Total</b>											

**TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.**

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY									
27						-	-				
28						-	-				
29						-	-				
30						-	-				
31						-	-				
32						-	-				
33						-	-				
34						-	-				
35						-	-				
	<b>Planning Sub-Total</b>						\$ -				

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref #	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.									
36						-	-	\$ -			
37						-	-	\$ -			
38						-	-	\$ -			
39						-	-	\$ -			
	<b>Organization Sub-Total</b>						\$ -				

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL.									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		TASS Tactical Response Vehicle	New / Enhance / Past / Competitive		1.00	300,000.00	\$ 300,000.00	Operational Coordination	Operational Coordination	12VE-00MISS	UASI
41											
42											
43											
44											
45											
46											
47											
48											
49											
	<b>EQUIPMENT Sub-Total</b>						\$ 300,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

TASS Tactical Response Vehicle.



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 300,000.00
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**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	LL
<b>Date Submitted</b>	3/27/19

<b>1) PROJECT TITLE:</b>	Electronic Access and Identity Verification System	
<b>2) PROPOSING/LEAD AGENCY:</b>	BOR of NSHE obo University Police Services	
<b>3) Project Manager Name/Title:</b>	Todd Renwick, Interim Director	
<b>Project Manager Contact Info:</b>	Phone: (775) 784-4013	Email: trenwick@unr.edu
<b>4) Addl Project Manager Name/Title:</b>	Debbie Penrod	
<b>Addl Project Manager Contact Info:</b>	Phone: (775) 682-7248	Email: debbie@unr.edu
<b>5) Finance/Grant Contact Name/Title:</b>	Karim Hussein, Director of Sponsored Projects	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 784-4040	Email: ospadmin@unr.edu

**6) CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

**7) PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The goal is 100% improvement of access control and identify verification for all persons using facilities at the WNC campuses. The campuses are currently using outdated key and lock systems on all facilities. These cannot be monitored for who is entering and exiting buildings, or when locks are accessed. If keys are lost, expensive and time consuming lock replacement is required. The proposed project would be implemented by an outside contractor such as RFI (who provided the attached quote) and supervised by Police Services and WNC facilities personnel. The College of Western Nevada faces many all-hazard risks as a result of inadequate access and identification controls on its two campuses. As mentioned in the State THIRA and SPR, Nevada has many risks related to weather, earthquake, fire and other natural disasters in addition to threats of terrorism and active shooter style violence that plagues college campuses nationwide. With this request, WNC wishes to prepare for and prevent these challenges from harming persons and facilities who depend on this institution for education, training and as a valuable community resource. By improving access and identification controls, the campuses will be prepared to respond to emergency situations by remote access when needed, monitor and identify persons accessing facilities and gather and retain data for timely public notification in the event of a crisis. All college campuses face risks of acts of terrorism and WNC is no exception. In spite of it's size, it serves a vast area of Nevada including persons traveling from rural areas to access the programs there. With improved controls, the campus will more fully align its infrastructure with Homeland Security goals of improved operational coordination, cybersecurity and physical protective measures.

**8) PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	Not Applicable
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	ACCESS CONTROL AND IDENTITY VERIFICATION [Mission Areas - PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

**9) STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX .**

This request will address page 20 of the 2017 Nevada THIRA regarding Access Control and Identify Verification /Impacts and Desired Outcomes. The THIRA lists several negative outcomes related to the lack of adequate access controls and identification systems. All of these risks are currently in place for the Western Nevada College Campuses. Specifically this request wishes to address the Active Shooter and Cyber Attack impacts for this campus. The current locking systems are breach-able and lack appropriate identification controls to prevent physical attacks or terrorism attempts, or protection for vulnerable equipment and intellectual properties. See pages 20 and 21 of the 2017 THIRA

The proposed investment will address the security gaps noted in the THIRA by providing upgraded electronic locking systems which will allow for identification controls, remote access and monitoring and data capture.

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	LL
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** Electronic Access and Identity Verification System

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source
- Internal

In the event of a grant award, the managers of this project will follow all state regulations regarding purchasing including request for proposals from qualified vendors and working with institutional purchasing offices to insure fairness and accuracy in all related work.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe

in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

1. Processing of award documents will be done by the University of Nevada Office of Sponsored Projects. Project management, including reporting and account monitoring will be done by the grant manager at Police Services.
2. Police Service personnel will meet with WNC personnel to create an RFP for qualified vendors
3. Quotes will be accepted and reviewed by the appropriate purchasing and facilities personnel
4. Selected contractor will commence work on replacement of locking systems - work will be monitored by WNC and Police Services personnel
5. Software systems will be installed
6. Locking system and software will be tested by WNC personnel
7. On site training will take place - contractor will train WNC personnel
8. Once project is completed and deemed functional by appropriate personnel, WNC will sign off on completion
9. Grant progress and financial reporting will be completed by grant manager at Police Services
10. Project will be closed out in communication with DHS to ensure all deliverables and reports are completed

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	University Police	BOR of NSHE obo University of Nevada	Todd Renwick
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

It is anticipated that locking system will be functional for many years. In the event of malfunction or needed repairs, the WNC will assume responsibility of maintenance costs, software updates and/or annual licensing fees.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

100%	0%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	LL
<b>Date Submitted</b>	3/27/19

<b>PROJECT TITLE REFERENCE:</b>	Electronic Access and Identity Verification System
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
Electronic Access, Identity Verification system and bomb blankets for use by WNC and Police Services at a total cost of \$170,174.10 + indirect cost of \$59,560.92 (35% as required by NSHE)			\$ 229,734.99	\$ 229,734.99
<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>		<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
<b>15g) PROJECT TOTALS</b>		<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 0.00	\$ 229,734.99	\$ 229,734.99

Fields are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	LL
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** Electronic Access and Identity Verification System

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Process award documents through Sponsored Projects, set up account	10/01/19	10/31/19	1
3	Determine project criteria and complete an RFP	11/01/19	11/30/19	1
4	Accept and review quotes	12/01/19	12/31/19	1
5	Hire contractor, purchase equipment and work on installation	01/01/20	03/31/20	3
6	System testing	04/01/20	04/30/20	1
7	On site training	05/01/20	05/31/20	1
8	Completion of work with contractor and finalizing financial docs	06/01/20	06/30/20	1
9	Grant reporting by University Police and Sponsored Projects personnel	07/01/20	07/31/20	1
10	Final close out	08/01/20	08/31/20	1
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

Western Nevada College serves students from a wide region of Nevada, including the Fallon area. Their programs and houses sensitive data and equipment related to state of the art training programs in manufacturing, metatronics and advanced technologies. Loss of integrity of these facilities would impact not only the school, but the industries that rely on these highly trained employees.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

This project supports the FY19 strategic plan of supporting state, local, and tribal efforts to prevent terrorism and other catastrophic events and to prepare the Nation for the threats and hazards that pose the greatest risk to the security of the United States.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

The project could be scaled to partial implementation.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP)  
Project Proposal for FFY19 HSGP Funding Description**

<b>PROJECT ID:</b>	LL
<b>Date Submitted</b>	3/27/19

**PROJECT TITLE REFERENCE:** Electronic Access and Identity Verification System

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

WNC budget has no funds for this improvement project at this time. University Police budgets do not currently include this project.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

This project will be measurable in the number of facilities impacted by improved control systems and other equipment requested for managing critical incidents. The beneficiaries of this project will be, specifically, 3,420 students, 440 faculty and staff of WNC and the community members of 7 counties using the facilities. Also, some 40,000 students, faculty and staff of the other institutions under the jurisdiction of University Police Services.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. CHOOSE ONE:**
- YES** - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO** - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

**19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box**

University and College campuses are an extremely valuable resource for the entire population of Nevada. It's very difficult to accurately assess the impact of loss of integrity of facilities or harm to persons due to terrorism on any level. Persons from every city, town and rural community in Nevada and ages from kindergarten to senior citizen visit, attend programs or participate in learning activities at these campuses every day. They are members of their Local Emergency Planning Committees and serve as temporary EOC's, evacuation sites, and gathering places during extreme situations and man-made or natural disasters. Their importance and the need to protect them from harm should not be underestimated.

University Police have law enforcement responsibility at the University of Nevada, Reno, Truckee Meadows Community College, the Desert Research Institute and Western Nevada College. As the Board of Regents continues to evaluate security on the state's many college campuses, the responsibilities of University Police Services are likely to continue to expand.

Over the next 3 - 5 years, Police Services will continue to evaluate the needs and possible threats to the NSHE facilities in our jurisdiction and make recommendations for improvements. It may take some time for budgets to catch up with demand, therefore we rely on grant opportunities such as this to address needs as they are recognized.

Thank you for the opportunity to apply for these funds.

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019**

**LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	BOR of NSHE obo University Police	<b>Project Manager Name &amp; Contact #</b>	Todd Renwick, 775-784-4013, trenwick@unr.edu	<b>Grant Manager Name &amp; Contact #</b>	Debbie Penrod, 775-682-7248, debbie@unr.edu	<b>LL</b>
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<b>IJ TITLE:</b>	<b>Access Control and Identity Verification for WNC</b>											
	<b>One Budget Per Funding Stream</b>											
	<b>SHSP</b>											

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED A

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
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27												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	Planning Sub-Total						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-	-	\$ -			
39							\$ -			
	Organization Sub-Total						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
	EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening										
40	Electronic Access Control System	One year subscription of Web Hosting Software			1.00	1,467.00	\$ 1,467.00		Operational Coordination	14SW-01-PACS System, Physical Access Control	
41	Electronic Access Control System	Small format interchangeable core smart cylinders			600.00	229.35	\$ 137,610.00		Operational Coordination	14SW-01-PACS System, Physical Access Control	
42	Electronic Access Control System	Gen 3 Slim key with chargers			190.00	120.05	\$ 22,810.07		Operational Coordination	14SW-01-PACS System, Physical Access Control	
43	Electronic Access Control System	Gen 3 slim line bluetooth key with chargers			10.00	146.50	\$ 1,465.00		Operational Coordination	14SW-01-PACS System, Physical Access Control	
44	Electronic Access Control System	USB Programmer Station			1.00	210.00	\$ 210.00		Operational Coordination	14SW-01-PACS System, Physical Access Control	
45	Electronic Access Control System	Mobile Programmer for Android			1.00	625.00	\$ 625.00		Operational Coordination	14SW-01-PACS System, Physical Access Control	
46	Electronic Access Control System	multi key charger			1.00	480.00	\$ 480.00		Operational Coordination	14SW-01-PACS System, Physical Access Control	
47	Electronic Access Control System	account set up, programming, training			1.00	1,760.00	\$ 1,760.00		Operational Coordination	14SW-01-PACS System, Physical Access Control	
48	Bomb Blanket	US Armor Bomb Disposal Blanket			3.00	1,249.00	\$ 3,747.00		Operational Coordination	02EX-00-MITA Mitigation Area, Explosive	
49	Indirect Cost	Govt. Registered Indirect Cost rate @35%			1.00	59,560.92	\$ 59,560.92				
	EQUIPMENT Sub-Total						\$ 229,734.99				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Electronic access control system will replace outdated key locks on all buildings at WNC in Carson City and Fallon, Nevada. The budget will cover 600 locks plus software and programming and charging stations. Bomb blankets will be used by police services in response to explosive incidents. They will be



maintained at the three larger campuses, but are portable so can be used at any NSHE facility or by officers assigned to regional SWAT in the event of a mass incident

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP. PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 229,734.99
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	AAA
<b>Date Submitted</b>	04/26/2019

1) <b>PROJECT TITLE:</b>	ARMOR CBRNE Response - New Competitive	
2) <b>PROPOSING/LEAD AGENCY:</b>	NV DPS - Investigations Division	
3) <b>Project Manager Name/Title:</b>	Patrick Halligan	
<b>Project Manager Contact Info:</b>	Phone: 702-494-9160	Email: phalligan@dps.state.nv.us
4) <b>Addl Project Manager Name/Title:</b>	n/a	
<b>Addl Project Manager Contact Info:</b>	Phone:	Email:
5) <b>Finance/Grant Contact Name/Title:</b>	Melissa Carr, Administrative Services Officer II	
<b>Finance/Grant Contact Info:</b>	Phone: 775-684-4593	Email: mcarr@dps.state.nv.us

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The purpose of this grant application is to enhance and expand the ability to provide on-scene protection for robotic operations enabling intelligence collection and surveillance support capabilities to the Tactical teams and ARMOR operators within the Las Vegas Urban Area (NV DPS/Investigations, LVMPD, HPD, and NLVPD). The platform for robotic operation and transportation requested is specifically designed for robotic operations on events and providing a vehicle that can be utilized transportation and employment of robotic platforms for CBRNE and CCTA surveillance, monitoring and exploitation of potentially hazardous

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	Las Vegas ARMOR [CBRN,E]
If OTHER, please choose FFY16-18 NCHS Priority:	INTELLIGENCE AND INFORMATION SHARING [Mission Areas - PREV/PROT]
Core Capability aligned with Maintained Project:	ON-SCENE SECURITY, PROT, AND LAW ENFORCEMENT [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Within the Core Capability of Intelligence and Information Sharing, the description of the capability is to, "Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or

**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - New Competitive

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal

The capabilities, sustainment, and maintenance of the requested equipment will be maximized by contracting the purchase from the vendor currently utilized by LVMPD for the supply of vehicles of similar design and specifications.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

Upon confirmation of the grant award, Department of Public Safety/Investigations Division will employ Federal and State Purchasing Guidelines for the procurement of equipment based upon criteria set forth for Grant Funded purchases set to be

FIELD IS LIMITED TO VISIBLE TEXT BOX

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Department of Public Safety	State of NV	Patrick Halligan
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

None. The consumables utilized by the equipment under consideration will be handled by NV Department of Public Safety.

FIELD IS LIMITED TO VISIBLE TEXT BOX

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
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**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - New Competitive

**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size

15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
This proposal in for the procurement of a specialized CBRNE response vehicle for the ARMOR unit that can be utilized for operations, investigations, and mitigation of high-risk events of CBRNE or terrorism.	400000		\$ 400,000.00

15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
			\$ 0.00

15g) PROJECT TOTALS	LV-UASI	State-wide	TOTAL
	\$ 400,000.00	\$ 0.00	\$ 400,000.00

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
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**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - New Competitive

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From	To	Duration
		(MM/DD/YY)	(MM/DD/YY)	(# months)
1	Receive Funding	N/A	N/A	N/A
2	Prepare Bidding criteria and receive responses per Federal Guidelines	09/01/19	12/01/19	3
3	Vendor and Equipment selection based upon response	12/01/19	02/01/20	3
4	Purchasing contracts and securing with vendors	02/01/20	02/01/21	12
5	Receive, training, and Implementation	02/01/21	06/01/21	4
6				
7				
8				
9				
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**  
 As the multi-agency Law Enforcement section for the CBRNE events ARMOR Section responds and investigates all CBRNE related-events that are criminal in nature within Clark County and Southern NV. In responding to WMD and CCTA events, the ARMOR unit will play a crucial role in successful mitigation. The capability of the ARMOR section will have a direct correlation upon the ability of CBRNE counter-terrorism operations, investigations, and response throughout the state of NV.

**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**  
 As a multi-agency, multi-discipline, state-response entity which supports agencies throughout the Las Vegas Urban Area, the furtherance of quick and accurate CBRNE location, detection, and identification is crucial to the Intelligence and Information Sharing Core Capability of the state. In providing the necessary information and intelligence to the federal, state, local, and private stakeholders, ARMOR can provide timely intelligence and Information Sharing of the diverse and technologically-advanced response in concerted effort for the mitigation of hazards.

**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**  
 The securing of equipment requested requires a one-time purchase of the packaged equipment and cannot be purchased in smaller portions.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	AAA
<b>Date Submitted</b>	04/26/2019

**PROJECT TITLE REFERENCE:** ARMOR CBRNE Response - New Competitive

Fields "d" and "e" are limited to visible text box size

**d. Can this project continue without funding? YES  NO  Explain below.**

This project was attempted to be realized through a variety of other options and programs. In attempting to limit the financial impact of this request from DHS funding, the ARMOR Task Force has evaluated and rejected the donation of specialized vehicles from community businesses, securing similar vehicle through Defense Logistics Agency, and refurbishing vehicles which had reached the end of service life from agencies in the surrounding community. Each of the evaluated options presented greater financial and effectiveness obstacles that were insurmountable for the need.

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**e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.**

The ARMOR Task Force is a long-recognized regional asset providing service for response, identification, intelligence, investigation, and analysis to the Southern NV Region, state-wide events, and adjoining areas. In recent years, ARMOR has responded to requests for assistance from numerous agencies throughout the Southern NV Region which exceed the available resources of the local agencies. ARMOR has a history of assisting multiple jurisdictions throughout the region as Subject Matter Experts and technical support in the area of CBRNE response, investigations, and evidentiary analysis.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

N/A

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

Agency Name	NV Department of Public Safety/Investig	Project Manager Name & Contact #	Patrick Halligan (702)494 9160	Grant Manager Name & Contact #		AAA
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IJ TITLE: ARMOR CBRNE Response - New Competitive

One Budget Per Funding Stream  
Select Funding Stream

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
Personnel Sub-Total								\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
Fringe Sub-Total								\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9									-			
10									-			
11									-			
12									-			
13									-			
14									-			
15									-			
16									-			
17									-			
18									-			
19									-			
20									-			
21									-			
22									-			
23									-			
24									-			
25									-			
26									-			
27									-			
Travel Sub-Total									-			

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITIES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPAKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36					-	-	\$ -			
37							\$ -			
38					-	-	\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITIES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Specialty CBRNE Response Vehicle	New / Enhance / Past / Competitive		1.00	400,000.00	\$ 400,000.00	CBRNE - LVMPD ARMOR	On-scene Security and Protection	12VE-00-MISS	UASI
41							\$ -				
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 400,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Due to the increased risks of the utilization of WMD and CBRNE materials in the event of a complex coordinated attacks, the ability to ensure the safe transportation, deployment and operation of remotely operated platforms (ROPs = Robots, sUAS, etc) into a variety of environments and high-risk events is critical. Recent events have expedited the need for a suitable vehicle for the rapid deployment capability that is sufficient for high-threat environments while allowing to minimize the distance for maximum platform coverage.

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 400,000.00	
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**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	MMM
<b>Date Submitted</b>	4/26/19

1) <b>PROJECT TITLE:</b>	School-based Emergency Medical Response: Bleeding Control Stations (EMR B-ConS)	
2) <b>PROPOSING/LEAD AGENCY:</b>	Washoe County School District	
3) <b>Project Manager Name/Title:</b>	Roy Anderson, Emergency Manager	
<b>Project Manager Contact Info:</b>	Phone: (775) 348-0285	Email: roy.anderson@washoeschools.net
4) <b>Addl Project Manager Name/Title:</b>	Leslie Allfree, CPR & AED Coordinator	
<b>Addl Project Manager Contact Info:</b>	Phone: (775) 353-5958	Email: leslie.allfree@washoeschools.net
5) <b>Finance/Grant Contact Name/Title:</b>	Roy Anderson, Emergency Manager	
<b>Finance/Grant Contact Info:</b>	Phone: (775) 348-0285	Email: roy.anderson@washoeschools.net

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

The outcome of this project is to improve the mass care services available to the 6,000 staff and 64,000 students of the Washoe County School District and to provide for rapid emergency medical response in the event of a terrorist/mass casualty event. By establishing strategically-placed bleeding control stations at each public school facility throughout Washoe County, necessary supplies will be staged for rapid deployment by the staff and students serving as immediate responders during terrorism/mass casualty events involving bleeding emergencies.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities/> <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	RECOVERY
HSGP Project Type Supporting Strategic Capacity:	Nevada Disaster Recovery Framework [RECOVERY]
If OTHER, please choose FFY16-18 NCHS Priority:	Please select the appropriate FY16-18 NCHS priority aligned with your project
Core Capability aligned with Maintained Project:	PUBLIC HEALTH, HEALTHCARE, AND EMS [Mission Area - RESP]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Uncontrolled bleeding is a leading cause of preventable death. Armed with practical tools and hands-on skills needed to control life-threatening bleeding, citizens can be prepared to provide immediate care before professional first responders can reach the scene of a mass casualty/terrorist event.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	MMM
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** School-based Emergency Medical Response: Bleeding Control Stations (EMR B-ConS)

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

The Washoe County School District Purchasing Department oversee procurement in accordance with NRS and applicable public procurement guidelines.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

Staff of Student Health Services responsible for emergency medical response training work will oversee this project, including (1) working with purchasing staff to issue a Request for Proposal, (2) designating installation locations and ordering installations with WCSD facilities department personnel, and (3) providing bleeding control training to staff throughout WCSD.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	Washoe County School District	Washoe County, Nevada	Leslie Allfree, Student Health Services, CPR & AED Program
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

This is a one-time purchase. Replacement of degraded materials such as nitrile gloves over time will be funded by other sources over time and in conjunction with other emergency medical supplies, such as Automated External Defibrillators.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
Statewide (SHSP)	Urban Area (UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	MMM
<b>Date Submitted</b>	4/26/19

<b>PROJECT TITLE REFERENCE:</b>	School-based Emergency Medical Response: Bleeding Control Stations (EMR B-ConS)
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	LV-UASI	State-wide	SubTotal
	Bleeding Control Stations to be co-located with Automatic External Defibrillators (AEDs) to provide readily accessible medical supplies to help control major bleeding. Each station includes: 1 wall-mount case, 1 carrying case, 8 individual vacuum-sealed Bleeding Control Kits. Each Bleeding Control Kit contains: 1 CAT tourniquet, 1 6-inch emergency trauma dressing, 2 Z-rolled gauze, 2 pair nitrile gloves, and 1 trauma shears. This cost includes the cost of installation hardware, as well as lead and asbestos containment supplies.	\$ 128,798.40		\$ 128,798.40
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	LV-UASI	State-wide	SubTotal
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	LV-UASI	State-wide	TOTAL
		\$ 128,798.40	\$ 0.00	\$ 128,798.40

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	MMM
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** School-based Emergency Medical Response: Bleeding Control Stations (EMR B-ConS)

16) **TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Issue RFP and secure Board of Regents approval	07/01/19	08/30/19	2
3	Purchase/receive bleeding control stations	09/01/19	10/31/19	2
4	Identify installation locations	07/01/19	09/30/19	3
5	Installation by facilities management	11/01/19	06/30/20	8
6				
7				
8				
9				
10				
11				
12				

17) **SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

a. Does this project have a nexus to terrorism? YES  NO  Explain below.  
 Schools and sporting events are common targets of domestic and international terrorism.

b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.  
 Access to bleeding control training and equipment is critical to urban response and recovery for mass casualty/terrorist events.

c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.  
 Project funding can be reduced as needed by scaling the deployment of these bleeding control stations. All school locations should receive 1-2 individual bleeding control kits. Larger stations containing multiple kits should initially be placed in locations designated as high-risk for terrorism/mass casualty events, including high schools and large sports stadiums. Further deployment of stations can be made as funds allow.

Fields "a", "b", and "c" are limited to visible text box size

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	MMM
<b>Date Submitted</b>	4/26/19

**PROJECT TITLE REFERENCE:** School-based Emergency Medical Response: Bleeding Control Stations (EMR B-ConS)

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

While bleeding control training can continue within an existing training framework, supplies needed to control life-threatening bleeding require funding that does not currently exist within Washoe County School District.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

Washoe County School District is the second largest educational entity in Nevada, serving as the primary urban site of Northern Nevada. This project will deploy bleeding control equipment in the hands of lay-rescuers responsible for the lives of 70,000 citizens, yielding a measurable benefit in both access to equipment needed in a mass casualty response and in lives saved in the case of a mass casualty event.

- 18) THIRA COMPLETION - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) ADDITIONAL COMMENTARY - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

**HOMELAND SECURITY GRANT PROGRAM (HSGP)  
FFY 2019  
LINE ITEM DETAIL BUDGET**

<b>Agency Name</b>	Washoe County School District	<b>Project Manager Name &amp; Contact #</b>	Roy Anderson 775-348-0285	<b>Grant Manager Name &amp; Contact #</b>	Roy Anderson 775-348-0285	<b>MMM</b>
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**II TITLE:** School-based Emergency Medical Response: Bleeding Control Stations (EMR B-ConS)

One Budget Per Funding Stream

Select Funding Stream

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
	<b>Personnel Sub-Total</b>							\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
	<b>Fringe Sub-Total</b>							\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
	<b>Travel Sub-Total</b>											

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27										
28										
29										
30										
31										
32										
33										
34										
35										
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36										
37										
38										
39										
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40	Bleeding Control Stations	Each station includes: 1 wall-mount case, 1 carrying case, 8 individual vacuum-sealed Bleeding Control Kits. Each Bleeding Control Kit contains: 1 CAT tourniquet, 1 6-inch emergency trauma dressing, 2 Z-rolled gauze, 2 pair nitrile gloves, and 1 trauma shears.	New / Enhance / Past / Competitive		160.00	779.99	\$ 124,798.40	Nevada Disaster Recovery Framework - State Implementation	Public Health and Medical Services		UASI
41	Installation Equipment	Installation hardware and lead/asbestos containment	New / Enhance / Past / Competitive		160.00	25.00	\$ 4,000.00	Nevada Disaster Recovery Framework - State Implementation	Public Health and Medical Services		UASI
42											
43											
44											
45											
46											
47											
48											
49											
	<b>EQUIPMENT Sub-Total</b>						\$ 128,798.40				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
50		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training	Sub-Total									\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
57		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise	Sub- Total									\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

											Budget Total Request	\$ 128,798.40
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# Nevada Homeland Security Grant Program (HSGP) UASI ONLY

**PROJECT ID:** NNN

## Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19

**Date Submitted:** 4/26/19

1) <b>PROJECT TITLE:</b>	UNLV Explosive Detecting Canine Units	
2) <b>PROPOSING/LEAD AGENCY:</b>	University Police Services, Southern Command	
3) <b>Project Manager Name/Title:</b>	Adam Garcia, Associate Vice President & Director	
<b>Project Manager Contact Info:</b>	Phone: (702) 895-2634	Email: adam.garcia@unlv.edu
4) <b>Addl Project Manager Name/Title:</b>	Richard Dohme, Assistant Chief	
<b>Addl Project Manager Contact Info:</b>	Phone: (702) 895-4741	Email: richard.dohme@unlv.edu
5) <b>Finance/Grant Contact Name/Title:</b>	Ariana Renick, Publications Writer	
<b>Finance/Grant Contact Info:</b>	Phone: (702) 895-5792	Email: ariana.renick@unlv.edu

6) **CLASSIFICATION - Check the primary intention of the Proposed Project:** Choose one:

<b>NEW*</b>	Project is <b>NEW</b> [No grant-funded projects have recently addressed this capability within the past five years; <b>OR</b> the project has been funded in the past. All projects in this category must align with NCHS FY16-18 priorities.	<input checked="" type="radio"/>
<b>MAINTAIN</b>	Project will <b>MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*</b>	<input type="radio"/>

*\*All NEW projects are competitive*

7) **PROJECT OUTCOME - Describe the goal of the Proposed Project in a summary statement.**

Describe the desired outcome goal of the Proposed Project in terms of CAPABILITY. The statement should describe **HOW MUCH** [quantify the capability improvement at a high level; for example: "To (establish, improve, expand, double, sustain, etc.)..."]; **OF WHAT CORE CAPABILITY (or CAPABILITIES)** [consider aligning with Nevada Commission on Homeland Security (NCHS) FFY18 priorities (See #10)]; **FOR WHO** (identify the direct users/beneficiaries of the capability); and **WHERE** (identify the geographic locale; example: state-wide, LV Urban Area, NE NV, or Reno, etc.). **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

Being in close proximity to the Las Vegas Strip, the University of Nevada, Las Vegas (UNLV) venues share similar threats and hazards and are a potential target for terrorism and other man-made emergencies. Security threats identified in previous semesters have led us to conclude that the current systems in place around the UNLV are not adequate to support the growing number of visitors to the educational, sporting and entertainment events held each year. In 2018 UNLV hosted 21 events at Sam Boyd Stadium (224,000 attendees), 49 events at Cox Pavilion (35,000 attendees), and 138 events at the Thomas & Mack Center (807,000 attendees). To improve safety and security for these events and venues, UNLV proposes to purchase 2 Explosive Detecting Canines (K-9 Units) to reduce man-made risks associated with these activities. These K-9 Units may be utilized by partner agencies within southern Nevada and throughout the Urban Area. UNLV is transforming its safety and security protocols to continue to strengthen community (University) resilience. The proposal includes 1 Person-Borne Explosive K-9 Unit and 1 Explosive Detection K-9 Unit. The K-9 units will allow for detection and identification of concealed explosives and other CBRNE. Establishing these enhanced security measures (updated plans and expanded use of K-9 units), will significantly reduce risks associated with the high profile events held at UNLV and potentially around the region.

8) **PROPOSED STRATEGIC CAPACITY - Identify by name the proposed strategic capacity, project type, and associated core capability.** Reference the Federal Emergency Management Agency (FEMA) list of Core Capabilities and the Crosswalk of Target Capabilities to Core Capabilities here: <https://fema.gov/core-capabilities> / <https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<b>FFY19 Strategic Capacity Maintained*:</b>	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE
HSGP Project Type Supporting Strategic Capacity:	OTHER
If OTHER, please choose FFY16-18 NCHS Priority:	OPERATIONAL COORDINATION [Mission Area - ALL]
Core Capability aligned with Maintained Project:	SCREENING, SEARCH, AND DETECTION [Mission Areas - PREV/PROT]

*\*FFY19 Strategic Capacities are subject to change pending Nevada Commission on Homeland Security Approval on 3/26/19 and/or FFY19 Homeland Security Grant Program guidance per the Notice of Funding Opportunity when released.*

9) **STRATEGIC CAPACITY JUSTIFICATION - Describe how this project aligns with the strategic capacity chosen.** Describe the justification of this project's alignment with the strategic capacity to be maintained. If it does not, please justify. **FIELD IS LIMITED TO VISIBLE TEXT BOX.**

University Police Services and UNLV's Office of Emergency Management's common campus purpose is to sustain and build systems that will prepare for, respond to, and recover from any threat which may face our campus, keeping UNLV students and staff, campus visitors and event attendees, and surrounding community secure and safe. UNLV has identified a need for enhanced security (K-9 Units) at multiple, high profile events. K-9 Units will also be used to "clear" building/facilities after bomb threats, etc. Even though K-9 Units may also serve as a prevention tool, they also serve as an active deterrent during patrols around campus and at events, and will enhance community (University) resilience and reduce potential risks identified during UNLV's broader planning process.

**PROJECT TITLE REFERENCE:** UNLV Explosive Detecting Canine Units

**10) PROCUREMENT - Indicate the method of procurement associated with this project:**

- Request for Proposal** *Provide a brief explanation on your method of procurement - FIELD IS LIMITED TO VISIBLE TEXT BOX:*
- Sole Source**
- Internal**

University Police Services has identified the equipment (K-9 Units) for purchase that best suits the needs of the venues, events, and campus population.

**11) PROJECT IMPLEMENTATION - Describe how, and by whom, the Proposed Project will be implemented.** Describe in rough order the process by which the project will be accomplished, identifying who (i.e. staff, contractor, or ?) will perform what work

FIELD IS LIMITED TO VISIBLE TEXT BOX

University Police Services will perform the following implementation steps:

- Conduct final needs assessment
- Distribute Request for Quotes and select vendor.
- Order K-9 Units
- Participate in multi-week handler training and initial certification process
- Update security plan, including K-9 Unit deployment locations
- Update organizational procedures.
- Establish mutual-aid agreements with partner agencies
- Deploy K-9 Units
- Regular training and care.

**12) SUB-GRANT AWARD RECIPIENTS - Identify the participating agency(s) and jurisdiction(s) proposed for awards. [This section is for you to tell us WHO will be receiving the money for your project - If it's you, put in your agency]**

	Agency (FD, PD, etc.)	Political Jurisdiction (City, County, State, etc.)	Project Representative (individual)
12(a)	University Police Services	CSN, DRI, NSC, UNLV	Adam Garcia, AVP & Director
12(b)			
12(c)			

**13) SUSTAINMENT - Identify any continuing financial obligation created by the Project, and proposed funding solution**

FIELD IS LIMITED TO VISIBLE TEXT BOX

University Police Services will be responsible for continued training and subsequent costs associated with care of the K-9 Units and related travel/training for handlers.

**14) STATEWIDE and/or UASI BENEFIT - Your project's funding percentage makeup of Statewide -vs- UASI is noted below for your convenience. This amount is derived from Field '15g - PROJECT TOTALS' on Page #3**

0%	100%
<b>Statewide</b> (SHSP)	<b>Urban Area</b> (UASI)

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>NNN</b>
<b>Date Submitted</b>	<b>4/26/19</b>

<b>PROJECT TITLE REFERENCE:</b>	UNLV Explosive Detecting Canine Units
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**15) BUDGET - Describe objectives, acquisitions, and quantities within each category. Be specific. Identify UASI and State cost.**

Fields are limited to visible text box size	<b>15a) Planning</b> <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15b) Organization</b> <i>[Establishment of organization, structure, leadership, and operation]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15c) Equipment</b> <i>[Procurement and installation of equipment, systems, facilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
	(1) Explosive Detection Canine (1) Person-Borne Explosive Detection Canine	\$ 37,000.00		\$ 37,000.00
	<b>15d) Training</b> <i>[Development and delivery of training to perform assigned missions and tasks]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15e) Exercise</b> <i>[Development and execution of exercises to evaluate and improve capabilities]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15f) Personnel</b> <i>[Staff (not contractors) directly implementing project and programmatic capability]</i>	<b>LV-UASI</b>	<b>State-wide</b>	<b>SubTotal</b>
				\$ 0.00
	<b>15g) PROJECT TOTALS</b>	<b>LV-UASI</b>	<b>State-wide</b>	<b>TOTAL</b>
		\$ 37,000.00	\$ 0.00	\$ 37,000.00

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>NNN</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** UNLV Explosive Detecting Canine Units

**16) TASKS & SCHEDULE - Identify the necessary tasks/steps, and time needed.**

*FIELDS ARE LIMITED TO TEXT BOX SIZE*

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	Receive Funding	N/A	N/A	N/A
2	Conduct final needs assessment.	07/01/19	07/05/19	1
3	Distribute Request for Quotes and select vendor.	07/05/19	08/05/19	1
4	Order K-9 Units.	08/05/19	11/05/19	3
5	Participate in multi-week handler training and initial certification process.	11/05/19	12/10/19	1
6	Update security plan, including K-9 Unit deployment locations.	08/05/19	09/05/19	1
7	Update organizational procedures.	08/05/19	09/05/19	3
8	Establish mutual-aid agreements with partner agencies.	09/05/19	12/05/19	3
9	Deploy K-9 Units.	12/10/19		
10				
11				
12				

**17) SUPPLEMENTARY INFORMATION - Please provide a BRIEF explanation for your response to these questions:**

Fields "a", "b", and "c" are limited to visible text box size

**a. Does this project have a nexus to terrorism? YES  NO  Explain below.**

According to the Homeland Security Digital Library, on December 17, 2003, President Bush issued Homeland Security Presidential Directive 7 establishing a national policy for Federal departments and agencies to identify and prioritize critical infrastructure and key resources to protect them from terrorist attacks. The Department of Homeland Security and Congress identified public assembly facilities as part of this critical infrastructure. These K-9 Units will serve as a counter-terrorism and security measures that prevents explosives from being used an attack method on high profiles events, and will be utilized to "clear" buildings/facilities after a bomb threat, etc.

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**b. Does this project align with the FFY19 strategic capacities? YES  NO  Explain below.**

University Police Services and UNLV's Office of Emergency Management's common campus purpose is to sustain and build systems that will prepare for, respond to, and recover from any threat which may face our campus, keeping UNLV students and staff, campus visitors and event attendees, and surrounding community secure and safe. UNLV has identified a need for enhanced security (K-9 Units) at multiple, high profile events. Even though K-9 Units may also serve as a prevention tool, they will enhance community (University) resilience and reduce potential risks identified during UNLV's broader planning process.

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**c. Can this project funding request be reduced? Is it scaleable? YES  NO  Explain below.**

Although the number of K-9 Units can be reduced, both K-9 Units are required to meet security needs at an ever growing number of high profile and special events associated with southern Nevada's Higher Education Institutions.

**Nevada Homeland Security Grant Program (HSGP) UASI ONLY**  
**Project Proposal for FFY19 HSGP Funding Description - Due 4/26/19**

<b>PROJECT ID:</b>	<b>NNN</b>
<b>Date Submitted</b>	<b>4/26/19</b>

**PROJECT TITLE REFERENCE:** UNLV Explosive Detecting Canine Units

Fields "d" and "e" are limited to visible text box size

d. Can this project continue without funding? YES  NO  Explain below.

This project is dependent upon HSGP funding. Funding is not currently available from any other source to strengthen community resiliency, increase security measures, or employ the use of additional K-9 Units at UNLV event venues.

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e. Does this project provide a MEASUREABLE statewide benefit? YES  NO  Explain below.

UNLV regularly hosts national, state, and regional events, including 2016 Presidential Debate, Governor bill signing ceremony, October 1, Federal Appeals Court visits Nevada Supreme Court visits, National Finals Rodeo LVCVA, NBA Summer League over a million visitors. Additionally, University Police Services plans to establish mutual-aid partner agreements for K-9 Units to be utilized by partner agencies within southern Nevada and throughout the Urban Area. In accordance with the consolidation of University Police Services, Southern Command this equipment can be deployed for use on all College of Southern Nevada, Desert Research Institute, Las Vegas, Nevada State College, and University of Nevada, Las Vegas campuses and properties.

- 18) **THIRA COMPLETION** - Please indicate the participation level in completing the 2018 THIRA Survey. **CHOOSE ONE:**
- YES - Agency HAS participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey
  - NO - Agency has NOT participated in the 2018 Threat and Hazard Identification Risk Assessment (THIRA) Survey

19) **ADDITIONAL COMMENTARY** - Please indicate any additional project commentary you feel may be important. Field is limited to the visible text box

UNLV regularly hosts national, state, and regional events, including the 2016 Presidential Debate, Governor bill signing ceremonies, Federal Appeals Court visits, Nevada Supreme Court visits, National Finals Rodeo, and NBA Summer League which draws over a million visitors. The Thomas & Mack Center served as an area of refuge for victims of the 1 October tragedy. Additionally, the Thomas and Mack Center is a designated Mega-Point of Dispensing (POD) by Clark County and the Southern Nevada Health District. UNLV has limited K-9 capability and has not been able to follow suit with similar event arenas around the country that have K-9 Units as part of their standard pre-event and continuing event security operations. The use of K-9 Units will help to ensure the safety and well-being of the campus and its surrounding community during all of the above events at UNLV.

Person-Borne working dogs are specifically trained to detect body-worn explosives on a moving target. Unlike traditional K9 bomb sniffers, which are trained to view static objects or people as their "productive area," Person-Borne dogs are obedient to the odor itself, enabling them to consistently and effectively follow an explosive target to its source in real time while the target is in motion. They can accurately screen hundreds of people passing through an entry point in a non-intrusive way. Both of the proposed K-9's can sniff out 17 different kinds of explosives and are necessary for special events because of their individual specialties.

PLEASE SUBMIT THIS PROPOSAL RESUBMISSION VIA THE SUBMIT BUTTON.  
 PLEASE ENSURE TO ALSO SEND YOUR CORRESPONDING BUDGET(S) TO  
 DHSGrants@dps.state.nv.us

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

	<b>Agency Name</b>	University Police Services	<b>Project Manager Name &amp; Contact #</b>	Adam Garcia 702-895-2634	<b>Grant Manager Name &amp; Contact #</b>	Ariana Renick 702-895-5792	NNN
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<b>IJ TITLE:</b>		UNLV Explosive Detecting Canine Units									
		One Budget Per Funding Stream									
		UASI									

Line #	CATEGORY	PERSONNEL DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary or Hourly	% of Effort	Calculation (hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Personnel	Positions Require: How Many, Type, Max Amount of Time 12 mo, New, Existing & Description of Position. All personnel must be put under this category, please note each line with planning, organization, training or exercise.									
1								\$ -			
2								\$ -			
3								\$ -			
4								\$ -			
<b>Personnel Sub-Total</b>								\$ -			

PERSONNEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

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Line #	CATEGORY	FRINGE DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	Salary Hourly	% of Effort	Calculation (Input hours)	Personnel Cost Amount	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Fringe Benefits	Positions Require: Fringe to be separate from Personnel Costs above									
5								\$ -			
6								\$ -			
7								\$ -			
8								\$ -			
<b>Fringe Sub-Total</b>								\$ -			

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Line #	CATEGORY	PURPOSE OF EACH TRAVEL, LOCATION, HOW MANY DAYS, PER DIEM BREAKDOWN	Select Purchase Type	Previous Funding Type	Category of Each Travel	Justification & Narrative for each trip must be included here	Total Trips	Cost for each Trip	Total Cost	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Travel Planning Training Exercise Equipment Organization	THIS IS A NEW REQUIREMENT TO PROVIDE ALL INFORMATION ON TRAVEL. ALL TRAVEL MUST BE LINE ITEMED OUT ON THE TRAVEL ADDENDUM PROVIDED. ALL DETAILS ARE REQUIRED. THIS CATEGORY IS FOR TRAVEL ONLY (INFORMATION NOT PROVIDED WILL NOT BE FUNDED BASED ON NON-COMPLIANCE)	Select Type									
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
<b>Travel Sub-Total</b>												

TRAVEL COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL EACH LINE ITEM AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE



Line #	CATEGORY	PLANNING DETAIL DESCRIPTION	Select Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Planning	DESCRIPTION OF PLANNING ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) NO TRAVEL IN THIS CATEGORY, NO OVERTIME IN THIS CATEGORY								
27						-	-			
28						-	-			
29						-	-			
30						-	-			
31						-	-			
32						-	-			
33						-	-			
34						-	-			
35						-	-			
	<b>Planning Sub-Total</b>						\$ -			

PLANNING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	ORGANIZATION DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	Requested Funding Source
	Organization	DESCRIPTION OF ORGANIZATION ACTIVITES MUST BE DETAILED OUT, SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION. THIS CATEGORY IS TYPICALLY FOR FUSION CENTER ACTIVITIES - TO INCLUDE OVERTIME, VEHICLE AND EQUIPMENT RENTALS, OPACKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY.								
36						-	-			
37							\$ -			
38							\$ -			
39							\$ -			
	<b>Organization Sub-Total</b>						\$ -			

ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Narrative HERE

Line #	CATEGORY	EQUIPMENT DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QUANTITY	UNIT COST	TOTAL	Approved Strategic Capacity	Core Capability	AEL Ref # (if AEL is not listed this will not be approved)	Requested Funding Source
	Equipment	DESCRIPTION OF EQUIPMENT ACTIVITES MUST BE DETAILED OUT (GENERAL TERMS AND INFORMATION WILL NOT BE ACCEPTED BASED UPON NON-COMPLIANCE) SEE YOUR GUIDANCE FOR DESCRIPTION OF ORGANIZATION - NO TRAVEL IN THIS CATEGORY - NO OVERTIME IN THIS CATEGORY, MUST HAVE AN AEL									
		<b>EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening</b>									
40		Person-Borne Explosive Detection Canine with 5 week handler training, Initial Certification, 1 year of follow up training and Certification.	New / Enhance / Past / Competitive		1.00	20,000.00	\$ 20,000.00	Planning - Community Resilience	Screening, Search, and Detection	07ED-01-DOGS Canines, Explosive Detecting	UASI
41		Explosive Detection Canine with 5 week handler training, Initial Certification, 1 year of follow up training and Certification.	New / Enhance / Past / Competitive		1.00	17,000.00	\$ 17,000.00	Planning - Community Resilience	Screening, Search, and Detection	07ED-01-DOGS Canines, Explosive Detecting	UASI
42							\$ -				
43							\$ -				
44							\$ -				
45							\$ -				
46							\$ -				
47							\$ -				
48							\$ -				
49							\$ -				
	<b>EQUIPMENT Sub-Total</b>						\$ 37,000.00				

EQUIPMENT COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

Person-Borne explosive detection canine (PBD) - Person-Borne working dogs are specifically trained to detect body-worn explosives on a moving target. This is what enables a Person-Borne canine to follow an explosive target to its source in real time while the target is in motion. Trained to sniff out 17 different kinds of explosives. Cost includes:



Line #	CATEGORY	TRAINING DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Training Officer?	Is This Request on the TEPW?	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS Course #. Must Support SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY) Add Course # in Description (NO OVERTIME IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
50											\$ -	
51											\$ -	
52											\$ -	
53											\$ -	
54											\$ -	
55											\$ -	
56											\$ -	
	Training Sub-Total										\$ -	

TRAINING COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP APPROVAL PLEASE SEE SCREENING MEMO

Narrative HERE

Line #	CATEGORY	EXERCISE DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	Coordinated with the State Exercise Officer?	This request is required to be on the TEPW	QUANTITY	UNIT COST	Approved Strategic Capacity	Core Capability	TOTAL	Requested Funding Source
	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer, Must Support the SPR, THIRA, Strategy (NO TRAVEL IN THIS CATEGORY)										
		EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening									\$ -	
57											\$ -	
58											\$ -	
59											\$ -	
60											\$ -	
61											\$ -	
	Exercise Sub- Total										\$ -	

EXERCISE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

										Budget Total Request	\$ 37,000.00	
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FEMA

# NIMS Implementation Objectives

for Local, State, Tribal, and Territorial Jurisdictions

2018 Update

The National Incident Management System (NIMS) provides stakeholders across the whole community with the shared vocabulary, systems, and processes to successfully deliver the capabilities described in the [National Preparedness System](#). NIMS helps prepare the nation for catastrophic disasters by uniting all incident personnel, from on-scene responders to individuals in Emergency Operations Centers (EOC) and senior officials, enabling them to meet challenges beyond the capacity of any single jurisdiction or organization.

This nationwide unity of effort hinges on a shared understanding of what NIMS implementation entails. The NIMS Implementation Objectives provide the baseline for that understanding.

The NIMS Implementation Objectives reflect the concepts and principles contained in NIMS and aim to promote consistency in NIMS implementation across the Nation. The NIMS Implementation Objectives clarify the NIMS implementation requirements in FEMA preparedness grant Notices of Funding Opportunity. As recipients and subrecipients of Federal preparedness (non-disaster) grant awards, jurisdictions and organizations must achieve, or be actively working to achieve, all of the NIMS Implementation Objectives.

In addition to the Implementation Objectives, the following chart outlines a vision for each NIMS component and example indicators for each objective. The visions outline the intended end state of the activities under that component. The indicators are examples of characteristics that are frequently associated with jurisdictions and organizations that have achieved the objective. They are not requirements criteria, nor are the indicators intended as a checklist for achieving the objectives. The indicators are a tool to assist jurisdictions and organizations in meeting the new Implementation Objectives.

	NIMS Implementation Objectives	Example Indicators
<p><b>General</b></p> <p><i>Vision: Policies and processes are in place to support NIMS implementation</i></p>	1. Adopt the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents.	A current and valid legal authority indicating that NIMS is the system of choice for the jurisdiction or organization.
	2. Designate and maintain a point of contact (POC) to serve as the principal coordinator for the implementation of NIMS.	Stakeholder notification including contact information for a current NIMS point of contact responsible for the overall coordination and development of NIMS-related activities and documents for the jurisdiction.
	3. Ensure that incident personnel receive pertinent NIMS training in alignment with the NIMS Training Program.	Official training guidance that specifies: <ul style="list-style-type: none"> <li>• Which training courses incident personnel must take;</li> <li>• How long they have to complete the training after they join the jurisdiction or organization; and</li> <li>• Frequency of refresher training.</li> </ul>
<p><b>Resource Management</b></p> <p><i>Vision: Consistent, interoperable identification, management, and sharing of incident resources</i></p>	4. Identify and inventory deployable incident resources consistent with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool. (NIMS pages 6-7, <a href="http://www.fema.gov/resource-management-mutual-aid">http://www.fema.gov/resource-management-mutual-aid</a> ).	Up-to-date resource inventory (such as the Incident Resource Inventory System) that uses NIMS resource-typing definitions for all shareable or deployable resources.
	5. Adopt NIMS terminology for the qualification, certification, and credentialing of incident personnel. (NIMS page 8) <i>Developing or participating in a qualification, certification, and credentialing program that aligns with the National Qualification System (NQS) is recommended, but not required.</i>	Official guidance document specifying how incident personnel are qualified, certified, and credentialed consistent with NIMS terminology.
	6. Use the NIMS Resource Management Process during incidents (identify requirements, order and acquire, mobilize, track and report, demobilize, reimburse and restock). (NIMS page 12)	Current standard operating procedures align with the NIMS Resource Management Process. Exercise or real-world incident documentation indicating the appropriate use of NIMS Resource Management process and NIMS resource typing definitions.
	7. At the jurisdictional level, develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations).	Mutual aid agreements are up-to-date and in effect, covering neighboring jurisdictions, the private sector, and nongovernmental organizations.

NIMS Implementation Objectives		Example Indicators
<p><b>Command and Coordination</b></p> <p><i>Vision: Integrated decision making and unity of effort among all incident personnel</i></p>	8. Apply ICS as the standard approach to the on-scene command, control, and coordination of incidents.	<p>Exercise or real-world incident documentation or after-action reports indicating consistent use of NIMS principles, procedures, and structures including the Incident Command System (ICS), Multiagency Coordination (MAC) Groups, and Joint Information Systems (JIS).</p> <p>Standard operating procedures and emergency operations plans that reflect NIMS guidance such as the NIMS Management Characteristics, ICS, MAC Groups, and JIS.</p> <p>Emergency Operations Plans (EOP), Standard Operating Procedures (SOP), organizational charts, or training program materials reflecting NIMS EOC guidance.</p>
	9. Implement JIS for the dissemination of incident information to the public, incident personnel, traditional and social media, and other stakeholders.	
	10. Use MAC Groups/Policy Groups during incidents to enable decision making among elected and appointed officials and support resource prioritization and allocation.	
	11. Organize and manage EOCs and EOC teams consistent with pertinent NIMS guidance.	
<p><b>Communications and Information Management</b></p> <p><i>Vision: Information gets to who it needs to, when it needs to, and in a means they can understand.</i></p>	12. Apply plain language and clear text communications standards.	SOPs, standard operating guidelines, and training program materials direct the use of plain language and clear text for incident communications.
	13. Enable interoperable and secure communications within and across jurisdictions and organizations.	<p>Exercise and/or real-world incident documentation and/or after action reports indicate that:</p> <ul style="list-style-type: none"> <li>• Communications and information systems are reliable and scalable and can function in any type of incident;</li> <li>• Communications systems are resilient and redundant;</li> <li>• Incident data, networks, and systems are appropriately protected and secure;</li> <li>• Appropriate communication guidance is incorporated into EOPs or supporting plans or annexes; and</li> <li>• Incident communications personnel have experience establishing and supporting interoperable communications.</li> </ul>
	14. Develop, maintain, and implement procedures for data collection, analysis, and dissemination to meet organizational needs for situational awareness.	<p>Exercise or real-world incident documentation indicate that incident personnel are collecting, analyzing, and disseminating situational awareness effectively and consistently with NIMS guidance.</p> <p>Data collection plans and SOPs align with NIMS guidance on information management and NIMS command and coordination structures.</p>

**Steve Sisolak**  
*Governor*



**George Togliatti**  
*Director*

**Caleb S. Cage**  
*Chief*

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## Memorandum

DATE: May 21, 2019

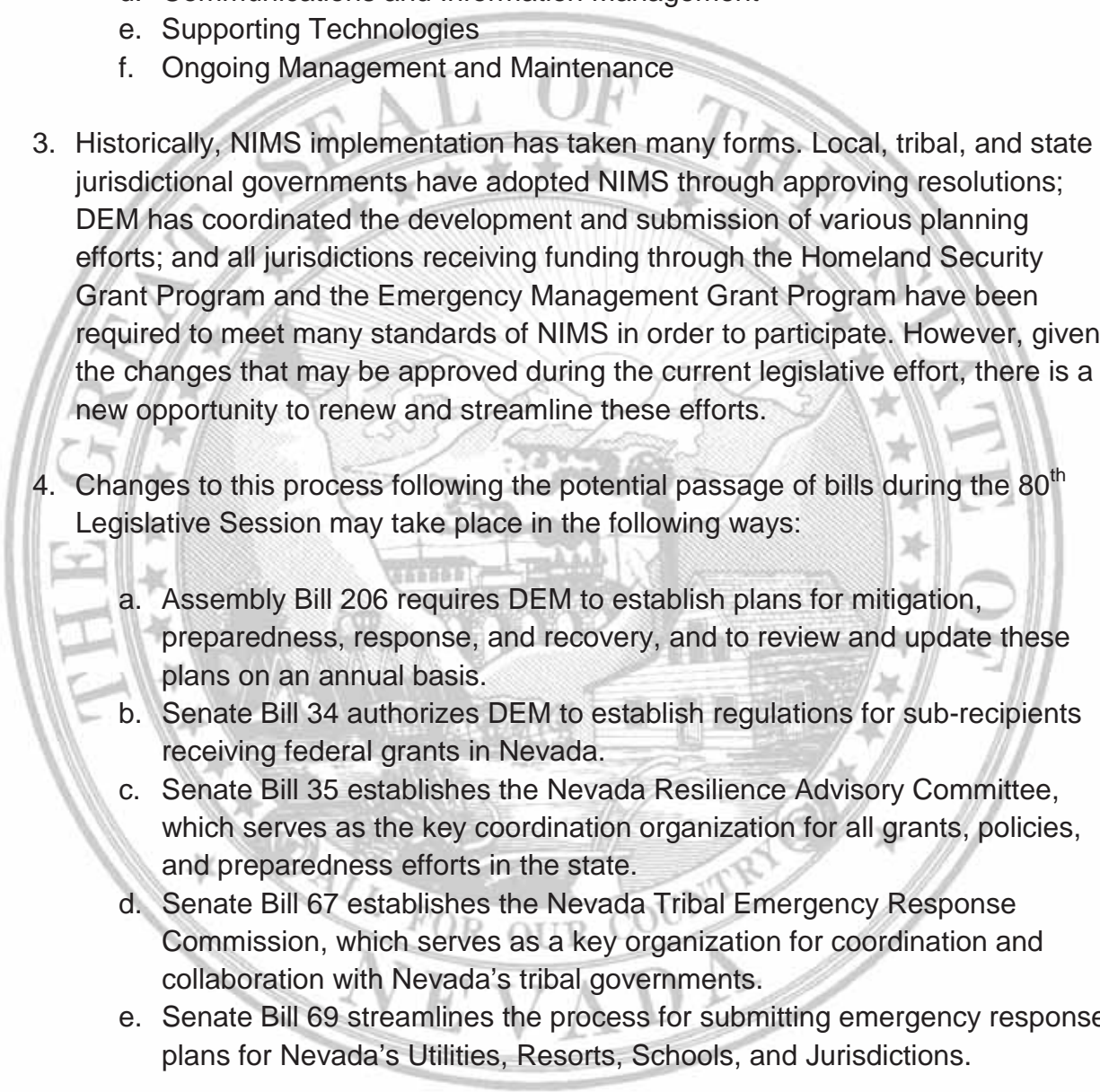
TO: The Honorable Steve Sisolak, Governor, State of Nevada

FROM: Caleb Cage, Chief, Division of Emergency Management

SUBJECT: Quarterly report on the adoption of the National Incident Management System

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1. NRS 239C.310 calls for the adoption of a national system of emergency response and requires the DPS Division of Emergency Management (DEM) to provide a report to the Nevada Commission on Homeland Security (NCHS) on a quarterly basis. Specifically, this statute states that the state, political subdivisions, and tribal governments in the state shall “adopt any national system that is required as a condition to the receipt of money from the Federal Government by the United States Department of Homeland Security pursuant to federal law in preparation for, prevention of, detection of, mitigation of, response to and recovery from a domestic incident, including, without limitation, an act of terrorism.” Each of these jurisdictions shall provide documentation of their adoption to DEM so that the division can report to the NCHS.
2. Currently, the national system developed by the Department of Homeland Security and the Federal Emergency Management Agency (FEMA) is the National Incident Management System (NIMS). NIMS is designed to provide stakeholders a shared paradigm to execute the National Preparedness System. NIMS will be implemented differently in each jurisdiction and at each level of government, but FEMA has developed NIMS Implementation Objectives to provide some basics. Please see the 2018 update of the NIMS Implementation Objectives for more information. There are six components of NIMS, which are provided below:

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- The seal of the State of Nevada is faintly visible in the background, featuring a central figure holding a torch and a scale, surrounded by the text "THE GREAT SEAL OF THE STATE OF NEVADA" and "1863".
- a. Command and Management
    - b. Preparedness
    - c. Resource Management
    - d. Communications and Information Management
    - e. Supporting Technologies
    - f. Ongoing Management and Maintenance
  3. Historically, NIMS implementation has taken many forms. Local, tribal, and state jurisdictional governments have adopted NIMS through approving resolutions; DEM has coordinated the development and submission of various planning efforts; and all jurisdictions receiving funding through the Homeland Security Grant Program and the Emergency Management Grant Program have been required to meet many standards of NIMS in order to participate. However, given the changes that may be approved during the current legislative effort, there is a new opportunity to renew and streamline these efforts.
  4. Changes to this process following the potential passage of bills during the 80<sup>th</sup> Legislative Session may take place in the following ways:
    - a. Assembly Bill 206 requires DEM to establish plans for mitigation, preparedness, response, and recovery, and to review and update these plans on an annual basis.
    - b. Senate Bill 34 authorizes DEM to establish regulations for sub-recipients receiving federal grants in Nevada.
    - c. Senate Bill 35 establishes the Nevada Resilience Advisory Committee, which serves as the key coordination organization for all grants, policies, and preparedness efforts in the state.
    - d. Senate Bill 67 establishes the Nevada Tribal Emergency Response Commission, which serves as a key organization for coordination and collaboration with Nevada's tribal governments.
    - e. Senate Bill 69 streamlines the process for submitting emergency response plans for Nevada's Utilities, Resorts, Schools, and Jurisdictions.
  5. Following the 80<sup>th</sup> Legislative Session, DEM will use the potential passage of these bills and others to refine NIMS compliance within Nevada. This will take place in the following next steps:
    - a. DEM will notify the statewide community of the passage and approval of these bills and will begin work to implement the provisions of each in early June



- b. Once established, DEM will distribute an electronic survey through the Nevada Resilience Advisory Committee to statewide partners asking them to self assess their compliance with NIMS, to include supporting documentation
- c. DEM will also distribute an electronic survey to Nevada's tribal partners through the Nevada Tribal Emergency Coordination Council in order to have tribal partners also conduct a self assessment
- d. DEM will also begin holding public meetings in accordance with the public rulemaking process in order to establish NIMS components of grant requirements for state, local, and tribal partners
- e. DEM will continue to provide reports to the NCHS on a quarterly basis, and the results of these efforts will be included in the annual report of the Nevada Resilience Advisory Committee

