



STATE OF NEVADA MEETING NOTICE AND AGENDA RESILIENCE COMMISSION

Name of Organization: Resilience Commission
Date and Time of Meeting: Tuesday, April 9, 2019 – 9:00 A.M.

| Carson City venue: | Carson City address: |
|--------------------------------------------|-----------------------------|
| Division of Emergency Management | 2478 Fairview Drive |
| State Emergency Operations Center | Carson City, NV 89701 |
| Las Vegas venue: | Las Vegas address: |
| Clark County Fire Administration Building | 575 E. Flamingo Road |
| 2nd Floor Multi-agency Coordination Center | 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 conferenced and/or teleconferenced between the locations above beginning at 9:00 A.M.

The Resilience Commission (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 Co-Chairs. Items may be combined for consideration by the Commission at the discretion of the Co-Chairs. Items may be pulled or removed from the agenda at any time.

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** – Co-Chairs, Chief Caleb Cage, State Administrative Agent (SAA), and Deputy Chief John Steinbeck, Urban Area Administrator (UAA).
- 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 Co-Chairs. Comments will not be restricted based on viewpoint.
- 3. Approval of Minutes** – (Discussion/For Possible Action) – Co-Chairs, Chief Caleb Cage, (SAA), and Deputy Chief John Steinbeck, (UAA). This agenda item will discuss whether or not to approve the minutes of the March 12, 2019, Commission meeting.
- 4. Quarterly Review of Current Resilience Commission Bylaws and Annual Outlook** – (Discussion/For Possible Action) – Co-Chairs, Chief Caleb Cage, SAA, and Deputy Chief

John Steinbeck, UAA. The Commission will review the bylaws adopted on October 25, 2018, as a quarterly requirement denoted in the current bylaws. The Commission will also discuss an annual outlook of Resilience Commission meetings, presentation timelines, and deliverables for the remainder of calendar year 2019 as provided by the Co-Chairs. The Commission may vote to amend the bylaws based on issues identified during the review.

5. **Approval of Emergency Management Strategic Plan Based on the Current Resilience Goal and Objectives** – (Discussion/For Possible Action) – Co-Chairs, Chief Caleb Cage, SAA, and Deputy Chief John Steinbeck, UAA. The Commission will discuss the strategic planning efforts for the statewide emergency management program, which is based on the definition of resilience and the resilience goal and objectives approved during the February 19, 2019, Commission meeting. The Commission may vote to approve the strategic plan.
6. **Briefing on Current Legislative Efforts Affecting the Statewide Resilience Strategy** – (Discussion Only) – Co-Chairs, Chief Caleb Cage, SAA, and Deputy Chief John Steinbeck, UAA. The Commission will be provided an overview of the current status of legislative efforts pertaining to the Statewide Resilience Strategy. This brief may include the status on the following items:
 - Assembly Bill 71: Makes various changes concerning expenditures related to disasters and emergencies;
 - Senate Bill 15: Provides for the establishment of incident management assistance teams;
 - Senate Bill 34: Revises provisions related to emergency management;
 - Senate Bill 35: Creates the Nevada Resilience Advisory Committee;
 - Senate Bill 66: Revises provisions relating to emergency management;
 - Senate Bill 67: Revises provisions governing local emergency management;
 - Senate Bill 68: Provides for the expedited granting of certain provisional registrations to volunteer providers of health or veterinary services during an emergency declaration; and,
 - Senate Bill 69: Revises provisions relating to emergencies and cybersecurity.
7. **Overview of Nevada Preparedness Efforts** – (Discussion Only) – Jim Walker, Emergency Management Program Manager, Division of Emergency Management (DEM). Commissioners will discuss current and upcoming preparedness activities for the statewide emergency management program. This will include an overview of planning, training, and exercise initiatives within the state, as well as timelines and expected outcomes.
8. **Programmatic Update** (Discussion Only) – Kelli Anderson, Emergency Management Program Manager, DEM. The Commission will discuss the current implementation for programs and projects funded through the Homeland Security Grant Program for each of the open grant years (2016-2018) in order to ensure oversight and accountability.
9. **Discussion of Emergency Management Performance Grant (EMPG) Allocations** (Discussion Only) – Chief Caleb Cage, SAA, and Kelli Anderson, Emergency Management Program Manager, DEM. The Commission will discuss the Emergency Management Performance Grant (EMPG) program, its allocations for statewide programs, and historical information for how this allocation model was developed. The Commission will also

discuss the current EMPG allocation model in order to assist in establishing an improved allocation model to be finalized by the September 2019, Commission meeting.

- 10. Review of Current Homeland Security Grant Program (HSGP) Reobligation Guidelines and Process** – (Discussion Only) – Co-Chairs, Chief Caleb Cage, SAA, and Deputy Chief John Steinbeck, UAA. The Commission will discuss the proposed process for reobligating Homeland Security Grant Program (HSGP) grant funding.
- 11. Nevada Homeland Security Grant Program (HSGP) and Resilience Commission Status, Process, and Timeline** – (Discussion Only) – Co-Chairs, Chief Caleb Cage, SAA, and Deputy Chief John Steinbeck, UAA. The Commission will discuss the current status of HSGP guidance, award, and federal application timelines and deadlines.
- 12. Nevada Homeland Security Grant Program (HSGP) and Investment Justification (IJ) Review** – (Discussion Only) – Kelli Anderson, Emergency Management Program Manager, DEM. The Commission will discuss current HSGP grant balances, grant de-obligations, grant compliance, timely reporting, extensions, and sub-grantee monitoring pertaining to the use of HSGP funds. In addition, an overview of the IJ process will be given to include potential IJ groupings, inputs, quality of the IJ presentation, associated deadlines, and identification of IJ leads to write the final IJ for the purpose of submitting the final Department of Homeland Security (DHS) grant application.
- 13. Urban Area Working Group (UAWG) Meeting Review** – (Discussion Only) – Co-Chair, Deputy Chief John Steinbeck, UAA. The Commission will discuss the April 2, 2019, UAWG meeting, including an update on funding breakouts for Urban Area Security Initiative (UASI) only projects and UASI/State Homeland Security Program (SHSP) split projects. The Commission will also discuss the process, updates available on the current status of Metropolitan Statistical Areas (MSA) rankings, and potential funding consequences due to changes in both urban area and state funding allocations.
- 14. Resilience Commission Project and Budget Proposals for Statewide (SHSP) and Urban Area (UASI) Projects** – (Discussion/For Possible Action) – Co-Chairs, Chief Caleb Cage, SAA, and Deputy Chief John Steinbeck, UAA. The Commission will hear proposal presentations from individuals who submitted a statewide, UASI, or statewide/UASI split project proposal and budget in advance of the project submission deadline. Presenters will be provided up to three minutes to present an overview of their respective proposal and budget. Statewide, UASI, or Statewide/UASI split project proposals and budgets that were not submitted in advance will not be accepted and will not be heard. The Commission will also discuss project proposal duplications, possible project proposal mergers, and grant compliance. The Commission may vote to direct cyber security projects or communications project proposals to the Office of Cyber Defense Coordination or the Statewide Interoperability Coordinator, respectively, for further review and ranking.
- 15. Project Proposal Funding Discussion** – (Discussion Only) – Co-Chairs, Chief Caleb Cage, SAA, and Deputy Chief John Steinbeck, UAA. The Commission will discuss the total grant funds requested through the FFY 2019 HSGP project proposal submission process and review the next steps in the process including submission of modified projects and/or line item detail budgets with narrative.

16. 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 3 minutes per person at the discretion of the Co-Chairs. Comments will not be restricted based on viewpoint.

17. Adjourn – (Discussion/For Possible Action)

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 **April 4, 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;
Nevada State Emergency Operations Center, 2478 Fairview Drive, Carson City, NV; and,
Clark County Fire Department, 575 E. Flamingo Road, Las Vegas, NV

Posted to the following websites:

- Nevada Department of Public Safety’s Division of Emergency Management and Homeland Security Public Meeting Notifications/Information Website: DEM Public Meeting Website at http://dem.nv.gov/DEM/2019_Resilience_Commission/
- Nevada Public Notice Website: 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 Analyst, 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.



Meeting Minutes Resilience Commission

| | | | | | |
|-----------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|----------------|
| Attendance | DATE | March 12, 2019 | | | |
| | TIME | 9:00 A.M. | | | |
| | LOCATION | Nevada Division of Emergency Management State Emergency Operations Center 2478 Fairview Drive Carson City, NV 89701 | | | |
| | METHOD | Video-Teleconference | | | |
| | RECORDER | Karen Hall | | | |
| Commission Member Attendance | | | | | |
| Member Name | Present | Member Name | Present | Member Name | Present |
| Caleb Cage | X | Melissa Friend | X | Connie Morton | X |
| John Steinbeck | X | Mike Heidemann | X | Todd Moss | Abs |
| Roy Anderson | X | Eric Holt | X | Shaun Rahmeyer | X |
| Solome Barton | Abs | David Hunkup | X | Andy Razor | X |
| Bunny Bishop | X | Jeremy Hynds | X | Carlito Rayos | Abs |
| Felix Castagnola | X | Kacey KC | Abs | Misty Robinson | X |
| Bart Chambers | Abs | Aaron Kenneston | X | Jim Seebock | Abs |
| James Chrisley | X | Graham Kent | X | Rachel Skidmore | X |
| Cassandra Darrough | Abs | Annette Kerr | Abs | Corey Solferino | X |
| Craig dePolo | X | Mary Ann Laffoon | X | Malinda Southard | Abs |
| Michael Dietrich | X | Chris Lake | Abs | Mike Wilson | Abs |
| Dave Fogerson | X | Bob Leighton | X | Stephanie Woodard | X |
| Jeanne Freeman | X | Carolyn Levering | Abs | | |
| Legal Representative | | | Entity | | Present |
| Samantha Ladich – Sr. Deputy Attorney General | | | Nevada Attorney General's Office | | X |
| Analyst/Support Staff | | | Entity | | Present |
| Karen Hall | | | Nevada Division of Emergency Management - North | | X |
| Meagan Werth-Ranson | | | Nevada Division of Emergency Management - North | | X |
| Paul Burke | | | Nevada Division of Emergency Management - North | | X |
| Robert Plant | | | Nevada Division of Emergency Management - North | | X |
| Kendall Herzer | | | Nevada Division of Emergency Management - South | | X |

1. Call to Order and Roll Call

Chief Caleb Cage, Division of Emergency Management (DEM), called the meeting to order. Roll call was performed by Meagan Werth-Ranson, DEM. Quorum was established for the meeting.

2. Public Comment

Chief Cage spoke to various competing events with this meeting today including the current legislative session underway and the Basic Academy. Noting those challenges, it is important to retain quorum, and Commissioners are asked to please notify staff should they need to leave for any reason. The floor was opened for further comment with Dr. Jeanne Freeman, Carson City Health and Human Services, speaking to feedback requested by the Nevada Governor's Council on Developmental Disabilities (NGCDD) on incorporating access and functional needs into training and exercise activities. The NGCDD wishes to be more engaged and informed in the planning process for such activities in keeping with the Whole Community concept. No other public comment was presented in available meeting venues.

3. Approval of Minutes

Chief Cage called for a motion to approve the draft minutes from the February 19, 2019, Commission meeting. A motion to approve the minutes as presented was provided by Dr. Freeman, with a second provided by Misty Robinson, Southern Nevada Health District. All were in favor with no opposition. Motion passed unanimously.

4. Presentation on the Nevada State Citizen Corps Program

Mary Ann Laffoon, Northeast Nevada Citizen Corps/Community Emergency Response Team (CERT) Coordinator, presented the Commission with an update on statewide Citizen Corps initiatives and activities including CERT program training events, CERT involvement in exercises, events supporting the expansion of the “Be the help until help arrives” initiative, and CERT volunteer developments. Highlights of the presentation included:

CERT updates:

- 2019 Nevada Preparedness Summit - Commendation of the CERT program participation, and new interest from many emergency managers to grow CERT programs within their communities including Washoe County’s interest in innovative preparedness training within the school system to promote resilient skills;
- The continuation of CAST Missions in Reno and Elko; and
- Continuation of volunteers in the field assisting with response efforts to recent weather-related events.

Recent program highlights:

- Carson City CERT: Survey and mapping of shelter locations, emergency operation center preparation and set-up training, outreach efforts to Mexican Dam homeowners and Carson City Community Center, and participation in Point of Time Assessment, Stop the Bleed, and Moulage Training;
- Douglas County CERT: Special assignment with the Douglas County Sheriff’s Office, provision of a Basic CERT class, Cardio-Pulmonary Resuscitation (CPR)/Automatic External Defibrillator (AED) training, AED’s Survey for Pulse Point AED Project, and community outreach and booth events providing emergency preparedness and emergency information;
- Elko CERT: Flu Point of Distribution (POD) assistance, CAST mission volunteers, 2019 Nevada Preparedness Summit activities, community and charter school outreach, Sage STEM Health and Safety Fair, preparation and follow-up for CERT training in new communities, and working on updated social media presence, and a new project, American Sign Language (ASL) CERT Survival Sign;
- Southern Nevada CERT: Expansion of the program area course offerings to Las Vegas metropolitan area, Indian Springs, Laughlin, Mesquite, and Pahrump, continuation of class offerings for Spanish speakers, the addition of a CERT Access and Functional Needs (AFN) class, attendance at the 2019 Nevada Preparedness Summit, and prepping for a second annual Live X exercise. A video pertaining to the Southern Nevada CERT program and activities was presented to the Commission; and
- Washoe County CERT: CAST missions, Rail Auxiliary Team (RAT) Academy teams, 2019 Nevada Preparedness Summit, WebEOC/Subject Matter Expert (SME) Training, CERT Academy and new volunteer orientation, Flu POD assistance, RAT Table Top - Increase Rail Safety, Red Rock Rattlers in action, Big Dig Kick-off, prep for the new Washoe County Website, and the CERT EPIC team is planning their full scale Live X.

CERT in Action Highlights:

- Point in Time Assessment: Unduplicated count, in a single 24-hour period, of people who are experiencing homelessness;

Draft Minutes – For approval at the April 9, 2019 RC Meeting

- Providing volunteers in response: Washoe County Sheriff's Office (WCSO) CERT Red Rock Rattlers provided sand bag location support and flood monitoring., safety and crowd control for the Big Dig Kick-Off event;
- Special Assignment: Douglas County CERT was included in the special assignment of rehabilitation for the deputies investigating the multiple shootings in Gardnerville in January 2019;
- Flu POD: Assistance in Washoe and Elko counties with greeting, paperwork, and CERT's trained and giving shots in Washoe County;
- AED Point of Pulse Project – Checking locations and equipment; and
- CERT Courses: Emphasizing the work southern Nevada has put forth in developing classes for Spanish speakers in addition to the CERT AFN Classes and all programs facilitated by the Nevada programs. The CERT programs are growing as is utilization of CERT services.

Upcoming Events:

- Continued trainings for volunteers, presenters, and the community;
- Douglas County CERT will be in the field helping to facilitate the CASPER Assessment in May of 2019, and Elko County is looking into a similar assessment later in summer or early fall;
- Carson City will be assisting and facilitating with the Pulse of Point AED Project;
- Updates to CERT operation manuals in many of the programs;
- All CERT programs will be at participating in many booth and community preparedness events. (Spring and Summer tradition, Wild Fire Picnics, Earth Day celebrations, and National Night Out;
- Table-top exercises and live exercises: Southern Nevada will host its 2nd annual full scale exercise, Elko will be involved in the Great Basin College multi-agency drill, and Washoe's EPIC team is planning their full scale exercise for June 1, 2019; and
- Elko special project to address access functional needs: ASL is the third most commonly used language in the U.S., and is also used in Canada. It is reported that from 9 to 22 people in a group of 1,000 have a severe hearing impairment or are deaf and in need of ASL support. That number increases each year as many autistic individuals rely on non-verbal communication.
 - ASL-CERT Survival Sign is a new program that can help facilitate this function during exercises and during required assistance at the local level.

Ms. Laffoon thanked Stephanie Parker, DEM, for her help in putting together the information for this presentation, and either Ms. Laffoon or Ms. Parker will be available to help with any CERT or Citizen Corps questions.

Dr. Freeman spoke to the importance of CERT involvement in preparedness efforts and the challenges with planning, training, and exercise activities involved in sheltering. Currently, there are not enough personnel to staff a shelter past 48 hours without the help of CERT or the American Red Cross. Dr. Aaron Kenneston, Washoe County, praised the "neighbor helping neighbor" approach Ms. Laffoon presented. Deputy Chief John Steinbeck, Clark County Fire Department, spoke to similar personnel challenges in Clark County regarding shelter staffing, and will follow up with Dr. Freeman after this meeting to see if they can help one another on this important issue. Additional discussion was presented on studies for shelter capacity involving supplies, special needs, and space availability. Chief Steinbeck inquired on whether CERT members are credentialed or are required to undergo background checks. Dr. Freeman indicated that all Citizen Corps volunteers she works with are background checked, and that the Medical Reserve Corps is used in addition to the Access and Functional Needs Support Team. There are additional agreements in place for other services such as durable medical equipment. Misty Robinson also indicated she could be of assistance with this effort. Ms. Laffoon added that many CERT volunteers are background checked in addition to receiving Criminal Justice Information System training. Chief Cage thanked Ms. Laffoon and Ms. Parker for the information given to the Commission.

5. Presentation on the Southern Nevada Incident Management Team

Assistant Fire Chief Larry Haydu, Clark County Fire Department, presented the Commission with an informational overview of the Incident Management Team (IMT) developed in southern Nevada in recent years, its capabilities, its recent deployments, and the team's availability for mutual aid requests. Highlights of the presentation included:

- IMT types and makeup ranging from Type 1 through Type 5 IMTs;
- History of the Southern Nevada IMT to include its creation in 2013, associated bylaws, operating procedures, and the strategic 3-year plan which includes the team being a deployable asset by 2015;
- IMT membership comprised of 60 individuals with a range of certifications to include Incident Commanders, Operations, Logistics, and Planning Section Chiefs, Safety Officers, Public Information Officers, and specialty certifications in training, communications, and Medical Unit Leader;
- IMT deployments including the 2013 Carpenter Fire, 2014 Moapa Valley Flood Event, and the 2017 Route 91 event;
- IMT equipment purchased through grant funding to include laptop computers, printers, plotters, charts, equipment cases, radio equipment, deployable bags, and an equipment trailer; and
- IMT challenges to include operational budget funding via grants, inter-local agreements to pay team members and define liability and injury procedures, training coordination costs, equipment management, and program management;

Dr. Kenneston spoke to similar hesitation in requesting a Type 3 team and the massive infrastructure that comes with that type of team; however local governments do not have this type of resource readily available. In 2017, the flooding in Washoe County changed the approach used, and the use of a Type 3 team proved very beneficial. Another large sheltering project was addressed last year, and now shelter trailers are in place. The issue now is about sustaining that capability and how to solve that problem. Dr. Kenneston inquired if more shelter trailers should be purchased with grant funding, and who would check on the consumables, expiration dates, and replacement parts. Chief Steinbeck noted his appreciation for the discussion put forth and his support of a statewide deployable IMT team especially following the October 2017 Route 91 event. The goal is to have a statewide IMT resource. The very best scenario is to have a portable asset available to someone in the thick of response or recovery. Chief Haydu spoke to the availability of funding and tools to make this a bit easier as the primary challenges.

Dr. Graham Kent, University of Nevada Reno, spoke to the challenges of ongoing funding shortages and what is needed to stand up these teams properly in addition to what the state's role may be in that process. From the standpoint of the IMT, it's a matter of prioritization and funding. There has to be more of a concerted effort for sustainment locally for this resource using available funding sources regionally or statewide. Training costs and equipment costs are not excessive. A specific need currently is for a training and equipment manager as a salaried position for two people either statewide or regionally. Keeping the current level of part-time personnel keeps the IMT performance at a "C" level. Dr. Kenneston indicated that it may take between \$200,000-\$400,000 including salaries and equipment to build out this resource effectively. Deputy Chief Dave Fogerson, Douglas County, spoke to Sierra Front managing a Type 3 team, and the purchases necessary for replacement equipment. The struggle to manage that size of a team is difficult to do properly. Chief Cage agreed that the IMT resource does need to be built out, and spoke to the current Assembly Bill addressing this capability. Through multiple discussions, it was determined that the fiscal cost would be between \$175,000 and \$200,000. This cost was not approved in the ongoing budget discussions; however Senate Bill 15 does address policy authority to establish and use this resource as momentum to continue to build this structure in the state. It is important not to stop this effort and to look at available funding mechanisms. Chief Cage spoke to wanting the ability to support this type of team through DEM in the future. Dr. Kenneston indicated that the Nevada Division of Forestry utilizes insurance policy premiums

obtained from other fire agencies as a funding source for their program, and the possibility of something similar may be possible to help fund this issue.

*** Meeting break at 10:12 a.m.; Resumed at 10:22 a.m. with quorum***

6. Overview of Nevada Preparedness Efforts

Jim Walker, DEM, provided the Commission with an overview of current preparedness efforts in Nevada. Highlights of the presentation are as follows:

- An overview of the State Preparedness Report (SPR) and how it is used to identify current capabilities and gaps;
- An overview of the Consequence Analysis process and final report as the overarching analytical tool derived from the THIRA, State of Nevada Enhanced Mitigation Plan, and the SPR;
- Alignment of training and exercise activities based on information sent to the Commission.

Mr. Walker spoke to multiple ongoing conversations between valued stakeholders urging the state to address gaps identified in the process, and this is a start to enable that moving forward. The goal is to drive where Nevada is going when looking at funding sources and developing appropriate training and exercise programs to support that activity. At the last meeting, additional information was provided to the Commission for feedback. One of the best values the Commission brings is feedback from a broad range of expertise.

Dave Hunkup, Reno-Sparks Indian Colony, inquired on how the tribes are involved in the SPR and suggested that the newly created NTECC be a vehicle by which the process can be socialized to the tribes. Mr. Walker spoke to interviews undertaken for both the THIRA and SPR process, and the specific effort to include invitations to tribal governments within each county. That approach can be amended if necessary. Dr. Kenneston spoke to the SPR being separate from THIRA even if they are often presented as a singular product, and that jurisdictional exercises are funded out of local or Emergency Management Performance Grant (EMPG) funds. For large exercises, Dr. Kenneston would like to see a budgeting process inclusive of a collaborative exercise funding pool. Mr. Walker spoke to the inherent difficulties with grant funding, and is in agreement with efforts to address statewide or regional funding for this process. Chief Cage expressed support for Dr. Kenneston's idea, emphasized the importance of prioritizing funding for those types of actions. The Commission's key role could be to identify these priorities for funding. The identification of key capabilities applied to the strategic plan and the alignment of strategic priorities with the mission, vision and goals will help support this type of initiative.

Jeremy Hynds, City of Henderson, spoke to hazard mitigation, THIRA, and the SPR driving capabilities, and the inconsistency in hazard profiles throughout the state. Chief Cage agreed that there is an issue with consistency and common language, and asked what mechanisms are available then to accomplish mending that issue including a possible combined threat and hazard assessment the state and the creation of a single assessment. Mr. Hynds spoke to the complexity of identifying jurisdictional hazards and the depth each jurisdiction can take for each hazard. Mr. Walker presented concern on pushing jurisdictions without a specific capability to address issues they may not have the ability to address. Chief Cage spoke to a specific example such as infectious disease, and jurisdictions could approach this at the level they are capable. Dr. Freeman indicated that the basic training cycle could be beneficial to address employee cycling throughout the state. That rotation would allow consistency of trained skills. When it comes to capabilities, there needs to be some practicality on what is actually achievable on an annual basis. Training is powerful, but if not practiced, it's just training. Cross-jurisdictional sharing of training opportunities would be very beneficial. Mr. Walker indicated that this is exactly the desired goal as jurisdictional perspective is valuable. Dr. Freeman praised DEM for its responsiveness to training requests and consistency in that effort. Discussion included the possibility of publishing an annual training schedule and Commission initiative calendar to allow predictability for local and tribal partners in building their programs.

7. Overview of Nevada Recovery Efforts

Kelli Anderson, DEM, and Suz Coyote, DEM, provided an overview of current recovery efforts undertaken by the State, emphasizing work applied towards the Nevada Disaster Recovery Framework. They have met with and appointed specific Recovery Support Function (RSF) leads, and continue to review the roles, responsibilities, and expertise of those leads. Current activities include the review and development of annexes, moving this function into full scale exercises, and standing up the NDRF and RSF functions in preparation for the next disaster. Preparations are also underway for training in specific support areas, emergency operation center function, and transition to recovery processes. As the transition center has not been set up before, the hope is to reach out to local jurisdictions that want this specific training. Discussion included break-out sessions at the Nevada Preparedness Summit to address recovery efforts and input for the Preliminary Disaster Assessment (PDA) tool. The State is now working with GIS experts to develop smart forms and procure licensing for locals to implement the same process, and a survey will be sent out for input. There will be PDA training in May or June 2019 for northern and southern stakeholders.

Additional discussion was provided for federal disasters 4303 and 4307 indicating number of grants awarded, amount awarded, paid to date, balance, and pending reports for each disaster. Emphasis was placed on this report not being where it needs to be, and that reimbursements are behind due to pending report submissions and backlog of report processing. Progress will be made within the next several months for larger stakeholders due to increased meeting schedules to close the gap on submissions and reimbursements. Chief Cage spoke to providing these updates moving forward, and is optimistic on building preparedness for recovery.

8. Update on Current Efforts toward the Emergency Management Strategic Plan based on the Current Resilience Goal and Objectives

Chief Cage provided the Commission with an update of the Emergency Management Strategic Plan noting changes discussed in the plan from previous feedback received. Work has been done on the current definition of resilience, the current State Resilience Goal, and associated objectives to move the plan from being DEM-centric to resilience-centric. The discussion involved changes to the plan including updated vision, mission, and values statements inclusive of resilience. The next steps will be further development by the DEM leadership team and staff to provide an updated version of this plan to the Commission at the next meeting. The challenges of the Commission will be to shepherd this process moving forward.

9. Briefing on Current Legislative Efforts Affecting the Statewide Resilience Strategy

Chief Cage briefed the Commission on current legislative efforts related to the Statewide Resilience Strategy. All of the Senate Bills (SB) noted were heard last Monday in the Senate Government Affairs Committee with no challenges, opposition, or significant fiscal note attachments for six of the seven bills put forth. SB 69 had several fiscal notes, but they were modest and addressable. In addition, there was some concern on the neutrality of the bill. Chief Cage spoke to his meeting with the Chair of the Committee, Senator David Parks, and developed a list of amendments based on Resilience Commission input received previously. The Chief looks forward to seeing the updated bill drafts. Additional discussion was presented on Assembly Bill 71 and 206 which will be heard on Friday at 8:00 a.m., and the same process will ensue. Updates on legislative efforts will continue, as each time a bill is heard, the window closes. If there are any concerns or questions, the Chief asked the Commission to communicate that information to him as soon as possible.

10. Overview of Current Emergency Management Performance Grant (EMPG) Allocations

Chief Cage opened discussion on the overview of the current EMPG allocations and the historical challenges of the funding formula. This is complex on every level and a significant funding source for operations. Changes affect programs, and over the next six months, the Commission will deliberate on this issue, and if

Draft Minutes – For approval at the April 9, 2019 RC Meeting

necessary, establish a subcommittee to drill down into this issue. Kelli Anderson, DEM, provided an overview of the current EMPG program with the following highlights:

- The EMPG provides approximately \$4.4 Million dollars annually to support preparedness;
- An EMPG overview to include purpose and support of comprehensive all-hazard emergency preparedness;
- Program focus on planning, operations, equipment acquisitions, training, exercises, construction, and renovation to enhance and sustain the all-hazards core capabilities of state, local, tribal and territorial governments;
- Cost match and the split of funding applied to support DEM staff and operations in addition to local and tribal emergency management programs;
- Specific EMPG grant requirements to include emergency operation plan updates, annual participation in the THIRA, completion of specific training requirements, and completion of annual exercises for all EMPG funded personnel. Additional requirements include a FEMA approved hazard mitigation plan for all subgrantees, availability for cost share or match, compliance with federal and state assurances including on-time quarterly reporting, and compliance with FEMA mission areas.

Kelli Anderson spoke to the heavy lift related to the hazard mitigation plan requirement, and that many local and tribal jurisdictions have partnered with county plans to ensure they are eligible for disaster funding. Dave Hunkup asked for clarification on the FEMA requirement in 2018 for participation in three exercises annually. Ms. Anderson indicated that exercises are funded via multiple funding sources, and that there is a need to ensure funding diversification is applied to training. That is why the requirement is kept by DEM. This discussion refers to FFY 2020 funding moving forward as of October 2019. The requirement to continue with the three exercises is up for discussion by the Resilience Commission and the SAA. Chief Steinbeck spoke to the strategy and legislative efforts applied to this very effort looking to transfer more funding to the local jurisdictions. EMPG is responsible for the majority of staff funding within the Deputy Chief's organization, and that funding has been stagnant with no salary increases. There will most likely not be any large federal windfall to address this issue. If Clark County gets increased funding, another jurisdiction gets less funding. Ms. Anderson spoke to the receipt of EMPG funding annually, and the success in that program funding supporting emergency managers. Currently, 52% of the funding is passed through, and 48% stays at state level to cover salaries. The formula needs to be fair and equitable, and it has not changed since 2010. An attempt to change the formula in 2013 was unsuccessful. Whether the formula is THIRA-based or population driven, a decision needs to be made. There are about six months to review this issue and provide the SAA with a new formula. Jeremy Hynds inquired on getting the current funding allocation as it currently is, with Ms. Anderson indicating she can provide whatever documents necessary to the Commission for that purpose. Dr. Freeman spoke to the variety of funding models throughout the state, and maybe looking at those formulas to help to enhance this conversation. Chief Cage spoke to the grant requirements and looking at the specific codifications in review. Perhaps there should be an overview of the legislative effort supporting the plan, and what efforts will allow changes moving forward. Chief Cage also spoke to a recent Certified Public Manager (CPM) review performed at DEM on this issue, and having that group report to the Commission if warranted.

Dave Hunkup presented concern about tribes meeting certain thresholds and wants to make sure funding allocations are inclusive of tribal needs. He suggested that a presentation be made to the NTECC in order to keep them updated on this issue. Dr. Graham Kent agreed that the focus should be on risk-based perspectives, and presented concern with wildfire noting a recent summit in northern California addressing that hazard. Dr. Kent inquired if similar mechanisms can be used to move from a steady-state of readiness to a more proactive approach. Kelli Anderson spoke to the programmatic side of EMPG, noting that there is about an 80-90% pass through for personnel. There isn't a lot of funding to move toward additional initiatives, but perhaps the people could be used for resources to address Dr. Kent's concern. HSGP and other funding streams can support plans such as mass-evacuation that could address the issue of fire. The second

Draft Minutes – For approval at the April 9, 2019 RC Meeting

avenue is mitigation grants addressing fire, though these types of grants have a more difficult application process. Leveraging of funding streams is crucial to putting together well thought-out applications. Dr. Kent agreed with the complexity of this issue and offered his assistance.

11. Update on the FFY 2016-2018 Homeland Security Grant Program (HSGP) Grant Balances

Kelli Anderson, DEM, presented the current status of the HSGP balances referring to line item detail provided in meeting handouts including project names, recipients of funding, funding awarded, funding deobligated, and available funding. Balances are not reflective of all activity as reporting may not have come in to DEM reflecting all project activity. This information is a snapshot in time only. Ms. Anderson will be putting together narratives on both the programmatic and financial aspects of the HSGP that will be shared with the Commission during ongoing meetings. Dr. Kenneston thanked Ms. Anderson for this information as a reminder to the Commission on historical background for existing projects.

*** Lunch Break – Meeting resumed at 12:40 p.m. with quorum***

12. Review of Current Homeland Security Grant Program (HSGP) Reobligation Guidelines

Chief Cage opened discussion on the current Reobligation Guidelines provided to the Commission for review. Kelli Anderson indicated receiving limited feedback on the existing guidelines, and that it is not the intent to change the document as it is an approved NCHS document requiring Finance Committee and NCHS approval for any changes. Feedback was received on the performance period of the HSGP. Typically, DEM has allowed extensions when warranted as some deliverables and Requests for Proposal (RFP) take longer than expected. Chief Cage acknowledged this request in considering softening the 24-month requirement, but there are challenges with doing so. On Item #2, input was received that included making sure line-item detailed budgets for project change requests are provided in addition to exactly what documents are required for that process. Dr. Kenneston spoke to original discussions and concerns that many of the Commissioners were used to a process where a justification was presented, and then have a vote to level funds. The first time the reobligation and deobligation process was presented to the Commission, it may have been the expectation that the same process would be followed. It is important to understand how the process will work moving forward.

Chief Cage spoke to the current guidelines working with this new process, and there are marginal changes based on feedback received. A process could be provided to the Commission to start the discussion. What is necessary is predictability for stakeholders. Dr. Kenneston asked if there should be a mechanism in place for occasional requestors to present their project case. Currently, Ms. Anderson is looking for input on how the Commission wants to see that information. The guidelines are used by DEM to bring to the table what is necessary or not necessary. Of specific significance is the time-sensitive clause giving the UAA and SAA the ability to push out money in a time sensitive manner in order not to lose federal funding. If funding is received back at the end of a performance period, the turn-around time requires that authority. Dr. Craig dePolo, University of Nevada Reno, spoke to the mitigation process and entire-day reviews of projects, and wonders if a subcommittee of this Commission is necessary to address that issue. Chief Cage indicated supporting such a request with a termed subcommittee if absolutely necessary. Chief Cage moved to affirm the reobligation guidelines as presented with expectation that at the next meeting, DEM will come back with a conceptual process for deobligations and reobligations at the next meeting including consideration of a subcommittee. Dr. Kenneston seconded the motion. Chief Steinbeck supports the motion, but inquired if this will refer to every project change request that comes through the system or just reobligation or deobligation requests. Ms. Anderson indicated that the guidelines cover all three types of requests, and that anything over \$100,000 would need to be moved to this Commission for approval in the new process in addition to scope change requests, but smaller changes have historically been done internally with existing processes. All were in favor with no opposition. Motion passed unanimously.

Draft Minutes – For approval at the April 9, 2019 RC Meeting

Chief Steinbeck spoke to grant recipient desires of having visibility on where projects sit within the process when it comes to changes in the projects. Perhaps it is through a grants management system. There needs to be an effective solution to enhance real-time activity. Dr. Kenneston spoke to the use of historical dashboards used based on manual input, and the need of a technology platform in lieu of DEM staff trying to manually feed a system would be beneficial. Chief Cage also presented concern on what the long-term funding solution would be for such an initiative, but would like to incorporate this into the discussion moving forward as a possible monthly agenda item.

13. Discussion on Establishing Federal Fiscal Year (FFY) 2019 Homeland Security Grant Program (HSGP) Objectives and Priorities for Communications-Based Project Investments

Chief Cage opened discussion on this agenda item noting changes in the HSGP process, and the advisory functions of both the Nevada Public Safety Communications Committee (NPSCC) and the Cyber Security Committee (CSC) absorbed into the Resilience Commission. As a result of that change, those functions will now be handled by the Statewide Interoperability Coordinator (SWIC) and information technology representatives from the Nevada Department of Administration and the Office of Cyber Defense Coordination respectively.

Melissa Friend, DEM, spoke to the changes in the priorities and objectives that will be used to review communications-related project investments. Highlights of that discussion are as follows:

- Current SAFECOM guidance for 2018 including:
 - Governance and leadership;
 - Statewide planning and procedures for emergency communications
 - Identify, review, establish, and improve SOPs in coordination with response agencies at all levels of government;
 - Emergency communications training and exercise;
 - Activities enhancing operational coordination; and
 - Standards-based technology and equipment.

Ms. Friend indicated that the 2019 SAFECOM guidance is not yet available, and that the SCIP is in the process of being updated. Dr. Kenneston inquired if Ms. Friend's activities are tied into the interoperable issue related to the communications towers, with Ms. Friend indicating that her staff is involved in that process in addition to having the resources to access in order to address ongoing issues. Chief Cage indicated that this agenda item is an action item referring to Slide #46 provided, and if there are any suggested changes necessary at this time. The compliance requirement with State or Federal grant guidance addresses changing grant guidance through the Notice of Funding Opportunity. David Hunkup inquired how the SAFECOM guidance is implemented with the tribes of Nevada. Chief Cage referred back to Slide #44 expectations and the process of including the NTECC. As NIMS capability is built, capability will be notified to tribal jurisdictions throughout the state including general NIMS training. The key coordination piece is the NTECC. Mr. Hunkup spoke to the disaster boxes currently in place, annual communication drills inclusive of the tribes, and updating equipment and policies. Ms. Friend indicated that the SCIP will include communication to the tribes. Chief Cage read into record the existing 2018 priorities and objectives noting two items requiring amendment based on this discussion to include compliance with NCHS direction in addition to review and ranking for regional, tribal, or statewide impact.

Chief Steinbeck inquired if the SWIC will replace the NPSCC and NPSCC Grants Subcommittee functions, with Chief Cage and Ms. Friend indicating that is the case; however, it will not be a unilateral process by the state. The process will include working with statewide partners on reviewing and ranking with visibility by the Commission. Chief Cage motioned to amend the 2018 objectives and priorities to create 2019 objectives with the changes noted. Dr. Freeman seconded the motion. All were in favor with no opposition. Motion passed unanimously. Ms. Friend will update the objectives and priorities for use in the FFY19 HSGP process.

14. Discussion on Establishing Federal Fiscal Year (FFY) 2019 Homeland Security Grant Program (HSGP) Objectives and Priorities for Cybersecurity-Based Project Investments

Administrator Shaun Rahmeyer, Office of Cyber Defense Coordination (OCDC) and Michael Dietrich, Chief Information Officer, Nevada Department of Administration, presented the Commission with information on the establishment of FFY19 HSGP objectives and priorities that will be applied to cybersecurity-related project investments. Highlights of that discussion are as follows:

- Historical overview of the former Cyber Security Committee established in 2014 under the Nevada Commission on Homeland Security, and the purpose of that body to provide input to the grant process, and expertise on cybersecurity-related matters;
- Previous funding recommendations and project proposal criteria used to review cybersecurity-related project investments;
- The creation of the OCDC, and the streamlining of the cyber-review process for the HSGP; and
- Updated recommendations that will now be applied to cybersecurity project investments to better align with more commonly accepted practices. This topic generated considerable discussion on the choices of eliminating several of the objectives or priorities and compliance. That discussion included:
 - Misty Robinson inquired if the NIST Risk Management Framework utilization was more effective in this new model in addition to having concern over the elimination of the review and ranking of cyber investments for regional or statewide impact. Jeremy Hynds also presented concern on that elimination. Administrator Rahmeyer indicated the intent to do so removes previous restrictions and a more appropriate allocation of funding, and Mr. Dietrich noted that the goal is to look at codified systems to deliver that same impact;
 - Rachel Skidmore, Las Vegas Metropolitan Police Department, spoke to one of the most successful cyber projects coming out of the City of Henderson resulting in published reports and creation of valuable working groups. Ms. Skidmore indicated the desire to capture that regional benefit, and agrees on the decision to eliminate the alignment requirements associated with Presidential Executive Order 13636 and Presidential Policy Directive 41. Ms. Skidmore also inquired on what the OCDC performance matrix was exactly. Administrator Rahmeyer indicated that he had no issue with including statewide impact as an objective, and that there was not an internal matrix, but rather the use of OCDC for guidance.

Chief Cage opened up discussion on the final recommendation from the Commission on the objectives and priorities presented. Discussion included interest in maintaining regional, tribal, and statewide capacity building. Misty Robinson motioned to re-include the review and ranking of cyber projects for regional and statewide impact, and to make the last two bullets on Slide #51 match the communication project objectives previously discussed in Agenda Item #13. Chief Cage clarified if Ms. Robinson wished to include tribal impact, with Ms. Robinson agreeing to include that in her original motion. Mr. Hynds seconded the motion. All were in favor with no opposition. Motion passed unanimously. Administrator Rahmeyer will update the recommendations for use moving forward.

15. Discussion on Statewide Homeland Security Capacities that are Recommended to be Maintained with Federal Fiscal Year (FFY) 2019 HSGP Funding

Chief Cage spoke to historical process of the NCHS identification of the top 5 core capabilities used to drive the HSGP process annually. Using the approved capabilities from the NCHS, subgrantees would prepare and submit projects aligning with the established capabilities. This presented two distinct problems, 1) core capabilities established by the NCHS may not align with grant guidance, and 2) fitting project submissions neatly into an approved capability. Emphasis was placed on what capacities in recent years require sustainment, and by that, meaning which capacities are critical enough to require maintaining moving forward. The Commission was asked to reference the 2007-2018 HSGP Funding Summary and Top Funded Projects documents for a visual on historically funded projects. Deputy Chief Steinbeck indicated that the

Draft Minutes – For approval at the April 9, 2019 RC Meeting

Commission is beginning to address this issue, as there is necessary funding required maintaining critical capability throughout the state. What is necessary is the prioritization of maintaining those critical capabilities in lieu of new projects. Kelli Anderson spoke to the funding summary document and the percentage of funding changes throughout the grant historically in addition to the top funded projects to emphasize how the draft recommendations were derived.

Chief Cage opened up discussion on this topic indicating that what he is looking for is a list of capabilities to maintain. Dr. Kenneston indicated that he felt Intelligence and Information Sharing, Citizen Corps, CBRNE, Bomb Squads, COOP, Mass Fatality, and NIMS/Tribal NIMS are important to maintain. Rachel Skidmore emphasized that several projects that have changed core capabilities historically, and that important to her to maintain are Intelligence and Information Sharing, Bomb Squads, Henderson HazMat, and LMVR ARMOR. Both Henderson and ARMOR do not perform the explosives function in CBRNE. Per Ms. Anderson, if CBRNE is a chosen strategic capacity, then Henderson and ARMOR would be eligible under that category. Ms. Skidmore also presented concern with the lack of equipment upgrades as a function of limited funding, with Lieutenant Corey Solferino, Washoe County Sheriff's Office, indicating agreement with Ms. Skidmore regarding equipment.

Misty Robinson asked that Community Resilience be included in the list of strategic capacities, with Ms. Anderson inquiring on what that would look like, and the concern of project overreach in this category without further definition as to what capacity under Community Resilience is being supported. Dave Hunkup agreed with Dr. Kenneston's suggestions, and would like to add Operational Communications especially with Nevada's shared communication systems. Additionally, Mr. Hunkup supports Citizen Corps as well and the development of that capability within the tribes as current capacity is too reliant on volunteers and community members during response. Chief Steinbeck spoke to concerns about opening up Operational Communications as a maintained capacity due to the fact that requests for radios would flood this process. Ms. Anderson spoke to not having the funding notice yet, and no one knows what FFY19 HSGP guidance will be currently. From past year's guidance, there is a requirement for a Statewide Interoperability Coordinator (SWIC), therefore, that capacity is included on the list. NIMS is also a priority and requirement that has to be maintained. Chief Steinbeck spoke to Public Information and Warning and the critical capacity which built statewide emergency alerts as necessary to maintain. Local needs must be addressed, and those needs can compete once overarching capacities are met. Chief Cage indicated that it is his intent for the process to move away from core capabilities and to look at what is strategically critical to maintain on a regional or statewide level. The next steps would be that once the list of strategic capacities is created, then there has to be an understanding on how to fund those capabilities. That does not mean that every project that applies for funding under a strategic capacity is funded, but rather working strategically with statewide partners to come up with a strategy to go after funding over a 5-year period to spread out funding required.

Chief Cage added that cybersecurity as a critical capacity is worth the discussion, and Administrator Rahmeyer offered that information technology is the cornerstone of modern society and under threat at this time. Cyber-crime represents the largest transfer of wealth in history, with nearly \$6 trillion dollars involved by 2021. This Commission cannot allocate funding for everything, but cybersecurity is a worthy investment. A comprehensive statewide strategy is critical. Misty Robinson agreed that cybersecurity should be on the list. HSGP funding is not sufficient to adequately fund many cyber projects, but it is a place to start. On a national level, the State, Local, Tribal, and Territorial Government Coordinating Council is working on a separate funding stream for cybersecurity, but for now, it's HSGP.

Kelli Anderson spoke to recovery as a critical capacity to maintain regardless of the type of disaster. Chief Cage posed the question that there has been some strategic development of recovery capacity, and what would the strategic capacity associated with that development look like. Per Ms. Anderson, the PDA tool must continue, and implementation to the local levels is critical. Ms. Anderson indicated she could put together a 5-year plan with deliverables if necessary. Chief Steinbeck spoke to COOP tools and the recovery

Draft Minutes – For approval at the April 9, 2019 RC Meeting

tools as necessary maintenance capacities, for without them, it would be starting at ground zero. The suggestion was made to possibly separate the building of capacity from maintaining existing capacity. Michael Dietrich spoke to new instances of technology terror and the communication and coordination on that front. There are now email vehicle threats, and the cyber world tends to work in a silo. There needs to be a higher level of communication to bridge this gap.

Chief Cage went through the current reiteration of the strategic level capacities based on discussion to include Intelligence and Information Sharing, CERT, CBRNE, Statewide Interoperability (SWIC), NIMS/Tribal NIMS, Public Information and Warning/Emergency Alert System, Continuity of Operations, Recovery, Cybersecurity, Community Resilience, and Mass Fatality. Chief Cage inquired what would be the strategic capacity for Mass Fatality, as there is county capacity within Washoe and Clark counties. Several examples were provided for existing capacities that could fit in this category including Disaster Portable Morgue Units (DPMU) purchased several grant cycles back, and whether the software is still relevant. If so, there is capability loss. Deputy Chief Steinbeck also spoke to needing enhancement in mass fatality as it has not ranked high in the process in previous grant cycles. After October 1, 2017, the Unified Victim Identification System (UVIS) is being replaced as maintenance and training have diminished. Chief Cage spoke to legislative efforts moving forward to address putting a group together, and if the capacity isn't there currently, it should be built. The expectation is the build out and exercising of a plan that is shared during a mass fatality event.

Misty Robinson requested that discussion on finalizing the strategic capacity list be tabled, but Chief Cage indicated that due to the compressed timeline, that is not possible. The Co-Chairs would have to present this to the NCHS. Chief Steinbeck spoke to this being a transitional year, and that the process will develop in the future. Rachel Skidmore inquired on the process of recommendation review, with Chief Cage indicating that this Commission would recommend strategic capacities to the NCHS. The NCHS would then vote on March 26, 2019, to approve that list, and that list would drive the FFY19 HSGP process. As an example, the expectation would then be if looking at Intelligence and Information Sharing as a capacity, the Co-chairs and DEM would work with both fusion centers to come up with a 5-year plan. The same thing could be done with CERT. Programs would define baseline funding, and the Commission would vet that information and suggest necessary changes. Advisory input for both communications and cyber-related projects would also be included in that review. David Hunkup requested that the current list of strategic capacities be read into record, with Chief Cage providing the list, on record, as requested.

Dr. Freeman spoke to Operational Coordination not being included in the strategic capacity list. Kelli Anderson indicated that the Operational Coordination category is an overarching one, and if added, can cover a myriad of projects that both NIMS and CBRNE can also cover. If Operational Coordination is included on the list, it needs to have specific definition, as it would open up the process to many proposals. It is Ms. Anderson's goal to ensure that the Commission has quality projects to review, and that DEM is able to handle the influx of requests. Chief Cage followed up with noting that Operational Coordination is critical and a huge part of the emergency management program and what will drive that is the specific capacity to be maintained.

Rachel Skidmore presented discussion on historical purchases acquired through the operational coordination core capability such as the tactical shields her organization purchased. Ms. Skidmore asked for clarification on the existing strategic capacity list. Chief Cage indicated it is not the intention of this list that requests outside of these capacities go unfunded, but rather before funding anything else, key capacities must be built. If those capacities are lost, it will have a strategic impact on the entire program. Instead of fighting for funding every year for key capacities, the goal is to look at proven capacity and support that capacity, and whatever is left could be used for innovation. Ms. Skidmore would like to continue having Operational Coordination as a key capacity.

Administrator Rahmeyer asked if there is any indication if NCHS will have any changes to priorities moving forward, and if so, the value in taking this list as a draft in the event NCHS priorities change. Chief Cage

Draft Minutes – For approval at the April 9, 2019 RC Meeting

indicated that he did not have any indication at this time on how the NCHS will weigh in on this issue, and this list will be advisory only to the NCHS, as they will make the final vote on what is to be used moving forward with the FFY19 HSGP process.

Dr. Freeman spoke to this strategic capacity list, with the impression the list applies to regional and statewide capacity, and questioned if the application for funding would require the description of exact capacity. There are regionalized capacities that are available, even if localized, throughout the state through EMAC, mutual aid, etc. Dr. Freeman wants to ensure that if a local community is developing a project, it needs to have statewide impact, and that this information could be shared with applicants to drive the expectation on the evaluation process. Chief Steinbeck spoke to not eliminating local agencies going after remaining funds for a local need. The Commission will still have the ability to look at and rank those projects, and there should be carve outs for those capacities that cannot be lost. This could be a springboard to maintaining projects outside of the grant process.

Kelli Anderson spoke to the HSGP process and the fact that typically the state gets 10 investment justifications categorized by “projects”. There is a general requirement that has appeared in many funding notices to have at least one fusion center or intelligence project as an example. Additionally, any funding applied to HSGP must be deployable, and that is why the SAA has that authority. Should the Department of Homeland Security indicate they cannot fund a project, the Resilience Commission would re-review the project. The mission is to ensure that this process is not open to undefined projects or to waste applicant, staff, or this Commission’s valuable resources on those projects that cannot make it through a compliance review. Dr. dePolo motioned to approve the initial list of strategic capacities provided for the purposes of the HSGP timeline with the ability to review at a later time with the possibility of having a 5-year plan for projects. Chief Cage clarified the list and read it into the record again, noting that Dr. dePolo’s motion would refer to his read out of strategic capacities. Additional discussion was presented by Administrator Rahmeyer on the potential benefit of defining what “strategic” means, with Chief Cage indicating that strategic in this case warrants that should the capacity not be addressed, it would have huge repercussions to homeland security efforts.

Chief Steinbeck inquired if Dr. dePolo wished to amend his motion to allow the SAA to develop specific capacities within the overarching capabilities. Dave Hunkup requested to have a clean copy of the capacities as amended after the meeting. Connie Morton, Southern Nevada VOAD, seconded the motion. Chief Cage re-read into record the strategic capacities. The resultant list will be used to advise the Co-Chairs who will define the strategic capacities for review and approval by the NCHS. Dr. Freeman asked that CERT be changed to Citizen Corps, and that change was accepted by Dr. dePolo and Ms. Morton as amendments to the motion and second provided. All were in favor with no opposition. Motion passed unanimously.

Kelli Anderson spoke to the existing FFY18 HSGP Project Proposal template used last year, and asked the Commission for any recommendations or suggestion in changing the form. Due to the pending release of the FFY NOFO, time is limited, and an updated version of this form will need to be sent out soon. Also required in the FFY19 process will be the inclusion of a detailed line item budget for each proposal. Dr. Kenneston inquired if core capability reference in the document would be changed to reflect strategic capacities. Mr. Hynds presented concern over Section 12 requirements to provide sub grant award recipients. Per Ms. Anderson, this section is for the proposer to tell DEM where the funding will be applied. Considerable discussion ensued on examples of how the City of Henderson could use this section to identify sub grant awardees and the issues with responsibility on monitoring asset transfers. Ms. Anderson indicated that it is the responsibility of the jurisdiction awarded the funding to monitor how the funding is applied. If that cannot be done, the SAA could grant the funding to the jurisdiction. The other option is for the requesting jurisdiction to tell the state who to award the funding to, because DEM does not allow sub-sub grants. Mr. Hynds spoke of the challenges in continuing to monitor sub grants and the complexity involved with timelines and deliverables. Chief Cage inquired if there was a proposed timeline within the proposal, with Ms. Anderson indicating that Section #16 requires such information. Chief Cage also inquired if there is a way to

Draft Minutes – For approval at the April 9, 2019 RC Meeting

acknowledge if the subgrantee intends to pursue a Request for Proposal (RFP), with Ms. Anderson indicating that a possibility may exist for the use of a “good of the state” contract and release it to stakeholders. The only caveat is that Ms. Anderson would have to know in advance what type of equipment is needed.

Dr. Kenneston inquired on the timeline for the FFY19 HSGP process. Per Ms. Anderson, the unofficial timeframe for the NOFO to drop appears to be mid-April, and at that time the funding allocations will be known for the UASI and SHSP. If necessary, in preparation for the process, draft project proposals and budgets could be sent out to stakeholders, but that is up to the SAA and UAA. Dr. Kenneston requested that no draft documents be sent out as that will complicate the process once official documents are ready.

16. Public Comment

Chief Cage opened discussion for public comment. Robert Dehnhardt, Chief Information Security Officer, State of Nevada, expressed his appreciation for efforts of Administrator Rahmeyer and Michael Dietrich in clarifying cyber objectives for the state, specifically, regional versus statewide initiatives, Mr. Dehnhardt spoke to the City of Henderson’s response plan and templates developed as an example of what can happen with relatively small funding requests. Clark County is currently using those tools, and the OCDC has shared them with other statewide agencies, tribal organizations, and executive level government. Emphasis was placed on community effort, and that is what sets this Commission apart from the others. Irene Navis, Navis Strategic Services, LLC, spoke to having been involved with this process since 2006, and the progress established with planning efforts. There is concern that the opportunity has not been taken to look at continuity of operations (COOP), alternate care sites, and impacts to critical infrastructure. Many of the facilities that would be used are not classified as critical infrastructure. It may be beneficial to look at an investment to pull all of these differing plans together under community resilience or other over-arching capacities. The convention centers in southern Nevada are used for multiple events which poses conflict when needed during disaster or emergency. COOP, community resilience, damage assessment, and recovery work together, and efforts can be looked at comprehensively moving forward.

17. Adjourn

Chief Cage called for a motion to adjourn the meeting. A motion was presented by Mary Ann Laffoon, and a second was provided by Chief John Steinbeck. All were in favor with no opposition. Meeting adjourned.

Resilience Commission Annual Outlook, V. 8
Last Updated: *March 29, 2019*

Past Meetings

March: 3/12/2019

Emergency Management Performance Grant (Kelli Anderson)
Strategic Plan Update (Caleb Cage)
Re-obligation Guidelines (Kelli Anderson) *
Preparedness Overview (Jim Walker) *
Recovery Overview (Kelli Anderson)
Citizens Corps Council Update (Mary Ann Laffoon)
Sustainment Goals and Overview of HSGP process (Caleb Cage and John Steinbeck) *
Legislative Update (Caleb Cage)
Incident Management Team (John Steinbeck)

Future Meetings

April: 4/9/2019

Quarterly Bylaw Review and Annual Outlook (Caleb Cage and John Steinbeck)
Strategic Plan Approval (Caleb Cage)*
Legislative Update (Caleb Cage)
Preparedness Overview (Jim Walker)
Grant Programmatic Updates (Kelli Anderson)
Emergency Management Performance Grant (Kelli Anderson)
Re-obligation Guidelines (Caleb Cage and Kelli Anderson)
HSGP process (Caleb Cage and John Steinbeck)* **(Allocate 6 hours)**

May: 5/14/2019

Legislative Update (Caleb Cage)
Recovery Overview (Kelli Anderson)
Grant Financial Updates (Kelli Anderson)
Emergency Management Performance Grant (Kelli Anderson)
Fire season hazard briefing (Kacey Kc)
HSGP process (Caleb Cage and John Steinbeck)* **(Allocate 6 hours)**

June: 6/11/2019

Grant Programmatic Updates (Kelli Anderson)
Legislative Update and Implementation Plan (Caleb Cage)
Preparedness Overview (Jim Walker)
Citizens Corps Council Update (Mary Ann Laffoon)
Nevada Tribal Emergency Coordinating Council Update (Caleb Cage)
Spring Intrastate Mutual Aid Committee Update (Jim Walker)
Search and Rescue Board Update (Melissa Friend)
Mitigation Planning Committee Overview (Janell Woodward)
Seismic Risk Presentation (Dr. Craig dePolo)
Emergency Management Performance Grant (Kelli Anderson)

July: 7/9/2019

Quarterly Bylaw Review and Annual Outlook (Caleb Cage and John Steinbeck)
Strategic Plan Review and Update (Caleb Cage)
Grant Financial Updates (Kelli Anderson)
Emergency Management Performance Grant (Kelli Anderson)
Recovery Overview (Kelli Anderson)
Annual Report Review (Caleb Cage)
THIRA Update (Jim Walker)
Seismic Risk Recommendations Discussion (Dr. Craig dePolo)*
Consolidated Bomb Squad Capability Overview (Todd Moss)
Flood Hazard briefing (Bunny Bishop)

August: 8/13/2019

Preparedness Overview (Jim Walker)
THIRA update (Jim Walker)
Annual Report Review (Caleb Cage)
Seismic Risk Recommendations Discussion (Dr. Craig dePolo)
Emergency Management Performance Grant (Kelli Anderson)
Grant Programmatic Updates (Kelli Anderson)
Statewide Fusion Center Capability Overview (Chris Tomaino/Andy Rasor)
2019 PDM/FMA mitigation process (Janell)
Fire hazard briefing (Kacey Kc)

September: 9/10/2019

Recovery Overview (Kelli Anderson)
Annual Report Review (Caleb Cage)
THIRA Update (Jim Walker)
Seismic Risk Recommendations Discussion (Dr. Craig dePolo)
Grant Financial Updates (Kelli Anderson)
Emergency Management Performance Grant (Kelli Anderson)*
Mitigation Planning Committee Overview (Janell Woodward)
Citizens Corps Council Update (Mary Ann Laffoon)
Nevada Tribal Emergency Coordinating Council Update (Caleb Cage)
Statewide Cyber Security Overview (Shaun Rahmeyer/Michael Dietrich)
Statewide Interoperability Coordinator Overview (Melissa Friend)
2019 PDM/FMA mitigation process (Janell)
Flood Hazard briefing (Bunny Bishop)

October: 10/8/2019

Quarterly Bylaw Review and Annual Outlook (Caleb Cage and John Steinbeck)
Strategic Plan Review and Update (Caleb Cage)
Grant Programmatic Updates (Kelli Anderson)
Emergency Management Performance Grant—Final (Kelli Anderson)
Preparedness Overview (Jim Walker)
Annual Report Review (Caleb Cage)
THIRA Update (Jim Walker)
Mitigation Planning Committee Overview (Janell Woodward)
Fall Intrastate Mutual Aid Committee Update (Jim Walker)

Seismic Risk Recommendations Discussion (Dr. Craig dePolo)
Grant Programmatic updates (Kelli Anderson)
Statewide Fusion Center Risk Assessment (Chris Tomaino/Andy Rasor)
2019 PDM/FMA mitigation process (Janell Woodward)
Fire hazard briefing (Kacey Kc)

November: 11/12/2019

Recovery Overview (Kelli Anderson)
Annual Report Review (Caleb Cage)
THIRA Update (Jim Walker)
Seismic Risk Recommendations Discussion/Recommendation Approval (Dr. Craig dePolo)*
Flood Hazard Recommendations Discussion/Recommendation Approval (Bunny Bishop) *
Fire Hazard Recommendations Discussion/Recommendation Approval (Kacey KC) *
Consolidated Bomb Squad Recommendations (Todd Moss)*
Grant Financial Updates (Kelli Anderson)
2019 PDM/FMA mitigation process (Janell Woodward)

December: 12/ 10/2019

Statewide Cyber Security Overview (Shaun Rahmeyer/Michael Dietrich)
Statewide Interoperability Coordinator Overview (Melissa Friend)
Citizens Corps Council Update (Mary Ann Laffoon)
Nevada Tribal Emergency Coordinating Council Update (Caleb Cage)
Final THIRA Review (Jim Walker) *
Final Annual Report Review (Caleb Cage and John Steinbeck) *
Grant Programmatic Updates (Kelli Anderson)
2019 PDM/FMA mitigation process (Janell Woodward)

* Denotes action or possible action

The Resilience Commission

Bylaws

I. Authority

The Nevada Resilience Commission ("Commission") is established under Executive Order 2018-4, entitled, "Implementation of Nevada's Statewide Resilience Strategy," signed by Governor Sandoval on March 12, 2018, and under the authority of the Chief of the Division of Emergency Management ("DEM") as permitted by Chapter 414 of the Nevada Revised Statutes.

II. Purpose and Mission

The Commission was established to streamline Nevada's existing emergency management and homeland security public body structure, grant allocation processes, as well as, mitigation, preparedness, response, and recovery efforts. The Commission will ensure statewide collaboration in the development and implementation of all homeland security and emergency management preparedness initiatives and propose balanced allocation of grant funding to address statewide needs.

The Commission serves in an advisory role to the Chief of the Division of Emergency Management. Therefore, the mission of the Commission will be to provide recommendations, and as a result, will not usurp the power of the State Administrative Agent ("SAA") to manage the multiple grant funding streams that enter the State of Nevada.

The Commission will serve in the capacity of, and complete the functions of, the State Senior Advisory Council, the Homeland Security Working Group, the State Interoperability Executive Board, the State Interoperability Governance Board, Emergency Management Coordinating Council, Nevada Hazards Mitigation Planning Committee and Subcommittee, Nevada Earthquake Safety Council, and the Citizens Corps Council.

III. Membership

The Chief of DEM shall appoint no more than forty (40) voting members to the Commission that are determined to be an appropriate cross section of emergency management and homeland security professionals within Nevada, while representing the rural, urban, and tribal communities throughout the state. The membership will serve at the pleasure of the Chief.

IV. Officers and Duties

The Officers of the Commission shall consist of Co-Chairs; the SAA and the SAA's designee. The SAA will designate a Co-Chair annually.

The Co-Chairs will provide a report to the Governor on or before January 1st of each year detailing the activities of the Commission.

V. Meetings

Commission meetings will be called at the discretion of the Co-Chairs on a monthly basis.

Commission meetings are subject to the Nevada Open Meeting Law contained in Chapter 241 of the Nevada Revised Statutes.

VI. Committees

The Commission may appoint no more than two (2) committees under the Commission at any given time. Each committee established under the Commission will have six (6) months to complete its assigned task. If the committee is unable to complete its assigned task within six (6) months, the committee will be terminated unless extended by vote of the Commission for an additional three (3) months.

Committee membership will be established by the Co-Chairs.

Committee meetings are subject to the Nevada Open Meeting Law contained in Chapter 241 of the Nevada Revised Statutes.

VII. Voting

A majority of voting members of the Commission constitutes a quorum for the transaction of business and a majority of those voting members present at any meeting is sufficient for any official action taken by the Commission.

VIII. Attendance

Attendance is critical to achieving quorum, having balanced input, and conducting business of the Commission. Any member who misses more than two (2) consecutive meetings may be removed from the Commission at the discretion of the Co-Chairs.

IX. Administrative Support

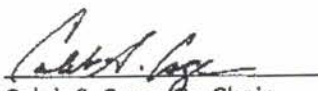
DEM shall provide administrative support to the Commission.

X. Amendments

The Bylaws will be reviewed quarterly and may be amended when necessary by a vote of the Commission and subsequent approval by the Co-Chairs.

These Bylaws were adopted by the Nevada Resilience Commission on October 25, 2018.


John C. Steinbeck, Co-Chair


Caleb S. Cage, Co-Chair

2017-2022 Strategic Plan **For the Statewide Emergency Management Program**

Coordinated by:

Nevada Department of Public Safety
Division of Emergency Management

Version 3
April 9, 2019



Table of Contents

Introduction 3

Record of Changes and Quarterly Review Tracking 4

Resilience Framework 5

Statewide Emergency Management Program Strategic Plan 6

Performance Measures: Metrics of Success 10

Method and Schedule for Evaluation, Maintenance, and Revision 11

Conclusion 13

Introduction

The strategic plan that follows represents a continuation of the five-year strategic plan published by the Department of Public Safety's Division of Emergency Management (DEM) in 2017. The initial plan was intended to serve as a foundation for future evolution incidents and lessons learned refined organizational knowledge and improved focus on objectives and outcomes. Although a continuation of the initial planning effort, this plan represents a complete update to the initial plan.

This update was necessary for three internal and external reasons. First, the original five-year strategic plan for 2017-2022 was based on input from Governor Sandoval's strategic planning framework from 2016, and while that plan was helpful in providing direction, it is no longer relevant after the election of Governor Sisolak. Second, the extraordinary and unprecedented year of emergencies and disasters in 2017, and the transformation process pursued in 2018, resulted in a focus on building statewide resilience, a concept that had only been alluded to in the original plan. And finally, the original plan, and even the interim update preceding this plan did not fully represent the Statewide Emergency Management Program as much as they provided a strategic plan for only DEM. This rewrite of the plan intends to capture the changes required by these three factors.

As an update to the original five-year strategic plan, this update builds on the previous planning efforts while also evolving the vision and direction of the Statewide Emergency Management Program to align with the input from stakeholders and policy makers. This includes removing references to the strategic planning framework from the previous administration and replacing it with a focus on resilience. This is done through the input and oversight of the Resilience Commission, which developed and approved the definition of resilience, the Resilience Goal, and the Resilience Objectives in early 2019.

With the Resilience Goal and Objectives for 2019 established, the goals and objectives in the strategic plan were updated accordingly. This included not only references to and an adoption of the resilience paradigm as directed by the Nevada Commission on Homeland Security, but also the development of updated strategies and activities to carry out this effort. As with the Resilience Goal and Objectives, these updated strategies and activities were developed with input from statewide stakeholders, and are intended to be tied directly to the DEM's performance measures, developed in accordance with the biennial budget process.

This update is also intended to expand the scope of this strategic plan from primarily a strategic plan for DEM to a plan that truly represents the interests and vision of the Statewide Emergency Management Program, and it does so in a number of ways. First, the goals, objectives, and strategies in this version are written for the broader community and not just a single state agency, and second, there are more opportunities for stakeholders to provide input in both the direction of the program and also the measurable outcomes that are pursued. In this version, DEM serves as the coordinating body for the Statewide Emergency Management Program.

As can be seen in the final section of this plan, this will not be the final effort to completely update this plan. This plan will be reviewed each quarter, and each year will provide a new opportunity to assess and update every aspect of this plan. And through such efforts, the Statewide Emergency Management Program will continue to work a more resilient and prepared Nevada.

Resilience Framework

Following the unprecedented year of emergencies and disasters in 2017, the Nevada Commission on Homeland Security (NCHS) voted to approve a directive that required Nevada to pursue a resilience paradigm for emergency management and homeland security. This directive required the development of a Statewide Resilience Strategy, legislative recommendations, and budgetary recommendations. The strategy was approved by the NCHS in August of 2018.

There are various aspects of implementing the Statewide Resilience Strategy, all of which are discussed elsewhere. Critical to this process, though, is the development of a Resilience Commission, which in turn will develop a definition for resilience, a state Resilience Goal, and associated Resilience Objectives. The Resilience Commission began meeting in October of 2018, and by February of 2019 had approved the following definition, goal, and objectives. These are intended to provide a foundational for the update of the five-year strategic plan that follows.

Resilience Defined: Proactive, flexible, and unified leadership throughout all four phases of emergency management that allows for Nevada communities to adapt to and grow back stronger from disasters.

State Resilience Goal: Nevada will increase 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.

- **Obj 1:** Develop comprehensive policies for all levels of government in order to improve resilience across disciplines and hazards.
- **Obj 2:** Improve preparedness for response and recovery operations through a unified, statewide planning, training, and exercise effort, in order to improve resilience before, during, and after actual events.
- **Obj 3:** Distribute limited financial resources from various sources with maximum efficiency, predictability, and accountability, in order to best focus on improving statewide resilience.

Statewide Emergency Management Program Strategic Plan

With the development of a definition of resilience, a Resilience Goal, and Resilience Objectives, all aspects of the five-year strategic plan have been updated accordingly. This includes updates to the foundational elements of the strategic plan—the vision, mission, values, and goals—and also to the strategies and activities as well. All of these changes are detailed here.

Vision: Building Nevada resilience through coordination and partnerships.

Mission: Coordinating mitigation, preparedness, response, and recovery programs and resources through partnerships to build resilient communities for Nevada’s residents and visitors.

Values: Leadership, Accountability, and Teamwork

Goals:

- **Goal 1:** Efficient teamwork, strengthened by collaboration, communication, and leadership.
- **Goal 2:** Accountable partnerships in coordinating emergency and disaster resources for the Whole Community.
- **Goal 3:** Effective leadership in building and maintaining statewide emergency and disaster capacity.

Objectives, Strategies, and Activities by Goal:

Goal 1: Efficient teamwork, strengthened by collaboration, communication, and leadership.

Goal 1, Objective: Establish and implement an annual preparedness plan with input from state, local, and tribal stakeholders that includes an annual capstone exercise or activation for a real-world incident.

Strategy 1: Develop a combined, statewide threat and hazard assessment that informs a comprehensive, statewide preparedness program on an annual basis.

- **Activity 1:** Identify current threat, hazard, preparedness, and other assessments relevant to Nevada in order to understand gaps and overlaps between them.
- **Activity 2:** Develop common terminology, metrics, and outputs from current threat, hazard, and preparedness assessments to allow for consistent statewide application.
- **Activity 3:** Conduct studies on primary threats and hazards facing jurisdictions throughout Nevada.

Strategy 2: Develop a comprehensive planning strategy for the collection, review, and evaluation of required local, state, tribal, and industry emergency plans.

- **Activity 1:** Communicate statutory requirements, best practices, and deadlines for emergency response plans with school, utility, political subdivision, and resort partners.

- **Activity 2:** Review and update as appropriate mitigation, preparedness, response, and recovery plans and framework based on exercises, real-world incidents, and stakeholder input on an annual basis.
- **Activity 3:** Maintain Enhanced Hazard Mitigation Plan and Enhanced Status by assisting local and tribal partners in developing plans and updating the state plan in accordance to the FEMA standard.

Strategy 3: Develop a comprehensive training and exercise program based on combined threat and hazard assessments and input from local, state, tribal, and volunteer organizations, non-profit agencies, and industry partners.

- **Activity 1:** Conduct annual Training and Exercise Planning Workshop with local, state, tribal partners, and volunteer agencies to establish an annual training and exercise calendar.
- **Activity 2:** Expand participation in the Nevada Certified Emergency Manager Program and encourage statewide adoption of position-specific task books.
- **Activity 3:** Incorporate Recovery efforts into statewide preparedness efforts, including training and exercises.

Goal 2: *Accountable partnerships in coordinating emergency and disaster resources for the Whole Community.*

Goal 2, Objective: Successfully coordinate resources and information during and after real-world emergencies or disasters.

Strategy 1: Utilize the State Comprehensive Emergency Management Plan and other relevant response efforts in support of local, state, and tribal partners during emergencies and disasters.

- **Activity 1:** Maintain the State Duty Officer program, and increase coordination with other state agency duty officers.
- **Activity 2:** Coordinate notifications of local and tribal emergency and disaster declarations with the state and federal government.
- **Activity 3:** Develop elements of the State Disaster Identification Coordinating Committee in order to assist with patient tracking during mass fatality incidents.

Strategy 2: Encourage the adoption of the Nevada Disaster Recovery Framework to local, state, tribal partners, volunteer organizations, and industry partners.

- **Activity 1:** Implement the Statewide Recovery Framework model, to include developing the Recovery Support Functions and provide a forum for stakeholder input, coordinating teams, and delivering recovery tools.

- **Activity 2:** Identify short-, medium-, and long-term gaps in recovery capacity, and identify local, state, tribal, federal and non-profit resources to fill those needs and communicate policy and grant recommendations to the Resilience Commission.
- **Activity 3:** Develop preliminary damage assessment tools and capabilities for local, state, and tribal partners.

Strategy 3: Develop reserve capacities to assist local, state, and tribal partners in responding to and recovering from emergencies and disasters.

- **Activity 1:** Establish deployable statewide Incident Management Assistance Teams, training support teams, and partnerships with Volunteer Organizations Active in Disaster for both response and recovery operations.
- **Activity 2:** Establish contracts for strategic resources in order to rapidly deploy support to local, state, and tribal partners.
- **Activity 3:** Conduct education, awareness, and training efforts for the Intrastate Mutual Aid System and the Emergency Management Assistance Compact.

Goal 3: Effective leadership in building and maintaining statewide emergency and disaster capacity.

Goal 3, Objective: Align comprehensive emergency management and preparedness efforts with the statewide resilience initiative.

Strategy 1: Implement the statewide resilience strategy for the whole community.

- **Activity 1:** Create a state Resilience Goal and Resilience Objectives and update annually.
- **Activity 2:** Align grants and policies with Resilience Goal and Objectives through monthly meetings of the Resilience Commission.
- **Activity 3:** Publish an annual assessment of statewide emergency management program capabilities and preparedness activities in order to enhance awareness, communication, and stakeholder input around preparedness activities.

Strategy 2: Build capacity using statewide risk, threat, and hazard assessments and streamlining the grant allocation process.

- **Activity 1:** Invest in regional partnerships through the statewide emergency management homeland security programs with a continued focus on prioritizing maintaining strategic capacities.
- **Activity 2:** Develop regulations to ensure accountability for statewide grant programs.
- **Activity 3:** Implement legislation following each session and communicate changes with local, state, and tribal partners.

Strategy 3: Ensure maximum coordination and collaboration with statewide partners for grants and capacity building.

- **Activity 1:** Establish and maintain the Nevada Tribal Emergency Coordinating Council to provide oversight and input for tribal capacity building.
- **Activity 2:** Maintain partnership with the Nevada Emergency Preparedness Association to host an annual conference to share information and best practices.
- **Activity 3:** Develop and distribute information bulletins to local, state, and tribal partners regarding significant updates and changes to the statewide emergency management program.

Performance Measures: Metrics of Success

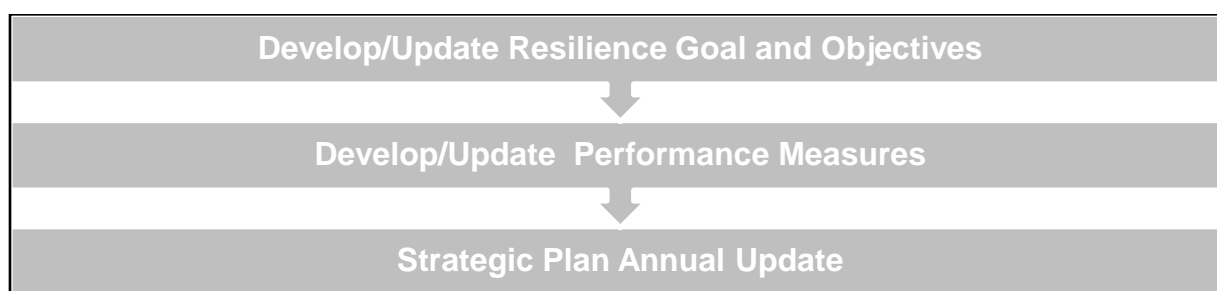
| NEVADA DEPARTMENT OF PUBLIC SAFETY | | | | | | | | | |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|-------|------|
| DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY | | | | | | | | | |
| ACTIVITY BUDGET PERFORMANCE MEASURES | | | | | | | | | |
| 2017-2019 BIENNIUM | | | | | | | | | |
| State Fiscal Year 19 | | | | | | | | SFY19 | |
| July thru December | | Actual | Actual | Actual | Actual | Actual | | Proj | |
| | | FY14 | FY15 | FY16 | FY17 | FY18 | Actual | FY19 | |
| 1 | % of jurisdictions participating in required emergency preparedness assessments (counties, cities, and tribal nations) | capabilities at level | 43 | 56 | 56 | 56 | 45 | 39 | 56 |
| | | # of capabilities | 62 | 62 | 62 | 62 | 62 | 62 | 62 |
| | | Rate | 69% | 90% | 90% | 90% | 73% | 63% | 90% |
| | | <i>Planning - Thira</i> | 17 counties, 18 cities, 27 tribes | | | | | | |
| 2 | % of jurisdictions participating in training & exercise (counties, cities, and tribal nations) | participants | 49 | 50 | 56 | 51 | 53 | 54 | 56 |
| | | Total Jurisdictions | 62 | 62 | 62 | 62 | 62 | 62 | 62 |
| | | Rate | 79% | 81% | 90% | 82% | 85% | 87% | 90% |
| | | <i>Training/Exercise</i> | 17 counties, 18 cities, 27 tribes | | | | | | |
| 3 | % of timely deployment of assets coordinated within 15 minutes | Deployed within 1 hour | 52 | 149 | 231 | 219 | 278 | 219 | 173 |
| | | Total requests | 52 | 149 | 231 | 219 | 278 | 219 | 173 |
| | | Rate | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | | <i>Operations</i> | (counting only events with an NDEM incident number assigned) | | | | | | |
| 4 | % of training and exercise participant surveys with 80% satisfaction | Participant Surveys w/ 80% | n/a | 598 | 1100 | 97 | 1234 | 1723 | 500 |
| | | Participants Surveyed | n/a | 600 | 1200 | 600 | 1280 | 1280 | 600 |
| | | Rate | 0% | 100% | 92% | 16% | 96% | 135% | 83% |
| | | <i>Training/Exercise</i> | Low because wasn't tracked in SFY17. | | | | | | |
| 5 | % of sub grantees receiving compliance reviews | Sub Grantees Reviewed | 10 | 14 | 11 | 18 | 0 | 5 | 20 |
| | | Sub Grantees | 60 | 60 | 60 | 60 | 60 | 60 | 60 |
| | | Rate | 17% | 23% | 18% | 30% | 0% | 8% | 33% |
| 6 | % of staff deployments beginning within 24 hours of the request | Staff deployed within 24 | 52 | 89 | 73 | 50 | 276 | 137 | 77 |
| | | Total # of staff deployments | 52 | 89 | 73 | 50 | 276 | 137 | 77 |
| | | Rate | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | | <i>Operations</i> | (counting only events with an NDEM incident number assigned) | | | | | | |
| 7 | % of licensed schools with current emergency plans as required under various NRS chapters. | Emergency Plans | n/a | n/a | n/a | n/a | 220 | 106 | 221 |
| | | Licensed Schools | n/a | n/a | n/a | n/a | 221 | 221 | 221 |
| | | Rate | 0% | 0% | 0% | 0% | 100% | 48% | 100% |
| | <i>Planning - Schools</i> | New for SFY18 | | | | | | | |
| 8 | % of FEMA approved state/local jurisdiction hazard mitigation plans | # of FEMA approved HM plans | n/a | 21 | 21 | 22 | 21 | 21 | 21 |
| | | # of Hazard Mitigation plans | n/a | 44 | 44 | 21 | 21 | 21 | 21 |
| | | Rate | 0% | 48% | 48% | 105% | 100% | 100% | 100% |
| | | <i>Recovery</i> | FEMA approved Hazard Mitigation plans are updated on a five year rotation. All Nevada counties have approved plans. City & Tribal plans are annexes within the County plan. | | | | | | |
| 9 | % of state and local participation in public safety/first responder communication outreach | PS/1st Responders reached | 331 | 750 | 229 | 116 | 110 | 0 | 0 |
| | | PS/1st Responders | 1375 | 1375 | 1375 | 1375 | 1375 | 1375 | 1 |
| | | Rate | 24% | 55% | 17% | 8% | 8% | 0% | 0% |
| | <i>Comms</i> | | | | | | | | |
| 10 | Number of Communication Systems inspected each fiscal year | # of Systems Inspected | n/a | n/a | n/a | n/a | 4 | 4 | 4 |
| | | Total # of Systems | n/a | n/a | n/a | n/a | 4 | 4 | 4 |
| | | Rate | 0% | 0% | 0% | 0% | 100% | 100% | 100% |
| | | <i>Comms</i> | New for SFY18 | | | | | | |

Method and Schedule for Evaluation, Maintenance, and Revision

Essential to the success of this strategic plan as a guiding document for the Statewide Emergency Management Program is its ability to evolve and improve over time. This evolution must be driven by input from the entire community of stakeholders, analysis of policies and plans following exercises and real emergencies, and as often as possible, actual data. In fact, this current version of the plan begins at Version 3, having been adapted from two previous iterations of the 2017-2022 Strategic Plan.

In order to allow for continued evolution and refinement over the remaining years of this planning period, this update of the plan, beginning with Version 3, includes the following method and schedule for evaluation, maintenance, and revision. By including this method and schedule, described below, this plan intends to incorporate feedback from statewide partners, identify sources of data, and assess progress towards the statewide goals and objectives using key metrics, namely the performance measures listed previously. Following the plan schedule and method outlined below, stakeholders will have multiple opportunities to provide input to DEM on an annual basis, and this input will result in an annual report to stakeholders, policymakers, and other statewide partners.

The process outlined below is intended to be carried out in an annual cycle that follows the calendar year. Beginning in January, the cycle begins with the establishment or revision of baseline information, namely the State Resilience Goal and Objectives as well as the baseline metrics included in DEM's performance measures. With this baseline information established, the strategic plan is reviewed and updated.



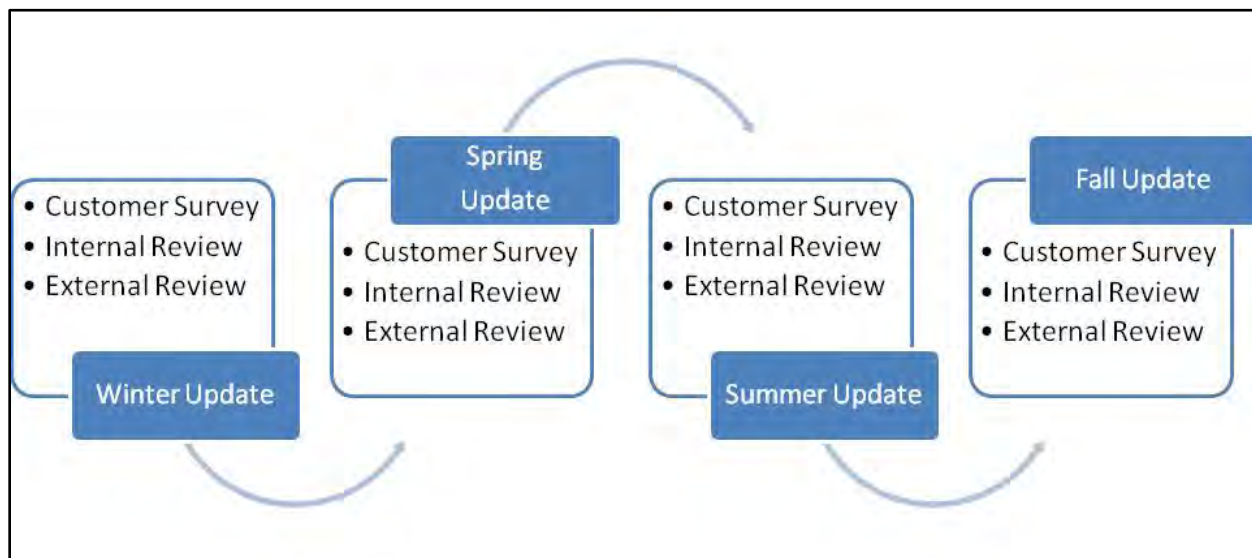
Annual Review Cycle Foundation: Develop or Update Baseline Information.

Following the initial development or annual updating of this baseline information, DEM, serving as the coordinating agency for implementing this strategic plan, will facilitate a quarterly review process. In order to provide a method for evaluating the strategic plan during the quarterly review process, DEM will develop a dashboard to measure progress toward each of the performance measures, as well as additional metrics that are identified as being useful.

During each quarterly review, the dashboard and the strategic plan will be presented both to DEM's internal staff and also to external partners. Internal staff and external staff will review the metrics on the dashboard and provide input for modifications to the plan as well as develop draft recommendations for improving the performance measures and more significant revisions to the plan during the following annual review process. Internally, this process will occur during all-staff meetings and externally it will occur during meetings of the Resilience Commission. The changes from these reviews will be communicated between internal and external partners, and updated in the Record of Change at the front of this plan.

An additional opportunity to gain input will come through various types of surveys distributed by DEM. One type of survey will be a quarterly survey on general customer service topics, where the same or similar

questions are used for each quarter in order to provide data points that can be tracked and compared. Another type of survey will focus on specific challenge areas, such as a survey on customer service perspectives for partners receiving recovery support for active disasters. The results of these surveys will be reported out in both the internal and external quarterly reviews.



Quarterly Review Process: Develop minor modifications to the plan and develop recommendations for the annual update.

In December, the Resilience Commission will finalize the annual cycle through the Resilience Commission's annual report. The report will include an overview of activities of the statewide emergency management program, an assessment of accomplishments toward the established performance measures, as well as an overview of the changes and recommendations developed throughout the previous year. The recommendations developed throughout the year will be used to begin the annual cycle again in the following year, specifically by informing the update of the Resilience Goal and Objectives, the performance measures, and the annual update of the overall plan.

Conclusion

This updated format and focus to the Statewide Emergency Management Program's strategic plan provides a new baseline for resilience, risk reduction, and emergency management in Nevada. It represents an expanded vision for statewide partners, a refined underlying philosophy, and perhaps most important, measurable outcomes to track progress. All of this intended to build and maintain the Statewide Emergency Management Program around the values of leadership, accountability, and teamwork.

As with most plans, this update is intended to provide a broad framework for the way ahead. It provides a vision and goals to which the Statewide Emergency Management Program can aspire. It outlines how various jurisdictions throughout the state can work together to achieve the vision and goals that it provides. And it is intended to continue to evolve, while also providing a methodology for regular future reviews and updates.

Under this updated version, DEM serves as the coordinating organization for this plan within the Statewide Emergency Management Program. In doing so, DEM will manage the implementation of this plan through the strategies and activities included within. DEM will also develop metrics for determining success and provide updates to the Statewide Emergency Management Program on these metrics. Finally, as the coordinating organization for this plan, DEM will also manage the process to review, modify, and update through an annual process.

Through this plan, the Statewide Emergency Management Program can pursue unified efforts to build resilience within Nevada. This will be achieved through aligning policies and funding with the state Resilience Goal and Objectives and other efforts conducted through the Resilience Commission. It will also be achieved by continuing to evolve this plan going forward.



Training / Events Calendar List View


Daily Operations FY2019

[+ Create](#) [Actions ▾](#)

[« Return to Calendar View](#) [View All Historical Calendar Entries](#)

Filter by Event Type

| Title / Event Type | Start Date | End Date | Location | Description | Last Updated | Details |
|---------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| CNLV - CERT (English) Training/Class | 02/28/2019 18:00:00 | 04/04/2019 21:00:00 | 4040 Losee Road, NLV, NV 89030 | 6-week class:Thursdays, 6-9pm | 10/08/2018 13:58:21 | Details |
| Washoe MGT 457 On Scene Crisis Leadership & Decision Making (REOC) Training/Class | 03/04/2019 08:00:00 | 03/04/2019 17:00:00 | REOC Washoe County | MGT-457 On-Scene Crisis Leadership & Decision Making for HazMat Incidents | 11/20/2018 11:42:48 | Details |
| Washoe MGT 457 On Scene Crisis Leadership & Decision Making (REOC) Training/Class | 03/05/2019 08:00:00 | 03/05/2019 08:00:00 | REOC Washoe County | MGT-457 On-Scene Crisis Leadership & Decision Making for HazMat Incidents | 11/20/2018 11:43:11 | Details |
| Washoe MGT-458 Building Whole Community (LEPC) Training/Class | 03/06/2019 08:00:00 | 03/06/2019 17:00:00 | REOC Washoe County | MGT-458 Building Whole Community Engagement through Local Emergency Planning Committees (LEPC) | 11/20/2018 11:42:27 | Details |
| Washoe MGT 457 On Scene Crisis Leadership & Decision Making (REOC) Training/Class | 03/07/2019 08:00:00 | 03/07/2019 17:00:00 | REOC Washoe County | MGT-457 On-Scene Crisis Leadership & Decision Making for HazMat Incidents | 11/20/2018 11:43:48 | Details |
| L0930 IEMC_CLV Training/Class | 03/11/2019 08:00:00 | 03/14/2019 17:00:00 | TBD | TBD | 10/08/2018 16:55:48 | Details |
| Basic Academy - Carson City Training/Class | 03/11/2019 09:52:09 | 03/15/2019 09:52:09 | Carson City | | 03/07/2019 09:52:56 | Details |
| Drill No-Notice Hospital Evacuation Exercise - Drill | 03/13/2019 07:01:53 | 03/13/2019 07:01:53 | Reno, NV | Date TBD | 10/31/2018 07:03:05 | Details |
| ICS 300_CLV Training/Class | 03/19/2019 08:00:00 | 03/20/2019 17:00:00 | 7551 Sauer Dr. Las Vegas, NV 89128 | To register, please provide copies of certificates for IS 100, 200, and 700 and your FEMA Student ID number to: Kara Easton keaston@lasvegasnevada.gov 702-229-2601 Thanks! | 10/10/2018 09:16:12 | Details |
| Core Team Meeting Meeting | 03/19/2019 08:56:09 | 03/19/2019 08:56:09 | | | 10/04/2018 12:00:44 | Details |
| CCTA IPM Meeting | 03/20/2019 08:56:48 | 03/20/2019 08:56:48 | | | 12/14/2018 07:16:56 | Details |

| | | | | | | |
|-----------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| L-963 Planning Section Chief (PSC) TtT - LV | 03/25/2019 09:53:34 | 03/29/2019 09:53:34 | Clark County OEM |  | 03/07/2019 09:54:28 | Details |
| Training/Class | | | | | | |
| R-IX TEPW | 03/26/2019 10:30:26 | 03/26/2019 10:30:26 | FEMA R-IX Oakland, CA | Region 9 Training and Exercise Planning Workshop (TEPW) | 12/13/2018 10:34:47 | Details |
| Workshop | | | | | | |
| PER 304 - Social Media for Natural Disaster Response & Recovery | 04/02/2019 08:00:00 | 04/02/2019 17:00:00 | CLV EOC 7551 Sauer Dr. Las Vegas, NV 89128 | <p>This course focuses on the use of social media in disaster preparedness, response, and recovery. Social media has shown to help people communicate and collaborate about events as the events unfold. Social media can provide rapid and immediate real-time information about events that helps provide greater situational awareness leading to better decision making. Participants are provided with the knowledge and skills to integrate social media into their current communication plans. The course defines social media and its uses and identifies the tools, methods, and models to properly make use of social media in the context of disaster management and provides the information and hands-on experience necessary to help the participants' create social media disaster plans.</p> <p>If you have any questions, please contact Kara Easton at keaston@lasvegasnevada.gov or 702-229-2601</p> | 10/04/2018 12:01:40 | Details |
| Training/Class | | | | | | |
| PER 344 - Social Media Tools & Techniques | 04/03/2019 08:00:00 | 04/03/2019 17:00:00 | CLV EOC 7551 Sauer Dr. Las Vegas, NV 89128 | <p>This course is designed to provide participants with the knowledge and skills to use intermediate social media tools and techniques for situational awareness during an emergency. Participants will learn and use tools such as mapping applications, data analysis, and data mining for research and management. It aims to reach public and private sector organizations who have responsibility for conveying disaster-related information to the public or who are responsible for gathering information during and after a disaster.</p> <p>The course will supplement and build upon NDPTC's existing FEMA-certified performance-level course, PER-304 Social Media for Natural Disaster Response and Recovery, by providing more in-depth training in the use of social media for disaster management operations.</p> <p>If you have any questions, please contact Kara Easton at keaston@lasvegasnevada.gov or 702-229-2601</p> | 10/04/2018 12:01:40 | Details |
| Training/Class | | | | | | |

| | | | | | | | |
|--------------------------------------------------|------------|------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------------------------|
| SEOC CCTA Drill TBD | 04/03/2019 | 04/03/2019 | | | 03/28/2019 | 10:37:14 | Details |
| Exercise - Drill | | | | | | | |
| PER 343 - Social Media Engagement Strategies | 04/04/2019 | 04/04/2019 | CLV EOC 7551 Sauer Dr. Las Vegas, NV 89128 | | 10/04/2018 | 12:01:40 | Details |
| Training/Class | | | | | | | |
| | | | | This course will prepare participants to engage individuals and volunteer organizations through social media, especially in the context of disaster preparedness and response. Social media engagement is often an enigma to most people, particularly in the public sector, because it is a different form of communication than most are accustomed. Through this course, participants will learn how to develop content that engages their audiences and turns their words into action throughout the disaster cycle. Participants will learn about social media engagement techniques, individual and organizational roles in crisis communication and Virtual Operations Support Teams (VOST). | | | |
| | | | | If you have any questions, please contact Kara Easton at keaston@lasvegasnevada.gov or 702-229-2601 | | | |
| Full Scale Exercise_Thomas and Mack POD FSE_SNHD | 04/07/2019 | 04/07/2019 | Thomas & Mack | | 11/16/2018 | 16:17:04 | Details |
| Exercise - Full-scale | | | | | | | |
| | | | | This will be a full scale POD exercise to test the Thomas and Mack as a public POD. | | | |
| TTX UNR Civil Unrest/Cyber | 04/09/2019 | 04/09/2019 | UNR | | 10/31/2018 | 07:02:02 | Details |
| Exercise - Tabletop | | | | | | | |
| | | | | Cyber and/or Civil Unrest | | | |
| Medical Surge Functional Exercise | 04/12/2019 | 04/12/2019 | Multiple | | 11/09/2018 | 11:20:14 | Details |
| Exercise - Functional | | | | | | | |
| | | | | A swarm of earthquakes occur within the State of Nevada. The earthquake ruptured a gas main near Las Vegas and Centennial Hills High Schools with numerous trauma and burn casualties. | | | |
| CERT Functional Exercise | 04/13/2019 | 04/13/2019 | 633 N Mojave Rd, Las Vegas, NV 89101 | | 10/08/2018 | 10:40:01 | Details |
| Exercise - Functional | | | | | | | |
| | | | | The agenda includes refresher and enhancement training for CERT volunteers prior to the functional exercise. The exercise will give CERT volunteers an opportunity to demonstrate the core capabilities of Community Resilience and Operational Coordination in a simulated environment. | | | |
| Basic Academy - Carson City | 04/15/2019 | 04/19/2019 | Carson City | | 03/07/2019 | 09:57:29 | Details |
| Training/Class | | | | | | | |
| | | | | | | | |
| ICS 300_CLV | 04/16/2019 | 04/17/2019 | LVMPD HQ 400 S. Martin Luther King Blvd. Las Vegas, NV 89106 | | 10/10/2018 | 09:19:49 | Details |
| Training/Class | | | | | | | |
| | | | | To register, please provide copies of certificates for IS 100, 200, and 700 and your FEMA Student ID number to: Kara Easton keaston@lasvegasnevada.gov 702-229-2601 | | | |
| | | | | Thanks! | | | |

| | | | | | | |
|-------------------------------------------|------------------------|------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| CNLV - Closed POD Exercise (FS 52) | 04/17/2019 08:00:00 | | CNLV Fire Station 52, 4110 Losee Road, NLV, NV 89030 | | 10/08/2018 14:02:11 | Details |
| Exercise - Drill | | | | | | |
| L-964 Situation Unit Leader (SITL) | 04/22/2019 09:56:18 | 04/26/2019 09:56:18 | East Fork Fire - Carson | | 03/07/2019 09:57:04 | Details |
| Training/Class | | | | | | |
| Clark County PRE-101 TXT TtT | 04/23/2019 10:28:16 | 04/23/2019 10:28:16 | Clark County - Wetlands | This is a TTX train the trainer with a CCTA scenario Bring lunch or order through Jason's Deli online and self pay | 03/28/2019 10:30:17 | Details |
| Exercise - Tabletop | | | | | | |
| Reno- G-191 | 04/24/2019 10:34:16 | 04/24/2019 10:34:16 | REOC Reno | | 03/28/2019 10:35:12 | Details |
| Training/Class | | | | | | |
| Rodeo Communications FE (LVMPD EM) | 04/25/2019 08:13:46 | 04/25/2019 08:13:46 | Las Vegas Motor Speedway | POC: Diana Cordeiro, LVMPD EM (702)-828-2831 d14977c@lvmpd.com Threat/Hazard: All Hazard Core Capabilities: Operational Communication Mission Areas: Response Funding: None Purpose: Assess communication equipment and systems between MCVs, Dispatch Centers and DOC/EOCs. | 10/04/2018 12:00:24 | Details |
| Exercise - Functional | | | | | | |
| IMT 0-0305 - Reno | 04/29/2019 09:57:45 | 05/03/2019 09:57:45 | REOC Reno | | 03/07/2019 09:58:33 | Details |
| Training/Class | | | | | | |
| Drills PDA teams | 05/01/2019 06:59:20 | 05/31/2019 06:59:20 | Washoe County | Several PDA Drills set throughout the month of May | 10/31/2018 07:00:42 | Details |
| Exercise - Drill | | | | | | |
| AWR-345 Unmanned Aircraft Systems (NDPTC) | 05/02/2019 08:00:00 | 05/02/2019 17:00:00 | CLV EOC 7551 Sauer Dr. Las Vegas, NV 89128 | Registration details coming soon... If you have any questions, please contact Kara Easton at keaston@lasvegasnevada.gov or 702-229-2601 | 10/04/2018 12:01:40 | Details |
| Training/Class | | | | | | |
| Basic Academy - Carson City | 05/06/2019 10:32:15 | 05/10/2019 10:32:15 | Carson City DEM | | 03/28/2019 10:32:58 | Details |
| Training/Class | | | | | | |
| Core Team Meeting | 05/07/2019 08:58:59 | 05/07/2019 08:58:59 | | | 10/04/2018 12:00:44 | Details |
| Meeting | | | | | | |
| CCTA MPM | 05/08/2019 08:59:32 | 05/08/2019 08:59:32 | | | 12/14/2018 07:17:17 | Details |
| Meeting | | | | | | |
| Drill SEOC CCTA related | 05/15/2019 06:42:35 | 05/15/2019 06:42:35 | | CCTA Series | 10/18/2018 06:56:49 | Details |
| Exercise - Drill | | | | | | |
| TTX Reno-Tahoe Airport | 05/15/2019 06:58:19 | 05/15/2019 06:58:19 | Reno-Tahoe Airport | Date TBD | 10/31/2018 06:59:32 | Details |
| Exercise - Tabletop | | | | | | |
| Carson City ICS-300-400 | 05/20/2019 08:00:04 | 05/23/2019 17:00:04 | Carson City DEM | | 03/28/2019 10:40:03 | Details |
| Training/Class | | | | | | |

| | | | | | | |
|----------------------------------------|------------------------|------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| National Preparedness Symposium | 05/20/2019 08:38:03 | 05/23/2019 17:38:03 | CDP-Anniston | | 03/28/2019 10:38:49 | Details |
| Conference | | | | | | |
| Memorial Day | 05/27/2019 00:00:00 | 05/27/2019 00:00:00 | | | 10/04/2018 12:00:26 | Details |
| Holiday | | | | | | |
| Sierra Front D-110 Fire Dispatch | 05/28/2019 08:00:29 | 05/31/2019 17:00:29 | Sierra Front | | 03/28/2019 10:42:29 | Details |
| Training/Class | | | | | | |
| Reno PER-335 CCTA | 05/30/2019 08:00:20 | 05/31/2019 17:00:20 | REOC Reno | | 03/28/2019 10:41:12 | Details |
| Training/Class | | | | | | |
| Basic Academy - Carson City | 06/03/2019 10:33:24 | 06/06/2019 10:33:24 | Carson City DEM | | 03/28/2019 10:33:45 | Details |
| Training/Class | | | | | | |
| Electric Daisy Carnival TTX (LVMPD EM) | 06/06/2019 00:00:00 | 06/06/2019 00:00:00 | LVMPD HQ, Action Room | <p>POC: Diana Cordeiro, LVMPD EM (702)-828-2831 d14977c@lvmpd.com</p> <p>Threat/Hazard: Multi-Terrorist Assault Core Capabilities: Planning, Operational Coordination, Operational Communication, On-Scene Security, and Public Information and Warning Mission Areas: Response and Protection Funding: None</p> <p>Purpose: Overview of event, IAPs, communication and resources.</p> | 10/04/2018 12:00:30 | Details |
| Exercise - Tabletop | | | | | | |
| UNLV MGT-324 | 06/10/2019 08:00:23 | 06/10/2019 17:00:23 | UNLV | Contact Yuri Graves 702-895-5766 | 03/28/2019 14:54:18 | Details |
| Training/Class | | | | | | |
| AAR Workshop | 06/13/2019 06:48:43 | 06/13/2019 06:48:43 | | NV - wide AAR Workshop to feed into THIRA/SPR process as well as 2019 TEPWs | 10/04/2018 12:01:41 | Details |
| Workshop | | | | | | |
| COOP ERG/SEOC Drill | 06/26/2019 09:01:33 | 06/26/2019 09:01:33 | | | 10/04/2018 12:00:19 | Details |
| Exercise - Drill | | | | | | |
| Independence Day | 07/04/2019 00:00:00 | 07/04/2019 00:00:00 | | | 10/04/2018 12:00:26 | Details |
| Holiday | | | | | | |
| ICS 300_CLV | 07/10/2019 08:00:00 | 07/11/2019 17:00:00 | CLV OEM 7551 Sauer Dr. Las Vegas, NV 89128 | <p>To register, please provide copies of certificates for IS 100, 200, and 700 and your FEMA Student ID number to:</p> <p>Kara Easton keaston@lasvegasnevada.gov 702-229-2601</p> <p>Thanks!</p> | 10/10/2018 09:29:28 | Details |
| Training/Class | | | | | | |
| CCTA Core Team Meeting | 07/17/2019 06:43:54 | 07/17/2019 06:43:54 | | CCTA Series | 10/04/2018 12:00:43 | Details |
| Meeting | | | | | | |

| | | | | | | |
|----------------------------------------------------------------|------------------------|------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| CCTA MSEL Meeting | 07/18/2019 08:39:16 | 07/18/2019 08:39:16 | | | 10/04/2018 12:00:45 | Details |
| Amateur Radio Convention Other | 07/19/2019 06:57:11 | 07/21/2019 06:57:11 | Reno, NV | Convention for Amateur radio | 10/31/2018 06:58:14 | Details |
| SEOC Drill Exercise - Drill | 07/23/2019 12:44:40 | 07/23/2019 12:44:40 | State EOC | SEOC Drill looking forward to CCTA FSE in November 2019 | 12/18/2018 12:45:30 | Details |
| ICS 400_CLV Training/Class | 07/24/2019 08:00:00 | 07/25/2019 13:00:00 | LVMPD HQ 400 S. Martin Luther King Blvd. Las Vegas, NV 89106 | To register, please provide a copy of your ICS 300 certificate and your FEMA Student ID number to: Kara Easton keaston@lasvegasnevada.gov 702-229-2601 Thanks! | 10/10/2018 09:39:08 | Details |
| CNLV - iPAWS Drill Exercise - Drill | 07/24/2019 14:00:00 | 07/24/2019 16:00:00 | TBD | TBD | 10/08/2018 14:07:32 | Details |
| CNLV - CERT Accelerated (Sat & Sun) Training/Class | 07/27/2019 08:00:00 | 07/28/2019 17:00:00 | 4040 Losee Road, NLV, NV 89030 | | 10/08/2018 14:12:02 | Details |
| School Violence TTX (LVMPD EM) Exercise - Tabletop | 08/01/2019 00:00:00 | 08/01/2019 00:00:00 | | POC: Diana Cordeiro, LVMPD EM (702)-828-2831 d14977c@lvmpd.com Threat/Hazard: Core Capabilities: Intelligence and Information Sharing, Operational Coordination, Operational Communication, and Public Information and Warning Mission Areas: Protection, Prevention and Response Funding: None | 10/04/2018 12:00:26 | Details |
| TTX CCTA Exercise - Tabletop | 08/14/2019 06:56:21 | 08/14/2019 06:56:21 | REOC | Date TBD | 10/31/2018 06:57:11 | Details |
| CNLV - COOP Review & Update Exercise - Seminar | 08/22/2019 14:00:00 | | TBD | COOP review and update departmental | 10/08/2018 14:14:31 | Details |
| SEOC Drill Exercise - Drill | 08/28/2019 09:07:18 | 08/28/2019 09:07:18 | | | 10/04/2018 12:00:19 | Details |
| Labor Day Holiday | 09/02/2019 00:00:00 | 09/02/2019 00:00:00 | | | 10/04/2018 12:00:29 | Details |
| Life is Beautiful TTX (LVMPD EM) Exercise - Tabletop | 09/05/2019 00:00:00 | 09/05/2019 00:00:00 | | POC: Diana Cordeiro, LVMPD EM (702)-828-2831 d14977c@lvmpd.com Threat/Hazard: Multi-Terrorist Assault Core Capabilities: Planning, Operational Coordination, Operational Communication, On-Scene Security, and Public Information and Warning Mission Areas: Response and | 10/04/2018 12:00:26 | Details |

Protection
Funding: None

Purpose: Overview of event, IAP,
communications and resources.

To register, please provide copies
of certificates for IS 100, 200, and
700 and your FEMA Student ID
number to:

Kara Easton
keaston@lasvegasnevada.gov
702-229-2601

Thanks!

ICS 300_CLV

09/09/2019 09/10/2019
08:00:00 17:00:00

LVMPD HQ 400 S. Martin
Luther King Blvd. Las
Vegas, NV 89106

10/10/2018
09:31:20

[Details](#)

Training/Class

CCTA Core Team Meeting

09/17/2019 09/17/2019
08:36:13 08:36:13

10/04/2018
12:00:45

[Details](#)

Meeting

Clark County Multi-Casualty
Incident

09/18/2019 09/19/2019
07:29:32 07:29:32

CCFD Multi-Casualty FSE. perhaps
coincident with CCTA FSE.

10/04/2018
12:00:22

[Details](#)

Exercise - Full-scale

Carson City G-191

09/18/2019 09/18/2019
08:00:31 17:00:31

Carson City DEM

03/28/2019
14:56:23

[Details](#)

Training/Class

CCTA FPM

09/18/2019 09/18/2019
09:08:10 09:08:10

10/04/2018
12:00:44

[Details](#)

Meeting

Carson City MGT-317

09/24/2019 09/25/2019
08:00:31 17:00:31

Carson City DEM

03/28/2019
14:57:21

[Details](#)

Training/Class

ICS 400_CLV

09/25/2019 09/26/2019
08:00:00 13:00:00

CLV OEM 7551 Sauer Dr.
Las Vegas, NV 89128

To register, please provide a copy
of your ICS 300 certificate and your
FEMA Student ID number to:

Kara Easton
keaston@lasvegasnevada.gov
702-229-2601

Thanks!

10/10/2018
09:40:00

[Details](#)

Training/Class

Workshop TEPW
DEM/CCOEM

09/25/2019 09/25/2019
08:24:30 08:24:30

State EOC and Clark
County MACC

Annual UASI and State Training
and Exercise Planning Workshop

10/18/2018
07:15:41

[Details](#)

Workshop

Clark - L975 Finance and
Admin Unit Leader

09/30/2019 10/03/2019
08:00:15 17:00:15

Clark County OEM

03/28/2019
14:59:45

[Details](#)

Training/Class

Drills Point of Dispensation
(POD)

10/01/2019 10/31/2019
07:03:02 07:03:02

Washoe County

Dates TBD for the drills

10/31/2018
07:04:03

[Details](#)

Exercise - Drill

Clark - Advanced Academy
0451

10/07/2019 10/11/2019
08:04:33 17:04:33

Clark County Complex

119-25 application to DEM

03/28/2019
15:05:43

[Details](#)

Training/Class

DEM- MGT 346 EOC Ops &
Planning for all haz

10/08/2019 10/10/2019
08:01:08 17:01:08

Carson City DEM

03/28/2019
15:02:35

[Details](#)

Training/Class

| | | | | | | |
|-----------------------------------------------------------------------|------------------------|------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| Great Shakeout Exercise - Drill | 10/18/2019 09:51:28 | 10/18/2019 09:51:28 | | Great Shakeout | 10/04/2018 12:00:17 | Details |
| DEM Building Fire Evacuation Drill Exercise - Drill | 10/18/2019 09:52:26 | 10/18/2019 09:52:26 | | Fire Evacuation Drill | 10/04/2018 12:00:17 | Details |
| Statewide TEPW Workshop | 10/22/2019 06:59:10 | 10/22/2019 06:59:10 | | | 03/28/2019 15:03:20 | Details |
| CCTA C/E/S Training Training/Class | 10/23/2019 09:11:58 | 10/24/2019 09:11:58 | | | 10/04/2018 12:01:29 | Details |
| Nevada Day Holiday | 10/25/2019 00:00:00 | 10/25/2019 00:00:00 | | | 10/04/2018 12:00:29 | Details |
| TTX UNR/UNLV Joint Exercise - Tabletop | 10/30/2019 06:54:52 | 10/30/2019 06:54:52 | TBD | UNR and UNLV Joint TTX | 10/31/2018 06:56:14 | Details |
| Statewide Comms Ex Exercise - Functional | 11/05/2019 06:52:05 | 11/05/2019 06:52:05 | | To be held in conjunction with CCTA FSE | 10/18/2018 06:58:06 | Details |
| NYE Communication Exercise (LVMPD EM) Exercise - Functional | 11/07/2019 00:00:00 | 11/07/2019 00:00:00 | | POC: Diana Cordeiro, LVMPD EM (702)-828-2831 d14977c@lvmpd.com Threat/Hazard: All Hazard Core Capabilities: Operational Communication Mission Areas: Response Funding: None Purpose: Assess communication equipment / systems at all NYE facilities, MCVs, Dispatch Centers, DOC/EOCs. | 10/04/2018 12:00:23 | Details |
| Veterans' Day Holiday | 11/11/2019 00:00:00 | 11/11/2019 00:00:00 | | | 10/04/2018 12:00:30 | Details |
| FSE CCTA DEM Exercise - Full-scale | 11/12/2019 09:13:58 | 11/14/2019 09:13:58 | | 19 - Interdiction 20 - Response to Attacks 21 - Recovery/Mass Care | 02/20/2019 14:47:49 | Details |
| AZ NMCE Recovery TTX Exercise - Tabletop | 11/13/2019 07:14:09 | 11/13/2019 07:14:09 | Phoenix, AZ | Recovery TTX based on the National Mass Care Exercise from May 2018. | 02/01/2019 08:29:36 | Details |
| GridEx V Exercise Exercise - Functional | 11/13/2019 11:28:12 | 11/14/2019 11:14:12 | | Combination cyber and physical attack on electric and gas utilities throughout North America | 10/08/2018 11:35:58 | Details |
| Thanksgiving Day Holiday | 11/28/2019 00:00:00 | 11/28/2019 00:00:00 | | | 10/04/2018 12:00:33 | Details |
| Family Day Holiday | 11/29/2019 00:00:00 | 11/29/2019 00:00:00 | | | 10/04/2018 12:00:38 | Details |
| DEM ICS 300-400 Training/Class | 12/09/2019 08:06:03 | 12/12/2019 15:06:03 | Carson City DEM | | 03/28/2019 15:06:46 | Details |

To register, please provide a copy of your ICS 300 certificate and your

| | | | | | | |
|------------------------------------------------------------------------------|------------------------|------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| ICS 400_CLV Training/Class | 12/10/2019 08:00:00 | 12/11/2019 13:00:00 | CLV OEM 7551 Sauer Dr. Las Vegas, NV 89128 | Kara Easton keaston@lasvegasnevada.gov 702-229-2601 Thanks! | 10/10/2018 09:41:00 | Details |
| NYE Command Staff TTX (LVMPD EM) Exercise - Tabletop | 12/12/2019 00:00:00 | 12/12/2019 00:00:00 | LVMPD HQ, Action Room | POC: Diana Cordeiro, LVMPD EM (702)-828-2831 d14977c@lvmpd.com Threat/Hazard: Multi-Terrorist Assault Core Capabilities: Planning, Operational Coordination, Operational Communication, On- Scene Security, and Public Information and Warning Mission Areas: Response and Protection Funding: None Purpose: Assess event IAPs, event structure, emergency response, communications and resources. | 10/04/2018 12:00:30 | Details |
| Christmas Day Holiday | 12/25/2019 00:00:00 | 12/25/2019 00:00:00 | | | 10/04/2018 12:00:38 | Details |
| CCTA AAM Meeting | 01/08/2020 08:27:55 | 01/08/2020 08:27:55 | | CCTA FSE After Action meeting | 10/04/2018 12:00:44 | Details |
| Clark - Advanced Academy 0452 Training/Class | 01/13/2020 08:06:54 | 01/17/2020 15:06:54 | Clark County Complex | 119-25 application to DEM to register | 03/28/2019 15:08:21 | Details |
| CNLV - MCI/HMCI Reality Based Training Exercise - Drill | 01/29/2020 08:00:00 | 01/29/2020 14:00:00 | TBD | NLVPD & NLVFD & CNLVOEM | 10/08/2018 15:08:19 | Details |
| LVMPD NASCAR TTX Exercise - Tabletop | 02/13/2020 15:18:56 | 02/13/2020 15:18:56 | LVMPD Headquarters, 400 S Martin L King Blvd | Threat/Hazard: Multi-Terrorist Assault Core Capabilities: Planning, Operational Coordination, Operational Communication, On- Scene Security, and Public Information and Warning Mission Areas: Response and Protection Funding: None Purpose: Assess event IAPs, event structure, emergency response, communications and resources. | 10/08/2018 15:21:20 | Details |
| Patient Tracking Full Scale Exercise Exercise - Full-scale | 03/10/2020 08:00:00 | 03/12/2020 17:00:00 | Clark County, various | FSE to evaluate, practice and improve patient tracking, tracking of individuals of interest, and tracking of casualties | 10/04/2018 12:00:23 | Details |
| Tri-State TTX Exercise - Tabletop | 03/11/2020 08:00:00 | 03/11/2020 16:00:00 | Sacramento, CA | | 12/13/2018 11:09:37 | Details |
| CNLV - Shelter Management Exercise (Red Cross) Exercise - Drill | 03/25/2020 08:00:00 | 03/25/2020 13:00:00 | Silver Mesa Recreation Center, 4025 Allen Lane, NLV, NV 89030 | Red Cross partner | 10/08/2018 15:15:38 | Details |

| | | | | | | |
|----------------------------------------------------|------------------------|------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| Clark - Advanced Academy 0453 | 03/30/2020 08:08:24 | 04/03/2020 15:08:24 | Clark County Complex | 119-25 application to DEM to apply | 03/28/2019 15:09:24 | Details |
| Training/Class | | | | | | |
| LVMPD EDC TTX | 04/09/2020 15:22:09 | 04/02/2020 15:22:09 | LVMPD Headquarters, 400 S. Martin L King Blvd | Threat/Hazard: Multi-Terrorist Assault Core Capabilities: Planning, Operational Coordination, Operational Communication, On- Scene Security, and Public Information and Warning Mission Areas: Response and Protection Funding: None | 10/08/2018 15:23:12 | Details |
| Exercise - Tabletop | | | | Purpose: Assess event IAPs, event structure, emergency response, communications and resources. | | |
| Reno-Tahoe Airport FSE | 05/06/2020 07:15:52 | 05/06/2020 07:15:52 | | | 10/04/2018 12:00:21 | Details |
| Exercise - Full-scale | | | | | | |
| Tri-State FE | 05/20/2020 08:00:00 | 05/21/2020 16:00:00 | Region IX/Tri-State | | 12/13/2018 11:11:40 | Details |
| Exercise - Functional | | | | | | |
| CNLV - GETS Drill | 05/27/2020 13:00:00 | 05/27/2020 14:00:00 | CNLV Citywide | Spot checks | 10/08/2018 15:37:11 | Details |
| Exercise - Drill | | | | | | |
| Clark - Advanced Academy 0454 | 06/08/2020 08:09:28 | 06/12/2020 15:09:28 | Clark County Complex | 119-25 application due to DEM to apply | 03/28/2019 15:10:19 | Details |
| Training/Class | | | | | | |
| Tri-State/Regional TTX | 09/23/2020 06:56:54 | 09/23/2020 06:56:54 | | AZ-CA-NV-FEMA R-IX | 10/04/2018 12:00:29 | Details |
| Exercise - Tabletop | | | | | | |
| Statewide TEPW | 11/04/2020 07:00:01 | 11/04/2020 07:00:01 | | | 10/04/2018 12:01:41 | Details |
| Workshop | | | | | | |
| FSE - Strategic National Stockpile & RSS (DPBH) | 01/27/2021 08:00:00 | 01/27/2021 17:00:00 | DPBH & Northern Nevada Primary RSS Facility | Exercise Medical Countermeasures Acquisition & Distribution capabilities as a requirement for CDC Operational Readiness Review. | 10/08/2018 15:07:18 | Details |
| Exercise - Full-scale | | | | | | |
| CCOEM WebEOC Intro | 10/18/2021 13:00:00 | 10/18/2021 16:00:00 | | CCOEM WebEOC Intro | 10/04/2018 12:01:25 | Details |
| Training/Class | | | | | | |



**Report on existing grants for the Federal Fiscal Years 2016,
2017, and 2018**

FFY16 October-December 2018 Report

Completed Projects

Administrative Department, State of Nevada/Cyber Protection: This was a CyberSecurity project with a focus on the Protection Mission Area. The sub-grant supported the modernization and updating of the states' Information Security Management System and involved meeting with all stakeholders to develop a plan, to include measurable objectives, and scope. Although this sub-grant was completed with the components and milestones intended, this is one phase and the overall ongoing project.

Board of Regents, University of Nevada Reno NSHE/CyberSecurity: *The intent of this project was to improve the cybersecurity capacity of the state.* The approved activities are completed, and the remaining funds were de-obligated due to contracting issues identified during the review of the last Quarterly Financial Report.

Clark County/Emergency Communications: This completed project entailed purchasing 23 radios, antennas, accessories, and repeater equipment to sustain Operational Communications for Response and Public Information Warning capabilities.

Clark County/Southern Nevada Incident Management Training: This project culminated in the delivery of radios and accessories for IMT members and delivery of the All Hazards Logistics Section Leader L-967 and Situation Unit Leader L-964 class, a total of 2 classes to enhance Operational Coordination in Southern Nevada.

Clark County/THIRA: This sub-grant is being used to update the THIRA and SPR through contracted assistance with a deadline or project end date of 12/31/18. The primary Core Capability is Planning; it is not deployable but will produce a shareable resource.

Douglas County/CERT: In 2017, there was a change in the CERT Coordinator for Douglas County. The new CERT Coordinator hit the ground running immediately to continue the CERT member and Leader volunteer trainings, participate in the Nevada State Emergency Operations Center Continuity of Operations exercise held in December 2017, and obtained shelter management training for the team. There are four CERT teams within this jurisdiction with 75 active members who provide support as a force multiplier for emergency preparedness community outreach and education, and support fire and emergency management during disasters such as fires and flooding. The teams were activated twice to provide "boil water" notices to impacted communities in 2018. The agency has an active member that participates in the Nevada Citizen Corps stakeholder group.

Emergency Management Division Dept. Public Safety, State of Nevada/Citizen Corps: During this quarter, the Nevada Citizen Corps Council completed minutes from the last meeting held on or about September 12, 2018. The statewide coordinator is still attempting to update the new FEMA portal with programs in Nevada and is awaiting assistance from the contact at FEMA headquarters.

There has been a continued Executive Order issued in 2001 that established the Statewide Citizen Corps Council that has been supporting local jurisdictions with Citizen Corps Programs. With the expiration of the Executive Order and the newly established Statewide Resilience Strategy, the Nevada Citizen Corps Council was absorbed into the Nevada Statewide Resilience Commission. This move will provide the ability to share the work being done by Citizen Corps Programs throughout the state and expand the deployable resources with volunteer community-based organizations to provide donation management, access to community staples, and volunteer management in support of response agencies in disasters. One of the primary initiatives in 2018 has been promoting Be the Help Until Help Arrives, empowering citizens with the skills to help save lives or minimize fatalities in life-threatening situations. This initiative was partially motivated by the 1 October mass casualty incident and the public's request to learn how to help if they are faced with a similar tragedy.

The statewide Citizen Corps Council was established by continued Executive Orders beginning in 2009 that expire 12/31/18. On March 12, 2018 Executive Order 2018-4, Implementation of Nevada's Statewide Resilience Strategy, was created directing the Co-Chairs of the existing Homeland Security Working Group (HSWG), a working committee under the Nevada Commission on Homeland Security (NCHS), to establish the Nevada Resilience Commission as the emergency management community continues to build resilience.

Additional direction, as a result of EO 2018-4, provided that the Co-Chairs of the HSWG develop for approval by the NCHS a five-year resilience strategy to align statewide emergency management and homeland security initiatives to include the Nevada Citizen Corps Council. This alignment provides greater opportunity to accomplish the goals of Citizen Corps capabilities throughout Nevada. This project is on schedule without any anticipated obstacles.

Emergency Management Division Dept. Public Safety, State of Nevada/HSWG: This project wrapped up with the Notice of Grant Award for FFY18 HSGP/NSGP funding in October that started the program period September 1, 2018, and has started to embark upon the FFY19 process. This sub-grant provides support of the Homeland Security Working Group that serves as the review of annual grant requests and provides recommendations to the Nevada Commission on Homeland Security. This is an ongoing process as the funded projects are reviewed throughout the program period and preparing for the next funding cycle.

The standing HSWG, established in 2008, by an Executive Order, through December 31, 2018 was replaced this reporting period by the Nevada Statewide Resilience Commission after extensive assessment of the disasters and tragedy in 2017 resulting in the development of the Statewide Resilience Strategy and adopted by the Nevada Commission on Homeland Security on or about August 15, 2018.

Emergency Management Division Dept. Public Safety, State of Nevada/NIMS: This project included six (6) components or focuses. (a) Conducting three (3) core assessments (THIRA, State Preparedness Report, and NIMS) to identify and address any potential gaps. (b) Conduct the annual TEPW (Training, Exercise and Planning Workshop for stakeholders statewide). (c) Provide support to local and tribal jurisdictions in the implementation of NIMS planning, training and exercise as well as resource management to include typing, qualification, and inventory. (d) Sustain resource management activities to include WebEOC, Resource Request, and Deployment Module (RRDM) typing and inventory. (e) Continued development and implementation of the Credentialing Project for physical, logical, and incident access control and identity verification efforts to comply with federal requirements. (f) Conduct HSEEP-compliant exercise activities and the AAR/IP process.

It is important to note that some activities were delayed due to two presidentially declared winter storm disasters and the 1 October mass casualty active shooter incident in 2017 that killed 58 and injured 851 innocent people attending the Route 91 Harvest festival on the Las Vegas Strip.

The sub-grantee continues to review, update, and maintain procedures to implement emergency operations plans, response plans, and recovery plans. This quarter culminated in the completion of the update of the State Comprehensive Emergency Management Plan (SEEMP).

In addition to completing these objectives and milestones some of the activities in the recent reporting period included a Cybersecurity TTX with DHS in December, Terrorism (Complex Coordinated Terrorist Attack) TTX with NCTC in November, DEM and SEOC stakeholders participated in the Arizona National Mass Care Exercise to include the AAR/IP, Resource Ordering Drill with Clark County Office of Emergency Management, held HSEEP classes in Carson City in October and Elko in November, and provided technical assistance and support to local jurisdictions with exercises and trainings. Upcoming activities include Moulage training in February and the state CAPSTONE exercise in late 2019.

Nevada DEM organized and facilitated the 2018 Nevada Preparedness Summit and during the quarter completed the follow-up of reviewing the post-workshop surveys. The state training program continues to recruit instructors for ICS, Basic Academy and all-hazards training and assists with coordination, technical support, promotion and facilitation of emergency management related training in the 17 counties. The program continues to provide technical assistance and guidance in the completion of the ESF task books. Mandatory training of 508 Compliance was held in December for all SEOC staff. ESF-4 Fire SEOC representatives from Forestry and the State Fire Marshal provided a presentation to SEOC representatives in November and ESF-3 Public Works in December. These presentations are recorded for later viewing by those not able to attend or in the future, as there is a transition within the ESF's to provide additional training.

The staff has continued to work with Nevada National Guard to ensure the transition from RFID technology to the current identification requirements to allow for a more reliable and accountable process of vetting logistic requests for deployment of resources.

Emergency Management Division Dept. Public Safety, State of Nevada/Statewide

Recovery: DEM has been meeting with stakeholders on the Statewide Recovery Framework, and has socialized the need for solidifying policy and procedures, and has provided training on awareness. Next step is to provide training and awareness on RSF functions and their resources that will allow for the detection of any gaps and identify needs. This project is on schedule with no anticipated obstacles during the reporting period.

Emergency Management Division Dept. Public Safety, State of Nevada/SWIC: The Statewide Interoperability Coordinator provides governance, coordination, outreach, and support to local jurisdictions and state agencies to maintain the overall State Communications Plan (SCIP), engages and obtains input from local, state, and tribal jurisdictions and continues involvement with regional and national committees and working groups. The SWIC provides technical guidance to ensure programmatic, and grant performance compliance based on information sharing with tribes, counties and special districts, evaluating that information gathered and providing training as needs are identified. DEM continues to build and maintain communications capabilities and back-up communications for emergency response operations. The SWIC participated in the 2018 Homeland Security Grant Process to vet project proposals and worked with applicants to resolve conflicts with federal requirements.

In collaboration with the SWIC, technology and communications upgrades were made in the SEOC during this reporting period upon approval by DHS/FEMA of the EHP for monitors and audio enhancements.

Regular activities include Required Monthly Tests (RMT) and Required Weekly Tests (RWT) of the next generation Emergency Alert System (EAS) and all communications equipment such as 1000 AMTOR digital, Single Side Band, FEMA FNARS, DHS Shared Resources

(SHARES), Nevada Amateur Radio Emergency Service/Radio Amateur Civil Emergency Service stations, and NAWAS. This project is on schedule without any anticipated obstacles during the reporting period.

Henderson/Cyber Incident Response Planning: In addition to developing the Cyber Security Incident Response Plan, the jurisdiction conducted two days of tabletop exercises. The plan templates for the State were completed and submitted to the Division of Emergency Management, Nevada Department of Public Safety. Sustainment of this project includes semi-annual updates and ongoing training.

Henderson/Regional Hazmat Response: This sub-grant provided the means to purchase Hazardous Materials Detection and Sampling Equipment to enhance Operational Coordination as a primary core capability and also Threats and Hazard Identification to improve the mitigation efforts to benefit the community. This equipment, like all equipment and resources, is deployable and shareable.

Henderson/Multi-Use EOC: This was a new project to build-out an EOC for the City of Henderson to facilitate Operational Coordination and Public Information and Warning core capabilities. Funding supported the buildout of offices, purchases and install of AV equipment, security systems, IT mainframe, hardware, and network tie-in, telephone/data wiring & cable TV, fixtures and furniture.

ITCN/Tribal NIMS: The coordinator worked with the Nevada Department of Health and Nevada Division of Emergency Management to provide preparedness training and exercises for multiple tribes throughout Nevada.

Las Vegas Metropolitan Police Department (LVMPD)/CBRNE: The primary Core Capability is Operational Coordination impacting all Mission Areas and the Secondary Core Capability Interdiction and Disruption for the Prevention/Protection Mission Area. This project entails replacing/upgrading equipment used by the ARMOR to include a multi-jurisdictional (LVMPD, Nevada Highway Patrol, North Las Vegas Police Department, and Henderson Police Department) in coordination with additional agencies throughout Nevada at multiple high-profile, large capacity and real-time operational CBRNE events. This is a sustainment project. Although the majority of the equipment has been received, training is continuing, and the purchase of the personal decontamination backpacks is continued. Delays were also expected due to holidays, and an extension of the project was provided with the expected final report due in February 2019.

City of Las Vegas/Bomb Squad: The primary Core Capability this sub-grant funded was Threats, and Hazard Identification in the Mitigation Mission Area and secondary was Screening, Search and Detection in the Prevention/Protection Mission Area. The activity supported was the purchase and implementation of separate portable x-ray units (Nex-Ray systems) that were trained on, put into service, and used by the tactical bomb technician program, and is part of the special event equipment package.

City of Las Vegas/CERT: During the program period, the Las Vegas CERT program provided training for 1,357 students in CERT. The Coordinator and staff attended various community-based outreach events to market/promote the CERT program. They were able to engage private entities after the 1 October incident such as Mandalay Bay to provide training to employees. The agency has an active member that participates in the Nevada Citizen Corps stakeholder group. This project has reported being ahead of schedule in providing CERT Basic Academy to the initial goal of 450 community members.

City of Las Vegas/Mass Notification System: The primary Core Capability is Public Information and Warning with a Secondary Core Capability of Intelligence Information and Sharing. This is a subscription service and is expected to be completed no later than July 31, 2019.

City of Las Vegas/MMRS: This sub-grant resulted in sustaining the Operational Coordination and Intelligence Sharing activities with a focus on Public Health and Medical Services. The MMRS program supports the integration of law enforcement, fire, emergency management, health and coordinated medical responses to mass casualty incidents to include active shooter incidents, and incidents involving hazardous materials.

Northeastern Nevada CERT/Citizen Corps: The regional coordinator promotes training and coordinates CERT activities in the largest geographic area of Nevada making up multiple counties. The emphasis of the program is to engage the Whole Community including public and private entities including high school aged teenagers to prepare, mitigate, and respond to emergencies and disasters in their communities. The agency has an active member that participates in the Nevada Citizen Corps stakeholder group.

North Las Vegas/P-25 Phase II Radio Upgrade: The intent of this sub-grant was to build the Operational Coordination with communications for P-25 compliant radios that reached their end of service life in 2018. This involved updating the radios to fulfill the anticipated Phase II to provide for continuity in communications through the purchase of updated equipment and to conduct training and exercises with responders. The upgraded models enable AES encryption, GPS tracking for location solutions and allow for effective communication with other areas, regional SWAT teams, Las Vegas Metropolitan Police, as well as City of Henderson Police Departments.

North Lyon County Fire Protection District/CERT: The agency lost the CERT coordinator due to circumstances beyond their control in 2017, and the sub-grant was closed out, and partial funds were de-obligated after a prolonged period of inactivity. The entity was advised

to seek support when there is a new coordinator selected. This is a vast frontier jurisdiction, and the Nevada Division of Emergency Management has committed to assisting the entity as part of the preparedness objectives.

Reno/TRIAD CBRNE Response Equipment: The primary Core Capability is Operational Coordination impacting all Mission Area's and the Secondary Core Capability Threats and Hazard Identification for the Mitigation Mission Area. The project was to sustain the response capabilities by replacing, updating, and upgrading equipment and provide training for 35 team members on the Hapsite™ gas Chromatographic/Mass Spectrometer. The project period was extended to carry out all the tasks and milestones, and the final report is due February 2019.

Washoe County Office of Emergency Management/Statewide Recovery Initiative: The primary Core Capability this sub-grant funded was Operational Coordination, which touches all Mission Areas, and the secondary was Community Resilience in the Mitigation Mission Area. The project culminated in producing a statewide recovery plan and framework. Upon completion, this plan was designed to improve the preliminary damage assessment (PDA) process, housing, and economic recovery activities, and health and human services as related to the 2015 THIRA and refine and update the Nevada Catastrophic Event Recovery Plan and State Disaster Recovery Guide. Multi-jurisdictional and multi-discipline stakeholders from 17 counties throughout Nevada participated in the process and were provided training and a copy of the plan.

Washoe County Sheriff's Office/CyberSecurity: The primary Core Capability this sub-grant supported was CyberSecurity, which touches the Protection Mission Area for the performance period. The activity approved was the purchase of software used to conduct incident response and data recovery of government attached systems and compromised networks to upgrade the existing investigative network security/storage infrastructure.

Open Sub-grants

Carson City Sheriff's Office/Mobile operation center equipment – Supplemental: Grant award issued 3/15/19.

Clark County/Fire Skid Unit – Supplemental: Grant award issued 3/15/19.

Clark County/EOP Annex and Tabletop Exercise – Supplemental: Grant award issued 3/15/19.

Clark County/THIRA: This sub-grant is being used to update the THIRA and SPR through contracted assistance with a deadline or project end date of 12/31/18. The primary Core Capability is Planning; it is not deployable but will produce a shareable resource.

Clark County/FAO Alternate Facility: This project has a primary intent to sustain Operational Communications and Operational Coordination within Southern Nevada to increase community preparedness and ensure continuity of operations during catastrophic events at the alternative dispatch center located in a facility within the Clark County School District.

DPS-DEM/Develop THIRA – Supplemental: Grant award issued 3/15/19.

Investigations Division, State of Nevada/NTAC Fusion: The Nevada Threat Analysis Center (NTAC) provides fusion center support for 16 of the 17 counties throughout Nevada with a primary core capability of Intelligence and Information Sharing to sustain this project. Activities support receiving, analyzing, and disseminating information and feedback between local, state, tribal, and federal partners and in the private sector to deter, detect, prevent, and mitigate terrorism and other criminal activity. This project period is scheduled to end February of 2019.

Las Vegas Fire Rescue/Bomb Squad Exploitation Tools – Supplemental: Grant award issued 3/15/19.

City of Las Vegas/Mass Notification System: The primary Core Capability is Public Information and Warning with a Secondary Core Capability of Intelligence Information and Sharing. This is a subscription service and is expected to be completed no later than July 31, 2019.

Las Vegas Metropolitan Police Department (LVMPD)/Tactical Vehicle Event Planning – Supplemental: Grant award issued 3/15/19.

Las Vegas Metropolitan Police Department (LVMPD)/Tactical Vehicle TASS UASI – Supplemental: Grant award issued 3/15/19.

Las Vegas Metropolitan Police Department (LVMPD)/Tactical Vehicle TASS SHSP – Supplemental: Grant award issued 3/15/19.

Las Vegas Metropolitan Police Department (LVMPD)/CBRNE: The primary Core Capability is Operational Coordination impacting all Mission Areas and the Secondary Core Capability Interdiction and Disruption for the Prevention/Protection Mission Area. This project entails replacing/upgrading equipment used by ARMOR to include a multi-jurisdictional (LVMPD, Nevada Highway Patrol, North Las Vegas Police Department, and Henderson Police Department) in coordination with additional agencies throughout Nevada at multiple high-profile, large capacity, and real-time operational CBRNE events. This is a sustainment project. Although the majority of the equipment has been received, training is continuing, and the purchase of the personal decontamination backpacks continues. Delays were also expected due to holidays, and an extension of the project was provided with the expected final report due in February 2019.

Las Vegas Metropolitan Police Department (LVMPD)/Fusion Center: The primary Core Capability for the Fusion Center also known as the Southern Nevada Counter Terrorism Center (SNCTC) is Intelligence and Information Sharing impacting the Prevention/Protection Mission Area with a Secondary Core Capability focus of Public Information and Warning addressing all Mission Areas. This project includes sustainment activities to include maintaining CopLink™, the Critical Infrastructure Protection Plan and other software solutions, Orator, maintain mapping and information sharing capabilities and maintain community outreach programs to include the “See Something, Say Something” campaign. This sub-grant also maintains the Strip Camera Project. Training include Cyber hosted, FLO hosted, Crime and Intelligence Analysis training, and Counter-Terrorism training. Equipment includes but is not limited to maintaining plotter supplies. This sub-grant also provides support for the contract Privacy Officer. This project is expected to end with a final report due February 2019.

North Las Vegas/Ballistic Shields: The primary Core Capability is On-Scene Security, Protection and Law Enforcement and will culminate in procuring and putting into service ballistic shields. The deadline for completion of this project period is July 31, 2019

Pyramid Lake Paiute Tribe/CERT Equipment – Supplemental: Grant award issued 3/15/19.

Reno/TRIAD CBRNE Response Equipment: The primary Core Capability is Operational Coordination impacting all Mission Area’s and the Secondary Core Capability Threats and Hazard Identification for the Mitigation Mission Area. The project was to sustain the response capabilities by replacing, updating, and upgrading equipment and providing training for 35 team members on the Hapsite™ gas Chromatographic/Mass Spectrometer. The project period was extended to carry out all the tasks and milestones. The final report is due in February 2019.

Storey County/CERT Portable Radios – Supplemental: Grant award issued 3/15/19.

Tahoe Douglas Fire Protection District/Specialized Explosive Breaching Class – Supplemental: Grant award issued 3/15/19.

Washoe County Sheriff’s Office/Citizen Corps and CERT: The Washoe County Sheriff’s Office CERT had 253 active members in 2018. The CERT Basic Academy training over 83 volunteer community members in 2018 of which 44 joined established teams to include the Rail Auxiliary Team and media team; CERT members also serve as force multipliers to the Sheriff’s Office for special events and safety support; the Office of Emergency Management providing preparedness exercise and training support; and the International Airport with the Confidential Airport Security Testing Mission drills. This jurisdiction has seven CERT teams, and they meet monthly. The CERTs have also participated in the training and exercise PODs and multiple exercises addressing multiple hazards as identified in the areas THIRA. This sub-grant was provided an extension through 10/31/18, and the final report is due in February 2019.

FFY17 October-December 2018 Report

Closed Sub-grants

Clark County Office of Emergency Management/L964 Class: Provide FEMA approved L964 Situation Leader Class for All-hazards.

Clark County School District/School Radio Interoperability: This Operational Communications project is to assist with transitioning from analog to new technology to make them compliant with interoperability.

Dignity Health St. Rose Dominican/Enhanced Communication for Emergency Call Center: This project was for equipment to enhance emergency communications for responders in disasters in Clark County.

City of Las Vegas Fire and Rescue/Las Vegas Bomb Squad: The project was completed with the Bomb Squad purchasing, receiving, and testing the mini-CALIBER EOD robots and completing the training for the technicians.

City of Las Vegas/CBRNE: This project allowed the purchase and replacement of monitoring equipment used to screen, detect, and identify unknown liquids, solids, and gases for CBRNE monitoring for hazmat incidents.

City of Mesquite/Network Security: This project entailed purchasing and installing equipment and software for cybersecurity measures that will increase firewall security.

Washoe County Sheriff's Office/Consolidated Bomb Squad: This project focused on the Operational Coordination by enhancing the technology and outdated equipment used to identify, record, and document incidents involving improvised explosive devices.

Washoe County Sheriff's Office/RAVEN: This project provided for the replacement of the 20-year old FLOR system used in the Regional Aviation Enforcement (RAVEN) unit to conduct daily DHS checks of critical infrastructure throughout the region. This unit also assists multiple investigative units in long range, covert surveillance to detect criminal activity.

Open Sub-grants

Administration Department(EITS)/Cybersecurity Capabilities: Addressing the primary core capability of Cybersecurity, this project is the next step (Phase III) in defense in response to deployments of cyber defenses, Tactics, Techniques, and Procedures (TTPs) of nefarious individuals and enterprises that are attacking our hardened infrastructure. In effect, those who wish to do the State harm using cyber tools and methods have evolved in response to the advent of new technologies. This project includes monitoring and incident response. The sub-grantee has been working with the DEM Program Manager as the roadmap for this project as created. The sub-grantee has stated that they have identified sustainment for July 2019-June 2021 for this new infrastructure security technology being developed.

City of Las Vegas/CERT: The sub-grantee goal is to provide CERT Basic Training and enhanced relative training to 450 community members during the project period. During this quarter they have provided training to 150 individuals and conducted outreach efforts specifically CERT focused that have reached an additional 225 community members.

City of Las Vegas Fire & Rescue/MMRS: This project addresses Operational Coordination as a primary core capability and provides the catalyst for the integration of law enforcement, fire, emergency management, and health/medical systems into coordinated response and preparedness for mass casualty incidents. This project includes maintaining equipment, FirstWatch™, the MMRS coordinator. The Coordinator conducts and participates in IMT and NIMS/ICS training and reviews and updates plans, policies, and procedures. The project is on schedule with no anticipated problems encountered. In 2018 the focus was on a continuous review of the 1 October incident from 2017 to identify gaps/needs and resources for the region. The project is working with stakeholders/partner agencies to ensure adequate distribution of resources.

Clark County OEM/Crisis Information Tool-Operational Coordination: This project entails establishing the ability to track incident and/or event participants, patients, and individuals during mass casualty, evacuations, or other events. It involves identifying vendor software and support for the solution. The project is due to be completed 8/31/19.

Clark County OEM/EOC Enhancement: This project supports the Operational Coordination core capability. This project is a continuation to enhance the EOC with the capability to be effective for level 2 and level 3 activations as defined in the Clark County EOP. This facility also serves as the JIC and MACC and is utilized to support full-scale exercises, multi-agency training, and meetings of the Urban Area Working Group. FEMA has approved the EHP survey, and Clark County is working on the design work for the custom back-up generator. The project is on schedule.

Clark County OEM/Emergency Communication Project: This project sustains and strengthens the Operational Communications core capabilities by the purchasing of King radios, batteries, microphones, antennas, and charges. The sub-grantee has reported they are seeking quotes.

Douglas County/CERT: The CERT program focuses on sustaining and enhancing Operational Coordination core capabilities to provide greater support in emergency shelter management, major event rehabilitation of emergency response personnel and Douglas County Employee CERT Based Emergency Preparedness training. The project supports the part-time coordinator, training expenses, and volunteer supplies and expenses. There were no problems identified during the reporting period.

Elko County/Northeastern Nevada CERT: The activities for this Operational Coordination core capability project involve sustainment and growth of the 5-county area in Northeastern Nevada and beyond those borders to train citizens, youth, and adults, in emergency and disaster preparedness to build community resilience. By providing oversight of response activities to support public emergency response efforts this sub-grant supports the coordinator, equipment, supplies, training activities, and outreach needs of the program. The project has not identified any obstacles with program implementation.

Emergency Management, Nevada DPS/HSWG: This sub-grant provides support of the Homeland Security Working Group that serves as the reviewer of annual grant requests and provides recommendations to the Nevada Commission on Homeland Security. This is an ongoing process as the funded projects are reviewed throughout the program period and preparing for the next funding cycle.

The standing HSWG, established in 2008 by an Executive Order through December 31, 2018 was replaced this reporting period by the Nevada Statewide Resilience Commission after extensive assessment of the disasters in 2017 resulting in the development of the Statewide Resilience Strategy and adopted by the Nevada Commission on Homeland Security on or about August 15, 2018.

Emergency Management, Nevada DPS/NIMS: This project supports Operational Coordination providing the sustainment of fundamental NIMS required programs throughout Nevada including local, state, and tribal jurisdictions with Planning, Training, Exercise, Communications, Public Information, and Resource Management activities. This project integrates all critical stakeholders and supports the execution of all Mission Areas of the National Preparedness Goal. This project supports the life cycle of Emergency Management designed to ensure compliance with HSGP guidance, maintain required EMAP accreditation, and continue to develop, and sustain all program areas. Sub-grant activity includes personnel, contractors, supplies, equipment, and travel to achieve the goal of the program.

Communications: Upgrade the audio and visual connectivity between jurisdictions and communities to improve operational coordination, communication, and information sharing.

Training: Conducts the Annual Training, Exercise, Planning, Workshop (TEPW) to determine jurisdictional plans to address shortfalls for state, local, and tribal entities.

Exercise: Conduct the Annual Training, Exercise, Planning, Workshop (TEPW) to determine jurisdictional plans to address shortfalls for state, local, and tribal entities. Conduct HSEEP-compliant exercise activities and their resulting AAR/IP process.

Planning: Conduct three core assessments under the Threat and Hazard Identification and Risk Assessment (THIRA), State Preparedness Report (SPR), and NIMS assessment to determine current gaps in NIMS compliance and capabilities.

Resource Management: Sustain resource management activities including WebEOC, Resource Request, and Deployment Module (RRDM), typing, and inventory. Continued development of the Credentialing Project for physical, logistical, and incident access control, and identity verification efforts designed to meet federal requirements and overcome identified gaps.

Emergency Management, Nevada DPS/Public Information, and Warning: The project builds upon an existing base to implement the PPD-8 campaign to build and sustain preparedness through proactive public outreach and community-based and private sector programs for a unified approach. The project also builds upon Nevada Public Safety Officials' ability to send timely alerts and warnings using Common Access Protocol (CAP) through digital means. Activities include public outreach messaging and stakeholder training/meetings.

Emergency Management, Nevada DPS/SWIC: The Statewide Interoperability Coordinator provides governance, coordination, outreach, and support to local jurisdictions and state agencies to maintain the overall State Communications Plan (SCIP); engages and obtains input from local, state, and tribal jurisdictions, and continuous involvement with regional and national committees and working groups. The SWIC provides technical guidance to ensure programmatic, and grant performance compliance based on information sharing with tribes, counties and special districts, evaluating that information gathered and providing training as needs are identified. DEM continues to build and maintain communications capabilities and back-up communications for emergency response operations. The SWIC participated in the 2018 Homeland Security Grant Process to vet project proposals and work with applicants to resolve conflicts with federal requirements.

In collaboration with the SWIC, technology and communications upgrades were made in the SEOC during this reporting period upon approval by DHS/FEMA of the EHP for monitors and audio enhancements.

Regular activities include Required Monthly Tests (RMT), and Required Weekly Tests (RWT) of the next generation Emergency Alert System (EAS), and all communications equipment such as 1000 AMTOR digital, Single Side Band, FEMA FNARS, DHS Shared Resources (SHARES), Nevada Amateur Radio Emergency Service/Radio Amateur Civil Emergency Service stations, and NAWAS. This project is on schedule without any anticipated obstacles during the reporting period

Humboldt County Sheriff's Office/Mobile Command Vehicle: This Operational Coordination project is to equip a mobile command vehicle (MCV) to serve as an operations center and as a redundant dispatch center to serve northeastern Nevada.

Investigations Division, Nevada DPS/Fusion aka Nevada Threat Assessment Center (NTAC): 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, and disseminate, information from and to share intelligence with state, local, tribal, and federal partners in an effort to deter, and prevent and/or mitigate terrorism and other criminal activity. The project/sub-grant is to sustain NTAC programs, operations, and staffing by the fusion center baseline capabilities and critical operating capabilities to include Intelligence and Information Sharing and Screening, Search and Detection.

Las Vegas Metropolitan Police Department/CBRNE Response & Exploitation: This request is to enhance the CBRNE program by replacing equipment for ARMOR. Equipment includes liquid, solid, and gaseous Chemical detection equipment; classification and

identification equipment; High-speed video equipment for investigation and identification of explosive or incendiary material; and low-profile, high pressure, SCBA equipment for Tactical response to potentially hazardous CBRN environments.

Las Vegas Metropolitan Police Department (LVMPD)/Fusion aka Southern Nevada Counter-Terrorism Center: The primary core capability this project supports Intelligence and Information Sharing. The SNCTC collaborates with state, local, and federal partners to deter, detect, prevent, and/or mitigate terrorism, hazards, and other criminal activity.

The LVMPD, the host agency for the SNCTC, administers this project. In addition to LVMPD staff 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.

Activities supported with this sub-grant include sustainment of Fusion Center-centered professional organizations, operational services, subscriptions, warranties, travel support for meetings, trainings, and conferences directly supporting sustainment of Fusion Center activities, software, hardware, and Strip Camera project support.

Las Vegas Valley Water District (LVVWD)/So. NV SCADA: This Cybersecurity project will result in vendor provided technology solution to assess security gaps with NIST standards. This will also provide for the continuous monitoring capabilities and provide readiness and gap reports to help establish prioritized mitigation tasks to be performed by LVVWD staff.

North Las Vegas, City of / OEM-MCI Vehicle: This project includes the purchase of a new vehicle and re-purposing the existing vehicle, which was purchased with UASI funds in 2006. The existing vehicle will be re-purposed into a Mass Casualty Incident platform. The sub-grantee will conduct training and exercises using this equipment, and it will be defined as shareable and deployable.

North Las Vegas, City of /Enterprise Surveillance System: This sub-grant supports the Operational Coordination core capability through obtaining and implementing an enterprise surveillance system to mitigate a finding from a DHS sponsored assessment that noted that North Las Vegas should evaluate closed-circuit television coverage of facility perimeters and increase coverage as necessary. An Intelligence Note from March 28, 2017, from the Office of Intelligence and Analysis had identified a specific threat to US Water and Wastewater systems.

Pyramid Lake Paiute Tribe/Radio Program: This Operational Communications project allows for the enhancement of the Emergency Response Department by expanding the current communication capability by upgrading to P-25 Phase-2 compliant radios.

Southern Nevada Health District/Infrastructure Security: This Operational Coordination project is experiencing a delay at this time due to contracting issues identified during an earlier reporting period. Upon a decision from FEMA and DEM legal, future reports will indicate the outcome.

Southern Nevada Health District/Public Health Analytical SNCTC FTE: FTE Public Health Analytical position to gather and share information to identify health-related threats.

Tahoe Douglas Fire Protection District/No. NV Bomb Tech. Taskforce: This sub-grant is to support the enhanced Operational Coordination by providing the training for bomb technicians to maintain response and readiness levels and to respond to emerging threats and changing response abilities/requirements.

Tahoe Douglas Fire Protection District/Radio Program: This new project is to improve and enhance Operational Communications with the purchase of radios and necessary functional accessories. Grant objectives met in January 2019.

Statewide Continuity of Operations: This is a sustainment project for operational coordination through continuity of operations (COOP) and continuity of government (COG) for agencies Statewide.

The previous (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 were trained to update their plans, have access to planning tools, and refine continuity plans in the State of Nevada.

This phase will focus on sustainment efforts in Northern and Southern Nevada and secure the continued use of the planning tool through 2019.

Washoe County Sheriff's Office/Cybersecurity: This is a sustainment project for Cybersecurity activities to include specialized equipment and software to address cyber threats and responses to include prevention and preparedness.

Washoe County Sheriff's Office/Citizen Corps Program: This project focuses on the Community Resilience core capability for the jurisdiction. Activities include recruitment, training, exercising preparedness, and response support for all-hazards incidents.

FFY18 October-December 2018 Report

Closed Sub-grants

N/A

Open Sub-grants

Douglas County/CERT: This project focuses on the Operational Coordination core capability for Douglas County and supports the CERT Coordinator, purchase of supplies, recruitment of CERT volunteers and community members, provides preparedness training and exercises, supports local emergency management, fire and law enforcement activities during emergencies and disasters.

Elko County/Northeastern Nevada CERT: This CERT program serves the largest geographic area of the state that includes frontier and rural areas in five (5) counties. This Operational Coordination project supports the Coordinator and appropriate supplies to continue recruitment, training, and exercises of volunteer community members. This CERT program and related individuals are an integral and active participant in the Elko County LEPC involved in emergency response planning and engaging the whole community.

Elko County Multi-agency Communications: This project supports the Operational Communications for Elko County and surrounding areas by upgrading the Basic 9-1-1 system with the Next Generation 9-1-1 (NG911) system that improves capacity for working with multiple agencies to comply with interoperability and align with the National and State communications plans.

Emergency Management, Nevada DPS/Tribal NIMS: This is an Operational Coordination project supporting the tribal Emergency Managers NIMS planning, training, and exercise activities.

Humboldt County Sheriff's Office/Mobile Repeater: This project supports the building and equipping of a mobile digital radio repeater to be used in locations that have limited communications ability when needed.

Clark County OEM/Mass Casualty Incident Response: This project supports implementing a program that will provide appropriate supplies and practice drills for first responders to respond to mass casualty incidents.

Clark County OEM/Emergency Event Tracking System: This project supports engaging professional services to provide project management for planning conducting stakeholder meetings that will assist region-wide with tracking capabilities of incidents and individuals during mass casualty emergencies, evacuations, and planned or other events. This includes planning, training, and exercise activities.

Clark County OEM/Emergency Management Operational Coordination: This project is to sustain cloud-based software for video conferencing equipment, WebEOC software applications for mapping, ARC GIS, and the Resource Request and Deployment Module to assist with the primary core capability of Intelligence and Information Sharing and Operational Coordination.

Clark County OEM/EOC Enhancement: This project supports the Operational Coordination core capability. This project is a continuation to enhance the EOC with the capability to be effective for level 2 and level 3 activations as defined in the Clark County EOP. This facility also serves as the JIC, MACC and is utilized to support full-scale exercises, multi-agency training, and meetings of the Urban Area Working Group. FEMA has approved the EHP survey, and Clark County is working on the design for the custom back-up generator. The project is on schedule. This phase for the overall project focuses on technological infrastructure to ensure redundancy of power, telecommunications, and other technology to support the EOC for its many functions.

Clark County OEM/ So. NV IMT: Providing Type III IMT training to expand and enhance capabilities of the Southern Nevada Incident Management Team (IMT).

Clark County OEM/FAO Alternate Facility and Dispatch: This project involves purchase and set-up of additional consoles for four dispatch stations, six call-takers including technology, and augmented current microwave tower to improve dispatch capabilities in the rural areas of Southern Nevada. The EHP was approved by FEMA 12/3/18

Emergency Management, Nevada DPS/HSWG: This sub-grant provides support of the Homeland Security Working Group that serves as the review of annual grant requests and provides recommendations to the Nevada Commission on Homeland Security. This is an ongoing process as the funded projects are reviewed throughout the program period and prepared for the next funding cycle.

The standing HSWG, established in 2008 by an Executive Order through December 31, 2018 was replaced this reporting period by the Nevada Statewide Resilience Commission after extensive assessment of the disasters and tragedy in 2017 resulting in the development of the Statewide Resilience Strategy and adopted by the Nevada Commission on Homeland Security on or about August 15, 2018.

Emergency Management, Nevada DPS/NIMS: 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. Further, this project meets the Nevada Commission on Homeland Security FFY 2018 priority of Operational Coordination. NIMS includes three components: Resource Management, Command and Coordination, and Communications and Information Sharing. These are foundational to all other core capabilities identified by the Nevada Commission on Homeland Security. This project will support continued improvement in NIMS-compliant Planning, Training, and Exercise Programs, as well as support the Statewide Resource Management Program and Credentialing Project for physical, logistical, and incident access control and identity verification. This Investment respects current funding balances from HSGP 2016-2017 grant years and bridges those investment endpoints and projected program completions with requirements and projects to be phased in or initiated in 2019 continuing a legacy of sustainment and continuous improvement for programs that serve and support all local, state, and tribal jurisdictions across Nevada.

Technology: *Conduct a technical assessment of EOC needs, enhance and sustain equipment within the EOC to allow for effective response for activations and exercises of all-hazard incidents as identified. The initial technical assessment identified equipment needs to sustain and enhance communications capabilities within the EOC. FEMA approved the EHP survey submission. The equipment was ordered and installation activities are in process. No issues have been identified to date.*

Training: *Maintain the NIMS training program statewide. Maintain and train stakeholders/ multi-jurisdictional and all positions preparedness for the SEOC Taskbooks for all hazards; provide NIMS technical assistance to jurisdictions, maintain a list of approved training instructors for NIMS related training, regularly review and update training standards, review/ update/ execute the multi-year training and exercise plan, and facilitate the Nevada Training and Train-the-Trainer plan.*

Exercise: *Maintain and sustain the Nevada NIMS Exercise capabilities through the multi-year training and exercise plan, plan/ conduct/ review provided resources supporting activities for multiple exercises to include the annual Capstone exercise, provide technical assistance to the emergency management and community at large to exercise preparedness efforts, maintain AAR/IP database and utilize as a resource for stakeholders, and assist with training HSEEP.*

Planning: *Conduct three core assessments in Threat and Hazard Identification and Risk Assessment (THIRA), State Preparedness Report (SPR), and NIMS assessment to assess current gaps in NIMS compliance and capabilities within the prescribed time period.*

Resource Management: *Sustain resource management activities including WebEOC™, Resource Request and Deployment Module (RRDM), and typing and inventory. Continued development of the Credentialing Project for physical, logistical, and incident access control and identity verification efforts designed to meet federal requirements and overcome identified gaps.*

Emergency Management, Nevada DPS/Public Information, and Warning: 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. 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 the 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. Public messaging (PSA's) for preparedness has been approved and distributed through social media platforms and radio for the months of September, October, November, and December of 2018. The EAS subscription has been sustained to date.

Emergency Management, Nevada DPS/Statewide Citizen Corps Program: During this quarter, the Nevada Citizen Corps Council completed minutes from the last meeting held on or about September 12, 2018. The statewide coordinator is still attempting to update the new FEMA portal with programs in Nevada and is awaiting assistance from the contact at FEMA headquarters.

There has been a continued Executive Order issued in 2001 that established the Statewide Citizen Corps Council that has been supporting local jurisdictions with Citizen Corps Programs. With the expiration of the Executive Order and the newly established Statewide Resilience Strategy, the Nevada Citizen Corps Council was absorbed into the Nevada Statewide Resilience Commission. This move will provide the ability to share the work being done by Citizen Corps Programs throughout the state and expand the deployable resources with volunteer community-based organizations to provide donation management, access to community staples, and volunteer management in support of response agencies in disasters. One of the primary initiatives in 2018 has been promoting “Be the Help Until Help Arrives”, empowering citizens with the skills to help save lives or minimize fatalities in life-threatening situations. This initiative is partially motivated by the 1 October mass casualty incident and the public's request to learn how to help if they are faced with a similar tragedy.

The statewide Citizen Corps Council was established by continued Executive Order beginning in 2009 that expire December 31, 2018. On March 12, 2018 Executive Order 2018-4, Implementation of Nevada's Statewide Resilience Strategy, was created directing the Co-Chairs of the existing Homeland Security Working Group (HSWG), a working committee under the Nevada Commission on Homeland Security (NCHS) to establish the Nevada Resilience Commission as the emergency management community continues to build resilience.

Additional direction, as a result of EO 2018-4, provided that the Co-Chairs of the HSWG develop for approval by the NCHS a five-year resilience strategy to align statewide emergency management and homeland security initiatives to include the Nevada Citizen Corps Council. This alignment provides greater opportunity to accomplish the goals of Citizen Corps capabilities throughout Nevada. This project is on schedule without any anticipated obstacles.

Emergency Management, Nevada DPS/Statewide Recovery Plan (Implementation Phase 2): This project focuses on sustainment of Operational Coordination through improvement of the resilience and readiness for the previously funded recovery initiative. Activities will support Recovery Framework adoption; socialization with all stakeholders; training and exercise; Recovery Support Function Rollout and Training; Preliminary Damage Assessment Tool and Training; and review and update of the Plan after Exercise and AAR has been completed. This project is on schedule with no obstacles identified to date.

Emergency Management, Nevada DPS/SWIC: This project provides sustainment for the Statewide Interoperability Coordinator (SWIC). The position is responsible for statewide communications governance, coordination, outreach and support, and the planning, marketing, and implementing of the Communications Rodeo. This project is on schedule.

City of Henderson/Regional Hazmat Capability: This project is to support the enhancement of the Las Vegas Urban Area related to intelligence and information sharing and operational coordination. Through the purchase of this equipment that will be used in identifying unknown chemicals including solids, liquids, and gases, this project will enhance HFD's response capability by upgrading the unit to a Type II Hazardous Materials Team. The remote air monitoring equipment will help HFD and LVFR enhance the capabilities of continuous air monitoring and response and preventative mission to keeping the community safe.

Investigations Division, Nevada DPS/Fusion aka Nevada Threat Assessment Center(NTAC): 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, and disseminate 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 project/sub-grant is to sustain NTAC programs, operations, and staffing in accord with the fusion center baseline capabilities and critical operating capabilities to include Intelligence and Information Sharing and Screening, and Search and Detection.

The DHS approved performance measures include Sustain operations to meet the Fusion Center Baseline Capabilities, Critical Operating Capabilities, Enabling Capabilities, and Crosscutting Capabilities and Participation in the DHS Annual Fusion Center Assessment to aid in the evaluation of the National Network of Fusion Centers.

City of Las Vegas/CERT: Coordinate, provide supplies for, and deliver the CERT Basic Academy to 450 community members within Clark and Nye Counties.

City of Las Vegas/Public Safety Trailer Cameras: This project supports the Intelligence and Information Sharing core capability with the camera trailers in the process of being procured with this funding to improve office surveillance/patrolling efforts.

City of Las Vegas Fire & Rescue/ CBRNE Unit 2018: This Operational Coordination project will culminate in the purchase of a replacement CBRNE unit that has reached its end of life. The unit is used in the mitigation phase of hazmat incidents. This unit is capable of air and radiological monitoring, detection, providing research space, communications between agencies, and maintaining situational awareness, and information gathering and sharing.

City of Las Vegas Fire & Rescue/MMRS: Sustain and enhance the MMRS capabilities throughout Southern Nevada through support of the coordinator, integration of public health/fire/EMS and law enforcement, conduct and participate in NIMS/ICS training, review and update plans, policies, and procedures, maintain capabilities, replace ballistic equipment, and to purchase MCI equipment. Oct-Dec 2018 Sustained – in the process of purchasing equipment.

City of Las Vegas Fire & Rescue/Radiological Monitoring: This Operational Coordination project sustains the radiation isotope identifying devices that have wireless transmission of spectra for “reach back” purposes. This allows rapid identification of radiological isotopes providing the opportunity for expert guidance to be provided early in an incident.

Las Vegas Metropolitan Police Department/ CBRNE ARMOR: This Intelligence and Information Sharing project provides for sustainment and enhancement activities to rapidly detect and locate radiological and nuclear materials for the ARMOR (Multi-agency and

jurisdictional team) unit that is shared within Clark County and jurisdictions throughout Nevada. This project is to sustain equipment and replace equipment that is 13-years old originally funded federally that has reached its end of life.

Las Vegas Metropolitan Police Department/Fusion a.k.a. Southern Nevada Counter-Terrorism Center (SNCTC): The primary core capability this project supports is Intelligence and Information Sharing. The SNCTC collaborates with state, local, and federal partners in an effort to deter, detect, prevent, and/or mitigate terrorism, hazards, and other criminal activity.

The Las Vegas Metropolitan Police Department (LVMPD), the host agency for the SNCTC, administers this project. In addition to LVMPD staff 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.

Activities supported with this sub-grant include sustainment of Fusion Center-centered professional organizations, operational services, subscriptions, warranties, travel support for meetings, training and conferences directly supporting sustainment of Fusion Center activities, software, hardware, and the Strip Camera project support.

The DHS approved performance measures including sustained operations to meet the Fusion Center Baseline Capabilities, Critical Operating Capabilities, Enabling Capabilities, and Crosscutting Capabilities and Participation in the DHS Annual Fusion Center Assessment to aid in the evaluation of the National Network of Fusion Centers.

Las Vegas Metropolitan Police Department/MACTAC Training Equipment CCTA: This project supports enhanced Operational Coordination through training and equipping the Regional MACTAC housed within LVMPD for Complex Coordinated Terrorist Attack(s).

City of North Las Vegas/Primary EOC AV Equipment: This Operational Coordination project enhances the existing EOC by replacing the outdated equipment that has reached its end of useful life with updated equipment and operating systems. This project allows for equipment that will build compatibility with the statewide Public Information and Warning Plan, the 211 Strategic Plan and allow for iPAWS™ compliant Operating Group.

Secretary of State, Nevada/Netflow & Intrusion Detection: This Cybersecurity project will increase security of the county-based voter registration system through Intrusion Detection System (IDS) equipment and Netflow monitoring of election system networks in Esmeralda, Eureka, Storey, Mineral, Lincoln, Lander, Pershing, White Pine, Humboldt, Churchill, Nye and Elko counties.

Shoshone Paiute Tribes of Duck Valley/Owyhee Dispatch Multidiscipline Center: This Operational Communications project is to update the existing outdated 9-1-1 dispatch system. Activities include expanding the local Public Safety Answering Point (PSAP) into the Emergency Call Center concept making it compatible with the Next Generation 9-1-1 dispatching (NG 9-1-1) currently serving the northern third of Elko County including the Duck Valley Reservation and surrounding communities.

Southern Nevada Health District/CyberSecurity: Develop RFP to select a vendor to design and implement cybersecurity-monitoring services to meet Nevada needs.

Southern Nevada Health District/Public Health Analytical SNCTC – FTE: Continue funding FTE Public Health Analytical position to gather and share information to identify health-related threats locally and nationally with the SNCTC (Fusion Center).

Tahoe Douglas Fire Protection District/Tahoe Douglas Bomb Squad: This Operation Coordination sub-grant project is to replace a 13-year old robot and 9-year old digital imaging system. The new equipment provides a reliable platform to disrupt IED's, has 2-way communication and allows remote video recording. This is a shareable resource and will serve a multi-jurisdictional region of northern Nevada.

Washoe County Office of Emergency Management/Statewide Continuity of Operations: This project (Phase VI) is to sustain and enhance Operational Coordination to review and update continuity of operations and continuity of government plans for local jurisdictions and state agencies statewide using the planning tool.

Washoe County Sheriff's Office/Cybersecurity: This is a sustainment and enhancement project for Cybersecurity activities to include specialized equipment and software to address cyber threats and responses to include prevention and preparedness.

Washoe County Sheriff's Office/Citizen Corps Program: The primary core capability of this project is Community Resilience, and the activities support operational effectiveness through continued training of community members and recruitment of volunteers. In 2018 the WCSO CERT was in the development stages of coordination of Neighborhood Emergency Response Teams (NERT) that can be activated and equipped to respond in a shorter time frame to specific populated areas. The CERT will also facilitate the 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).

Washoe County Sheriff's Office/Consolidated Bomb Squad: This Operational Coordination project is to update equipment and technology used by the Consolidated Bomb Squad, specifically for an Explosive Ordinance Disposal tool.

EMERGENCY MANAGEMENT PERFORMANCE GRANT PROGRAM

FFY 2018

| As of 03/20/19 | GRANT AWARD | | | TOTALS | |
|------------------------------------------|------------------------------------------|------------------------------|---------------------|-------------------|---------------------|
| SUBGRANTEE | 2018 Allocations NOT including Equipment | DEOB and Equip. Funds Avail. | TOTAL | TOTAL CLAIMS | BALANCE |
| Battle Mountain Band | \$ 9,863.00 | (9,863.00) | 0.00 | 0.00 | 0.00 |
| Carson City | \$ 72,274.00 | | 72,274.00 | 72,274.00 | 0.00 |
| Churchill County | \$ 15,536.00 | | 15,536.00 | 0.00 | 15,536.00 |
| Clark County | \$ 529,000.00 | | 529,000.00 | 0.00 | 529,000.00 |
| Douglas County | \$ 57,239.00 | | 57,239.00 | 57,239.00 | 0.00 |
| Duckwater Tribe | \$ 36,419.00 | | 36,419.00 | 0.00 | 36,419.00 |
| Elko County | \$ 28,924.00 | | 28,924.00 | 28,924.00 | 0.00 |
| Fallon (City of) | \$ 28,082.85 | | 28,082.85 | 0.00 | 28,082.85 |
| Fallon Shoshone/Paiute Tribe | \$ 20,240.00 | | 20,240.00 | 0.00 | 20,240.00 |
| Henderson (City of) | \$ 151,484.12 | | 151,484.12 | 101,904.63 | 49,579.49 |
| Humboldt County | \$ 15,518.40 | | 15,518.40 | 0.00 | 15,518.40 |
| DEM for Tribes | \$ 67,027.00 | | 67,027.00 | 0.00 | 67,027.00 |
| Las Vegas (City of) | \$ 421,345.07 | | 421,345.07 | 0.00 | 421,345.07 |
| Lincoln County | \$ 23,592.00 | | 23,592.00 | 23,592.00 | 0.00 |
| Mesquite (City of) | \$ 30,000.00 | (30,000.00) | 0.00 | 0.00 | 0.00 |
| Mineral County | \$ 20,723.00 | | 20,723.00 | 15,957.13 | 4,765.87 |
| N Las Vegas (City of) | \$ 150,407.00 | | 150,407.00 | 131,719.68 | 18,687.32 |
| Nye County | \$ 42,596.00 | | 42,596.00 | 0.00 | 42,596.00 |
| Pershing County | \$ 9,050.00 | | 9,050.00 | 7,351.88 | 1,698.12 |
| Pyramid Lake Tribe | \$ 20,613.00 | | 20,613.00 | 0.00 | 20,613.00 |
| Reno (City of) | \$ 142,130.00 | (8,316.28) | 133,813.72 | 133,813.72 | 0.00 |
| Reno Sparks Indian Colony | \$ 19,000.00 | | 19,000.00 | 0.00 | 19,000.00 |
| Storey County | \$ 17,057.00 | | 17,057.00 | 14,597.46 | 2,459.54 |
| Washoe County | \$ 160,877.00 | | 160,877.00 | 38,303.20 | 122,573.80 |
| West Wendover (City of) | \$ 24,417.00 | | 24,417.00 | 24,417.00 | 0.00 |
| White Pine County | \$ 20,000.00 | | 20,000.00 | 0.00 | 20,000.00 |
| Totals available from FY16 supplementals | \$ 46,384.23 | (46,384.23) | | | |
| TOTALS | \$ 2,179,798.67 | \$ (94,563.51) | 2,085,235.16 | 650,093.70 | 1,435,141.46 |

Reobligation Guidelines

Purpose

The purpose of these guidelines is to ensure that the Nevada Commission on Homeland Security (NCHS), State Administrative Authority (SAA) and subgrantees of Homeland Security Grant Programs (HSGP) provide for the best utilization of grant resources when cost savings or cost shortfalls are realized during a grant performance period.

1. Performance Period

Effective with the FFY10 HSGP grant cycle, the performance period for each subgrant will be 24 months to allow for adequate time to obligate HSGP funds as necessary. The SAA may modify performance periods based on the requirements of future grant guidance.

Extensions to the subgrant performance period will be approved by the SAA. The subgrantee must provide a written request for extension to the SAA at least one (1) month prior to the end of the subgrantee performance period. If the grant extension is denied, the grant funds will be deobligated.

2. Project Change Requests

All Project Change Requests must be submitted to the SAA using the approved Project Change Request form. The completed Project Change Request forms must be submitted to the SAA at dhsgrants@dps.state.nv.us.

All Project Change Requests will be reviewed by the SAA to ensure that the change(s) requested is compliant with federal grant guidance. Once the SAA makes its determination that the Project Change Request complies with federal grant guidance, the request will be handled as follows:

- A. Project Change Requests Approved by SAA:
 - i. Any request for reobligation of funding within an existing approved budget that does not exceed \$100,000, may be approved by the SAA, if the Project Change Request is clearly within federal grant guidance.

- B. Project Change Requests Approved by NCHS:
 - i. Any request for reobligation of funds that exceeds \$100,000 will be reviewed by the NCHS. The NCHS will provide a recommendation to the Governor for

reobligation of funding and notify DEM of the recommendation.

- ii. Any request for the redirect of funds that is inconsistent with the approved Investment Justification or which is considered a change in scope will be submitted to the NCHS and/or Finance Committee for review. The NCHS and/or Finance Committee will provide a recommendation to the Governor for reobligation of funding and notify DEM of the recommendation.
- iii. Any deobligated funding that exceeds \$100,000 will be submitted to the NCHS for review. The NCHS will provide a recommendation to the Governor for reobligation of funding and notify DEM of the recommendation.

DEM, at their own discretion, may defer to the NCHS and/or the Finance Committee on any Project Change Request subject to DEM approval.

3. Request for Additional Grant Funding

A sub-grantee seeking additional funding (de-obligated funds) must submit the request to the SAA on the approved forms at dhsgrants@dps.state.nv.us.

A request for additional funding must include:

- A. A written justification explaining, at a minimum, the following:
 - i. Impact of non-completion the project in the originally approved budget;
 - ii. Explanation as to why the redirect of funds was not addressed in the original investment or another related investment, if applicable;
 - iii. Benefit to the state's overall capabilities by approving the requested redirect of funds;
 - iv. Anticipated timeline to complete proposed project, inclusive of milestones and anticipated deliverables; and
 - v. Impact of not approving the request to redirect of funds;
- B. A copy of the original budget; and
- C. A copy of a detailed line-item budget demonstrating the subgrantee's intended use of the funds if the redirect of funds is approved.

The SAA will review the request to ensure compliance with federal grant guidance. The SAA will forward a report of compliance to the NCHS.

4. Restrictions

Reobligation of funds will not be approved by the SAA or the NCHS if the request includes, but is not limited to, any of the following restrictions:

1. Non-compliance with federal guidance;
2. Supplanting;
3. Misappropriation of funds;
4. Commingling of funds;
5. Denial by the Department of Homeland Security;
6. Inability for projects to be completed within the remaining performance period; or
7. Non-conformance with the goals and priorities of the NCHS.

5. Time Sensitive

Federal law mandates that unspent federal funds be returned to the federal government at the end of the grant performance period. In the event that unspent funds exist and there is insufficient time in the grant performance period to reconvene the NCHS and Finance Committee, the SAA in its sole discretion, may reobligate grant funding within the scope of the approved Investment Justification.

In the event that the SAA reobligates time sensitive funding, the reobligation of funds will be placed as an informational item on the agenda of the next regularly scheduled meeting of the NCHS.

FFY19 HSGP - HOMELAND SECURITY GRANT PROGRAM SPREADSHEET

Current Version - As of 4/2/19 - Version 4

| Project Letter ID | OCDC Advisory Ranking (Cyber) | SWIC Advisory Ranking (Comms) | RC Ranking | UASI Ranking | PROJECT CATEGORY | FFY19 HSGP SUBMITTED PROJECTS | NCHS FFY19 STRATEGIC CAPACITY | HSGP PROJECT TYPE SUPPORTING FFY19 STRATEGIC CAPACITY | NCHS FFY16-18 CORE CAPABILITY (IF PROJECT TYPE CHOSEN IS OTHER) | FEMA CORE CAPABILITY ASSOCIATED WITH FFY19 STRATEGIC CAPACITY | AGENCY NAME | PROJECT MANAGER(S) | Local (L), Tribal Nation (T), State (S), Non-Profit (NP) | RESILIENCE COMMISSION - 4/9/19 | | | URBAN AREA WORKING GROUP 2019 | | | TOTAL UPDATED REQUESTS SHSP/UASI | |
|--------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------|--------------|------------------|----------------------------------------------------------------------|-------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|------------------------------------|----------------------------------------------------------|--------------------------------|--------------------------------------------------|-----------------------------------------|--------------------------------|--------------------------------------------------|------------------------------------------|----------------------------------|----------------|
| | | | | | | | | | | | | | | Resilience - 04/09/19 | | | UAWG #1 - 4/8/19 | | | | |
| | | | | | | | | | | | | | | SHSP Initial Request Submitted | SHSP Reduction during RC #1 | Revised SHSP Project Totals (P Minus Q) | UASI Initial Request Submitted | UASI Reduction during the first set of meetings | Revised UASI Project Totals (AB Plus AC) | | To DEM 3/27/19 |
| MAINTAINED PROJECTS ONLY | | | | | | | | | | | | | | To DEM 3/27/19 | Enter \$ (if reduction, use minus before amount) | RC #1 - 4/9/19 | To DEM 3/27/19 | Enter \$ (if reduction, use minus before amount) | UASI #1 4/8/19 | As of 3/26/19 (\$ Plus AD) | |
| Proj ID | OCDC Rank | SWIC Rank | RC Rank | UASI Rank | Maint / New | Project Name | NCHS FFY19 Strategic Capacity | Project Type | NCHS FFY16-18 Core Capability | Core Capability Associated with Strategic Capacity | AGENCY NAME | Project Mgr | L.T.S. NP | To DEM 3/27/19 | SHSP Reduction | RC #1 Outcome | To DEM 3/27/19 | UASI Reduction | UASI Updated UAWG #1 | Total Proj Alloc | COMMENTS |
| A | | | NR | NR | MAINTAIN | Tahoe Douglas Bomb Squad EOD Robot | CBRNE | TDBS [CBRN,E] | | Interdic & Disrupt | Tahoe Douglas Fire Protection District | Todd Moss and Jim Antti | | \$ 200,999.00 | \$ - | \$ 200,999.00 | \$ - | \$ - | \$ - | \$ 200,999.00 | |
| B | | | NR | NR | MAINTAIN | Consolidated Bomb Squad | CBRNE | Consol Bomb Squad [CBRN,E] | | Op Coordination | Washoe County Sheriff's Office | Robert Bowlin and Noah Boyer | | \$ 103,399.00 | \$ - | \$ 103,399.00 | \$ - | \$ - | \$ - | \$ 103,399.00 | |
| C | | | NR | NR | MAINTAIN | ARMOR CBRNE Response - Sustainment | CBRNE | LV ARMOR [CBRN,E] | Intel & Info Sharing | On-Scene Sec, Prot, LE | LVMPD ARMOR | Roger Haskins | | \$ - | \$ - | \$ - | \$ 100,000.00 | \$ - | \$ 100,000.00 | \$ 100,000.00 | |
| D | | | NR | NR | MAINTAIN | Douglas County CERT Program | Citizen Corps | Douglas County [Citizen Corps] | | Op Coordination | Douglas County Emergency Management | Tod Carlini and Dave Fogerson | | \$ 20,250.00 | \$ - | \$ 20,250.00 | \$ - | \$ - | \$ - | \$ 20,250.00 | |
| E | | | NR | NR | MAINTAIN | Southern Nevada CERT | Citizen Corps | CLV [Citizen Corps] | | Op Coordination | City of Las Vegas | Mary Camin and Carolyn Levering | | \$ 52,759.00 | \$ - | \$ 52,759.00 | \$ 248,740.00 | \$ - | \$ 248,740.00 | \$ 301,499.00 | |
| F | | | NR | NR | MAINTAIN | NE NV Citizen Corp/CERT | Citizen Corps | Elko [Citizen Corps] | | Community Resil | Elko County Sheriff's Office | Mary Ann Laffoon and Annette Kerr | | \$ 78,975.24 | \$ - | \$ 78,975.24 | \$ - | \$ - | \$ - | \$ 78,975.24 | |
| G | | | NR | NR | MAINTAIN | WCSCO Citizen Corps Program | Citizen Corps | Washoe [Citizen Corps] | | Community Resil | Washoe County Sheriff's Office | Brooke Howard and Michael Perry | | \$ 84,135.00 | \$ - | \$ 84,135.00 | \$ - | \$ - | \$ - | \$ 84,135.00 | |
| H | | | NR | NR | MAINTAIN | Statewide Tribal Citizen Corps Program | Citizen Corps | Statewide Tribal [Citizen Corps] | Op Coordination | Community Resil | State of NV, DPS DEM | Jim Walker and Jackie Conway | | \$ 10,579.02 | \$ - | \$ 10,579.02 | \$ - | \$ - | \$ - | \$ 10,579.02 | |
| I | | | NR | NR | MAINTAIN | Cyber Security Services | Cybersecurity | Threat ID [Cyber] | Cybersecurity | Interdic & Disrupt | Southern Nevada Health District | Jason Frame and Steve Kramer | | \$ - | \$ - | \$ - | \$ 87,000.00 | \$ - | \$ 87,000.00 | \$ 87,000.00 | |
| J | | | NR | NR | MAINTAIN | WCSCO Cybersecurity Maintain | Cybersecurity | Incident Resp Plan [Cyber] | | Cybersecurity | Washoe County Sheriff's Office | Max Brokaw | | \$ 42,035.00 | \$ - | \$ 42,035.00 | \$ - | \$ - | \$ - | \$ 42,035.00 | |
| K | | | NR | NR | MAINTAIN | Netflow and Intrusion Detection System Monitoring and Analysis | Cybersecurity | Threat ID [Cyber] | | Cybersecurity | Nevada Secretary of State | Wayne Thorley and Craig Kozenieski | | \$ 89,280.00 | \$ - | \$ 89,280.00 | \$ - | \$ - | \$ - | \$ 89,280.00 | |
| L | | | NR | NR | MAINTAIN | Public Health Analytical FTE | Fusion Centers | SNCTC [Fusion] | Op Coordination | Intel & Info Sharing | Southern Nevada Health District | Steve Kramer and Jeff Quinn | | \$ - | \$ - | \$ - | \$ 98,276.94 | \$ - | \$ 98,276.94 | \$ 98,276.94 | |
| M | | | NR | NR | MAINTAIN | Southern Nevada Counter Terrorism Center | Fusion Centers | SNCTC [Fusion] | Intel & Info Sharing | Intel & Info Sharing | Southern Nevada Counter Terrorism Center | Chris Tomaino and Rachel Skidmore | | \$ 637,200.00 | \$ - | \$ 637,200.00 | \$ 601,353.57 | \$ - | \$ 601,353.57 | \$ 1,238,553.57 | |
| N | | | NR | NR | MAINTAIN | Nevada Threat Analysis Center | Fusion Centers | NTAC [Fusion] | Intel & Info Sharing | Screen, Search, Detect | Nevada Department of Investigations | Andrew Rasor | | \$ 712,541.72 | \$ - | \$ 712,541.72 | \$ - | \$ - | \$ - | \$ 712,541.72 | |
| O | | | NR | NR | MAINTAIN | Tribal NIMS | NIMS | Tribal [NIMS] | Op Coordination | Op Coordination | State of NV, DPS DEM | Jim Walker | | \$ 92,700.00 | \$ - | \$ 92,700.00 | \$ - | \$ - | \$ - | \$ 92,700.00 | |
| P | | | NR | NR | MAINTAIN | Statewide NIMS | NIMS | State of NV DEM [NIMS] | Op Coordination | Op Coordination | State of NV, DPS DEM | Jim Walker | | \$ 715,130.30 | \$ - | \$ 715,130.30 | \$ 50,000.00 | \$ - | \$ 50,000.00 | \$ 765,130.30 | |
| Q | | | NR | NR | MAINTAIN | Statewide Interoperability Coordinator | Op Comms | SWIC [Op Comms] | Op Comms | Operational Comms | State of NV, DPS DEM | Melissa Friend | | \$ 35,540.00 | \$ - | \$ 35,540.00 | \$ - | \$ - | \$ - | \$ 35,540.00 | |
| R | | | NR | NR | MAINTAIN | Emergency Alerting Mass Notification | PI & Warning | EAS [PI&Warn] | | Public Info & Warn | City of Las Vegas | Carolyn Levering | | \$ 22,785.00 | \$ - | \$ 22,785.00 | \$ 68,350.00 | \$ - | \$ 68,350.00 | \$ 91,135.00 | |
| S | | | NR | NR | MAINTAIN | Public Information and Warning | PI & Warning | EAS [PI&Warn] | Public Info & Warn | Public Info & Warn | State of NV, DPS DEM | Gail Powell | | \$ 215,700.00 | \$ - | \$ 215,700.00 | \$ - | \$ - | \$ - | \$ 215,700.00 | |
| T | | | NR | NR | MAINTAIN | COOP Sustain | Planning | COOP [Planning] | | Op Coordination | Washoe County OEM/HS | Aaron Kenneston | | \$ 125,000.00 | \$ - | \$ 125,000.00 | \$ - | \$ - | \$ - | \$ 125,000.00 | |
| U | | | NR | NR | MAINTAIN | Implementation of Nevada's Statewide Resiliency Strategy | Planning | State of NV DEM [NIMS] | | Planning | State of NV, DPS DEM | Kelli Anderson and Sonja Williams | | \$ 49,600.00 | \$ - | \$ 49,600.00 | \$ - | \$ - | \$ - | \$ 49,600.00 | |
| V | | | NR | NR | MAINTAIN | Statewide Recovery Plan Implementation Phase 3 | Recovery | NV Dis Rec Frame [Recovery] | | Planning | State of NV, DPS DEM | Suz Coyote and Kelli Anderson | | \$ 27,250.00 | \$ - | \$ 27,250.00 | \$ - | \$ - | \$ - | \$ 27,250.00 | |
| W | | | NR | NR | MAINTAIN | Mass Fatality Preparedness and Revise Mass Fatality Management Plan | Recovery | NV Dis Rec Frame [Recovery] | Op Coordination | Fatality Mgt Svcs | Clark County Office of the Coroner/Medical Examiner | John Fudenberg and David Mills | | \$ - | \$ - | \$ - | \$ 54,000.00 | \$ - | \$ 54,000.00 | \$ 54,000.00 | |
| X | | | NR | NR | MAINTAIN | Metropolitan Medical Response System (MMRS) - MAINTAIN | | OTHER | Op Coordination | Mass Care Svcs | City of Las Vegas Fire and Rescue | Chris Sproule and Craig Cooper | | \$ - | \$ - | \$ - | \$ 131,285.00 | \$ - | \$ 131,285.00 | \$ 131,285.00 | |
| BALANCE FOR MAINTAINED PROJECTS ONLY | | | | | | | | | | | | | | \$ 3,315,858.28 | \$ - | \$ 3,315,858.28 | \$ 1,439,005.51 | \$ - | \$ 1,439,005.51 | \$ 4,754,863.79 | |
| NEW PROJECTS ONLY - (New Projects, New Enhancements, Past Funded) COMPETITIVE | | | | | | | | | | | | | | | | | | | | | |
| Y | | | NR | NR | NEW | Cyber Tool Tracking System | Cybersecurity | Threat ID [Cyber] | Cybersecurity | Cybersecurity | Nevada Department of Administration | Dave Axtell | | \$ 50,000.00 | \$ - | \$ 50,000.00 | \$ - | \$ - | \$ - | \$ 50,000.00 | |
| Z | | | NR | NR | NEW | ARMOR CBRNE Response - New Competitive | CBRNE | LV ARMOR [CBRN,E] | Intel & Info Sharing | On-Scene Sec, Prot, LE | LVMPD ARMOR | Roger Haskins | | \$ - | \$ - | \$ - | \$ 400,000.00 | \$ - | \$ 400,000.00 | \$ 400,000.00 | |
| AA | | | NR | NR | NEW | WCSCO Northern Nevada Regional Intelligence Center (NNRIC) | | OTHER | Intel & Info Sharing | Intel & Info Sharing | Washoe County Sheriff's Office | Max Brokaw | | \$ 53,358.55 | \$ - | \$ 53,358.55 | \$ - | \$ - | \$ - | \$ 53,358.55 | |
| BB | | | NR | NR | NEW | Henderson Multi Use EOC Sustainment - Enterprise Surveillance System | | OTHER | Intel & Info Sharing | Intel & Info Sharing | City of Henderson | Troy Westover, Ryan Turner | | \$ - | \$ - | \$ - | \$ 503,543.00 | \$ - | \$ 503,543.00 | \$ 503,543.00 | |
| CC | | | NR | NR | NEW | Southern Nevada Counter Terrorism Center - Fusion Watch | Fusion Centers | SNCTC [Fusion] | Intel & Info Sharing | Intel & Info Sharing | Las Vegas Metropolitan Police Department | Chris Tomaino and Rachel Skidmore | | \$ - | \$ - | \$ - | \$ 127,890.52 | \$ - | \$ 127,890.52 | \$ 127,890.52 | |
| DD | | | NR | NR | NEW | Radio Site Target Hardening | | OTHER | Op Comms | | Las Vegas Metropolitan Police Department | Brad Cupp and Rachel Skidmore | | \$ - | \$ - | \$ - | \$ 50,000.00 | \$ - | \$ 50,000.00 | \$ 50,000.00 | |

| Letter ID | Advisory (Cyber) | Advisory (Comms) | Ranking | PROJECT CATEGORY | FFY19 HSGP SUBMITTED PROJECTS | NCHS FFY19 STRATEGIC | HSGP PROJECT TYPE SUPPORTING FFY19 | NCHS FFY16-18 CORE CAPABILITY | FEMA CORE CAPABILITY ASSOCIATED WITH | AGENCY NAME | PROJECT MANAGER(S) | Local (L), Tribal (T), State (S) | Resilience - 04/09/19 | | | UAWG #1 - 4/8/19 | | | TOTAL UPDATED REQUESTS SHSP/UASI | |
|--------------------------------------------------------------------------------|------------------|------------------|---------|------------------|---------------------------------------------------------------------------------------|----------------------|------------------------------------|-------------------------------|--------------------------------------|------------------------------------------|--------------------------------------|----------------------------------|--------------------------------|-----------------------------|-----------------------------------------|--------------------------------|-------------------------------------------------|------------------------------------------|----------------------------------|--|
| | | | | | | | | | | | | | SHSP Initial Request Submitted | SHSP Reduction during RC #1 | Revised SHSP Project Totals (P Minus Q) | UASI Initial Request Submitted | UASI Reduction during the first set of meetings | Revised UASI Project Totals (AB Plus AC) | | |
| EE | | | | NEW | LVMPD DOC Dispatch | | OTHER | Op Comms | | Las Vegas Metropolitan Police Department | Jason Letkiewicz and Rachel Skidmore | | \$ - | \$ - | \$ 14,370.40 | | \$ 14,370.40 | \$ 14,370.40 | | |
| FF | | | | NEW | LVMPD TASS TRV | | SNCTC [Fusion] | Op Comms | | Las Vegas Metropolitan Police Department | Brad Cupp and Rachel Skidmore | | \$ - | \$ - | \$ 300,000.00 | | \$ 300,000.00 | \$ 300,000.00 | | |
| GG | | | | NEW | LVMPD Wireless Mesh Network and TRV Enhancement | | SNCTC [Fusion] | Op Comms | | Las Vegas Metropolitan Police Department | Brad Cupp and Rachel Skidmore | | \$ - | \$ - | \$ 604,400.00 | | \$ 604,400.00 | \$ 604,400.00 | | |
| HH | | | | NEW | Bomb Squad Electronic Countermeasures | CBRNE | LV Bomb Squad [CBRN,E] | Op Coordination | Op Coordination | Las Vegas Fire and Rescue | Richard Brooks and Steven Poe | | \$ 105,255.00 | \$ - | \$ 105,255.00 | \$ 105,255.00 | \$ 105,255.00 | \$ 210,510.00 | | |
| II | | | NR | NEW | WCSO Air Purifying Respirators and SCBA | | OTHER | Op Coordination | Env Resp Health Safety | Washoe County Sheriff's Office | Phil Jones | | \$ 190,160.00 | \$ - | \$ 190,160.00 | | \$ - | \$ 190,160.00 | | |
| JJ | | | | NEW | Metropolitan Medical Response System (MMRS) - NEW | | OTHER | Op Coordination | Mass Care Svcs | City of Las Vegas Fire and Rescue | Chris Sproule and Craig Cooper | | \$ - | \$ - | \$ 243,500.00 | | \$ 243,500.00 | \$ 243,500.00 | | |
| KK | | | | NEW | Las Vegas Urban Area/Clark County Nevada Shelter Project | | OTHER | Op Coordination | Mass Care Svcs | Clark County OEM | Misty Richardson | | \$ - | \$ - | \$ 148,175.00 | | \$ 148,175.00 | \$ 148,175.00 | | |
| LL | | | NR | NEW | Electronic Access and Identity Verification System | | OTHER | Op Coordination | Access Cntl & ID Verif | BOR of NSGH obo UNR Police Services | Todd Renwick and Debbie Penrod | | \$ 229,734.99 | \$ - | \$ 229,734.99 | | \$ - | \$ 229,734.99 | | |
| MM | | | NR | NEW | Homeland Security Program Assistant | | OTHER | Op Coordination | Op Coordination | Washoe County OEM/HS | Aaron Kenneston | | \$ 92,000.00 | \$ - | \$ 92,000.00 | | \$ - | \$ 92,000.00 | | |
| NN | | | | NEW | Southern Nevada Counter Terrorism Center - Tactical Response Equipment | | OTHER | Op Coordination | | Las Vegas Metropolitan Police Department | Justin VanNest and Rachel Skidmore | | \$ - | \$ - | \$ 79,943.60 | | \$ 79,943.60 | \$ 79,943.60 | | |
| OO | | | | NEW | CBRNE Mobility | | OTHER | Op Coordination | | Las Vegas Fire and Rescue | Karl Rosette and Craig Cooper | | \$ - | \$ - | \$ 70,600.00 | | \$ 70,600.00 | \$ 70,600.00 | | |
| PP | | | | NEW | CBRNE Remote Monitor Platform | | OTHER | Op Coordination | | Las Vegas Fire and Rescue | Karl Rosette and Craig Cooper | | \$ - | \$ - | \$ 150,000.00 | | \$ 150,000.00 | \$ 150,000.00 | | |
| QQ | | | | NEW | Southern Nevada Incident Management Team | | | Op Coordination | Op Coordination | Clark County OEM | Larry Haydu | | \$ - | \$ - | \$ 174,412.00 | | \$ 174,412.00 | \$ 174,412.00 | | |
| RR | | | NR | NEW | Security Skills Professional Development for Information/Cyber Security Professionals | Cybersecurity | Educ & Aware [Cyber] | | Cybersecurity | Nevada Office of Information Security | Robert Dehnhardt and Shaun Rahmeyer | | \$ 229,140.00 | \$ - | \$ 229,140.00 | | \$ - | \$ 229,140.00 | | |
| SS | | | | NEW | UNLV Venue Security Enhancements | Planning | OTHER | | | UNLV Police Services, Southern Command | Adam Garcia and Richard Dohme | | \$ - | \$ - | \$ 135,967.45 | | \$ 135,967.45 | \$ 135,967.45 | | |
| TT | | | | NEW-PAST | Emergency Event Tracking System Maintenance | | | | Intel & Info Sharing | Clark County OEM | Arlene Chapman, Steve Kramer | | \$ - | \$ - | \$ 60,000.00 | | \$ 60,000.00 | \$ 60,000.00 | | |
| UU | | | | NEW-PAST | Emergency Management Operational Coordination Maintenance | | | | Intel & Info Sharing | Clark County OEM | Arlene Chapman | | \$ - | \$ - | \$ 72,000.00 | | \$ 72,000.00 | \$ 72,000.00 | | |
| VV | | | | NEW | Clark County Fire MACTAC Training | Op Comms | | | Op Coordination | Clark County Fire Department | Jon Wiercinski | | \$ - | \$ - | \$ 17,060.00 | | \$ 17,060.00 | \$ 17,060.00 | | |
| BALANCE FOR NEW PROJECTS ONLY | | | | | | | | | | | | | \$ 949,648.54 | \$ - | \$ 949,648.54 | \$ 3,257,116.97 | \$ - | \$ 3,257,116.97 | \$ 4,206,765.51 | |
| TOTAL PROJECT SUBMISSIONS (MAINTAINED AND NEW) | | | | | | | | | | | | | \$ 4,265,506.82 | \$ - | \$ 4,265,506.82 | \$ 4,696,122.48 | \$ - | \$ 4,696,122.48 | \$ 8,961,629.30 | |
| MAINTAINED PROJECTS ONLY [From Maintained Section] | | | | | | | | | | | | | \$ 3,315,858.28 | \$ - | \$ 3,315,858.28 | \$ 1,439,005.51 | \$ - | \$ 1,439,005.51 | | |
| NEW PROJECTS ONLY [From New Section Only] | | | | | | | | | | | | | \$ 949,648.54 | \$ - | \$ 949,648.54 | \$ 3,257,116.97 | \$ - | \$ 3,257,116.97 | | |
| AVAILABLE SHSP FUNDING OVERALL [IF NEVADA RECEIVES SIMILAR FUNDING FROM FFY18] | | | | | | | | | | | | | \$ 3,781,000.00 | | \$ 3,781,000.00 | | | | | |
| AVAILABLE UASI FUNDING OVERALL [IF NEVADA RECEIVES SIMILAR FUNDING FROM FFY18] | | | | | | | | | | | | | | | | \$ 4,750,000.00 | | \$ 4,750,000.00 | | |
| BALANCE LEFT AFTER MAINTAINED PROJECTS ARE FUNDED | | | | | | | | | | | | | \$ 465,141.72 | \$ - | \$ 465,141.72 | \$ 3,310,994.49 | | \$ 3,310,994.49 | | |
| BALANCE LEFT AFTER NEW PROJECTS ARE FUNDED | | | | | | | | | | | | | \$ (484,506.82) | \$ - | \$ (484,506.82) | \$ 53,877.52 | | \$ 53,877.52 | | |
| WITHDRAWN PROJECTS | | | | | | | | | | | | | | | | | | | | |
| | | | | WITHDRAWN | | | | | | | | | | | | | | | | |
| | | | | WITHDRAWN | | | | | | | | | | | | | | | | |
| TOTAL REQUESTS | | | | | | | | | | | | | \$ 4,265,506.82 | \$ - | \$ 4,265,506.82 | \$ 4,696,122.48 | \$ - | \$ 4,696,122.48 | | |
| *Available SHSP Funding | | | | | | | | | | | | | \$ 3,781,000.00 | \$ - | \$ 3,781,000.00 | | | | | |
| *Available UASI Funding | | | | | | | | | | | | | \$ 4,750,000.00 | \$ - | \$ 4,750,000.00 | \$ 4,750,000.00 | | \$ 4,750,000.00 | | |
| Total Projected FFY19 Requests Minus Available Funding (And Reduction Totals) | | | | | | | | | | | | | \$ (484,506.82) | \$ - | \$ (484,506.82) | \$ 53,877.52 | | \$ 53,877.52 | | |
| | | | | | | | | | | | | | % Over or Under | -11.36% | | -11.36% | 1% | | 1% | |

Total Amount of Project Submissions

FFY 2019 HSGP PROJECT SUBMISSIONS
SHSP AND SHSP/UASI COMBINED PROJECTS

| Project ID | Funding Stream | Project Title |
|------------|------------------|---------------------------------------------------------------------------------------|
| A | SHSP | Tahoe Douglas Bomb Squad EOD Robot |
| B | SHSP | Consolidated Bomb Squad |
| 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 |
| M | SHSP/UASI | Southern Nevada Counter Terrorism Center |
| N | SHSP | Nevada Threat Analysis Center |
| O | SHSP | Tribal NIMS |
| P | SHSP/UASI | Statewide NIMS |
| Q | SHSP | Statewide Interoperability Coordinator |
| R | SHSP/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 |
| Y | SHSP | Cyber Tool Tracking System |
| AA | SHSP | WCSO Northern Nevada Regional Intelligence Center (NNRIC) |
| HH | SHSP/UASI | Bomb Squad Electronic Countermeasures |
| II | SHSP | WCSO Air Purifying Respirators and SCBA |
| LL | SHSP | Electronic Access and Identity Verification System |
| MM | SHSP | Homeland Security Program Assistant |
| RR | SHSP | Security Skills Professional Development for Information/Cyber Security Professionals |

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

| | |
|-----------------------|---|
| PROJECT ID: | A |
| Date Submitted | |

| | | |
|---------------------------------------------|----------------------------------------|-------------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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: | Please select the appropriate FY16-18 NCHS priority aligned with your project |
| 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---|
| PROJECT ID: | A |
| Date Submitted | |

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.

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

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

| | |
|-----------------------|---|
| PROJECT ID: | A |
| Date Submitted | |

| | |
|---------------------------------|------------------------------------|
| PROJECT TITLE REFERENCE: | Tahoe Douglas Bomb Squad EOD Robot |
|---------------------------------|------------------------------------|

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 |
| Bomb Squad Robot | | | \$ 200,999.00 | \$ 200,999.00 |
| 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 |
| | | \$ 0.00 | \$ 200,999.00 | \$ 200,999.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---|
| PROJECT ID: | A |
| Date Submitted | |

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 | | | | |
| 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

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

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

PROJECT ID:

A

Date Submitted

PROJECT TITLE REFERENCE:

Tahoe Douglas Bomb Squad EOD Robot

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

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

We can continue to use our aging equipment, but bomb squads need to maintain equipment that is technologically relevant.

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

There are only four public safety bomb squads in Nevada. We have the training and ability for interoperability in large scale incidents.

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:

1. 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.
2. Establish and maintain partnership structures among Protection elements to support networking, planning, and coordination.
3. 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.

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

LINE ITEM DETAIL BUDGET

| | | | | | | | |
|--|--------------------|----------------------------------------|---------------------------------------------|------------------------|-------------------------------------------|-----------------------------|----------|
| | Agency Name | Tahoe Douglas Fire Protection District | Project Manager Name & Contact # | Todd Moss 775-220-9363 | Grant Manager Name & Contact # | Carrie Nolting 775-588-3591 | A |
|--|--------------------|----------------------------------------|---------------------------------------------|------------------------|-------------------------------------------|-----------------------------|----------|

| | | | | | | | | | | | |
|--|------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|
| | IJ TITLE: | 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 | | | | | | | | \$ - | | | |
| | 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 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 | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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.

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 | \$ 200,999.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | B |
| Date Submitted | 3/25/19 |

| | | |
|---------------------------------------------|--------------------------------|---------------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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: | 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 .**

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | B |
| Date Submitted | 3/25/19 |

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

For items over \$3,000, two separate quotes will be required.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|----------|
| PROJECT ID: | B |
| Date Submitted | 3/25/19 |

| | |
|---------------------------------|-------------------------|
| PROJECT TITLE REFERENCE: | Consolidated Bomb Squad |
|---------------------------------|-------------------------|

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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|-------------------|-----------------|
| 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 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15g) PROJECT TOTALS | | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|----------|
| PROJECT ID: | B |
| Date Submitted | 3/25/19 |

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.

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|----------------|
| PROJECT ID: | B |
| Date Submitted | 3/25/19 |

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.

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

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

| | | | | | | |
|-------------|--------------------------------|----------------------------------|-----------------------------|--------------------------------|-----------------------------|----------|
| Agency Name | Washoe County Sheriff's Office | Project Manager Name & Contact # | Robert Bowlin; 775-846-5680 | Grant Manager Name & Contact # | Laura Daniels; 775-328-3013 | B |
|-------------|--------------------------------|----------------------------------|-----------------------------|--------------------------------|-----------------------------|----------|

| | | | | | | | | | | | |
|------------------|--|-------------------------------------------|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | | Consolidated Bomb Squad | | | | | | | | | |
| | | 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 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 | | SCBA Harness and Bottle | Maintain | SHSP | 3.00 | 4,133.00 | \$ 12,399.00 | CBRNE - Consolidated Bomb Squad Washoe Reno Sparks | Operational Coordination | 01AR-01-SCBA SCBA, CBRN | SHSP |
| 41 | | Bomb Suit Enhancements - Visor and Trouser Expansions | Maintain | Local Funds | 1.00 | 4,000.00 | \$ 4,000.00 | CBRNE - Consolidated Bomb Squad Washoe Reno Sparks | Operational Coordination | 02PE-02-CLTH Clothing, Operational, and Specialized/Protective Gear IED/EOD | SHSP |
| 42 | | DR X-ray Systems and Source | Maintain | Local Funds | 1.00 | 65,000.00 | \$ 65,000.00 | CBRNE - Consolidated Bomb Squad Washoe Reno Sparks | Operational Coordination | 02EX-01-XRAP X-Ray Equipment, Portable or Transportable | SHSP |
| 43 | | Tactical Bomb Tech Response Kit | Maintain | Local Funds | 1.00 | 13,000.00 | \$ 13,000.00 | CBRNE - Consolidated Bomb Squad Washoe Reno Sparks | Operational Coordination | 02EX-02-TLPB Tools, Bomb Disabling | SHSP |
| 44 | | Mobile Dispatch Terminal Computers | Maintain | Local Funds | 2.00 | 4,500.00 | \$ 9,000.00 | CBRNE - Consolidated Bomb Squad Washoe Reno Sparks | Operational Coordination | 04AP-01-CADS System, Dispatch, Computer Aided | SHSP |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| EQUIPMENT Sub-Total | | | | | | | \$ 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, tripwire illuminator, ballistic shield and hard and soft case for transportation. 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 | | | | | | | | | | \$ - | |
| <p>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</p> <p>Narrative HERE</p> | | | | | | | | | | | | |
| 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 | | | | | | | | | | \$ - | |
| <p>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</p> <p>Narrative HERE</p> | | | | | | | | | | | | |
| | | | | | | | | | | Budget Total Request | \$ 103,399.00 | |

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

| | |
|-----------------------|---------|
| PROJECT ID: | D |
| Date Submitted | 3/25/19 |

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

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | D |
| Date Submitted | 3/25/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | D |
| Date Submitted | 3/25/19 |

| | |
|---------------------------------|-----------------------------|
| PROJECT TITLE REFERENCE: | Douglas County CERT Program |
|---------------------------------|-----------------------------|

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 |
|------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Provide funding for print materials, advertising and promotional items. | | \$ 1,000.00 | \$ 1,000.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
| None | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
| Provide funding for equipment and supplies for current and new CERT members and CERT operations. | | \$ 4,350.00 | \$ 4,350.00 |
| 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 |
| None | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
| Provide funding for the contract engagement of a CERT Coordinator at a cost of \$1,000 per month. | | \$ 14,900.00 | \$ 14,900.00 |
| Provide funding for the annual cost of current and new CERT members workers compensation insurance. | | | |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 0.00 | \$ 20,250.00 | \$ 20,250.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | D |
| Date Submitted | 3/25/19 |

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 develop recruitment and promotional materials. | 09/01/20 | 08/31/22 | 24 |
| 4 | Conduct specialized CERT Trainings which reinforce mission essentials CERT functions and assigned responsibilities. | 09/01/20 | 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 and Equipment for current and new members. | 09/01/20 | 08/31/22 | 24 |
| 7 | Conduct Douglas County CERT Team EOC Support Training | 09/01/20 | 08/31/22 | 24 |
| 8 | Conduct Douglas County Emergency Preparedness Employee Training | 09/01/20 | 08/31/22 | 24 |
| 9 | Expand CERT into EOP | 09/01/20 | 08/31/22 | 24 |
| 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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | D |
| Date Submitted | 3/25/19 |

PROJECT TITLE REFERENCE: Douglas County CERT Program

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

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

This program is completely supported by and is solely dependent on this HSGP funding.

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

To the extent that a natural disaster, act of terrorism or other similar event impacts the availability of statewide resources, the utilization of CERT resources provides a critical initial response capability 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 members of our community, in particular our older Americans and veterans, an opportunity to participate in the security and safety of our county and country.

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

LINE ITEM DETAIL BUDGET

| | | | | | | |
|--------------------|-------------------------------------|---------------------------------------------|--------------------------------|-------------------------------------------|--------------------------|----------|
| Agency Name | Douglas County Emergency Management | Project Manager Name & Contact # | David Fogerson 775/782-9096 | Grant Manager Name & Contact # | Tod Carlini 775/782-9048 | D |
|--------------------|-------------------------------------|---------------------------------------------|--------------------------------|-------------------------------------------|--------------------------|----------|

IJ TITLE: Douglas County CERT

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 | | Contract CERT coordinator for 12 months | Maintain | SHSP | \$1,000.00 | 100% | 12 | \$ 12,000.00 | Citizen Corps - Douglas | Operational Coordination | SHSP |
| 2 | | | | | | | | \$ - | | | |
| 3 | | | | | | | | \$ - | | | |
| 4 | | | | | | | | \$ - | | | |
| | Personnel Sub-Total | | | | | | | \$ 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 | | Funding for workers comp insurance for new and current members and background checks for new members. | Maintain | SHSP | 80 | 100% | | \$ 2,900.00 | Citizen Corps - Douglas | Operational Coordination | Personnel |
| 6 | | | | | | | | \$ - | | | |
| 7 | | | | | | | | \$ - | | | |
| 8 | | | | | | | | \$ - | | | |
| | Fringe Sub-Total | | | | | | | \$ 2,900.00 | | | |

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 | | | | | | | | - | - | | | |
| 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 | | Printe advertising | Maintain | SHSP | 1 | 500.00 | 500.00 | | | |
| 28 | | Promotional materials | Maintain | SHSP | 1.00 | 500.00 | 500.00 | | | |
| 29 | | | | | | | - | | | |
| 30 | | | | | | | - | | | |
| 31 | | | | | | | - | | | |
| 32 | | | | | | | - | | | |
| 33 | | | | | | | - | | | |
| 34 | | | | | | | - | | | |
| 35 | | | | | | | - | | | |
| | Planning Sub-Total | | | | | | \$ 1,000.00 | | | |

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. | | | | | | | | |
| 36 | | | | | | | \$ - | | | |
| 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 | | Medical supplies, CERT general supplies and incident trailer | Maintain | SHSP | 1.00 | 4,350.00 | \$ 4,350.00 | Citizen Corps - Douglas | Operational Coordination | 21GN-00-CCEQ | SHSP |
| 41 | | | | | | | \$ - | | | | |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 4,350.00 | | | | |

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 | \$ 20,250.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | E |
| Date Submitted | 3/26/19 |

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

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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.**

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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | E |
| Date Submitted | 3/26/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | E |
| Date Submitted | 3/26/19 |

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

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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 (IAEM) for continued professional development. Conference fees to the National CERT conference to enhance Southern Nevada CERT program. Coordinator cell phone used to administer course. 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. Na | \$ 10,000.00 | \$ 3,348.00 | \$ 13,348.00 |

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

| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Provides funding for CERT instructor uniforms and badging. 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. | \$ 56,075.00 | \$ 7,270.00 | \$ 63,345.00 |

| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Provides CERT training to core group of clients: Clark, Esmeralda, Lincoln, Nye, Counties and Cities of Las Vegas, North Las Vegas, Henderson and Metro VIP's and staff. Also allows the program to expand into a larger urban area. Funding provides certified CERT instructor for a Spanish language CERT class and qualified translators for a Deaf CERT class and other printed materials. | \$ 17,825.00 | \$ 1,581.00 | \$ 19,406.00 |

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

| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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. | \$ 162,240.00 | \$ 40,560.00 | \$ 202,800.00 |

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

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

| | |
|-----------------------|---------|
| PROJECT ID: | E |
| Date Submitted | 3/26/19 |

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

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Does this project have a nexus to terrorism? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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</p> |
| <p>b. Does this project align with the FFY19 strategic capacities? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |
| <p>c. Can this project funding request be reduced? Is it scaleable? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |

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

| | |
|-----------------------|---------|
| PROJECT ID: | E |
| Date Submitted | 3/26/19 |

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.

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

| | | | | | | | |
|--|--------------------|--------------------------|---------------------------------------------|--------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------|----------|
| | Agency Name | City of Las Vegas | Project Manager Name & Contact # | Mary Camin (702) 229-0076 mcamin@Lasvegasnevada.gov | Grant Manager Name & Contact # | Priscilla Wdowiak (702) 229-6045 pwdowiak@lasvegasnevada.gov | E |
|--|--------------------|--------------------------|---------------------------------------------|--------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------|----------|

| | | | | | | | | | | | |
|------------------|--|--------------------------------------|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | | Southern NV CERT | | | | | | | | | |
| | | 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 | | 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 | | | | | | | | \$ - | | | |
| Personnel Sub-Total | | \$ 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 | | | | | | | | \$ - | | | |
| Fringe Sub-Total | | \$ 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.

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 | | 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 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| Travel Sub-Total | | 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 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 | | Southern Nevada Terrorism App | Maintain | SHSP | 1 | 2,300.00 | 2,300.00 | Citizen Corps - City of Las Vegas | Operational Coordination | SHSP |
| 28 | | | | | | - | - | | | |
| 29 | | | | | | - | - | | | |
| 30 | | | | | | - | - | | | |
| 31 | | | | | | - | - | | | |
| 32 | | | | | | - | - | | | |
| 33 | | | | | | - | - | | | |
| 34 | | | | | | - | - | | | |
| 35 | | | | | | - | - | | | |
| | Planning Sub-Total | | | | | | \$ 2,300.00 | | | |

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 the Quick Series Terrorism App which provides instruction to CERTs in the field.

| 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 | | CERT Facilitator Identification-Uniform | Maintain | SHSP | 2 | 35.00 | \$ 70.00 | Citizen Corps - City of Las Vegas | Operational Coordination | 21GN-00-TRNG Training | SHSP |
| 41 | | Participant Backpacks | Maintain | SHSP | 75 | 96.00 | \$ 7,200.00 | Citizen Corps - City of Las Vegas | Operational Coordination | 21GN-00-TRNG Training | SHSP |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 7,270.00 | | | | |

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 40-Provides funding for CERT instructor uniforms and badging. Line 41-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 # | 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 | | First Aid Training Packets | Maintain | SHSP | Yes | Yes | 75.00 | \$ 1.08 | | | \$ 81.00 | |
| 52 | | Registration & Graduation Packets | Maintain | SHSP | Yes | Yes | 75.00 | \$ 5.00 | | | \$ 375.00 | |
| 53 | | Student Manuals | Maintain | SHSP | Yes | Yes | 75.00 | \$ 13.00 | | | \$ 975.00 | |
| 54 | | Course Supplies | Maintain | SHSP | Yes | Yes | 1.00 | \$ 150.00 | | | \$ 150.00 | |
| 55 | | | | | | | | | | | \$ - | |
| 56 | | | | | | | | | | | \$ - | |
| | Training | Sub-Total | | | | | | | | | \$ 1,581.00 | |

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 47-Supplies to provide hands on training on medical units. Line 48-Supplies for the administration of the program. Line 49-Provides manuals to students. Line 50-Provides course materials for the maintenance and functioning of the program., including propane for the fire pan.

| 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 | \$ 52,759.00 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

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

| | | | | | | |
|--------------------|-------------------|---------------------------------------------|--------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|----------|
| Agency Name | City of Las Vegas | Project Manager Name & Contact # | Mary Camin (702) 229-0076 Mcamin@lasvegasnevada.gov | Grant Manager Name & Contact # | Priscilla Wdowiak (702) 22-6045 Pwdowiak@lasvegasnevada.gov | E |
|--------------------|-------------------|---------------------------------------------|--------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|----------|

| | | | | | | |
|--------------------|-------------------------------------------|--|--|--|--|--|
| LINE TITLE: | Southern Nevada CERT Program | | | | | |
| | 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 |
| 4 | | Personnel Sub-Total | | | | | | \$ 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 |
| 8 | | Fringe Sub-Total | | | | | | \$ 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 |
| 14 | | | | | | | | - | | | | |
| 15 | | | | | | | | - | | | | |
| 16 | | | | | | | | - | | | | |
| 17 | | | | | | | | - | | | | |
| 18 | | | | | | | | - | | | | |
| 19 | | | | | | | | - | | | | |
| 20 | | | | | | | | - | | | | |
| 21 | | | | | | | | - | | | | |
| 22 | | | | | | | | - | | | | |
| 23 | | | | | | | | - | | | | |
| 24 | | | | | | | | - | | | | |
| 25 | | | | | | | | - | | | | |
| 26 | | | | | | | | - | | | | |
| 27 | | Travel Sub-Total | | | | | | 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 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 | | 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 | | | | | | | | | | |
| 34 | | | | | | | | | | |
| 35 | | | | | | | | | | |
| | Planning Sub-Total | | | | | | \$ 4,375.00 | | | |

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 # | 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 | | CERT Facilitator Identification-Uniforms | Maintain | UASI | 25.00 | 35.00 | \$ 875.00 | Citizen Corps - City of Las Vegas | Operational Coordination | 21GN-00-TRNG Training | UASI |
| 41 | | Participant Backpacks | | UASI | 96.00 | 575.00 | \$ 55,200.00 | Citizen Corps - City of Las Vegas | Operational Coordination | 21GN-00-TRNG Training | UASI |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 56,075.00 | | | | |

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 40-Provides funding for CERT instructor uniforms and badging. Line 41-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 # | 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 | | First Aid Training Packets | Maintain | UASI | Yes | Yes | 300 | 1.00 | Citizen Corps - City of Las Vegas | Operational Coordination | \$ 300.00 | UASI |
| 53 | | Registration and Graduation packets | Maintain | UASI | Yes | Yes | 575 | 6.00 | Citizen Corps - City of Las Vegas | Operational Coordination | \$ 3,450.00 | UASI |
| 54 | | Deaf Translators for Deaf CERT Class | Maintain | UASI | Yes | Yes | 3 | 1,000.00 | Citizen Corps - City of Las Vegas | Operational Coordination | \$ 3,000.00 | UASI |
| 55 | | Student Manuals | Maintain | UASI | Yes | Yes | 575 | 13.00 | Citizen Corps - City of Las Vegas | Operational Coordination | \$ 7,475.00 | UASI |
| 56 | | Course Supplies | Maintain | UASI | Yes | Yes | 1 | 2,000.00 | Citizen Corps - City of Las Vegas | Operational Coordination | \$ 2,000.00 | UASI |
| Training Sub-Total | | | | | | | | | | | \$ 17,825.00 | |

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-Supplies to provide hands on training on medical units. Line 53-Supplies for the administration of the program. Line 54-Payment for translators to serve deaf community. Line 55-Provides manuals to students. Line 56-Provides course materials for the maintenance and functioning of the program, including propane for the fire pan.

| 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 | 900.00 | Citizen Corps - City of Las Vegas | Operational Coordination | \$ 900.00 | 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 | | | | | | | | | | | \$ - | |
| 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 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 are the costs for ONE CERT Exercise-however, the costs for this one exercise are broken in two 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, 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.

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|
| | | | | | | | | | | | Budget Total Request | \$ 248,740.00 | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | F |
| Date Submitted | 3/26/19 |

| | | |
|---------------------------------------------|-------------------------------------------------------------------|----------------------------------|
| 1) PROJECT TITLE: | Northeast Nevada Citizen Corps/CERT Program | |
| 2) PROPOSING/LEAD AGENCY: | Elko County Sheriff's Office | |
| 3) Project Manager Name/Title: | Mary Ann Laffoon, Northeast Nevada Citizen Corps/CERT Coordinator | |
| Project Manager Contact Info: | Phone: (775) 934-9130 | Email: mlaffoon@elkocountynv.net |
| 4) Addl Project Manager Name/Title: | Annette Kerr, Elko County Emergency Manager/Stephanie Parker DEM | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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 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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | F |
| Date Submitted | 3/26/19 |

PROJECT TITLE REFERENCE: Northeast Nevada Citizen Corps/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**

Using the most strict of federal, state and local procurement policies and procedures for all expenses as required to ensure responsible, open and competitive opportunities in managing public funds.

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 and 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-ECSO |
| 12(b) | Nevada Division of Emergency Management | State of Nevada | Stephanie Parker, GPA 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 County.

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**

| | |
|-----------------------|---------|
| PROJECT ID: | F |
| Date Submitted | 3/26/19 |

| | |
|---------------------------------|---------------------------------------------|
| PROJECT TITLE REFERENCE: | Northeast Nevada Citizen Corps/CERT Program |
|---------------------------------|---------------------------------------------|

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
| 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) | | \$ 9,600.24 | \$ 9,600.24 |
| 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 |
| | \$ 0.00 | \$ 78,975.24 | \$ 78,975.24 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | F |
| Date Submitted | 3/26/19 |

PROJECT TITLE REFERENCE: Northeast Nevada Citizen Corps/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 | Request permission from the Elko County Commissioner to accept | 10/01/19 | 11/13/19 | 2 |
| 3 | Meet, call, email, and coordinate with EM's to schedule CERT Outreaches, Trainings, and 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 counties in Nevada by request | 10/01/19 | 04/01/21 | 15 |
| 6 | Participate in and work with community events, booth events, and safety fairs. Wild Fire Picnic, Schools, National Night Out, Battle MT Hospital, etc.) | 10/01/19 | 04/01/21 | 15 |
| 7 | The Coordinator will continue to be a part of LEPC, and other groups and assist in updating Elko County Plans | 10/01/19 | 04/01/21 | 15 |
| 8 | Continue partnership with Nevada CERT Programs and DEM, and report to the Resilience Commission on behalf of CCP Programs | 10/01/19 | 04/01/21 | 15 |
| 9 | DEM Coordinate and provide training support for non-urban jurisdictions for CCP programs (White Pine County and Mineral) | 10/01/19 | 04/01/21 | 15 |
| 10 | DEM provide support for increase in trained volunteers as deployable and/or shareable resources resulting from training | 10/01/19 | 04/01/21 | 15 |
| 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, 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 with this being the only funding source to the program, it would be hard to reduce or scale back much. Funding determines the impact the project can have on non-urban areas that lack vital resources to respond in emergencies and disasters and benefit greatly from the whole community approach.

This proposal was written to maintain at bare bones level. To continue the program, and expand the program, with the ability to reach out and coordinate with other programs and the DEM to bring CERT to other counties we would need the travel budget. If needed, as always, we would make cuts if needed to move forward and continue.

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

| | |
|-----------------------|---------|
| PROJECT ID: | F |
| Date Submitted | 3/26/19 |

PROJECT TITLE REFERENCE: Northeast Nevada Citizen Corps/CERT Program

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

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

Not at this time. The program and its coordinator are 100% funded by the SHSP grant program.

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

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.

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

I 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 by bringing CERT to their communities.

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.

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.

**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 | F | | | | |
|--------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------|---------------------|-----------------------|-----------------------------|-----------------|--------------------------|
| IJ TITLE: NE NV CERT | | | | | | | | | | | |
| 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 | | 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 |
| 11 | | | | | | | | - | | | | |
| 12 | | | | | | | | - | | | | |
| 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 | 1,119.68 | 1,119.68 | 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 |
| 15 | | | | | | | | - | | | | |
| 16 | | | | | | | | - | | | | |
| 17 | | | | | | | | - | | | | |
| 18 | | | | | | | | - | | | | |
| 19 | | | | | | | | - | | | | |
| 20 | | | | | | | | - | | | | |
| 21 | | | | | | | | - | | | | |
| 22 | | | | | | | | - | | | | |
| 23 | | | | | | | | - | | | | |
| 24 | | | | | | | | - | | | | |
| 25 | | | | | | | | - | | | | |
| 26 | | | | | | | | - | | | | |
| 27 | | | | | | | | - | | | | |
| Travel Sub-Total | | | | | | | | | 9,600.24 | | | |

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 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 | | Northeast Nevada Citizen Corps/CERT Program Coordinator, Contractor (1) No Benefits | Maintain | SHSP | 1 | 60,000.00 | 60,000.00 | 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 | | | | | | - | - | | | | |
| 32 | | | | | | - | - | | | | |
| 33 | | | | | | - | - | | | | |
| 34 | | | | | | - | - | | | | |
| 35 | | | | | | - | - | | | | |
| | Planning Sub-Total | | | | | | \$ 60,150.00 | | | | |

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.

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 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 | | Background checks support for local jurisdiction trained volunteers | Maintain | SHSP | DEM Managed | 100.00 | 29.25 | 2,925.00 | Citizen Corps - Elko County | Community Resilience | SHSP |
| 37 | | | | | | - | - | | | | |
| 38 | | | | | | - | - | | | | |
| 39 | | | | | | - | - | | | | |
| | Organization Sub-Total | | | | | | \$ 2,925.00 | | | | |

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.

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 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 | | CERT/CCP volunteer supplies, manuals | New / Enhance / Past / Competitive | SHSP | DEM Managed | 60.00 | 90.00 | 5,400.00 | 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 | | | | | | - | - | | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 6,300.00 | | | | | |

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.

d

| 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) | | | | | | | | | | |
| 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 | 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) | | | | | | | | | | |
| 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 | \$ 78,975.24 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | G |
| Date Submitted | 3/26/19 |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | G |
| Date Submitted | 3/26/19 |

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% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | G |
| Date Submitted | 3/26/19 |

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

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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. | | \$ 11,175.00 | \$ 11,175.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
| 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. | | \$ 5,700.00 | \$ 5,700.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 0.00 | \$ 84,135.00 | \$ 84,135.00 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | G |
| Date Submitted | 3/26/19 |

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

| 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 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | G |
| Date Submitted | 3/26/19 |

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.

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.

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

LINE ITEM DETAIL BUDGET

| | | | | | | | |
|--|--------------------|--------------------------------|---------------------------------------------|----------------------------|-------------------------------------------|----------------------------|----------|
| | Agency Name | Washoe County Sheriff's Office | Project Manager Name & Contact # | Brooke Howard 775-785-6205 | Grant Manager Name & Contact # | Laura Daniels 775-328-3013 | G |
|--|--------------------|--------------------------------|---------------------------------------------|----------------------------|-------------------------------------------|----------------------------|----------|

IJ TITLE: Washoe County Sheriff's Office Citizen Corps Program - 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-Part Time Inremitent 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 | | | | | | | | \$ - | | | |
| | Personnel Sub-Total | | | | | | | \$ 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/trainings 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 | | | | | | | | \$ - | | | |
| | Fringe Sub-Total | | | | | | | \$ - | | | |

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 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| | Travel Sub-Total | | | | | | | | | | | |

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



| 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 | | Office supplies/consumables/small equipment: this includes items such as pens, pencils, paper, post-it notes, tape, staples, easel paper, markers, binders, file folders, printer ink etc., and small office equipment such as staplers, laminator, etc. | Maintain | SHSP | 1 | 3,000.00 | 3,000.00 | Citizen Corps - Washoe County | Community Resilience | SHSP |
| 28 | | Safety Fair and public information items. These are small useful items that are provided with printed material during discussions about emergency preparedness at safety fairs. The items assist with training, encouraging people to stop at the booth to gather safety information, and serving as reminders/examples of specific aspects of emergency preparedness. Items, including brochures, bags imprinted with our website and other preparedness information, and a declaration that funding sources are provided through Division of Homeland Security. | Maintain | SHSP | 1.00 | 3,600.00 | 3,600.00 | Citizen Corps - Washoe County | Community Resilience | SHSP |
| 29 | | Stickers/pins/pens/patches for volunteers. These are items for the volunteer uniforms to designate affiliation, training and EM response accomplishments. | Maintain | SHSP | 1 | 1,800.00 | 1,800.00 | Citizen Corps - Washoe County | Community Resilience | SHSP |
| 30 | | Awards/pins. Providing recognition to the volunteers reassures them that the time they donate to our program is valuable and appreciated. This acknowledgement keeps them connected and active in our programs. Useful quality items such as tools, flashlights, etc. for preparedness and emergency packs are used as singular rewards for exceptional service. The plaques are redistributed each year requiring only a new etched name plate for the deserving Team/volunteer(s). Pins, although small tokens, are proudly worn by the volunteers and are visible indicators of level of participation and for those 10 years+ in Program. | Maintain | SHSP | 1 | 1,575.00 | 1,575.00 | Citizen Corps - Washoe County | Community Resilience | SHSP |
| 31 | | Safety vests for training. The safety vests used for training, incidents and events are worn out and diminished. The worn vests will be used for CERT academies and other trainings, and may also be used in emergencies if necessary. | Maintain | SHSP | 1 | 1,200.00 | 1,200.00 | Citizen Corps - Washoe County | Community Resilience | SHSP |
| 32 | | | | | | | | | | |
| 33 | | | | | | | | | | |
| 34 | | | | | | | | | | |
| 35 | | | | | | | | | | |
| | Planning Sub-Total | | | | | | \$ 11,175.00 | | | |

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.

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.

| 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.

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 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 | | 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 being 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 | | | | | | | \$ - | | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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 conexes 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) | | | | | | | | | | |
| 50 | | EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening | | | | | | | | | \$ - | |
| 51 | | Printing and/or purchasing for field response training guides and information. These are "continuing education" resources for active volunteers and include Field Response Guides for First Aid, or other critical information resources for CERT responders. This item also includes the purchase of First Aid/CPR books for ongoing training and recertification purposes (20 packs of 5 books per pack). These books are kept by the students. | Maintain | SHSP | | | 1 | 3,200.00 | Citizen Corps - Washoe County | Community Resilience | \$ 3,200.00 | SHSP |
| 52 | | Purchase Quick-Series pocket guides for distribution to volunteers. Provides quick access and description for CERT procedures, Flood awareness, wildland fire threats, Incident Command Systems basics, conducting damage assessments, and providing appropriate assistance to people with functional needs. For training and emergencies. | Maintain | SHSP | | | 1 | 2,500.00 | Citizen Corps - Washoe County | Community Resilience | \$ 2,500.00 | SHSP |
| 53 | | | | | | | | | | | \$ - | |
| 54 | | | | | | | | | | | \$ - | |
| 55 | | | | | | | | | | | \$ - | |
| 56 | | | | | | | | | | | \$ - | |
| | | Training Sub-Total | | | | | | | | | \$ 5,700.00 | |

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

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) | | | | | | | | | | |
| 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

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 | |

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

| | |
|-----------------------|---------|
| PROJECT ID: | H |
| Date Submitted | 3/26/19 |

| | | |
|---------------------------------------------|-------------------------------------------------------------------|-------------------------------------|
| 1) PROJECT TITLE: | Statewide Tribal Citizen Corps Program | |
| 2) PROPOSING/LEAD AGENCY: | DEM | |
| 3) Project Manager Name/Title: | James Walker, Emergency Management Preparedness Mgr. | |
| Project Manager Contact Info: | Phone: (775) 687-0305 | Email: james.walker@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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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: | 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 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | H |
| Date Submitted | 3/26/19 |

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 tribal, 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | H |
| Date Submitted | 3/26/19 |

| | |
|---------------------------------|----------------------------------------|
| PROJECT TITLE REFERENCE: | Statewide Tribal Citizen Corps Program |
|---------------------------------|----------------------------------------|

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 |
| Background checks for team volunteers at \$29.25 for volunteers x 10 volunteers. | | | \$ 292.50 | \$ 292.50 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | LV-UASI | State-wide | SubTotal |
| Manuals and class supplies | | | \$ 300.00 | \$ 300.00 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 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 |
| | | \$ 0.00 | \$ 10,579.02 | \$ 10,579.02 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | H |
| Date Submitted | 3/26/19 |

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 | 09/01/19 | 04/30/20 | 5 |
| 3 | Promote and coordinate trainings | 09/30/19 | 07/31/20 | 10 |
| 4 | Order training and volunteer supplies and materials through approved procurement process | 01/01/20 | 05/29/20 | 5 |
| 5 | | | | |
| 6 | Support jurisdictions with background checks for volunteers | 04/01/20 | 10/30/20 | 7 |
| 7 | Close-out | | | |
| 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.

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.

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

The FFY19 HSGP strategies approved by the Resilience Commission in an effort to build resiliency in communities throughout Nevada include 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.

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

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.

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

| | |
|-----------------------|---------|
| PROJECT ID: | H |
| Date Submitted | 3/26/19 |

PROJECT TITLE REFERENCE: Statewide Tribal Citizen Corps Program

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

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

This project supports Citizen Corps preparedness efforts for jurisdictions that do not have the ability financially or the manpower to build on their capacity.

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

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.

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.

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

| | | | | | | |
|-------------|---------------|----------------------------------|---------------------------------------------|--------------------------------|---------------------------------------------------------|---|
| Agency Name | DEM for NTECC | Project Manager Name & Contact # | Jim Walker, DEM & Jackie Conway, FPST/NTECC | Grant Manager Name & Contact # | Kelli Anderson 775-687-0321/Sonja Williams 775-687-0388 | H |
|-------------|---------------|----------------------------------|---------------------------------------------|--------------------------------|---------------------------------------------------------|---|

| | | | | | | | | | | | |
|-----------|--|------------------------------------|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | | 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 3 persons from RSIC, 3 persons from Battle Mtn. Tribe, 3 persons from Washoe Tribe, 3 persons from FPST at \$0.58 per mile, 3 persons from PLPT | New / Enhance / Past / Competitive | EMPG | Training | FEMA Prog Mgr training and Train-the-Trainer 5-day training | 1.00 | 3,041.52 | 3,041.52 | | | |
| 10 | | Hotel for FPST 3 people for 5 days, Battle Mtn. 3 people for 5 days at GSA \$94 | New / Enhance / Past / Competitive | EMPG | Training | FEMA Prog Mgr training and Train-the-Trainer 5-day training | 1.00 | 2,820.00 | 2,820.00 | | | |
| 11 | | Per Diem for 15 persons at \$55 per day for 5 days | New / Enhance / Past / Competitive | EMPG | Training | FEMA Prog Mgr training and Train-the-Trainer 5-day training | 1.00 | 4,125.00 | 4,125.00 | | | |
| 12 | | | | | | | | - | | | | |
| 13 | | | | | | | | - | | | | |
| 14 | | | | | | | | - | | | | |
| 15 | | | | | | | | - | | | | |
| 16 | | | | | | | | - | | | | |
| 17 | | | | | | | | - | | | | |
| 18 | | | | | | | | - | | | | |
| 19 | | | | | | | | - | | | | |
| 20 | | | | | | | | - | | | | |
| 21 | | | | | | | | - | | | | |
| 22 | | | | | | | | - | | | | |
| 23 | | | | | | | | - | | | | |
| 24 | | | | | | | | - | | | | |
| 25 | | | | | | | | - | | | | |
| 26 | | | | | | | | - | | | | |
| 27 | | | | | | | | - | | | | |
| Travel Sub-Total | | | | | | | | 9,986.52 | | | | |

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.

FEMA delivered CERT Program Manager (3-day) and CERT Train-the-Trainer (2-days) training delivered in Northern Nevada for key staff at Reno Sparks Indian Colony, Washoe Tribe, Fallon Paiute Shoshone Tribe, Pyramid Lake Paiute Tribe and Battle Mountain Tribe.

| 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 | | 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 | | | | | | | \$ - | | | |
| | Organization Sub-Total | | | | | | \$ 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.

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 | | Training Manuals and supplies | New / Enhance / Past / Competitive | SHSP | 20.00 | 15.00 | \$ 300.00 | Citizen Corps - Statewide Tribal | Operational Coordination | 21GN-00-CCEQ Equipment, Citizen Corps | SHSP |
| 41 | | | | | | | \$ - | | | | |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 300.00 | | | | |

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.

Elko CERT is providing the backpacks.292.5

| 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 | | | | | | | | | | \$ - | |
| <p>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</p> <p>Narrative HERE</p> | | | | | | | | | | | | |
| 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 | | | | | | | | | | \$ - | |
| <p>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</p> <p>Narrative HERE</p> | | | | | | | | | | | | |
| | | | | | | | | | | | Budget Total Request | \$ 10,579.02 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | J |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|---------------------------------------------------------|---------------------------------|
| 1) PROJECT TITLE: | Washoe County Sheriff's Office - Cybersecurity Maintain | |
| 2) PROPOSING/LEAD AGENCY: | Washoe County Sheriff's Office | |
| 3) Project Manager Name/Title: | Lt. Max Brokaw | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|----------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | J |
| Date Submitted | 3/27/19 |

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% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | J |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|---------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Washoe County Sheriff's Office - Cybersecurity Maintain |
|---------------------------------|---------------------------------------------------------|

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Cyber works with FBI and responds to cyber intrusions throughout No. NV local agencies and business. | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
| N/A | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
| N/A | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 0.00 | \$ 42,035.00 | \$ 42,035.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | J |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Washoe County Sheriff'sOffice - Cybersecurity Maintain

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 acceptance of award | 10/01/19 | 12/31/19 | 3 |
| 3 | Obtain quotes and determine if a sole source is needed complete purchasing requirements | 01/01/20 | 03/01/20 | 2 |
| 4 | Purchase expiring software | 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.

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | J |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Washoe County Sheriff'sOffice - Cybersecurity Maintain

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>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.</p> | |
| <p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>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.</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

| | | | | | | |
|-------------|--------------------------------|----------------------------------|--------------------------------|--------------------------------|-------------------------------|----------|
| Agency Name | Washoe County Sheriff's Office | Project Manager Name & Contact # | Lt. Max Brokaw, (775) 328-2847 | Grant Manager Name & Contact # | Laura Daniels, (775) 328-3013 | J |
|-------------|--------------------------------|----------------------------------|--------------------------------|--------------------------------|-------------------------------|----------|

| | | | | | | | | | | | |
|------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | WCSO 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 | | | | | | | | \$ - | | | |
| | 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 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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) | | | | | | | | | | |
| 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 | \$ 42,035.00 | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | K |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|----------------------------------------------------------------|-------------------------------|
| 1) PROJECT TITLE: | Netflow and Intrusion Detection System Monitoring and Analysis | |
| 2) PROPOSING/LEAD AGENCY: | Office of the Nevada Secretary of State | |
| 3) Project Manager Name/Title: | Wayne Thorley, Deputy Secretary for Elections | |
| Project Manager Contact Info: | Phone: (775) 684-5720 | Email: wthorley@sos.nv.gov |
| 4) Addl Project Manager Name/Title: | Craig Kozeniesky, Deputy Secretary for Operations | |
| Addl Project Manager Contact Info: | Phone: (775) 684-5656 | Email: ckozeniesky@sos.nv.gov |
| 5) Finance/Grant Contact Name/Title: | Ashley Dale, Management Analyst I | |
| Finance/Grant Contact Info: | Phone: (775) 684-5738 | Email: dalea@sos.nv.gov |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 enhanced cybersecurity of county-based voter registration systems through ongoing Intrusion Detection System (IDS) and netflow monitoring of election system networks in the following counties: Esmeralda, Eureka, Storey, Mineral, Lincoln, Lander, Pershing, White Pine, Humboldt, Churchill, Nye, and Elko. The remaining five counties (Douglas, Lyon, Carson City, Washoe, and Clark) already have IDS and netflow monitoring and analysis available to them through funding provided by the U.S. Department of Homeland Security (DHS) and the Center for Internet Security (CIS).

IDS and netflow monitoring and analysis provides state and local governments with a near real-time automated process that identifies and alerts on traditional and advanced threats on a network, facilitating rapid response to threats and attacks. This project will maintain the enhanced cybersecurity capability of the 12 counties identified and help with the development of a robust election security system within 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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | CYBERSECURITY |
| HSGP Project Type Supporting Strategic Capacity: | Threat Identification [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.**

In 2016, there were two successful attacks on voter registration systems in other states (IL and AZ) that allowed malicious actors to gain unauthorized access. While there were no reports of data stored in the compromised voter registration systems being altered or deleted, unauthorized changes to voter registration information would cause a significant disruption during voting. Data theft is also a concern since voter registration systems contain Personally Identifiable Information (PII), such as last four of SSN and driver's license number.
Nevada is what is known as a "bottom-up" state as it relates to voter registration. This means that each individual county maintains voter registration information on a county-level system and network. The security of this information is paramount to administering free and fair elections, and the state is only as strong as its weakest link. This project aligns with the cybersecurity strategic capacity, specifically threat identification, because it will allow the counties to become aware of any malicious traffic coming into their network.

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

| | |
|-----------------------|---------|
| PROJECT ID: | K |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Netflow and Intrusion Detection System Monitoring and Analysis

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** Sole source procurement is required for the Netflow and Intrusion Detection System Monitoring and Analysis due to the proprietary nature of the IDS sensors. Only the Center for Internet Security (CIS) provides this service.
- 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

Through federal Help America Vote Act (HAVA) funding available to the Nevada Secretary of State's office, IDS sensors have been purchased and installed on the networks of 11 of the 12 identified counties. The 12th county is currently in the process of purchasing the IDS sensor.

The Nevada Secretary of State's office has received approval to enter into a sole source contract with Center for Internet Security (CIS) to provide IDS and netflow monitoring and analysis. Once the contract is in place, CIS will monitor for malicious cyber activity, and in accordance with escalation procedures prescribed by the counties, provide notification of malicious cyber activity. FFY18 HSGP funds, which were granted to the Nevada Secretary of State's office in October 2018, will fund the first year of IDS and netflow monitoring and analysis services.

The FFY19 HSGP funds are being requested for continuation of IDS and netflow monitoring and analysis services through CIS.

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) | Office of the Nevada Secretary of State | State | Wayne Thorley, Deputy Secretary for Election |
| 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 proposal consists entirely of a service contract for IDS and netflow monitoring and analysis. In order for IDS and netflow monitoring and analysis to continue beyond the grant period, an alternative funding source would need to be identified. Alternative funding sources include: (1) an appropriation for the state; (2) the assuming of the ongoing costs by the individual counties; and (3) the use of federal Help America Vote Act (HAVA) grant funds. Although not preferred, an option would also be to discontinue the service once the grant period is over.

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**

| | |
|-----------------------|---------|
| PROJECT ID: | K |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Netflow and Intrusion Detection System Monitoring and Analysis |
|---------------------------------|----------------------------------------------------------------|

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

| | LV-UASI | State-wide | SubTotal |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------|--------------|
| 15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i> | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | | |
| Service contract for IDS and netflow monitoring and analysis in 12 counties: Tier 1 - \$620/month x 12 counties = \$7,440/month x 12 months = \$89,280 annually | | \$ 89,280.00 | \$ 89,280.00 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 0.00 | \$ 89,280.00 | \$ 89,280.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | K |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Netflow and Intrusion Detection System Monitoring and Analysis

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 | Monitoring and analysis provided by vendor | 07/01/20 | 06/30/21 | 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.

One of the goals of terrorism is to cause people to lose confidence in the government. Accordingly, a terrorist organization may target voter registration systems with the goal of causing people to not have faith in the results of an election. This project will protect voter registration systems from malicious attacks, including attacks from terrorist organizations.

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

As previously noted in this grant application, this project aligns with the cybersecurity strategic capacity. One of the aligned project areas under the cybersecurity strategic capacity is threat identification, and this project is specifically designed to assist the counties in identifying threats that may have accessed their network. This project will improve the cybersecurity of the voter registration systems in the 12 identified counties.

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

Although not recommended, this project could be scaled down by reducing the number of counties involved. A reduction in the number of counties receiving IDS and netflow monitoring and analysis would reduce funding required for the project. When it comes to elections, Nevada is only as strong as it's weakest link. Having some counties without IDS and netflow monitoring and analysis leaves the entire state vulnerable since many election contests are statewide.

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: | K |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Netflow and Intrusion Detection System Monitoring and Analysis

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

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

The Nevada Secretary of State's office did recently receive a federal grant for election security purposes, but this funding has been identified for purposes other than IDS and netflow monitoring and analysis. If this project is not approved, other federal grant funds already identified for other purposes would have to be committed to IDS and netflow monitoring and analysis. With so many pressing election security needs, this is not the preferred outcome.

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

A comprehensive monthly activity report is prepared that summarizes the malicious activity identified. These reports provide details for all actionable alerts for the previous month, statistics on data such as total alerts generated vs. actionable alerts, and a review of the total volume of traffic monitored.

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

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 | K |
|-------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------|-------------------------------|----------|

IJ TITLE: Netflow and Intrusion Detection

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 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 | | Tier 1 - IDS and 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 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | M |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|------------------------------------------|--------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | M |
| Date Submitted | 3/27/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | M |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|------------------------------------------|
| PROJECT TITLE REFERENCE: | Southern Nevada Counter Terrorism Center |
|---------------------------------|------------------------------------------|

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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

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

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

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

| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
|----------------------------|----------------|-------------------|-----------------|
| | \$ 601,353.57 | \$ 637,200.00 | \$ 1,238,553.57 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | M |
| Date Submitted | 3/27/19 |

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.

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

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | M |
| Date Submitted | 3/27/19 |

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.

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.

**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 | M |
|--------------------|------------------------------------------|---------------------------------------------|-----------------------------------|-------------------------------------------|----------------------------|----------|

| | |
|-------------------------------------------|--------------|
| IJ TITLE: | SNCTC |
| 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 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 | | 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 | | | | | | | | | - | | | |
| | Travel Sub-Total | | | | | | | | 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 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 | | 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/IALEIA) | 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 EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED 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 information 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 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 | | 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 EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED 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 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 | | Computer Hardware, PCs, Monitors, Tablets, Printers, Misc | Maintain | SHSP | 1.00 | 32,000.00 | \$ 32,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | SHSP |
| 41 | | Social Media Analytics | Maintain | SHSP | 1.00 | 51,500.00 | \$ 51,500.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | 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 | | SHSP |

| | | | | | | | | | | | | |
|----|--|-----------------------------|----------|------|--|------|----------|---------------|-----------------------|--------------------------------------|--|------|
| 43 | | Website Renewals | Maintain | SHSP | | 1.00 | 800.00 | \$ 800.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | SHSP |
| 44 | | Website Maintenance (SNCTC) | Maintain | SHSP | | 1.00 | 1,700.00 | \$ 1,700.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | SHSP |
| 45 | | | | | | 1.00 | | \$ - | | | | |
| 46 | | | | | | | | \$ - | | | | |
| 47 | | | | | | | | \$ - | | | | |
| 48 | | | | | | | | \$ - | | | | |
| 49 | | | | | | | | \$ - | | | | |
| | | EQUIPMENT Sub-Total | | | | | | \$ 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 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

**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 | | | | M |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|-----------------------------------|----------------------------------------------------------------------------|---------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------------|--------------------------|
| IJ TITLE: | | SNCTC | | | | | | | | | | |
| | | 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 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 # | 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 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 | | Announced trainings in 2020 | Maintain | UASI | Planning | Trainings arise throughout the year, and are important to maintain trends. | 10.00 | 2,000.00 | \$ 20,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 10 | | FIAT Training Conference | Maintain | UASI | Planning | Required by Fusions Centers analysts | 2.50 | 2,000.00 | \$ 5,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 11 | | IACA | Maintain | UASI | Planning | Required by Fusions Centers analysts | 6.00 | 2,000.00 | \$ 12,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 12 | | IACLEIA | Maintain | UASI | Planning | Required by Fusions Centers analysts | 6.00 | 2,000.00 | 12,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 13 | | | | | | | | | - | | | |
| 14 | | | | | | | | | - | | | |
| 15 | | | | | | | | | - | | | |
| 16 | | | | | | | | | - | | | |
| 17 | | | | | | | | | - | | | |
| 18 | | | | | | | | | - | | | |
| 19 | | | | | | | | | - | | | |
| 20 | | | | | | | | | - | | | |
| 21 | | | | | | | | | - | | | |
| 22 | | | | | | | | | - | | | |
| 23 | | | | | | | | | - | | | |
| 24 | | | | | | | | | - | | | |
| 25 | | | | | | | | | - | | | |
| 26 | | | | | | | | | - | | | |
| 27 | | | | | | | | | - | | | |
| | Travel | Sub-Total | | | | | | | 49,000.00 | | | |
| 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. | | | | | | | | | | | | |
| This includes training attendance at FIAT, IACA, IACLEIA 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 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 | | Plotter Supplies | Maintain | UASI | 1 | 1,200.00 | 1,200.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 28 | | Consumable operating materials | Maintain | UASI | 1 | \$ 3,500.00 | 3,500.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 29 | | Copier Leases | Maintain | UASI | 1 | \$ 12,500.00 | 12,500.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 30 | | | | | | | - | | | |
| 31 | | | | | | | - | | | |
| 32 | | | | | | | - | | | |
| 33 | | | | | | | - | | | |
| 34 | | | | | | | - | | | |
| 35 | | | | | | | - | | | |
| Planning Sub-Total | | | | | | | \$ 17,200.00 | | | |

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.

Includes plotter supplies, consumable supplies, and our copier lease.

| 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 | | Strip Camera Contractor Maintenance | | UASI | 1.00 | 100,000.00 | \$ 100,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 37 | | | | | | | | | | |
| 38 | | | | | | | | | | |
| 39 | | | | | | | | | | |
| Organization Sub-Total | | | | | | | \$ 100,000.00 | | | |

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.

Professional service contract for the maintenance of the strip camera program.

| 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 | | Orator Maintenance | Maintain | UASI | 1.00 | 5,000.00 | \$ 5,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | UASI |
| 41 | | Trapwire | Maintain | UASI | 1.00 | 64,953.57 | \$ 64,953.57 | Fusion Center - SNCTC | Intelligence and Information Sharing | | UASI |
| 42 | | Omega ARM Renewal | Maintain | UASI | 1.00 | 8,500.00 | \$ 8,500.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | UASI |
| 43 | | Strip Camera Software Maintenance | Maintain | UASI | 1.00 | 5,950.00 | \$ 5,950.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | UASI |
| 44 | | Strip Camera Century Link (Back-haul) | Maintain | UASI | 1.00 | 11,400.00 | \$ 11,400.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | UASI |
| 45 | | Strip Camera Program Maintenance Replacements and Re | Maintain | UASI | 1.00 | 97,000.00 | \$ 97,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | UASI |
| 46 | | Computer Software | Maintain | UASI | 1.00 | 22,000.00 | \$ 22,000.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | UASI |
| 47 | | Coplink | Maintain | UASI | 1.00 | 220,350.00 | \$ 220,350.00 | Fusion Center - SNCTC | Intelligence and Information Sharing | | UASI |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| EQUIPMENT Sub-Total | | | | | | | \$ 435,153.57 | | | | |

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 Orator maintenance for CIKR captures, and the the Omega licensing. Strip Camera software, maintenance, and the backhaul are also included. Lastly the coplink program is included here for annual sustainment.

| 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 | \$ 601,353.57 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | N |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|------------------------------------------------------------|-------------------------------|
| 1) PROJECT TITLE: | Nevada Threat Analysis Center | |
| 2) PROPOSING/LEAD AGENCY: | Nevada Department of Public Safety, Investigation Division | |
| 3) Project Manager Name/Title: | Lt. Andrew Rasor | |
| Project Manager Contact Info: | Phone: (775) 687-0309 | Email: arasor@dps.state.nv.us |
| 4) Addl Project Manager Name/Title: | | |
| Addl Project Manager Contact Info: | Phone: | Email: |
| 5) Finance/Grant Contact Name/Title: | Melissa Carr/ Administrative Service Officer | |
| Finance/Grant Contact Info: | Phone: (775) 684-7443 | Email: mcarr@dps.state.nv.us |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | N |
| Date Submitted | 3/27/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | N |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------------------------|
| PROJECT TITLE REFERENCE: | Nevada Threat Analysis Center |
|---------------------------------|-------------------------------|

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|-------------------|-----------------|
| 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 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | LV-UASI | State-wide | SubTotal |
| National/Regional/State Exercises. | | | \$ 2,575.50 | \$ 2,575.50 |
| 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 |
| | | \$ 0.00 | \$ 712,541.72 | \$ 712,541.72 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | N |
| Date Submitted | 3/27/19 |

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

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Does this project have a nexus to terrorism? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |
| <p>b. Does this project align with the FFY19 strategic capacities? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |
| <p>c. Can this project funding request be reduced? Is it scaleable? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |

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

| | |
|-----------------------|---------|
| PROJECT ID: | N |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------------------------|
| PROJECT TITLE REFERENCE: | Nevada Threat Analysis Center |
|---------------------------------|-------------------------------|

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>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.</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 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.</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**

| Agency Name | | Nevada Dept. of Public Safety, Investigation Division | Project Manager Name & Contact # | | Lieutenant Andrew Rasor | Grant Manager Name & Contact # | | Lieutenant Andrew Rasor (775.687.0309); Melissa Carr, ASO (775.684.7443) | | | N | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|-----------------------------|--------------------------------------|--------------------------------------|--------------------------|
| IJ TITLE: | | Nevada Threat Analysis Center (NTAC) -- Fusion Center | | | | | | | | | | |
| 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. | | | 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 | |
| Personnel Sub-Total | | | | | | | | | \$ 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. | | | | | | | | | | | | |
| <p>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 (SMEs) 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.</p> <p>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 ACR data call, outreach, Site Vulnerability Assessments, Special Events Assessments, and training.</p> <p>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.</p> | | | | | | | | | | | | |
| 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 | | NOTE -Any fringe is included in the personnel cost estimates. | | | | | | \$ - | | | | |
| 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 | | 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 | 5,117.60 | 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 ACR. 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 person 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 | 1,729.25 | 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 Subtotal | | | | | | | | 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 (SARs), 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 required training 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 require 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 | | | | | | | | | | |
| | Planning Sub-Total | | | | | | \$ 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 the See Something, Say Something phone line charge (12 months @ \$15.00/mo).

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, OPAKS AND CONTRACTORS ONLY THIS IS NOT A SUPPLY CATEGORY. | | | | | | | | |
| 45 | | | | | | | | | | |
| 46 | | | | | | | | | | |
| 47 | | | | | | | | | | |
| 48 | | | | | | | | | | |
| | 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 | | | | | | | | | | |
| 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 | | | | | | \$ - | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 79,770.00 | | | | |

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 | | | | | | | | | | | |
| 58 | | | | | | | | | | | \$ - | |
| 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 | 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 | | | | | | | | | | | |
| 65 | | | | | | | | | | | \$ - | |
| 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 | \$ 712,541.71 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | O |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-------------------------------------------------------|-------------------------------------|
| 1) PROJECT TITLE: | Tribal NIMS | |
| 2) PROPOSING/LEAD AGENCY: | DPS - Division of Emergency Management | |
| 3) Project Manager Name/Title: | Jim Walker / Emergency Management Program Manager | |
| Project Manager Contact Info: | Phone: (775) 687-0305 | Email: james.walker@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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | O |
| Date Submitted | 3/27/19 |

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 | Jim Walker |
| 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | O |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------|
| PROJECT TITLE REFERENCE: | Tribal NIMS |
|---------------------------------|-------------|

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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |
| 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 |
| Training Contractor Support \$500 | | \$ 500.00 | \$ 500.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
| Exercise Contract Support \$500 | | \$ 500.00 | \$ 500.00 |
| 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 |
| | \$ 0.00 | \$ 92,700.00 | \$ 92,700.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | O |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------|
| 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:

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

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Does this project have a nexus to terrorism? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>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.</p> |
| <p>b. Does this project align with the FFY19 strategic capacities? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>This project aligns with the FFY19 strategic capacity of Tribal NIMS.</p> |
| <p>c. Can this project funding request be reduced? Is it scaleable? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> <p>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.</p> |

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

| | |
|-----------------------|---------|
| PROJECT ID: | O |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------|
| PROJECT TITLE REFERENCE: | Tribal NIMS |
|---------------------------------|-------------|

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 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.</p> | |
| <p>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</p> | |
| <p>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.</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

| | | | | | | |
|--------------------|----------------------------------------|---------------------------------------------|----------------------------|-------------------------------------------|--|----------|
| Agency Name | DPS - Division of Emergency Management | Project Manager Name & Contact # | Jim Walker 775-687-0305 | Grant Manager Name & Contact # | | 0 |
|--------------------|----------------------------------------|---------------------------------------------|----------------------------|-------------------------------------------|--|----------|

| | | | | | | | | | | | |
|------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | 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 | | | | | | | | \$ - | | | |
| 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 | | 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 | | | | | | | | - | | | | |
| 13 | | | | | | | | - | | | | |
| 14 | | | | | | | | - | | | | |
| 15 | | | | | | | | - | | | | |
| 16 | | | | | | | | - | | | | |
| 17 | | | | | | | | - | | | | |
| 18 | | | | | | | | - | | | | |
| 19 | | | | | | | | - | | | | |
| 20 | | | | | | | | - | | | | |
| 21 | | | | | | | | - | | | | |
| 22 | | | | | | | | - | | | | |
| 23 | | | | | | | | - | | | | |
| 24 | | | | | | | | - | | | | |
| 25 | | | | | | | | - | | | | |
| 26 | | | | | | | | - | | | | |
| 27 | | | | | | | | - | | | | |
| | Travel Sub-Total | | | | | | | | 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 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 | | 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 | | | | | | | | | | |
| 33 | | | | | | | | | | |
| 34 | | | | | | | | | | |
| 35 | | | | | | | | | | |
| | Planning Sub-Total | | | | | | \$ 85,700.00 | | | |

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.

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 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 | | | | | | | \$ - | | | | |
| 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) | | | | | | | | | | |
| 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 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | P |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-------------------------------------------------------|-------------------------------------|
| 1) PROJECT TITLE: | Statewide NIMS | |
| 2) PROPOSING/LEAD AGENCY: | DPS - Division of Emergency Management | |
| 3) Project Manager Name/Title: | Jim Walker / Emergency Management Program Manager | |
| Project Manager Contact Info: | Phone: (775) 687-0305 | Email: james.walker@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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | P |
| Date Submitted | 3/27/19 |

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) |
|-------|----------------------------------------|----------------------------------------------------|-------------------------------------|
| 12(a) | DPS - Division of Emergency Management | State of Nevada | Jim Walker |
| 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

| | |
|---------------------|----------------------|
| 93% | 7% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | P |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------|
| PROJECT TITLE REFERENCE: | Statewide NIMS |
|---------------------------------|----------------|

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Travel: Technology \$15,300 / Training \$90,000 / Exercise \$20,000 / Resource Management \$10,000 / Planning \$36,250 Supplies: Technology \$20,000 / Training \$12,000 / Exercise \$3,500 / Resource Management \$5,000 / Planning \$2,000 Technology Fees/Subscriptions \$16,000 Resource Management Contract Support \$70,000 Nevada Preparedness Summit \$10,000 Planning Contract Support \$75,000 UASI Contract THIRA Support | \$ 50,000.00 | \$ 385,050.00 | \$ 435,050.00 |

| 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 |
|-----------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Radios and components \$12,440 Credentialing Software \$75,000 Printer for Planning Section \$1,500 | | \$ 88,940.00 | \$ 88,940.00 |

| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Training - Develop, Support and Participate \$67,500 Training - Preparedness Program Support \$50,850 | | \$ 118,350.00 | \$ 118,350.00 |

| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Conducting Exercises Statewide \$23,820 Exercise & Program Contractor Support \$8,000 | | \$ 31,820.00 | \$ 31,820.00 |

| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
|------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Personnel & Fringe - Planning/Training/Exercise (5 people - 20% FTE) \$90,970.30 | | \$ 90,970.30 | \$ 90,970.30 |

| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
|----------------------------|----------------|-------------------|---------------|
| | \$ 50,000.00 | \$ 715,130.30 | \$ 765,130.30 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | P |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Statewide 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 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 <input type="radio"/> NO <input checked="" type="radio"/> 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. | |
| b. Does this project align with the FFY19 strategic capacities? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below. | |
| This project aligns with the FFY19 strategic capacity of Statewide NIMS. | |
| c. Can this project funding request be reduced? Is it scaleable? YES <input type="radio"/> NO <input checked="" type="radio"/> 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | P |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------|
| 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

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

LINE ITEM DETAIL BUDGET

| | | | | | | |
|--------------------|----------------------------------------|---------------------------------------------|------------------------------|-------------------------------------------|--|----------|
| Agency Name | DPS - Division of Emergency Management | Project Manager Name & Contact # | Jim Walker (775) 687-0305 | Grant Manager Name & Contact # | | P |
|--------------------|----------------------------------------|---------------------------------------------|------------------------------|-------------------------------------------|--|----------|

| | | | | | | |
|------------------|--------------------------------------|--|--|--|--|--|
| 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 |
|--------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|------------------|-------------|---------------------|-----------------------|-----------------------------|--------------------------|--------------------------|
| | 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 |
| 2 | | DEM Planner | Maintain | SHSP | 31.07 | 20% | 2080 | \$ 12,925.12 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 3 | | DEM Training and Exercise Supervisor | Maintain | SHSP | 38.78 | 20% | 2080 | \$ 16,132.48 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 4 | | DEM Training Officer | Maintain | SHSP | 32.52 | 20% | 2080 | \$ 13,528.32 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 5 | | DEM Exercise Officer | Maintain | SHSP | 30.98 | 20% | 2080 | \$ 12,887.68 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| | Personnel Sub-Total | | | | | | | \$ 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 |
|--------|-------------------------|----------------------------------------------------------------------------|----------------------|-----------------------|---------------|-------------|---------------------------|-----------------------|-----------------------------|--------------------------|--------------------------|
| | 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 |
| 7 | | DEM Planner | Maintain | SHSP | 31.07 | 20% | 2080 | \$ 4,265.29 | NIMS - State of Nevada DEM | Operational Coordination | Personnel |
| 8 | | DEM Training and Exercise Supervisor | Maintain | SHSP | 38.78 | 20% | 2080 | \$ 5,323.72 | NIMS - State of Nevada DEM | Operational Coordination | Personnel |
| 9 | | DEM Training Officer | Maintain | SHSP | 32.52 | 20% | 2080 | \$ 4,464.35 | NIMS - State of Nevada DEM | Operational Coordination | Personnel |
| 10 | | DEM Exercise Officer | Maintain | SHSP | 30.98 | 20% | 2080 | \$ 4,252.93 | NIMS - State of Nevada DEM | Operational Coordination | Personnel |
| | Fringe Sub-Total | | | | | | | \$ 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 |
|--------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|-------------------------|--------------------------------------------------------------------------------|-------------|--------------------|------------|-----------------------------|--------------------------|--------------------------|
| | 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 |
| 12 | | Reg IX TEPW | Maintain | SHSP | Page 1 of 5 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 |

| | | | | | | | | | | | | |
|----|--|--------------------------------------------|----------|------|----------|-------------------------------------------------------------------------------------------------------------|-------|----------|-------------------|----------------------------|--------------------------|------|
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 20 | | Chief Travel to training | Maintain | SHSP | Training | DEM Chief to travel for training | 1.00 | 1,200.00 | 1,200.00 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 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 |
| 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 |
| 23 | | MEPP Travel LV | Maintain | SHSP | Training | 1 DEM staff 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 |
| 24 | | | | | | | | | - | | | |
| 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 |
| 26 | | Travel: Technology Support | Maintain | SHSP | Planning | Commission Support | 6.00 | 550.00 | 3,300.00 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 36 | | | | | | | | | - | | | |
| 37 | | | | | | | | | - | | | |
| 38 | | | | | | | | | - | | | |
| 39 | | | | | | | | | - | | | |
| | | Travel Sub-Total | | | | | | | 171,550.00 | | | |

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 Resilience 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 29: Travel to attend Identity, Credential and Access Management (ICAM) Quarterly Meeting, EMAC Regional/National Meetings; provide support and technical assistance to counties and tribes.
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 31: Attend Identity, Credential and Access Management (ICAM) Quarterly Meeting, EMAC Regional/National Meetings; provide support and technical assistance to counties and tribes.
Line 32: 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 33: Travel and per diem for attendees to the Nevada Preparedness Summit

Line 32: Attend

| 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 | | Training- Printing & Purchase Course Materials | Maintain | SHSP | 1.00 | 12,000.00 | 12,000.00 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 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 |
| 43 | | Licensing Fee: iVCI Cloud | Maintain | SHSP | 1.00 | 2,500.00 | 2,500.00 | NIMS - State of Nevada DEM | Operational Communications | SHSP |
| 44 | | Licensing Fee: LiveStream / Vimeo | Maintain | SHSP | 1 | 900.00 | 900.00 | NIMS - State of Nevada DEM | Operational Communications | SHSP |
| 45 | | Subscription: Satellite Phone | Maintain | SHSP | 1 | 3,000.00 | 3,000.00 | NIMS - State of Nevada DEM | Operational Communications | SHSP |
| 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 |
| 47 | | Licensing Fee: Connected Sign | Maintain | SHSP | 1 | 2,000.00 | 2,000.00 | NIMS - State of Nevada DEM | Operational Communications | SHSP |
| 48 | | Subscription Fee: Survey Monkey | Maintain | SHSP | 1 | 400.00 | 400.00 | NIMS - State of Nevada DEM | Operational Communications | SHSP |
| 49 | | | | | | | | | | |
| 50 | | Exercise - Printing & Purchase Exercise Materials | Maintain | SHSP | 1 | 3,500.00 | 3,500.00 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 51 | | | | | | | | | | |
| 52 | | Resource Mgmt & Credentialing supplies & materials | Maintain | SHSP | 1 | 5,000.00 | 5,000.00 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 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 |
| 54 | | Resource Mgt: Preparedness Program Support | Maintain | SHSP | 1 | 60,000.00 | 60,000.00 | NIMS - State of Nevada DEM | Operational Coordination | SHSP |
| 55 | | | | | | | | | | |
| 56 | | Nevada Preparedness Summit | Maintain | SHSP | 1 | 10,000.00 | 10,000.00 | NIMS - State of Nevada DEM | Planning | SHSP |
| 57 | | THIRA/SPR Contract Support | Maintain | SHSP | 1 | 50,000.00 | 50,000.00 | NIMS - State of Nevada DEM | Planning | SHSP |
| 58 | | Planning Supplies and Materials | Maintain | SHSP | 1 | 2,000.00 | 2,000.00 | NIMS - State of Nevada DEM | Planning | SHSP |
| 59 | | Consequence Analysis - Contract | Maintain | SHSP | 1 | 10,000.00 | 10,000.00 | NIMS - State of Nevada DEM | Planning | SHSP |
| 60 | | EOP Development Support - Rural/Tribal | Maintain | SHSP | 1 | 15,000.00 | 15,000.00 | NIMS - State of Nevada DEM | Planning | SHSP |
| Planning Sub-Total | | | | | | | \$ 213,500.00 | | | |

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.

Line 40: Printing of training documents and purchase of training material in support of statewide training program.

Line 42: Fees for iVCI services on four VTC 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 |
|--------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------|-----------|-------|-----------------------------|-----------------|--------------------------|
| | 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 | | | | | | | \$ - | | | |
| | 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 | | | | | | | | | |
| 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 | \$ 1,640.00 | 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 | | 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 |
| 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 |
| 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 |
| | EQUIPMENT Sub-Total | | | | | | \$ 88,940.00 | | | | |

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 |
|--------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------------------------------|------------------------------|----------|-----------|-----------------------------|--------------------------|---------------|--------------------------|
| | 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 | Maintain | SHSP | Yes | Yes | 60 | 1,125.00 | NIMS - State of Nevada DEM | Operational Coordination | \$ 67,500.00 | SHSP |
| 74 | | Training- Preparedness Program Support | Maintain | SHSP | Yes | Yes | 1 | 50,850.00 | NIMS - State of Nevada DEM | Operational Coordination | \$ 50,850.00 | SHSP |
| 75 | | | | | | | | | | | \$ - | |
| 76 | | | | | | | | | | | \$ - | |
| 77 | | | | | | | | | | | \$ - | |
| 78 | | | | | | | | | | | \$ - | |
| | Training | Sub-Total | | | | | | | | | \$ 118,350.00 | |

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.
Line 74: Contract staff pay for training and exercise specialist in support of both programs.

| 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 | | Conducting Exercises Statewide | Maintain | SHSP | Yes | | 1 | 23,820.00 | NIMS - State of Nevada DEM | Operational Coordination | \$ 23,820.00 | SHSP |
| 81 | | Exercise & Program Contractor Support | Maintain | SHSP | Yes | | 1 | 8,000.00 | NIMS - State of Nevada DEM | Operational Coordination | \$ 8,000.00 | SHSP |
| 82 | | | | | | | | | | | \$ - | |
| 83 | | | | | | | | | | | \$ - | |
| | Exercise | Sub-Total | | | | | | | | | \$ 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.
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 | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

| | | | | | | | | | | | | | |
|--|--------------------|----------------------------------------|---------------------------------------------|------------------------------|-------------------------------------------|--|--|--|--|--|--|--|---|
| | Agency Name | DPS - Division of Emergency Management | Project Manager Name & Contact # | Jim Walker (775) 687-0305 | Grant Manager Name & Contact # | | | | | | | | P |
|--|--------------------|----------------------------------------|---------------------------------------------|------------------------------|-------------------------------------------|--|--|--|--|--|--|--|---|

| | | | | | | | | | | | | | |
|--|------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| | IJ TITLE: | Statewide NIMS | | | | | | | | | | | |
| | | 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 | | | | | | | | | | | | |
| | 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 | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| | 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 | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| | 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 | | | | | | | | |
| 6 | | THIRA/SPR Contract Support | Maintain | SHSP | 1 | 50,000.00 | 50,000.00 | NIMS - State of Nevada DEM | Planning | UASI |
| 7 | | | | | | | | | | |
| | Planning Sub-Total | | | | | | \$ 50,000.00 | | | |

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.

Line 6: THIRA/SPR Contract Support - additional funding to come from UASI

| 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. | | | | | | | | |
| 8 | | | | | - | - | \$ - | | | |
| 9 | | | | | - | - | \$ - | | | |
| | 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 | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| | 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.

| 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) | | | | | | | | | | |
| 13 | | EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening | | | | | | | | | \$ - | |
| 14 | | | | | | | | | | | | |
| | 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) | | | | | | | | | | |
| 15 | | EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| | 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 | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | Q |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-----------------------------------------|------------------------------------|
| 1) PROJECT TITLE: | Statewide Interoperability Coordinator | |
| 2) PROPOSING/LEAD AGENCY: | Nevada Division of Emergency Management | |
| 3) Project Manager Name/Title: | Melissa Friend | |
| Project Manager Contact Info: | Phone: (775) 687-0371 | Email: mnfriend@dps.state.nv.us |
| 4) Addl Project Manager Name/Title: | Kelli Anderson | |
| Addl Project Manager Contact Info: | Phone: (775) 687-0321 | Email: kanderson@dps.state.nv.us |
| 5) Finance/Grant Contact Name/Title: | Justin Luna | |
| Finance/Grant Contact Info: | Phone: (775) 687-0305 | Email: justin.luna@dps.state.nv.us |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|--------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | Q |
| Date Submitted | 3/27/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | Q |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------------------------------|
| PROJECT TITLE REFERENCE: | Statewide Interoperability Coordinator |
|---------------------------------|----------------------------------------|

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 |
|-----------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| SWIC travel 4 @ \$1200 = \$4,800 Communications Travel 8 @ \$800 = \$6,400 Technology 4 @ \$800 = \$3,200 | | \$ 14,400.00 | \$ 14,400.00 |

| 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 |
|-----------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Cell Phone/VPN - \$60 x 12 = \$720 Supplies - \$500 | | \$ 1,220.00 | \$ 1,220.00 |

| 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 |
|-----------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Statewide Communications Exercise | | \$ 6,000.00 | \$ 6,000.00 |

| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
|------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| SWIC Salary @ 15% = \$10,347.30 SWIC Fringe @ 15% = \$3,572.70 | | \$ 13,920.00 | \$ 13,920.00 |

| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
|----------------------------|----------------|-------------------|--------------|
| | \$ 0.00 | \$ 35,540.00 | \$ 35,540.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | Q |
| Date Submitted | 3/27/19 |

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.

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | Q |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Statewide Interoperability Coordinator

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

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

It is a DHS HSGP requirement to have a SWIC to manage communication projects.

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

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

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

| | | | | | | |
|-------------|--------------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|----------|
| Agency Name | DPS Division of Emergency Management | Project Manager Name & Contact # | Melissa Friend 775-687-0371 | Grant Manager Name & Contact # | Kelli Anderson 775-687-0321 | Q |
|-------------|--------------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|----------|

| | | | | | | | | | | | | |
|----------------|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|
| IJ TITLE: SWIC | | 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 | | SWIC Salary | Maintain | SHSP | 68982 | 15% | 1 | \$ 10,347.30 | Communication - DEM SWIC | Operational Communications | SHSP |
| 2 | | | | | | | | \$ - | | | |
| 3 | | | | | | | | \$ - | | | |
| 4 | | | | | | | | \$ - | | | |
| | | Personnel Sub-Total | | | | | | \$ 10,347.30 | | | |

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 th 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 | | | | | | | | \$ - | | | |
| | | Fringe Sub-Total | | | | | | \$ 3,572.70 | | | |

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 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | 14,400.00 | | | |
| | | Travel Sub-Total | | | | | | | 14,400.00 | | | |

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.

- #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 trainin 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 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.

#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 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 | | | | | | | \$ - | | | | |
| | 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 | | | | | | | | | | | \$ - | |
| 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 | | 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 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | R |
| Date Submitted | 3/26/19 |

| | | |
|---------------------------------------------|------------------------------------------------------|-------------------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | R |
| Date Submitted | 3/26/19 |

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

| | |
|---------------------|----------------------|
| 25% | 75% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | R |
| Date Submitted | 3/26/19 |

| | |
|---------------------------------|--------------------------------------|
| PROJECT TITLE REFERENCE: | Emergency Alerting Mass Notification |
|---------------------------------|--------------------------------------|

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 |
|------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| N/A | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
| N/A | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
| Subscription services for unlimited system use. AEL # 04AP-09-ALRT | \$ 68,350.00 | \$ 22,785.00 | \$ 91,135.00 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
| N/A | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
| N/A | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
| N/A | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 68,350.00 | \$ 22,785.00 | \$ 91,135.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | R |
| Date Submitted | 3/26/19 |

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 | To | Duration |
|--------|--------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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 | |
| 4 | Assist in development of administrators and databases in the system including contacts, groups, messages and, scenarios. | 08/01/19 | 12/31/19 | |
| 5 | Comply with quarterly financial and program reporting requirements. | 08/01/19 | 12/31/20 | |
| 6 | Complete final financial and program reports. | 08/01/19 | 12/31/20 | |
| 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.

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | R |
| Date Submitted | 3/26/19 |

PROJECT TITLE REFERENCE: Emergency Alerting Mass Notification

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 other identified funding for this project outside of grants.

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

A monthly usage report is generated to show the volume of system use by each participating agency.

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

Funding levels permitting, this project is a good candidate for use of funds deobligated in FY17 or FY18 years. This project is also eligible under Emergency Management Performance Grant (EMPG), though this grant stream is currently under intense revision. In the event any portion of this project is funded by EMPG, the city of Las Vegas is committed to making the required 50% match via in-kind sources.

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 | R |
|--|--------------------|-------------------|---------------------------------------------|---------------------------------|-------------------------------------------|----------------------------------|----------|

IJ TITLE: Emergency Alerting Mass Notification

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 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.

| 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 | | Mass Notification Subscription Service - Unlimited | Maintain | | | | \$ 22,785.00 | Public Information & Warning - Statewide Emergency Alert System | Public Information and Warning | 04AP-09-ALRT Systems, Public Notification and Warning | SHSP |
| 41 | | | | | | | \$ - | | | | |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 22,785.00 | | | | |

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 25% of the total annual cost. The remaining balance is requested in UASI.

| 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 | \$ 22,785.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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 | R |
|-------------|-------------------|----------------------------------|---------------------------------|--------------------------------|----------------------------------|----------|

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 | | | | | | | | \$ - | | | |
| | 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 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.

| 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 | | Mass Notification Subscription Service -Unlimited | Maintain | UASI | | | \$ 68,350.00 | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 68,350.00 | | | | |

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.

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) | | | | | | | | | | |
| 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 | \$ 68,350.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | S |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-----------------------------------------|-------------------------------------|
| 1) PROJECT TITLE: | Public Information and Warning | |
| 2) PROPOSING/LEAD AGENCY: | Nevada Division of Emergency Management | |
| 3) Project Manager Name/Title: | Gail Powell | |
| Project Manager Contact Info: | Phone: (775) 687-0325 | Email: gpowell@dps.state.nv.us |
| 4) Addl Project Manager Name/Title: | Jlm Walker | |
| Addl Project Manager Contact Info: | Phone: (775) 687-0305 | Email: james.walker@dps.state.nv.us |
| 5) Finance/Grant Contact Name/Title: | Justin Luna | |
| Finance/Grant Contact Info: | Phone: (775) 687-0304 | Email: justin.luna@dps.state.nv.us |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-----------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | S |
| Date Submitted | 3/27/19 |

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% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | S |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|--------------------------------|
| PROJECT TITLE REFERENCE: | Public Information and Warning |
|---------------------------------|--------------------------------|

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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 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 |
|-----------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| EAS Trainer | | \$ 20,000.00 | \$ 20,000.00 |

| 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 |
|----------------------------|----------------|-------------------|---------------|
| | \$ 0.00 | \$ 215,700.00 | \$ 215,700.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | S |
| Date Submitted | 3/27/19 |

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.

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | S |
| Date Submitted | 3/27/19 |

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

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

| Agency Name | | DPS Division of Emergency Management | Project Manager Name & Contact # | | Gail Powell 775-687-0325 | Grant Manager Name & Contact # | | Kelli Anderson 775-687-0321 | | | | S |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|-----------------------------|---------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------|-----------------------------|-----------------|--------------------------|
| IJ TITLE: | | Public Info and Warning | | | | | | | | | | |
| 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 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 # | 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 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 | | | Maintain | | | | | | | | | |
| 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 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 | | | | | | | | | | | | |

| 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 | | 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 | | | | | | | - | | | |
| | Planning Sub-Total | | | | | | \$ 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 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 | | | | | | | \$ - | | | | |
| 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/ADHS 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 | | | | | | | | | | | \$ - | |
| | Training | Sub-Total | | | | | | | | | \$ 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 | | | | | | | | | | | \$ - | |
| | 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 | \$ 215,700.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | T |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| 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 | |
| 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 | |
| Finance/Grant Contact Info: | Phone: (775) 337-5859 | Email: kechverria@washoecounty.us |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 continue 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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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: | 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 COOP Plans ensure that jurisdictions and agencies can continue to operate and provide public safety after a terrorism incident or other crisis has occurred. COOP has been specifically listed in prior years guidance and target capabilities.

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

| | |
|-----------------------|---------|
| PROJECT ID: | T |
| Date Submitted | 3/27/19 |

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); plans will be developed for one additional Northern Nevada agency and one additional Southern Nevada agency.

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 three 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 Southern Nevada 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

Upon completion 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%

Statewide
(SHSP)

0%

Urban Area
(UASI)

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

| | |
|-----------------------|---------|
| PROJECT ID: | T |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|--------------|
| PROJECT TITLE REFERENCE: | COOP Sustain |
|---------------------------------|--------------|

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Reestablish Steering Committee, hire vendors, plan workshops and sustainment activities. (Includes planning tool, software support, logistics vendor, and planning consultant) | | \$ 100,000.00 | \$ 100,000.00 |

| 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 |
|---------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Conduct three, one-day workshops (IS-526: Mission Essential Functions Course) (Includes venue space, and trainers). | | \$ 25,000.00 | \$ 25,000.00 |

| 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 |
|----------------------------|----------------|-------------------|---------------|
| | \$ 0.00 | \$ 125,000.00 | \$ 125,000.00 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | T |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|--------------|
| 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 Continuity web-based portal Tool | 02/03/20 | 09/29/21 | 20 |
| 6 | Conduct COOP Training in 3 statewide locations (North, South, & East) | 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 is all about preventing the failure of government after a terrorism event (but it is applicable to all-hazards, of course). The initiative ensures orders of succession, alternate facilities, and devolution planning.

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

Yes,
The Commission 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. In fact, they have 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)
Project Proposal for FFY19 HSGP Funding Description

| | |
|----------------|---------|
| PROJECT ID: | T |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: COOP Sustain

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

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

No,
The current COOP Tool expires at the end of the 2018 grant cycle.

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

Yes,
Benefit is measured in numbers of jurisdictions and agencies who have valid continuity plans, and can continue to operate after a catastrophic 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

This project provides benefit to the entire State of Nevada- jurisdictions and agencies large or small, urban, rural, and tribal.

| | | | | | | | | | | | | |
|------------------|--|--------------------------------------------------------------------------------------------------------|----------|------|----------|---------------------------------|------|--------|----------|-------------------------------------|----------|------|
| 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 | 200.00 | 200.00 | 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 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| Travel Sub-Total | | | | | | | | | 3,200.00 | | | |

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 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 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 | 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 | 3,000.00 | 3,000.00 | Planning - Continuity of Operations | Planning | SHSP |
| 30 | | | | | | | | | | |
| 31 | | | | | | | | | | |
| 32 | | | | | | | | | | |
| 33 | | | | | | | | | | |
| 34 | | | | | | | | | | |
| 35 | | | | | | | | | | |
| Planning Sub-Total | | | | | | | \$ 98,000.00 | | | |

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 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 | | | | | | | \$ - | | | | |
| 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) | | | | | | | | | | |
| 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 | | 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 | 19.00 | Planning - Continuity of Operations | Planning | \$ 1,520.00 | |
| 53 | | | | | | | | | | | \$ - | |
| 54 | | | | | | | | | | | \$ - | |
| 55 | | | | | | | | | | | \$ - | |
| 56 | | | | | | | | | | | \$ - | |
| | Training | Sub-Total | | | | | | | | | \$ 23,800.00 | |

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 | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | U |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|----------------------------------------------------------|----------------------------------|
| 1) PROJECT TITLE: | Implementation of Nevada's Statewide Resiliency Strategy | |
| 2) PROPOSING/LEAD AGENCY: | State of Nevada DPS Emergency Management | |
| 3) Project Manager Name/Title: | Kelli Anderson | |
| Project Manager Contact Info: | Phone: (775) 687-0300 | Email: kanderson@dps.state.nv.us |
| 4) Addl Project Manager Name/Title: | Sonja Williams | |
| Addl Project Manager Contact Info: | Phone: (775) 687-0300 | Email: swilliams@dps.state.nv.us |
| 5) Finance/Grant Contact Name/Title: | Justin Luna | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | U |
| Date Submitted | 3/27/19 |

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%

Statewide
(SHSP)

0%

Urban Area
(UASI)

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

| | |
|-----------------------|---------|
| PROJECT ID: | U |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Implementation of Nevada's Statewide Resiliency Strategy |
|---------------------------------|----------------------------------------------------------|

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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 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 |
|------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Overtime 2019/2020 process 100 hours x \$60.00 = \$6,000 | | \$ 6,000.00 | \$ 6,000.00 |

| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
|----------------------------|----------------|-------------------|--------------|
| | \$ 0.00 | \$ 49,600.00 | \$ 49,600.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | U |
| Date Submitted | 3/27/19 |

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 | Travel for Outreach | 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 | 03/30/20 | 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 on 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | U |
| Date Submitted | 3/27/19 |

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.

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.

**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 | U |
|--------------------|-----|---------------------------------------------|--------------------------------|-------------------------------------------|--------------------------------|----------|

IJ TITLE: Implementation of Nevada's Statewid 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 | | | | | | | | \$ - | | | |
| | Personnel Sub-Total | | | | | | | \$ 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 | | | | | | | | \$ - | | | |
| | 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 | | 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 | | | | | | | | | | | | |
| | Travel Sub-Total | | | | | | | | 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 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | V |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-------------------------------------------------------------------|----------------------------------|
| 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) 220-1618 | 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | V |
| Date Submitted | 3/26/19 |

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% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | V |
| Date Submitted | 3/26/19 |

| | |
|---------------------------------|------------------------------------------------|
| PROJECT TITLE REFERENCE: | Statewide Recovery Plan Implementation Phase 3 |
|---------------------------------|------------------------------------------------|

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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 | \$ 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

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

| 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 |
|----------------------------|----------------|-------------------|--------------|
| | \$ 0.00 | \$ 27,250.00 | \$ 27,250.00 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | V |
| Date Submitted | 3/26/19 |

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 | To | Duration |
|--------|--------------------------------------------------------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# months) |
| 1 | Receive Funding | N/A | N/A | N/A |
| 2 | Receive grant funding and process the grant to receive authority to spend funds | 04/01/19 | 06/01/19 | 2 |
| 3 | Renew ArcGIS licenses | 06/01/19 | 01/01/21 | 18 |
| 4 | Draft and Finalize training and exercise for regional conferences, training and exercising | 06/01/19 | 09/01/19 | 3 |
| 5 | Update Recovery Guide | 10/01/19 | 04/01/20 | 6 |
| 6 | Deliver Final plans to stakeholders | 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 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.

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

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

| | |
|-----------------------|---------|
| PROJECT ID: | V |
| Date Submitted | 3/26/19 |

PROJECT TITLE REFERENCE: Statewide Recovery Plan Implementation Phase 3

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

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

At this time we do not have the funding necessary to complete this project.

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

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.

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.

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

| Agency Name | | NV DEM | Project Manager Name & Contact # | Suz Coyote, State Recovery Officer 775-745-6806 | Grant Manager Name & Contact # | Kelli Anderson, Programs Mgr, Grants, Recovery & Mitigation 775-220-1618 | | | | | V | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------|--------------------------------|--------------------------------------------------------------------------|---------------------------|-----------------------|-----------------------------|-----------------------------------------------------------|--------------------------|--------------------------|
| IJ TITLE: Statewide Recovery Implementation Phase 3 | | | | | | | | | | | | |
| 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 | | 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 | | | | | | | | - | | | | |
| 14 | | | | | | | | - | | | | |
| 15 | | | | | | | | - | | | | |
| 16 | | | | | | | | - | | | | |
| 17 | | | | | | | | - | | | | |
| 18 | | | | | | | | - | | | | |
| 19 | | | | | | | | - | | | | |
| 20 | | | | | | | | - | | | | |
| 21 | | | | | | | | - | | | | |
| 22 | | | | | | | | - | | | | |
| 23 | | | | | | | | - | | | | |
| 24 | | | | | | | | - | | | | |
| 25 | | | | | | | | - | | | | |
| 26 | | | | | | | | - | | | | |
| 27 | | | | | | | | - | | | | |
| Travel Sub-Total | | | | | | | | | 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 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 | | 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 | | | | | | - | - | | | |
| 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 | | 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 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| EQUIPMENT Sub-Total | | | | | | | \$ 11,250.00 | | | | |

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 FEMWDHS 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 | | | | | | | | | | \$ - | |
| <p>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</p> <p>Narrative HERE</p> | | | | | | | | | | | | |
| 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 | | | | | | | | | | \$ - | |
| <p>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</p> <p>Narrative HERE</p> | | | | | | | | | | | | |
| | | | | | | | | | | | Budget Total Request | \$ 27,250.00 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | Y |
| Date Submitted | 3/26/19 |

| | | |
|---------------------------------------------|-----------------------------------|-----------------------------|
| 1) PROJECT TITLE: | Cyber Tool Tracking System | |
| 2) PROPOSING/LEAD AGENCY: | Department of Administration | |
| 3) Project Manager Name/Title: | Dave Axtell, Special Advisor | |
| Project Manager Contact Info: | Phone: (775) 684-5824 | Email: daxtell@admin.nv.gov |
| 4) Addl Project Manager Name/Title: | | |
| Addl Project Manager Contact Info: | Phone: | Email: |
| 5) Finance/Grant Contact Name/Title: | Michele Lynn, EITS Fiscal Analyst | |
| Finance/Grant Contact Info: | Phone: (775) 684-4707 | Email: mlynn@admin.nv.gov |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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.

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*: | 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: | 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 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | Y |
| Date Submitted | 3/26/19 |

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)

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | Y |
| Date Submitted | 3/26/19 |

| | |
|---------------------------------|----------------------------|
| PROJECT TITLE REFERENCE: | Cyber Tool Tracking System |
|---------------------------------|----------------------------|

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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| n/a | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
| n/a | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
| This system would be created in a 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
| n/a | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
| n/a | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
| n/a | | | \$ 0.00 |
| 15g) PROJECT TOTALS | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | Y |
| Date Submitted | 3/26/19 |

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.

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | Y |
| Date Submitted | 3/26/19 |

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.

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. 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 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. Additional information on the tool is available if needed.

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

| | | | | | | | | | | | | |
|--------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|-------------------------------------------|-------------------------------|----------------------------|------------------------------|------------------------------------|------------------------|---------------------------------|--|
| Agency Name | | Nevada Office of the CIO | Project Manager Name & Contact # | Dave Axtell, State IT Architect, 775-684-5824 | Grant Manager Name & Contact # | Alisanne Maffei, 775-685-5855 | | | | | Y | |
| IJ TITLE: | | 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 | | | | | | | | \$ - | | | | |
| 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 | | | | | | | | | |
| | | EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening | | | | | | | | | |
| 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 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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 ITEMS 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. AEL# 04AP-07-INVN - Software, Equipment Tracking and Inventory. Collaboration with state entities to improve security over cybersecurity assets.

| 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 | \$ 50,000.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | AA |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|
| 1) PROJECT TITLE: | Washoe County Sheriff's Office- Northern Nevad Regional Intelligence Center (NNRIC) | |
| 2) PROPOSING/LEAD AGENCY: | Washoe County Sheriff's Office | |
| 3) Project Manager Name/Title: | Lt. Max Brokaw | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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>

| | |
|--------------------------------------------------|------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | AA |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Washoe County Sheriff's Office- Northern Nevad 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.

WCOSO 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. WCOSO 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. WCOSO 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. WCOSO 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | AA |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------------------------------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Washoe County Sheriff's Office- Northern Nevad Regional Intelligence Center (NNRIC) |
|---------------------------------|-------------------------------------------------------------------------------------|

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|-------------------|-----------------|
| 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 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | LV-UASI | State-wide | SubTotal |
| GeoShield software user license for 50 users = \$37,500.00 (per year). To enable patrol officers access to data from their 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | LV-UASI | State-wide | SubTotal |
| N/A | | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | LV-UASI | State-wide | SubTotal |
| N/A | | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | LV-UASI | State-wide | SubTotal |
| 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 |
| 15g) PROJECT TOTALS | | LV-UASI | State-wide | TOTAL |
| | | \$ 0.00 | \$ 53,358.55 | \$ 53,358.55 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | AA |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Washoe County Sheriff's Office- Northern Nevad 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 | To | Duration |
|--------|---------------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | AA |
| Date Submitted | 3/27/19 |

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.

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.

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

LINE ITEM DETAIL BUDGET

| | | | | | | | |
|--|--------------------|--------------------------------|---------------------------------------------|------------------------------|-------------------------------------------|-----------------------------|-----------|
| | Agency Name | Washoe County Sheriff's Office | Project Manager Name & Contact # | Lt. Max Brokaw, 775-328-2847 | Grant Manager Name & Contact # | Laura Daniels, 775-328-3013 | AA |
|--|--------------------|--------------------------------|---------------------------------------------|------------------------------|-------------------------------------------|-----------------------------|-----------|

IJ TITLE: WCSO 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 | | | | | | | | \$ - | | | |
| | 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 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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 composes 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 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | HH |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|---------------------------------------|------------------------------------|
| 1) PROJECT TITLE: | Bomb Squad Electronic Countermeasures | |
| 2) PROPOSING/LEAD AGENCY: | Las Vegas Fire & Rescue Bomb Squad | |
| 3) Project Manager Name/Title: | Richard Brooks | |
| Project Manager Contact Info: | Phone: (702) 232-6417 | Email: rbrooks@lasvegasnevada.gov |
| 4) Addl Project Manager Name/Title: | Steven Poe | |
| Addl Project Manager Contact Info: | Phone: (702) 303-0773 | Email: sbpoe@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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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**

| | |
|-----------------------|---------|
| PROJECT ID: | HH |
| Date Submitted | 3/27/19 |

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

| | |
|---------------------|----------------------|
| 50% | 50% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | HH |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|---------------------------------------|
| PROJECT TITLE REFERENCE: | Bomb Squad Electronic Countermeasures |
|---------------------------------|---------------------------------------|

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

| | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|---------------|
| 15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i> | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | | |
| 6 - 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. | \$ 105,255.00 | \$ 105,255.00 | \$ 210,510.00 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 105,255.00 | \$ 105,255.00 | \$ 210,510.00 |

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 | 3/27/19 |

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 | To | Duration |
|--------|--------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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 | 3/27/19 |

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).

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 |
|--------------------|------------------------------------|---------------------------------------------|--------------------------------|-------------------------------------------|--------------------------------|-----------|

IJ TITLE: Bomb Squad Electronic Countermeasures

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 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 | | | | | | | | | | |
| | 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 | | | | | | | | |
| 40 | | | | SHSP | 3.00 | 35,085.00 | \$ 105,255.00 | CBRNE - Las Vegas Bomb Squad | Operational Coordination | 02EX-03-ELCM Equipment, Electronic Countermeasures | SHSP |
| 41 | | | | | | | \$ - | | | | |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 105,255.00 | | | | |

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 | \$ 105,255.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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 |
|--|--------------------|------------------------------------|---------------------------------------------|--------------------------------|-------------------------------------------|--------------------------------|-----------|

IJ TITLE: Bomb Squad 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 | | | | | | | | \$ - | | | |
| | 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 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 | | | | | | | | | | |
| | 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 | | | | | | | | |
| 40 | | | | UASI | 3.00 | 35,085.00 | \$ 105,255.00 | CBRNE - Las Vegas Bomb Squad | Operational Coordination | 02EX-03-ELCM Equipment, Electronic Countermeasures | UASI |
| 41 | | | | | | | \$ - | | | | |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 105,255.00 | | | | |

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 | \$ 105,255.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | II |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|---------------------------------------------------------------------|---------------------------------|
| 1) PROJECT TITLE: | Washoe County Sheriff's Office - Air Purifying Resperators and SCBA | |
| 2) PROPOSING/LEAD AGENCY: | Washoe County | |
| 3) Project Manager Name/Title: | Lt. Phil Jones | |
| Project Manager Contact Info: | Phone: (775) 321-4940 | Email: pjones@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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | II |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Washoe County Sheriff's Office - Air Purifying Resperators 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 140 new APR's with filters and voice projection to replace the outdated masks that are no longer usable against WMD or CBRNE attacks. This proposed project also is for Replacement 60 air bottles and 60 masks with voice amplifiers, 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | II |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|---------------------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Washoe County Sheriff's Office - Air Purifying Resperators and SCBA |
|---------------------------------|---------------------------------------------------------------------|

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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|-------------------|-----------------|
| <p>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.</p> <p>The fire safety officer will ensure the SCBA replacement bottles along with masks are distributed needed units.</p> | | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | LV-UASI | State-wide | SubTotal |
| <p>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.</p> | | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | LV-UASI | State-wide | SubTotal |
| <p>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</p> | | | \$ 190,160.00 | \$ 190,160.00 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | LV-UASI | State-wide | SubTotal |
| <p>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.</p> | | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | LV-UASI | State-wide | SubTotal |
| <p>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.</p> | | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | LV-UASI | State-wide | SubTotal |
| <p>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.</p> | | | | \$ 0.00 |
| 15g) PROJECT TOTALS | | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | II |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Washoe County Sheriff's Office - Air Purifying Resperators and SCBA

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 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:

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

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Does this project have a nexus to terrorism? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> <p>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.</p> |
| <p>b. Does this project align with the FFY19 strategic capacities? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |
| <p>c. Can this project funding request be reduced? Is it scaleable? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |

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

| | |
|-----------------------|---------|
| PROJECT ID: | II |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Washoe County Sheriff's Office - Air Purifying Resperators and SCBA

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 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.

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

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.

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 WCSO has committed full time Special Operations law enforcement personnel to respond and investigate any terroristic related criminal activity.

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.

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.

**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 | |
|--------------------|--------------------------------|---------------------------------------------|---------------------------------|-------------------------------------------|-----------------------------|-----------|

| | | | | | | | | | | | |
|------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | WCSO APRs & SCBAs | | | | | | | | | | |
| | 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 | | | | | | | | | |
| | EHP Required prior to procurement / See 2nd tab to determine whether your project requires EHP Screening | | | | | | | | | | |
| 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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.

NNRIC complies 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 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. 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 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. MAY REQUIRE EHP. PLEASE SEE EHP SCREENING MEMO

Narrative HERE

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|
| | | | | | | | | | | | Budget Total Request | \$ 190,160.00 | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | LL |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|----------------------------------------------------|-------------------------|
| 1) PROJECT TITLE: | Electronic Access and Identity Verification System | |
| 2) PROPOSING/LEAD AGENCY: | BOR of NSHE obo University Police Services | |
| 3) Project Manager Name/Title: | Todd Renwick, Interim Director | |
| Project Manager Contact Info: | Phone: (775) 784-4013 | Email: trenwick@unr.edu |
| 4) Addl Project Manager Name/Title: | Debbie Penrod | |
| Addl Project Manager Contact Info: | Phone: (775) 682-7248 | Email: debbie@unr.edu |
| 5) Finance/Grant Contact Name/Title: | Karim Hussein, Director of Sponsored Projects | |
| Finance/Grant Contact Info: | Phone: (775) 784-4040 | Email: ospadmin@unr.edu |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-----------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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**

| | |
|-----------------------|---------|
| PROJECT ID: | LL |
| Date Submitted | 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**

| | |
|-----------------------|---------|
| PROJECT ID: | LL |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------------------------------------------|
| PROJECT TITLE REFERENCE: | Electronic Access and Identity Verification System |
|---------------------------------|----------------------------------------------------|

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 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 |
|----------------------------|----------------|-------------------|---------------|
| | \$ 0.00 | \$ 229,734.99 | \$ 229,734.99 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | LL |
| Date Submitted | 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.

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.

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**

| | |
|-----------------------|---------|
| PROJECT ID: | LL |
| Date Submitted | 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.

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

| | | | | | | |
|--------------------|-----------------------------------|---------------------------------------------|----------------------------------------------|-------------------------------------------|---------------------------------------------|-----------|
| Agency Name | BOR of NSHE obo University Police | Project Manager Name & Contact # | Todd Renwick, 775-784-4013, trenwick@unr.edu | Grant Manager Name & Contact # | Debbie Penrod, 775-682-7248, debbie@unr.edu | LL |
|--------------------|-----------------------------------|---------------------------------------------|----------------------------------------------|-------------------------------------------|---------------------------------------------|-----------|

| | | | | | | | | | | | | |
|------------------|---------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | Access Control and Identity Verification for WNC | | | | | | | | | | | |
| | 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 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 | | | | | | | | | | | | |
| 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 | | | | | | - | - | | | |
| | 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 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | MM |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|----------------------------------------------------------|------------------------------------|
| 1) PROJECT TITLE: | Homeland Security Program Assistant | |
| 2) PROPOSING/LEAD AGENCY: | Washoe County Emergency Management and Homeland Security | |
| 3) Project Manager Name/Title: | Aaron R. Kenneston | |
| 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 | |
| Finance/Grant Contact Info: | Phone: (775) 337-5859 | Email: kecheverria@washoecounty.us |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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 closely 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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | MM |
| Date Submitted | 3/27/19 |

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

Again, 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

Once 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.

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 | Aaron R. Kenneston |
| 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 catrostriphic 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | MM |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------------------------------|
| PROJECT TITLE REFERENCE: | Homeland Security Program Assistant |
|---------------------------------|-------------------------------------|

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 |
| | | | | \$ 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 |
| One Washoe County Homeland Security Program Assistant in support of regional and statewide NCHS FFY18 initiatives. | | | \$ 92,000.00 | \$ 92,000.00 |
| 15g) PROJECT TOTALS | | LV-UASI | State-wide | TOTAL |
| | | \$ 0.00 | \$ 92,000.00 | \$ 92,000.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | MM |
| Date Submitted | 3/27/19 |

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.

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

This position is directly 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 Nevada.

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.

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

| | |
|-----------------------|---------|
| PROJECT ID: | MM |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------------------------------|
| 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.

Finally, the efforts will be quantified in both the State of Nevada Stakeholder Preparedness Review (SPR) as well as the Threat and Hazard Identification and Risk Assessment (THIRA).

- 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.

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

WC HS Program Assistant LINE ITEM DETAIL BUDGET

| | | | | | | |
|-------------|---------------|----------------------------------|---------------------------------|--------------------------------|----------------------------------|-----------|
| Agency Name | Washoe County | Project Manager Name & Contact # | Aaron Kenneston 775-337-5898 | Grant Manager Name & Contact # | Kelly Echeverria 775-337-5859 | MM |
|-------------|---------------|----------------------------------|---------------------------------|--------------------------------|----------------------------------|-----------|

IJ TITLE: Homeland Security Program 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 | | Program Assistant | New / Enhance / Past / Competitive | | 33.088675 | 90% | 2080 | \$ 61,942.00 | Planning - Community Resilience | Community Resilience | SHSP |
| 2 | | | | | | | | \$ - | | | |
| 3 | | | | | | | | \$ - | | | |
| 4 | | | | | | | | \$ - | | | |
| | Personnel | Sub-Total | | | | | | \$ 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.

| 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 | | Program Assistant | New / Enhance / Past / Competitive | | 15.606837 | 90% | 2080 | \$ 29,216.00 | Planning - Community Resilience | Community Resilience | Personnel |
| 6 | | | | | | | | \$ - | | | |
| 7 | | | | | | | | \$ - | | | |
| 8 | | | | | | | | \$ - | | | |
| | Fringe | Sub-Total | | | | | | \$ 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 COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. 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 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 | | | | | | | \$ - | - | | | |
| 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/JASI 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/JASI 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 | \$ 91,158.00 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | RR |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|
| 1) PROJECT TITLE: | Security Skills Professional Development for Information/Cyber Security Professionals | |
| 2) PROPOSING/LEAD AGENCY: | Nevada Office of Information Security (OIS) | |
| 3) Project Manager Name/Title: | Robert Dehnhardt, State Chief Information Security Officer | |
| Project Manager Contact Info: | Phone: (775) 684-7322 | Email: rwdehnhardt@admin.nv.gov |
| 4) Addl Project Manager Name/Title: | Shaun Rahmeyer, DPS Div Admr, Cyber Defense Coordination | |
| Addl Project Manager Contact Info: | Phone: (775) 687-9051 | Email: srahmeyer@dps.state.nv.us |
| 5) Finance/Grant Contact Name/Title: | Michele Lynn, EITS Fiscal Analyst | |
| Finance/Grant Contact Info: | Phone: (775) 684-4707 | Email: mlynn@admin.nv.gov |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | RR |
| Date Submitted | 3/27/19 |

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.

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

Specific sustainment of the GIAC certifications will be the responsibility of the candidate's hiring agency. 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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | RR |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|---------------------------------------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Security Skills Professional Development for Information/Cyber Security Professionals |
|---------------------------------|---------------------------------------------------------------------------------------|

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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
|-------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| n/a | | | \$ 0.00 |

| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| n/a | | | \$ 0.00 |

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

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

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

| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
|----------------------------|----------------|-------------------|---------------|
| | \$ 0.00 | \$ 229,140.00 | \$ 229,140.00 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | RR |
| Date Submitted | 3/27/19 |

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 | Evaluate training process results | 05/03/21 | 06/30/21 | 2 |
| 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 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | RR |
| Date Submitted | 3/27/19 |

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.

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
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>

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

| | | | | | | | | | | | | | |
|--------------------|--------------------------------------|---------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------------|--|--|--|--|--|--|--|-----------|
| Agency Name | Office of Information Security (OIS) | Project Manager Name & Contact # | Robert Dehnhardt, CISO, 775-684-7322 | Grant Manager Name & Contact # | Alisanne Maffei, 775-684-5855 | | | | | | | | RR |
|--------------------|--------------------------------------|---------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------------|--|--|--|--|--|--|--|-----------|

| | | | | | | | | | | | | |
|------------------|---------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | 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 | | | | | | | | \$ - | | | | |
| | 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 | n/a | | | | | | | \$ - | | | | |
| 6 | | | | | | | | \$ - | | | | |
| 7 | | | | | | | | \$ - | | | | |
| | 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 | n/a | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| | 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 | | 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 | | | | | | | - | | | |
| 30 | | | | | | | - | | | |
| 31 | | | | | | | - | | | |
| 32 | | | | | | | - | | | |
| 33 | | | | | | | - | | | |
| 34 | | | | | | | - | | | |
| 35 | | | | | | | - | | | |
| | Planning Sub-Total | | | | | | \$ 229,140.00 | | | |

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.

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 through 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.

| 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 | | | | | | \$ - | | | |

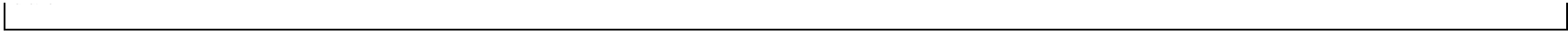
ORGANIZATION COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAIN IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE 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 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| | 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 | | 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 | | | | | | | | | \$ - | |
| 59 | | | | | | | | | | | \$ - | |
| 60 | | | | | | | | | | | \$ - | |
| | 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 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

FFY 2019 HSGP PROJECT SUBMISSIONS

UASI-ONLY PROJECTS

| Project ID | Funding Stream | Project Title |
|------------|----------------|------------------------------------------------------------------------|
| C | UASI | ARMOR CBRNE Response - Sustainment |
| I | UASI | Cyber Security Services |
| L | UASI | Public Health Analytical FTE |
| W | UASI | Mass Fatality Preparedness and Revise Mass Fatality Management Plan |
| X | UASI | Metropolitan Medical Response System (MMRS) - MAINTAIN |
| Z | UASI | ARMOR CBRNE Response - New Competitive |
| 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 |
| FF | UASI | LVMPD TASS TRV |
| GG | UASI | LVMPD Wireless Mesh Network and TRV Enhancement |
| JJ | UASI | Metropolitan Medical Response System (MMRS) - NEW |
| KK | UASI | Las Vegas Urban Area/Clark County Nevada Shelter Project |
| 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 |
| 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 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | C |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|------------------------------------|--------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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.

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*: | 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**

| | |
|-----------------------|---------|
| PROJECT ID: | C |
| Date Submitted | 3/27/19 |

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**
- Internal

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | C |
| Date Submitted | 3/27/19 |

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

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

| | LV-UASI | State-wide | SubTotal |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|---------------|
| 15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i> | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | | |
| he 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 100,000.00 | \$ 0.00 | \$ 100,000.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | C |
| Date Submitted | 3/27/19 |

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:

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 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.

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.

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.

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

| | |
|-----------------------|---------|
| PROJECT ID: | C |
| Date Submitted | 3/27/19 |

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.

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

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

LINE ITEM DETAIL BUDGET

| | | | | | | | |
|--|--------------------|-------------|---------------------------------------------|----------------------------|-------------------------------------------|----------------------------|----------|
| | Agency Name | LVMPD ARMOR | Project Manager Name & Contact # | Roger Haskins 702-271-2325 | Grant Manager Name & Contact # | Angela Walker 702-828-8210 | C |
|--|--------------------|-------------|---------------------------------------------|----------------------------|-------------------------------------------|----------------------------|----------|

IJ TITLE: 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 | | | | | | | | \$ - | | | |
| | 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 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 | 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 | 1.00 | 75,000.00 | \$ 75,000.00 | CBRNE - LVMPD ARMOR | Intelligence and Information Sharing | 21GN-00-MAIN | UASI |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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.

| 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 | \$ 100,000.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | I |
| Date Submitted | 3/26/19 |

| | | |
|---------------------------------------------|---------------------------------|---------------------------|
| 1) PROJECT TITLE: | Cyber Security Services | |
| 2) PROPOSING/LEAD AGENCY: | Southern Nevada Health District | |
| 3) Project Manager Name/Title: | Jason Frame/IT Manager | |
| Project Manager Contact Info: | Phone: (702) 759-1641 | Email: frame@snhd.org |
| 4) Addl Project Manager Name/Title: | Steven Kramer | |
| Addl Project Manager Contact Info: | Phone: (702) 759-1658 | Email: kramer@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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|---------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | CYBERSECURITY |
| HSGP Project Type Supporting Strategic Capacity: | OTHER |
| If OTHER, please choose FFY16-18 NCHS Priority: | CYBERSECURITY [Mission Area - PROT] |
| 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.**

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | I |
| Date Submitted | 3/26/19 |

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

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

| | |
|-----------------------|---------|
| PROJECT ID: | I |
| Date Submitted | 3/26/19 |

| | |
|---------------------------------|-------------------------|
| PROJECT TITLE REFERENCE: | Cyber Security Services |
|---------------------------------|-------------------------|

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 |
| Cyber Security Monitoring Service | | \$ 87,000.00 | | \$ 87,000.00 |
| 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 |
| | | | | \$ 0.00 |
| 15g) PROJECT TOTALS | | LV-UASI | State-wide | TOTAL |
| | | \$ 87,000.00 | \$ 0.00 | \$ 87,000.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | I |
| Date Submitted | 3/26/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | I |
| Date Submitted | 3/26/19 |

PROJECT TITLE REFERENCE: Cyber Security Services

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 funding available through other resources.</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 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.

**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 |
|--|--------------------|---------------------------------|---------------------------------------------|--------------------------|-------------------------------------------|-------------------------------------------------------|----------|

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 |
|--------|-------------------------|---------------------------------------------------------------------|----------------------|-----------------------|---------------|-------------|---------------------------|-----------------------|-----------------------------|-----------------|--------------------------|
| | 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 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 | 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 | | | | | | | \$ - | | | |
| | Organization Sub-Total | | | | | | \$ 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 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 | | | | | | | \$ - | | | | |
| 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) | | | | | | | | | | |
| 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 | \$ 87,000.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | L |
| Date Submitted | 3/26/19 |

| | | |
|---------------------------------------------|---------------------------------|---------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | L |
| Date Submitted | 3/26/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | L |
| Date Submitted | 3/26/19 |

| | |
|---------------------------------|------------------------------|
| PROJECT TITLE REFERENCE: | Public Health Analytical FTE |
|---------------------------------|------------------------------|

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 |
| | | | \$ 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. | \$ 98,276.94 | | \$ 98,276.94 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 98,276.94 | \$ 0.00 | \$ 98,276.94 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | L |
| Date Submitted | 3/26/19 |

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 | To | Duration |
|--------|------------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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:

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 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.

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

| | |
|-----------------------|---------|
| PROJECT ID: | L |
| Date Submitted | 3/26/19 |

PROJECT TITLE REFERENCE: Public Health Analytical FTE

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 funding available through other resources.</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 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

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.

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

| | | | | | | |
|--------------------|---------------------------------|---------------------------------------------|----------------------------|-------------------------------------------|-------------------------------------------------------|----------|
| Agency Name | Southern Nevada Health District | Project Manager Name & Contact # | Steven Kramer 702-759-1658 | Grant Manager Name & Contact # | Lynda Zielinski-702-759-1245 email Zielinski@snhd.org | L |
|--------------------|---------------------------------|---------------------------------------------|----------------------------|-------------------------------------------|-------------------------------------------------------|----------|

| | |
|------------------|-------------------------------|
| IJ TITLE: | Public Health Analytical FTE |
| | 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 | | Public Health Preparedness Analyst | Maintain | UASI | Salary | 100% | 2080 | \$ 68,989.00 | Fusion Center - SNCTC | Operational Coordination | UASI |
| 2 | | | | | | | | \$ - | | | |
| 3 | | | | | | | | \$ - | | | |
| 4 | | | | | | | | \$ - | | | |
| | Personnel Sub-Total | | | | | | | \$ 68,989.00 | | | |

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 | | Fringe Rate of 41.00% of Base Salary | Maintain | UASI | Salary | 100% | 2,080.00 | \$ 28,285.49 | Fusion Center - SNCTC | Operational Coordination | Personnel |
| 6 | | | | | | | | \$ - | | | |
| 7 | | | | | | | | \$ - | | | |
| 8 | | | | | | | | \$ - | | | |
| | Fringe Sub-Total | | | | | | | \$ 28,285.49 | | | |

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 | Training | Mileage for local trainings/meetings | Maintain | UASI | Training | Travel for instate meeting mileage | | | 500.00 | Fusion Center - SNCTC | Operational Coordination | UASI |
| 10 | Travel/Training | Fusion Center Training in Chicago | New / Enhance / Past / Competitive | UASI | Training | Fusion Center Training | 1.00 | 502.45 | 502.45 | Fusion Center - SNCTC | Operational Coordination | UASI |
| 11 | | | | | | | | | - | | | |
| 12 | | | | | | | | | - | | | |
| 13 | | | | | | | | | - | | | |
| 14 | | | | | | | | | - | | | |
| 15 | | | | | | | | | - | | | |
| 16 | | | | | | | | | - | | | |
| 17 | | | | | | | | | - | | | |
| 18 | | | | | | | | | - | | | |
| 19 | | | | | | | | | - | | | |
| 20 | | | | | | | | | - | | | |
| 21 | | | | | | | | | - | | | |
| 22 | | | | | | | | | - | | | |
| 23 | | | | | | | | | - | | | |
| 24 | | | | | | | | | - | | | |
| 25 | | | | | | | | | - | | | |
| 26 | | | | | | | | | - | | | |
| 27 | | | | | | | | | - | | | |
| | Travel Sub-Total | | | | | | | | 1,002.45 | | | |

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.

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 | | | | | | | | | |
| | | 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) | | | | | | | | | | |
| 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 | \$ 98,276.94 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | W |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| 1) PROJECT TITLE: | Mass Fatality Preparedness and Revise Mass Fatality Management Plan | |
| 2) PROPOSING/LEAD AGENCY: | Clark County Office of the Coroner/Medical Examiner | |
| 3) Project Manager Name/Title: | John Fudenberg, Coroner | |
| Project Manager Contact Info: | Phone: (702) 455-3385 | Email: FUD@clarkcountynv.gov |
| 4) Addl Project Manager Name/Title: | David Mills, Coroner Investigative Forensic Supervisor | |
| Addl Project Manager Contact Info: | Phone: (702) 455-0852 | Email: DMS@clarkcountynv.gov |
| 5) Finance/Grant Contact Name/Title: | Need info: Ashley Peterson | |
| Finance/Grant Contact Info: | Phone: (702) 455-3236 | Email: Ashley.Peterson@ClarkCountyNV.gov |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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.**

Phase 1 -To review, revise, and update statewide Mass Fatality (MF) response plans 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 statewide and make available to responder agencies; To provide refresher training to statewide responders and NGO collaborators on MF response; Phase 2 -To conduct regional table top MF exercises to evaluate plan revisions and associated after-action training; And Phase 3 - To conduct a statewide full-scale MF disaster portable morgue unit (DPMU) and disaster victim identification (DV). 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>

| | |
|--------------------------------------------------|----------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | RECOVERY |
| HSGP Project Type Supporting Strategic Capacity: | Nevada Disaster Recovery Framework [RECOVERY] |
| 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 the 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. The state and local entities will coordinate a bi-annual statewide exercise in order to maintain statewide response proficiency.

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

| | |
|-----------------------|---------|
| PROJECT ID: | W |
| Date Submitted | 3/27/19 |

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 Phase 1 Year 1 -Hire an project manager/plans writer; Phase 1 Year 1 -Project manager reviews, revises, and updates existing MF plans statewide ; Phase 1 Year 1 – Project manager plans, coordinates, facilitates refresher training on plan and revisions; Phase 1 Years 1 – 2 Program manager updates and revises a comprehensive list of all pre-positioned MF equipment accessible to responders; Phase 1 Years 1-3 Conduct semi-annual project meetings with the project manager/plans writer, CCOCME, and Washoe County OME staff; Phase 2 Year 2 - Project manager plans, coordinates, facilitates 3 regional MF table top exercises to evaluate plan revisions; Phase 2 Years 2-3 Project manager conducts additional training as needed per After Action Report (AAR) from table tops to address deficiencies; Phase 3 Year 3 - 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | W |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|---------------------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Mass Fatality Preparedness and Revise Mass Fatality Management Plan |
|---------------------------------|---------------------------------------------------------------------|

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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 starting in Las Vegas, (branching to Carson/Reno, Ely/Elko). MF exercise would require 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. | \$ 12,000.00 | | \$ 12,000.00 |

| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
|-------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| It is not expected to use funding for any organization. | | | \$ 0.00 |

| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| It is not expected to use funding for any equipment. | | | \$ 0.00 |

| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| The project manager/plans writer will plan, coordinate, and facilitate training sessions for Clark County, and for future statewide coroner/medical examiner agencies, state and local support agencies, and collaborative NGO agencies once the CCOCME MF plan revisions and equipment lists are in place. Future funding to be allocated from SHSP. A training session(s) will be conducted in in Las Vegas and Carson/Reno). 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 |

| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| The second Phase in the second year of the grant (poss. SHSP) there will be additional MF table top exercises scheduled in various geographic areas of NV (Carson/Reno, Ely/Elko), 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 existing MF response plans developed under previous HSGP funding in 2011. In Phase 3 year 3 of the grant the 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 location would be in Las Vegas. The purposes would be to exercise the full deployment. | \$ 15,000.00 | | \$ 15,000.00 |

| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| CCOCME was awarded FY2011 HSGP SHSP funding to expand capabilities in MF management in conducting victim identification and management of ante-mortem data for the deceased and their families throughout the State of Nevada. This resulted in coordinated training for statewide users, needs assessment and plans writing to update MF plans, coordinate, facilitate, evaluate, and document post mortem and dental identification exercises in the UVIS software, and facilitate multi-i | \$ 15,000.00 | | \$ 15,000.00 |

| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
|----------------------------|----------------|-------------------|--------------|
| | \$ 54,000.00 | \$ 0.00 | \$ 54,000.00 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | W |
| Date Submitted | 3/27/19 |

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 | 07/01/19 | 11/01/19 | 4 |
| 3 | Hire Project Manager/Plans Writer | 10/01/19 | 11/01/19 | 1 |
| 4 | Provide updates for quarterly grant reports | 12/01/19 | 01/01/20 | 1 |
| 5 | Review, Revise, Update statewide Mass Fatality Response plans | 07/01/19 | 08/31/19 | 1 |
| 6 | Review, Revise, and Distribute statewide MF equipment list | 08/01/19 | 09/30/19 | 2 |
| 7 | Plan, Coordinate, Facilitate semi-annual meetings | 07/01/19 | 08/30/19 | 2 |
| 8 | Prepare and Conduct training on revised plans | 09/01/19 | 10/01/19 | 1 |
| 9 | Prepare and Conduct table top exercises | 10/01/19 | 11/30/19 | 2 |
| 10 | Review AAR and conduct additional training | 08/01/19 | 09/30/19 | 2 |
| 11 | Plan, Coordinate, Facilitate statewide DPMU/DVI exercise | 07/01/19 | 09/30/19 | 3 |
| 12 | Complete the final grant report | 10/01/19 | 12/01/19 | 2 |

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 ensure that and provide sustainable services during a prolonged and complex recovery period overall 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 CCOCME Mass Fatality Management response plans, with emphasis to plan and exercise the completed plan.

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: | W |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|---------------------------------------------------------------------|
| 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.

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.

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**

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 the current MFMP would provide clearer, practical guidance for responding to such incidents. To plan will be a step-by-step guide to the actions that need to be taken to respond to a MFI. 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 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 proficiency.

**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) 455-3385 | Grant Manager Name & Contact # | David Mills, Coroner Investigative Forensic Supervisor, (702) 455-0852 | W | | | | |
| IJ TITLE: | | Mass Fatality Preparedness and Revise mass Fatality Management Plan | | | | | | | | | |
| 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 | | Semi-Annual Coordination Meetings with Clark County OEM, Washoe OEM, CCOOME, Project Manager/Plans Writer, and NV DHS OEM in Reno, NV or Carson City, NV | Maintain | UASI | Planning | Line Items | 15.00 | 300.00 | 4,500.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 10 | | Regional Mass Fatality (MF) Training on Plan Revisions and NTE Courses AWR-232 and MGT-341 in Clark County | Maintain | UASI | Planning | Line Items | 10.00 | 300.00 | 3,000.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 11 | | Follow Up MF Training on Table Top AAR and NTE Course MGT-901-Clark County | Maintain | UASI | Planning | Line Items | 5.00 | 300.00 | 1,500.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 12 | | MF Table Top Exercise - Clark County | Maintain | UASI | Planning | Line Items | 5.00 | 300.00 | 1,500.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 13 | | Full Scale Statewide MF DPMU/DVI Exercise - Clark County | Maintain | UASI | Planning | Line Items | 15.00 | 300.00 | 4,500.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 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 | | Mass Fatality Plan Review - Clark County | Maintain | UASI | 1 | 1,250.00 | 1,250.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 28 | | Table Top Exercise planning - Clark County | Maintain | UASI | 1.00 | 7,000.00 | 7,000.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 29 | | Mass Fatality Pre-positioned Equipment List consolidation | Maintain | UASI | 1 | 1,250.00 | 1,250.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 30 | | Semi-Annual Coordination Meetings Facilitation in Carson City/Reno, NV | Maintain | UASI | 1 | 2,500.00 | 2,500.00 | Planning - Mass Fatality | Fatality Management Services | UASI |
| 31 | | | | | | | | | | |
| 32 | | | | | | | | | | |
| 33 | | | | | | | | | | |
| 34 | | | | | | | | | | |
| 35 | | | | | | | | | | |
| | Planning Sub-Total | | | | | | \$ 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 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 | | Project Manager/Plans Writer | | | | | | Planning - Mass Fatality | Fatality Management Services | |
| 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 | | None | | | | | \$ - | | | | |
| 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/HS 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 | | | | | | | Planning - Mass Fatality | Fatality Management Services | \$ - | |
| 51 | | MF Training on Plan Revisions and NTE Courses AWR-232 and MGT-341 - Clark County | | | | | 1 | 3,000.00 | Planning - Mass Fatality | Fatality Management Services | \$ 3,000.00 | |
| 52 | | Regional MF Training on Plan Revisions and NTE Courses AWR-232 and MGT-341 - Carson City/Reno | | | | | 1 | 3,000.00 | Planning - Mass Fatality | Fatality Management Services | \$ 3,000.00 | |
| 53 | | Follow Up MF Training on Table Top AAR and NTE Course MGT-901 - Clark County | | | | | 1 | 3,000.00 | Planning - Mass Fatality | Fatality Management Services | \$ 3,000.00 | |
| 54 | | Regional Follow Up MF Training on Table Top AAR and NTE Course MGT-901 - Carson City/Reno | | | | | 1 | 3,000.00 | Planning - Mass Fatality | Fatality Management Services | \$ 3,000.00 | |
| 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 | Maintain | UASI | | | | | | | | |
| 58 | | Regional MF Table Top Exercise - Clark County | Maintain | UASI | No, if no this will not be approved | | 1 | 2,500.00 | Planning - Mass Fatality | Fatality Management Services | \$ 2,500.00 | UASI |
| 59 | | Regional MF Table Top Exercise - Carson City/Reno | Maintain | UASI | No, if no this will not be approved | | 1 | 2,500.00 | Planning - Mass Fatality | Fatality Management Services | \$ 2,500.00 | UASI |
| 60 | | 2-Day Full Scale MF DMPU/DVI Exercise | Maintain | UASI | No, if no this will not be approved | | 1 | 10,000.00 | Planning - Mass Fatality | Fatality Management Services | \$ 10,000.00 | UASI |
| 61 | | | Maintain | UASI | No, if no this will not be approved | | | | Planning - Mass Fatality | Fatality Management Services | \$ - | UASI |
| | 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 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | X |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1) PROJECT TITLE: | Metropolitan Medical Response System (MMRS) - MAINTAIN | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | X |
| Date Submitted | 3/27/19 |

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 (Alternete) |
| 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | X |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|--------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Metropolitan Medical Response System (MMRS) - MAINTAIN |
|---------------------------------|--------------------------------------------------------|

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 |
| FirstWatch Real Time Early Warning System Annual Maintenance \$50,100 | | \$ 50,100.00 | | \$ 50,100.00 |
| 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 |
| 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 |
| 15g) PROJECT TOTALS | | LV-UASI | State-wide | TOTAL |
| | | \$ 131,285.00 | \$ 0.00 | \$ 131,285.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | X |
| Date Submitted | 3/27/19 |

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 | To | Duration |
|--------|--------------------------------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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:

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

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Does this project have a nexus to terrorism? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |
| <p>b. Does this project align with the FFY19 strategic capacities? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>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.</p> |
| <p>c. Can this project funding request be reduced? Is it scaleable? YES <input type="radio"/> NO <input checked="" type="radio"/> Explain below.</p> <p>Yes, FirstWatch could be eliminated but it would result in a significant loss of established syndromic surveillance and emergency alerting capability.</p> |

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

| | |
|-----------------------|---------|
| PROJECT ID: | X |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Metropolitan Medical Response System (MMRS) - MAINTAIN

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, 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.</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.

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, OPAKS 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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) | | | | | | | | | | |
| 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 | \$ 131,285.00 | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | Z |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|----------------------------------------|--------------------------|
| 1) PROJECT TITLE: | ARMOR CBRNE Response - New Competitive | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|--------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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**

| | |
|-----------------------|---------|
| PROJECT ID: | Z |
| Date Submitted | 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** 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.
- 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

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**

| | |
|-----------------------|---------|
| PROJECT ID: | Z |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------------------------------|
| 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.

| 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 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 |
| 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 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | Z |
| Date Submitted | 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:

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.

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.

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: | Z |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: ARMOR CBRNE Response - New Competitive

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 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>e. Does this project provide a MEASUREABLE statewide benefit? YES <input checked="" type="radio"/> NO <input type="radio"/> Explain below.</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

| | | | | |
|--|-----------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|----------|
| | Agency Name LVMPD ARMOR | Project Manager Name & Contact # Roger Haskins 702-271-2325 | Grant Manager Name & Contact # Angela Walker 702-828-8210 | Z |
|--|-----------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|----------|

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 | | | | | | | | \$ - | | | |
| | 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 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | BB |
| Date Submitted | 3/21/19 |

| | | |
|---------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|
| 1) PROJECT TITLE: | Henderson Multi Use EOC Sustainment - Enterprise Surveillance System | |
| 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 & 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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, 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. Therefore, COH respectfully requests 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>

| | |
|--------------------------------------------------|------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | BB |
| Date Submitted | 3/21/19 |

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

We 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%

Statewide
(SHSP)

100%

Urban Area
(UASI)

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

| | |
|-----------------------|---------|
| PROJECT ID: | BB |
| Date Submitted | 3/21/19 |

| | |
|---------------------------------|----------------------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Henderson Multi Use EOC Sustainment - Enterprise Surveillance System |
|---------------------------------|----------------------------------------------------------------------|

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 |
| 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 | | \$ 503,543.00 |
| 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 |
| | | \$ 503,543.00 | \$ 0.00 | \$ 503,543.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | BB |
| Date Submitted | 3/21/19 |

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 | 09/30/21 | 4 |
| 6 | Equipment Inventory and Installation | 10/01/21 | 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.
 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | BB |
| Date Submitted | 3/21/19 |

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.

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

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

LINE ITEM DETAIL BUDGET

| | | | | | | |
|--------------------|-------------------|---------------------------------------------|------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|-----------|
| Agency Name | City of Henderson | Project Manager Name & Contact # | Troy Westover Facilities Manager (702)267-3290 | Grant Manager Name & Contact # | Heather Carson Fire Department Business Analyst III (702)267-2246 | BB |
|--------------------|-------------------|---------------------------------------------|------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|-----------|

LI TITLE: 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 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 | 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 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 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| | Travel Sub-Total | | | | | | | | | | | |

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

| 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 | | | | | | - | - | | | | |
| | 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 | 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 | | | | | | - | - | | | | |
| | 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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) | | | | | | | | | | |
| | | 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 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. 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 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. MAY REQUIRE EHP, PLEASE SEE EHP SCREENING MEMO

Narrative HERE

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|
| | | | | | | | | | | | Budget Total Request | \$ 503,543.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | CC |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|------------------------------------------|--------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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.

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*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | CC |
| Date Submitted | 3/27/19 |

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.

This new position will allow the Fusion Watch program to have some consistency in program implementation.

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%

Statewide
(SHSP)

100%

Urban Area
(UASI)

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

| | |
|-----------------------|---------|
| PROJECT ID: | CC |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|------------------------------------------|
| PROJECT TITLE REFERENCE: | Southern Nevada Counter Terrorism Center |
|---------------------------------|------------------------------------------|

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 |
|------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Salary for one FTE Fusion Watch Specialist for 18 months. | \$ 127,890.52 | | \$ 127,890.52 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
| n.a | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
| n.a | | | \$ 0.00 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
| n.a | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
| n.a | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
| n.a | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 127,890.52 | \$ 0.00 | \$ 127,890.52 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | CC |
| Date Submitted | 3/27/19 |

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 | To | Duration |
|--------|-----------------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# months) |
| 1 | Receive Funding | N/A | N/A | N/A |
| 2 | Hiring Process | 01/01/20 | 03/01/20 | 3 |
| 3 | Implement Training Programs, and Project Management | 03/01/20 | 09/30/21 | 12 |
| 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.

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

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | CC |
| Date Submitted | 3/27/19 |

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 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.

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 |
|-------------|-------|----------------------------------|-------------------------------------|--------------------------------|---------------------------|-----------|

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 Specilaist - 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 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.

This is the 18 month anticipated salary for the Fusion Watch Specialist.

| 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 Specilaist - 18 months | New / Enhance / Past / Competitive | | 13.49987821 | 100% | 3,120.00 | \$ 42,091.54 | Fusion Center - SNCTC | Intelligence and Information Sharing | UASI |
| 6 | | | | | | | | \$ - | | | |
| 7 | | | | | | | | \$ - | | | |
| 8 | | | | | | | | \$ - | | | |
| | Fringe | Sub-Total | | | | | | \$ 42,091.54 | | | |

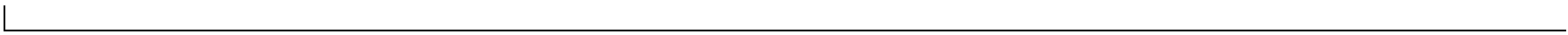
FRINGE COST NARRATIVE REQUIRED FOR EACH LINE ITEM ABOVE - PLEASE EXPLAINE IN DETAIL THE POSITIONS AND DELIVERABLES. NARRATIVE WILL BE USED TO ENSURE ITEMS LISTED WILL BE COMPLETED IN THE GRANT CYCLE - ITEMS MAY NOT BE PURCHASED OUTSIDE THE ITEMS LISTED ABOVE WITHOUT A PRE-APPROVED PROJECT CHANGE REQUEST.

This is the 18 month anticipated salary for the 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 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| | Travel | Sub-Total | | | | | | | | | | |

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



| 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 | | | | | | | - | - | | | |
| | 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 | 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 | | | | | | | \$ - | - | | | |
| | 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.

| 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/JASI 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/JASI 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 | \$ 127,890.52 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | DD |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-------------------------------------|--------------------------|
| 1) PROJECT TITLE: | Radio Site Target Hardening | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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>

| | |
|--------------------------------------------------|--------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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.**

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | DD |
| Date Submitted | 3/27/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | DD |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-----------------------------|
| PROJECT TITLE REFERENCE: | Radio Site Target Hardening |
|---------------------------------|-----------------------------|

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

| | LV-UASI | State-wide | SubTotal |
|------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|--------------|
| 15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i> | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | | |
| Computer Server, Milestone Licenses, Network switches, (20) Surveillance Cameras, and miscellaneous cabling and mounts | \$ 50,000.00 | | \$ 50,000.00 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 50,000.00 | \$ 0.00 | \$ 50,000.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | DD |
| Date Submitted | 3/27/19 |

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 | 06/30/19 | 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.

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | DD |
| Date Submitted | 3/27/19 |

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

**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 | DD |
|--------------------|-------|---------------------------------------------|--------------------------------|-------------------------------------------|---------------------------|-----------|

| | | | | | | |
|------------------|-------------------------------|--|--|--|--|--|
| IJ TITLE: | Radio Site Hardening 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 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 | 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 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 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| | Travel | Sub-Total | | | | | | | | | | |

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

| 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 | | | | | | - | - | | | | |
| | 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 | 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 | | | | | | - | - | | | | |
| | 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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 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) | | | | | | | | | | |
| 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 | \$ 50,000.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | EE |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|------------------------------------------|--------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|--------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | EE |
| Date Submitted | 3/27/19 |

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

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

| | |
|-----------------------|---------|
| PROJECT ID: | EE |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|--------------------|
| PROJECT TITLE REFERENCE: | LVMPD DOC Dispatch |
|---------------------------------|--------------------|

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| n.a | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
| n.a | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
| 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
| n.a | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
| n.a | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | LV-UASI | State-wide | SubTotal |
| n.a | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 14,370.40 | \$ 0.00 | \$ 14,370.40 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | EE |
| Date Submitted | 3/27/19 |

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 | To | Duration |
|--------|-------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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)
Project Proposal for FFY19 HSGP Funding Description

| | |
|----------------|---------|
| PROJECT ID: | EE |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: LVMPD DOC Dispatch

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

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

DOC is currently seeking funds to enhance their capabilities during a response.

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

We dispatch for the largest population served within the state of Nevada, yes.

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.

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 |
|--|----------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------|

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.

| 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 | | | | | | | | | | | | |
| 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.



| 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.

| 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.

| 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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 dispatching position within the LVMPD DOC.

| 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 | \$ 14,370.40 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | FF |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-------------------------------------|--------------------------|
| 1) PROJECT TITLE: | LVMPD TASS TRV | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|---------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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**

| | |
|-----------------------|---------|
| PROJECT ID: | FF |
| Date Submitted | 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% | 100% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | FF |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------|
| PROJECT TITLE REFERENCE: | LVMPD TASS TRV |
|---------------------------------|----------------|

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 |
| TASS TRV | | \$ 300,000.00 | | \$ 300,000.00 |
| 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 |
| | | \$ 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**

| | |
|-----------------------|---------|
| PROJECT ID: | FF |
| Date Submitted | 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 | To | Duration |
|--------|--------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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**

| | |
|-----------------------|---------|
| PROJECT ID: | FF |
| Date Submitted | 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

| | | | | |
|--|-----------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|----|
| | Agency Name LVMPD | Project Manager Name & Contact # Sgt. Brad Cupp 702-828-4455 | Grant Manager Name & Contact # Joni Prucnal 702 828 8267 | FF |
|--|-----------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|----|

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 | | | | | | | | \$ - | | | |
| | 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 | | | | | | | | | | | | |
| 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 | 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 | | | | | | - | - | | | | |
| | 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 | 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 | | | | | | - | - | \$ - | | | |
| | 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 | | 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 | | | | | | | | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | GG |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-------------------------------------------------|--------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|---------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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**

| | |
|-----------------------|---------|
| PROJECT ID: | GG |
| Date Submitted | 3/27/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | GG |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------------------------------------------|
| PROJECT TITLE REFERENCE: | LVMPD Wireless Mesh Network and TRV Enhancement |
|---------------------------------|-------------------------------------------------|

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

| | LV-UASI | State-wide | SubTotal |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|---------------|
| 15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i> | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | | |
| 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 604,400.00 | \$ 0.00 | \$ 604,400.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | GG |
| Date Submitted | 3/27/19 |

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 | 06/30/19 | 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**

| | |
|-----------------------|---------|
| PROJECT ID: | GG |
| Date Submitted | 3/27/19 |

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

**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 | | GG | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|--------------------------------|---------------------------------------------------------------|-------------------------------------------|-----------------------|-----------------------------|-----------------------------|-----------------|--------------------------|
| 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 | | | | | | | | \$ - | | | | |
| 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 | 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 | | | | | | | | | | | |
| | 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 | | 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 | | 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 |
| | EQUIPMENT Sub-Total | | | | | | \$ 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) | | | | | | | | | | |
| 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 | \$ 604,400.00 | |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | JJ |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | JJ |
| Date Submitted | 3/27/19 |

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 (Alternete) |
| 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% | 100% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | JJ |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|---------------------------------------------------|
| PROJECT TITLE REFERENCE: | Metropolitan Medical Response System (MMRS) - NEW |
|---------------------------------|---------------------------------------------------|

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

| | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|---------------|
| 15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i> | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | | \$ 0.00 |
| 15c) Equipment <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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 243,500.00 | \$ 0.00 | \$ 243,500.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | JJ |
| Date Submitted | 3/27/19 |

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 | To | Duration |
|--------|-----------------------------------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | JJ |
| Date Submitted | 3/27/19 |

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.

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 | | | | | | - | - | | | |
| | 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.

| 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 | | | | | | - | \$ - | | | |
| 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.

| 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 | | Stingray Poleless Litter | New / Enhance / Past / Competitive | UASI | 140.00 | \$150 | \$ 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 | \$ 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 | | | | | | | | \$ - | | | | |
| | | EQUIPMENT Sub-Total | | | | | | \$ 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.

Categories of support activities will be used to ensure the project's timeliness and the strengthened ability to provide medical aid during an 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, gunshots, 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) | | | | | | | | | | |
| 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

| 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

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|-----------------------------|---------------|--|
| | | | | | | | | | | Budget Total Request | \$ 243,500.00 | |
|--|--|--|--|--|--|--|--|--|--|-----------------------------|---------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | KK |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|----------------------------------------------------------|--------------------------------------|
| 1) PROJECT TITLE: | Las Vegas Urban Area/Clark County Nevada Shelter Project | |
| 2) PROPOSING/LEAD AGENCY: | Clark County Office of Emergency Management | |
| 3) Project Manager Name/Title: | Misty Richardson | |
| Project Manager Contact Info: | Phone: (702) 455-5713 | Email: richardsonm@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: (702) 455-6183 | Email: KarenT@clarkcountynv.gov |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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.**

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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | KK |
| Date Submitted | 3/27/19 |

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**
- Internal

While our preference is Sole Source based upon the precedent setting nature of the study and the fact phase one was provided gratis, Clark County OEM understands the need to abide by NDEM policies and procedures for procurement and will follow the RFP process if deemed 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 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) | Fire Department Division of Emergency Management | Clark 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | KK |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------------------------------------------------|
| PROJECT TITLE REFERENCE: | Las Vegas Urban Area/Clark County Nevada Shelter 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
|------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Develop templates for MOUs MOAs and Interlocals Agreements necessary to support shelter services (costs are included in 15a above) | | | \$ 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

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

| 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 |
|----------------------------|----------------|-------------------|---------------|
| | \$ 148,175.00 | \$ 0.00 | \$ 148,175.00 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | KK |
| Date Submitted | 3/27/19 |

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 | To | Duration |
|--------|-----------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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:

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.

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.

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.

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.

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

| | |
|-----------------------|---------|
| PROJECT ID: | KK |
| Date Submitted | 3/27/19 |

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.

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.

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY 2019

LINE ITEM DETAIL BUDGET

| | | | | | | |
|-------------|------------------|----------------------------------|------------------|--------------------------------|--------------|-----------|
| Agency Name | Clark County OEM | Project Manager Name & Contact # | Misty Richardson | Grant Manager Name & Contact # | Karen Taylor | KK |
|-------------|------------------|----------------------------------|------------------|--------------------------------|--------------|-----------|

IJ TITLE: Las Vegas Urban Area/Clark County NV 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 | | | | | | | | \$ - | | | |
| | | 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 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 | | 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 | | | | | | - | - | | | |
| | | Planning Sub-Total | | | | | \$ 88,575.00 | | | |

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.

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 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 | | | | | | | \$ - | | | | |
| 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) | | | | | | | | | | |
| 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 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | NN |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|------------------------------------------|--------------------------|
| 1) PROJECT TITLE: | Southern Nevada Counter Terrorism Center | |
| 2) PROPOSING/LEAD AGENCY: | Las Vegas Metropolitan Police Department | |
| 3) Project Manager Name/Title: | Justin Van Nest | |
| Project Manager Contact Info: | Phone: (702) 828-3389 | Email: j14198v@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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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>

| | |
|--------------------------------------------------|-----------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | NN |
| Date Submitted | 3/27/19 |

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

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

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

| | |
|-----------------------|---------|
| PROJECT ID: | NN |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|------------------------------------------|
| PROJECT TITLE REFERENCE: | Southern Nevada Counter Terrorism Center |
|---------------------------------|------------------------------------------|

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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
|-------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| | \$ 0.00 | \$ 0.00 | \$ 0.00 |

| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Tactical binoculars for SWAT and bullhorns for Tac vehicles, and simunition rounds. | \$ 39,600.00 | \$ 0.00 | \$ 39,600.00 |

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

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

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

| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
|----------------------------|----------------|-------------------|--------------|
| | \$ 79,943.60 | \$ 0.00 | \$ 79,943.60 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | NN |
| Date Submitted | 3/27/19 |

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 | To | Duration |
|--------|------------------------------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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.
 Yes, the MACTAC team trains on the response during a CCTA or an MCI active shooter response.

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

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | NN |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Southern Nevada Counter Terrorism Center

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>The LVMPD requires the grants to sustain this 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>Yes the SNCTC is the state designated fusion center for the state of Nevada.</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

none.

**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 | NN |
|--------------------|------------------------------------------|---------------------------------------------|---------------------------------|-------------------------------------------|---------------------------|-----------|

II TITLE: SNCTC - Tactical Response Equipment

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 | | 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 | | | |
| | Personnel Sub-Total | | | | | | | \$ 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 \$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. The total in this spreadsheet is broken, and unable to be fixed.

| 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.

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 | | | | | | | | - | - | | | |
| 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 | 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 | | | | | | | | | | | | |
| 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 | | Binoculars | New / Enhance / Past / Competitive | | 03OE-02-BNOC | 10.00 | 3,500.00 | \$ 35,000.00 | Approved Strategic Capacity | Operational Coordination | | UASI |
| 41 | | Bullhorns | New / Enhance / Past / Competitive | | 19GN-00-BGPK | 36.00 | 50.00 | \$ 1,800.00 | Approved Strategic Capacity | Operational Coordination | | UASI |
| 42 | | Simunition Rounds | New / Enhance / Past / Competitive | | | 1.00 | 2,800.00 | \$ 2,800.00 | Approved Strategic Capacity | Operational Coordination | | UASI |
| 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.

Tactical binoculars for SWAT and bullhorns for Tac vehicles, and simunition rounds.

| 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) | | | | | | | | | | |
| 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 | 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) | | | | | | | | | | |
| 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 | \$ 79,943.60 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | OO |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-----------------------|------------------------------------|
| 1) PROJECT TITLE: | CBRNE Mobility | |
| 2) PROPOSING/LEAD AGENCY: | Las Vegas Fire Rescue | |
| 3) Project Manager Name/Title: | Karl Rosette | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 part of the Southern Nevada CBRNE Task Force. 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. 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>

| | |
|--------------------------------------------------|----------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | OO |
| Date Submitted | 3/27/19 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | OO |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------|
| PROJECT TITLE REFERENCE: | CBRNE Mobility |
|---------------------------------|----------------|

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- 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 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | OO |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------|
| 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 | To | Duration |
|--------|---------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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 | 01/16/20 | 1 |
| 6 | Procurement | 01/16/20 | 02/13/20 | 1 |
| 7 | Manufacture Time | 02/13/20 | 08/13/20 | 6 |
| 8 | Receive | 08/13/20 | 09/14/20 | 1 |
| 9 | Place in service | 09/14/20 | 10/19/20 | 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.

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 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | OO |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: CBRNE Mobility

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.

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

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

| | | | | |
|--|--------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------|
| | Agency Name CBRNE Mobility | Project Manager Name & Contact # Karl Rosette 702-271-0480 | Grant Manager Name & Contact # Priscilla Wdowiak 702-229-6045 | 00 |
|--|--------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------|

IJ TITLE: CBRNE Mobility

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 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 | | CBRNE Mobility Units | New / Enhance / Past / Competitive | UASI | 2.00 | 22,000.00 | \$ 44,000.00 | | | 12VE-00-MISS Vehicle, Specialized Mission | UASI |
| 41 | | Trailers | New / Enhance / Past / Competitive | | 2.00 | 13,300.00 | \$ 26,600.00 | | | 12TR-00-TEQP Trailer, Equipment | UASI |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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.

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 | \$ 70,600.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | PP |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-------------------------------|------------------------------------|
| 1) PROJECT TITLE: | CBRNE Remote Monitor Platform | |
| 2) PROPOSING/LEAD AGENCY: | Las Vegas Fire Rescue | |
| 3) Project Manager Name/Title: | Karl Rosette | |
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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>

| | |
|--------------------------------------------------|----------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | PP |
| Date Submitted | 3/27/19 |

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%

Statewide
(SHSP)

100%

Urban Area
(UASI)

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

| | |
|-----------------------|---------|
| PROJECT ID: | PP |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|-------------------------------|
| PROJECT TITLE REFERENCE: | CBRNE Remote Monitor Platform |
|---------------------------------|-------------------------------|

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 |
| Remotely operated platform with integrated CBRNE sensors. | | \$ 150,000.00 | | \$ 150,000.00 |
| 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 |
| | | \$ 150,000.00 | \$ 0.00 | \$ 150,000.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | PP |
| Date Submitted | 3/27/19 |

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 | 01/16/20 | 1 |
| 6 | Procurement | 01/16/20 | 02/13/20 | 1 |
| 7 | Manufacture Time | 02/13/20 | 08/13/20 | 6 |
| 8 | Receive | 08/13/20 | 09/14/20 | 1 |
| 9 | Training for Operation | 09/14/20 | 10/19/20 | 1 |
| 10 | Place in service. | 10/20/20 | 11/19/20 | 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.
 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | PP |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: CBRNE Remote Monitor Platform

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.

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

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

| | | | | | | |
|--------------------|----------------------------------|---------------------------------------------|---------------------------|-------------------------------------------|--------------------------------|-----------|
| Agency Name | CBRNE Remote Monitoring Platform | Project Manager Name & Contact # | Karl Rosette 702-271-0480 | Grant Manager Name & Contact # | Priscilla Wdowiak 702-229-6045 | PP |
|--------------------|----------------------------------|---------------------------------------------|---------------------------|-------------------------------------------|--------------------------------|-----------|

IJ TITLE: CBRNE 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 | | | | | | | | \$ - | | | |
| | 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 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 | | CBRNE Remotely Operated Platform | New / Enhance / Past / Competitive | Local Funds | 1.00 | 150,000.00 | \$ 150,000.00 | | | 03OE-07-ROVL Vehicles, Remotely Operated, Land | UASI |
| 41 | | | | | | | \$ - | | | | |
| 42 | | | | | | | \$ - | | | | |
| 43 | | | | | | | \$ - | | | | |
| 44 | | | | | | | \$ - | | | | |
| 45 | | | | | | | \$ - | | | | |
| 46 | | | | | | | \$ - | | | | |
| 47 | | | | | | | \$ - | | | | |
| 48 | | | | | | | \$ - | | | | |
| 49 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 150,000.00 | | | | |

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 | \$ 150,000.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | QQ |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|---------------------------------------------|----------------------------------|
| 1) PROJECT TITLE: | Southern Nevada Incident Management Team | |
| 2) PROPOSING/LEAD AGENCY: | Clark County Office of Emergency Management | |
| 3) Project Manager Name/Title: | Larry Haydu, Assistant Fire Chief | |
| Project Manager Contact Info: | Phone: (702) 455-5710 | Email: LHaydu@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: (702) 455-6183 | Email: Karent@ClarkCounty.Nv.gov |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | QQ |
| Date Submitted | 3/27/19 |

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

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

| | |
|-----------------------|---------|
| PROJECT ID: | QQ |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|------------------------------------------|
| PROJECT TITLE REFERENCE: | Southern Nevada Incident Management Team |
|---------------------------------|------------------------------------------|

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 |
|-------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Hire contractor to develop standard operating procedures, develop strategies for IMT, by-laws, team training evolutions | \$ 50,000.00 | | \$ 50,000.00 |

| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | LV-UASI | State-wide | SubTotal |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | LV-UASI | State-wide | SubTotal |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 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 |

| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| Position Specific type training(305), (\$20,000) | \$ 20,000.00 | | \$ 20,000.00 |

| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | LV-UASI | State-wide | SubTotal |
|-----------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------|
| 86 | | | \$ 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 |
|----------------------------|----------------|-------------------|---------------|
| | \$ 174,412.00 | \$ 0.00 | \$ 174,412.00 |

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

| | |
|-----------------------|---------|
| PROJECT ID: | QQ |
| Date Submitted | 3/27/19 |

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:

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.

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.

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.

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: | QQ |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Southern Nevada Incident Management Team

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

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

No, Clark County does not have budget to fund for this project.

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

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

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

| Agency Name | | Clark County OEM | Project Manager Name & Contact # | | Larry Haydu | Grant Manager Name & Contact # | | Karen Taylor | | | | QQ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|-------------------------|---------------------------------------------------------------|---------------------------|-----------------------|-----------------------------|-----------------------------|-----------------|--------------------------|
| IJ TITLE: Southern NV Incident Management Team | | | | | | | | | | | | |
| 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 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 | | 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 | | | | | | | \$ - | | | |
| | Organization Sub-Total | | | | | | \$ 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 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 | | 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 | 1,451.80 | \$ 14,518.80 | 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 | | Clam 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 |
| | EQUIPMENT Sub-Total | | | | | | \$ 84,411.80 | | | | |

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 to be 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 FEMV/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 | | 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 | \$ 174,411.80 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | SS |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|--------------------------------------------------|-------------------------------|
| 1) PROJECT TITLE: | UNLV Venue Security Enhancements | |
| 2) PROPOSING/LEAD AGENCY: | University Police Services, Southern Command | |
| 3) Project Manager Name/Title: | Adam Garcia, Associate Vice President & Director | |
| Project Manager Contact Info: | Phone: (702) 895-2634 | Email: adam.garcia@unlv.edu |
| 4) Addl Project Manager Name/Title: | Richard Dohme, Assistant Chief | |
| Addl Project Manager Contact Info: | Phone: (702) 895-4741 | Email: richard.dohme@unlv.edu |
| 5) Finance/Grant Contact Name/Title: | Ariana Renick, Publications Writer | |
| Finance/Grant Contact Info: | Phone: (702) 895-5792 | Email: ariana.renick@unlv.edu |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | SS |
| Date Submitted | 3/27/19 |

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% |
| Statewide (SHSP) | Urban Area (UASI) |

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

| | |
|-----------------------|---------|
| PROJECT ID: | SS |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|----------------------------------|
| PROJECT TITLE REFERENCE: | UNLV Venue Security Enhancements |
|---------------------------------|----------------------------------|

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 |
| 22 - Garrett PD 6500i Enhanced Pinpoint Walk-Through Metal Detectors and ancillary parts | \$ 135,967.45 | | \$ 135,967.45 |
| 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 |
| | \$ 135,967.45 | \$ 0.00 | \$ 135,967.45 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | SS |
| Date Submitted | 3/27/19 |

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 | 12/03/19 | 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.

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.

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.

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.

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: | SS |
| Date Submitted | 3/27/19 |

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.

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.

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

LINE ITEM DETAIL BUDGET

| | | | | | | |
|--------------------|----------------------------------|---------------------------------------------|--------------------------|-------------------------------------------|----------------------------|-----------|
| Agency Name | University Police Services | Project Manager Name & Contact # | Adam Garcia 702-895-2634 | Grant Manager Name & Contact # | Ariana Renick 702-895-5792 | SS |
| IJ TITLE: | UNLV Venue Security Enhancements | | | | | |

| | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | - | | | |
| | 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 | | 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-fun 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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/IJASI 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/IJASI 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 | \$ 135,967.45 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|---------------|--|

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

| | |
|-----------------------|---------|
| PROJECT ID: | TT |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|----------------------------------------------------------------|----------------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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.**

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | TT |
| Date Submitted | 3/27/19 |

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

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

| | |
|-----------------------|---------|
| PROJECT ID: | TT |
| Date Submitted | 3/27/19 |

| | |
|---------------------------------|---------------------------------------------|
| PROJECT TITLE REFERENCE: | Emergency Event Tracking System Maintenance |
|---------------------------------|---------------------------------------------|

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 |
| Maintain software for the Emergency Tracking Event Equipment | | \$ 60,000.00 | | \$ 60,000.00 |
| 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 |
| | | \$ 60,000.00 | \$ 0.00 | \$ 60,000.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | TT |
| Date Submitted | 3/27/19 |

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 | To | Duration |
|--------|--------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# months) |
| 1 | Receive Funding | N/A | N/A | N/A |
| 2 | Purchasing Process | 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:

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.

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.

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

| | |
|-----------------------|---------|
| PROJECT ID: | TT |
| Date Submitted | 3/27/19 |

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.

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

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 | TT |
|--|--------------------|------------------|---------------------------------------------|----------------|-------------------------------------------|--------------|-----------|

IJ TITLE: Emergency Event Tracking System 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 |
|--------|-------------------------|---------------------------------------------------------------------|----------------------|-----------------------|---------------|-------------|---------------------------|-----------------------|-----------------------------|-----------------|--------------------------|
| | 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 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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) | | | | | | | | | | |
| 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 | \$ 60,000.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | UU |
| Date Submitted | 3/27/19 |

| | | |
|---------------------------------------------|-----------------------------------------------------------|----------------------------------|
| 1) PROJECT TITLE: | Emergency Management Operational Coordination Maintenance | |
| 2) PROPOSING/LEAD AGENCY: | Clark County Office of Emergency Management | |
| 3) Project Manager Name/Title: | Arlene Chapman | |
| Project Manager Contact Info: | Phone: (702) 455-5710 | Email: ArleneC@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: (702) 455-6183 | Email: Karent@ClarkCountyNv.gov |

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

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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 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 organizations 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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | UU |
| Date Submitted | 3/27/19 |

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

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

| | |
|-----------------------|---------|
| PROJECT ID: | UU |
| Date Submitted | 3/27/19 |

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.

| | LV-UASI | State-wide | SubTotal |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|--------------|
| 15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i> | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | | |
| 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 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | | \$ 0.00 |
| 15f) Personnel <i>[Staff (not contractors) directly implementing project and programmatic capability]</i> | | | \$ 0.00 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 72,000.00 | \$ 0.00 | \$ 72,000.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | UU |
| Date Submitted | 3/27/19 |

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.

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.

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | UU |
| Date Submitted | 3/27/19 |

PROJECT TITLE REFERENCE: Emergency Management Operational Coordination 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 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.

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

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

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 | |
|--|----------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------|--|

| | | | | | |
|--|----------------------------------------------------------------------------|--|--|--|--|
| | 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 |
|-------------------------|-----------------|---------------------------------------------------------------------|----------------------|-----------------------|---------------|-------------|---------------------------|-----------------------|-----------------------------|-----------------|--------------------------|
| | 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 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 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 | | | | | | | | | | | \$ - | |
| 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 | \$ 72,000.00 |
|--|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|

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

| | |
|-----------------------|---------|
| PROJECT ID: | VV |
| Date Submitted | 3/27/17 |

| | | |
|---------------------------------------------|-----------------------------------|-----------------------------------|
| 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:

| | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW* | Project is NEW [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"/> |
| MAINTAIN | Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY* | <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>

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------------|
| FFY19 Strategic Capacity Maintained*: | 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | VV |
| Date Submitted | 3/27/17 |

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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | VV |
| Date Submitted | 3/27/17 |

| | |
|---------------------------------|-----------------------------------|
| PROJECT TITLE REFERENCE: | Clark County Fire MACTAC Training |
|---------------------------------|-----------------------------------|

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

| | LV-UASI | State-wide | SubTotal |
|------------------------------------------------------------------------------------------------------------------|----------------|-------------------|--------------|
| 15a) Planning <i>[Development of policies, plans, procedures, mutual aid agreements, strategies]</i> | | | \$ 0.00 |
| 15b) Organization <i>[Establishment of organization, structure, leadership, and operation]</i> | | | \$ 0.00 |
| 15c) Equipment <i>[Procurement and installation of equipment, systems, facilities]</i> | | | \$ 0.00 |
| 15d) Training <i>[Development and delivery of training to perform assigned missions and tasks]</i> | | | \$ 0.00 |
| 15e) Exercise <i>[Development and execution of exercises to evaluate and improve capabilities]</i> | | | |
| 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> | | | |
| 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 |
| 15g) PROJECT TOTALS | LV-UASI | State-wide | TOTAL |
| | \$ 17,060.00 | \$ 0.00 | \$ 17,060.00 |

Fields are limited to visible text box size

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

| | |
|-----------------------|---------|
| PROJECT ID: | VV |
| Date Submitted | 3/27/17 |

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 | To | Duration |
|--------|----------------------------|------------|------------|------------|
| | | (MM/DD/YY) | (MM/DD/YY) | (# 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)
Project Proposal for FFY19 HSGP Funding Description**

| | |
|-----------------------|---------|
| PROJECT ID: | VV |
| Date Submitted | 3/27/17 |

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 NO Explain below.

No, Clark County Fire does not have the budget for this project.

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

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 |  | | | | | |
|-------------|------------------------------|----------------------------------|----------------|--------------------------------|--------------|-------------------------------------------------------------------------------------|--|--|--|--|--|

| | | | | | | | | | | | |
|------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|
| IJ TITLE: | Clark County Fire MACTAC Training | | | | | | | | | | |
| | 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 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 | | 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 | | | | | | | \$ - | | | | |
| | EQUIPMENT Sub-Total | | | | | | \$ 3,800.00 | | | | |

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.

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) | | | | | | | | | | |
| | | 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 | \$ 17,060.00 | |
|--|--|--|--|--|--|--|--|--|--|----------------------|--------------|--|

SHSP Strategic Capacities

| Program | Strategic Capacity | 2016 | | 2017 | | 2018 | | Average | |
|---------------------------------------------------|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | Original | After De-Ob | Original | After De-Ob | Original | After De-Ob | Original | After De-Ob |
| DPS/NDI Fusion Center | Fusion Centers | \$ 598,075.00 | \$ 553,178.82 | \$ 610,625.00 | \$ 610,625.00 | \$ 690,668.00 | \$ 690,668.00 | \$ 633,122.67 | \$ 618,157.27 |
| LVMPD Fusion | | \$ 645,000.00 | \$ 519,906.33 | \$ 636,050.00 | \$ 636,050.00 | \$ 742,400.00 | \$ 742,400.00 | \$ 674,483.33 | \$ 632,785.44 |
| City of Las Vegas | Citizen Corps | \$ 47,700.00 | \$ 43,473.51 | \$ 66,135.00 | \$ 66,135.00 | \$ 51,055.00 | \$ 51,055.00 | \$ 54,963.33 | \$ 53,554.50 |
| Douglas County | | \$ 18,000.00 | \$ 16,106.56 | \$ 21,000.00 | \$ 21,000.00 | \$ 20,249.00 | \$ 20,249.00 | \$ 19,749.67 | \$ 19,118.52 |
| Carson City | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Washoe County/WC Sheriff | | \$ 67,940.00 | \$ 67,940.00 | \$ 92,149.00 | \$ 92,149.00 | \$ 87,263.00 | \$ 87,263.00 | \$ 82,450.67 | \$ 82,450.67 |
| Elko County | | \$ 56,800.00 | \$ 56,392.80 | \$ 65,157.00 | \$ 65,157.00 | \$ 61,024.00 | \$ 61,024.00 | \$ 60,993.67 | \$ 60,857.93 |
| Statewide Tribal | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| State of NV - DEM | NIMS | \$ 273,344.00 | \$ 233,843.60 | \$ 370,311.00 | \$ 367,119.40 | \$ 463,000.80 | \$ 463,000.80 | \$ 368,885.27 | \$ 354,654.60 |
| Tribal NIMS | | \$ 49,000.00 | \$ 45,946.90 | \$ 143,889.67 | \$ 143,889.67 | \$ 85,632.00 | \$ 85,632.00 | \$ 92,840.56 | \$ 91,822.86 |
| Tahoe-Douglas Bomb Squad | CBRNE | \$ - | \$ - | \$ 58,532.00 | \$ 58,532.00 | \$ 83,000.00 | \$ 83,000.00 | \$ 47,177.33 | \$ 47,177.33 |
| Elko Bomb Squad | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Consolidated Bomb Squad (Washoe, Reno, Sparks) | | \$ 261,626.00 | \$ 226,277.33 | \$ 18,703.00 | \$ 18,609.18 | \$ 100,636.00 | \$ 100,636.00 | \$ 126,988.33 | \$ 115,174.17 |
| Las Vegas Bomb Squad | | \$ 139,068.00 | \$ 139,068.00 | \$ - | \$ - | \$ - | \$ - | \$ 46,356.00 | \$ 46,356.00 |
| Las Vegas ARMOR | | \$ 395,640.00 | \$ 373,606.21 | \$ 230,000.00 | \$ 230,000.00 | \$ 50,000.00 | \$ 50,000.00 | \$ 225,213.33 | \$ 217,868.74 |
| SWIC | Operational Coordination | \$ 38,211.00 | \$ 38,211.00 | \$ 59,641.00 | \$ 59,641.00 | \$ 33,122.00 | \$ 33,122.00 | \$ 43,658.00 | \$ 43,658.00 |
| Emergency Alert System | Public Info & Warning | \$ - | \$ - | \$ 185,000.00 | \$ 185,000.00 | \$ 203,900.00 | \$ 203,900.00 | \$ 129,633.33 | \$ 129,633.33 |
| NV Disaster Recovery Framework | Recovery | \$ 150,000.00 | \$ 150,000.00 | \$ - | \$ - | \$ 137,722.00 | \$ 137,722.00 | \$ 95,907.33 | \$ 95,907.33 |
| Incident Response Plan | Cyber Security | \$ 52,000.00 | \$ 52,000.00 | \$ - | \$ - | \$ - | \$ - | \$ 17,333.33 | \$ 17,333.33 |
| Education and Awareness | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Threat Identification | | \$ 25,375.00 | \$ 25,080.00 | \$ 334,000.00 | \$ 334,000.00 | \$ 73,060.00 | \$ 73,060.00 | \$ 144,145.00 | \$ 144,046.67 |
| Continuity of Operations | Planning | \$ - | \$ - | \$ 115,000.00 | \$ 115,000.00 | \$ 225,000.00 | \$ 225,000.00 | \$ 113,333.33 | \$ 113,333.33 |
| Mass Fatality | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Community Resilience/HSWG | | \$ 27,540.00 | \$ 27,540.00 | \$ 29,600.00 | \$ 29,600.00 | \$ 49,600.00 | \$ 49,600.00 | \$ 35,580.00 | \$ 35,580.00 |



Interoperability Grant Project Proposal Scoring Matrix

Applicant: _____ Communications Area of Focus: _____

| Excellent / Outstanding 5- 7 Points | Very Good / Strong 3 - 4 Points | Weak / Inadequate 0 - 2 Points |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROJECT DESCRIPTION | PROJECT DESCRIPTION | PROJECT DESCRIPTION |
| <p>1. Aligns with identified SCIP priorities</p> <ul style="list-style-type: none"> ▪ Project significantly advances interoperability ▪ Detailed, clear description of project | <p>1. Aligns with identified SCIP</p> <ul style="list-style-type: none"> ▪ Program shows some evidence of impact to interoperability ▪ Project generally described | <p>1. Aligns with identified SCIP</p> <ul style="list-style-type: none"> ▪ Project shows little evidence of impact to interoperability ▪ Project description unclear, not specifically related to focus area |
| <p>2. Demonstrated Interoperability Need</p> <ul style="list-style-type: none"> ▪ Interoperability need clearly described and substantiated in accordance with SCIP ▪ Very evident how this project will enhance interoperability ▪ Project strongly supports interoperability funding objectives and areas of emphasis | <p>2. Demonstrated Interoperability Need</p> <ul style="list-style-type: none"> ▪ Interoperability need generally described, some evidence of need presented ▪ Some evidence project will enhance interoperability ▪ Has potential to support interoperability funding objectives and areas of emphasis | <p>2. Demonstrated Interoperability Need</p> <ul style="list-style-type: none"> ▪ Interoperability need not well defined or substantiated ▪ Little evidence project will enhance interoperability ▪ Does not support interoperability funding objectives and areas of emphasis |

| Excellent / Outstanding 5- 7 Points | Very Good / Strong 3 - 4 Points | Weak / Inadequate 0 - 2 Points |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROJECT DESCRIPTION | PROJECT DESCRIPTION | PROJECT DESCRIPTION |
| <p>3. Statewide/Region Impact</p> <ul style="list-style-type: none"> ▪ Project has clear and measurable impact throughout the State of Nevada ▪ Project will impact interoperability stakeholders statewide, with potential for positive spillover impact to non-stakeholders ▪ Strong data collection goals to fully articulate impact | <p>3. Statewide/Region Impact</p> <ul style="list-style-type: none"> ▪ Project serves a limited number of interoperability stakeholders, with limited regional impact ▪ Project impact limited to regional stakeholders ▪ Minimal data collection | <p>3. Statewide/Region Impact</p> <ul style="list-style-type: none"> ▪ Project serves very small number of stakeholders ▪ No impact to state or region ▪ No data collection |
| <p>4. Clearly identified goals and objectives with specific measures of impact identified</p> <ul style="list-style-type: none"> ▪ Clear, specific, and robust set of goals and objectives ▪ Timeline is clear, specific, and attainable within the performance period ▪ Impact is measurable, data is obtainable ▪ Method of project evaluation is identified and clearly stated | <p>4. Clearly identified goals and objectives with specific measures of impact identified</p> <ul style="list-style-type: none"> ▪ Goals and objectives included, but not well defined or specific ▪ Timeline is included and attainable within the performance period ▪ Method to evaluate project results, but lacks specificity or potential for detailed results ▪ Project has the potential for reporting results | <p>4. Clearly identified goals and objectives with specific measures of impact identified</p> <ul style="list-style-type: none"> ▪ Goals poorly stated or not included ▪ Timeline vague or not included ▪ No measurable impact is identified ▪ Weak or no evaluation method included ▪ Project lacks potential to have reportable results |
| Sub-total | Sub-total | Sub-total |
| Total: | | |



Cybersecurity Grant Project Proposal Scoring Matrix

Applicant: _____ Cyber Area of Focus: _____

| Excellent / Outstanding 5- 7 Points | Very Good / Strong 3 - 4 Points | Weak / Inadequate 0 - 2 Points |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROJECT DESCRIPTION | PROJECT DESCRIPTION | PROJECT DESCRIPTION |
| <p>1. Aligns with identified Cyber Focus Area(s)</p> <ul style="list-style-type: none"> ▪ Project significantly advances cybersecurity in identified area(s) of investment (CIS Top 20 Controls, Risk Frameworks, Training) ▪ Detailed, clear description of project | <p>1. Aligns with identified Cyber Focus Area(s)</p> <ul style="list-style-type: none"> ▪ Program shows some evidence of impact to cybersecurity investment areas (CIS Top 20 Controls, Risk Frameworks, Training) ▪ Project generally described | <p>1. Aligns with identified Cyber Focus Area(s)</p> <ul style="list-style-type: none"> ▪ Project shows little evidence of impact (CIS Top 20 Controls, Risk Frameworks, Training) ▪ Project description unclear, not specifically related to focus area |
| <p>2. Demonstrated Cybersecurity Need</p> <ul style="list-style-type: none"> ▪ Cybersecurity need clearly described and substantiated in accordance with CIS/NIST/Training investment areas ▪ Very evident how this project will enhance cybersecurity ▪ Project strongly supports cybersecurity funding objectives and areas of emphasis | <p>2. Demonstrated Cybersecurity Need</p> <ul style="list-style-type: none"> ▪ Cybersecurity need generally described, some evidence of need presented ▪ Some evidence project will enhance cybersecurity ▪ Has potential to support cybersecurity funding objectives and areas of emphasis | <p>2. Demonstrated Cybersecurity Need</p> <ul style="list-style-type: none"> ▪ Cybersecurity need not well defined or substantiated ▪ Little evidence project will enhance cybersecurity ▪ Does not support cybersecurity funding objectives and areas of emphasis |

| Excellent / Outstanding 5- 7 Points | Very Good / Strong 3 - 4 Points | Weak / Inadequate 0 - 2 Points |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center">PROJECT DESCRIPTION</p> | <p align="center">PROJECT DESCRIPTION</p> | <p align="center">PROJECT DESCRIPTION</p> |
| <p align="center">3. Statewide/Region Impact</p> <ul style="list-style-type: none"> ▪ Project has clear and measurable impact throughout the State of Nevada ▪ Project will impact cybersecurity stakeholders statewide, with potential for positive spillover impact to non-stakeholders ▪ Strong data collection goals to fully articulate impact | <p align="center">3. Statewide/Region Impact</p> <ul style="list-style-type: none"> ▪ Project serves a limited number of cybersecurity stakeholders, with limited regional impact ▪ Project impact limited to regional stakeholders ▪ Minimal data collection | <p align="center">3. Statewide/Region Impact</p> <ul style="list-style-type: none"> ▪ Project serves very small number of stakeholders ▪ No impact to state or region ▪ No data collection |
| <p align="center">4. Clearly identified goals and objectives with specific measures of impact identified</p> <ul style="list-style-type: none"> ▪ Clear, specific, and robust set of goals and objectives ▪ Timeline is clear, specific, and attainable within the performance period ▪ Impact is measureable, data is obtainable ▪ Method of project evaluation is identified and clearly stated | <p align="center">4. Clearly identified goals and objectives with specific measures of impact identified</p> <ul style="list-style-type: none"> ▪ Goals and objectives included, but not well defined or specific ▪ Timeline is included and attainable within the performance period ▪ Method to evaluate project results, but lacks specificity or potential for detailed results ▪ Project has the potential for reporting results | <p align="center">4. Clearly identified goals and objectives with specific measures of impact identified</p> <ul style="list-style-type: none"> ▪ Goals poorly stated or not included ▪ Timeline vague or not included ▪ No measurable impact is identified ▪ Weak or no evaluation method included ▪ Project lacks potential to have reportable results |
| <p>Sub-total</p> | <p>Sub-total</p> | <p>Sub-total</p> |
| <p align="right">Total:</p> | | |

