## FFY 2018 HSGP Project Proposal Key

| Section | Section Title                                   | Explanation of section requirements   |
|---------|---|---|
|         | PROJECT ID                                      | The Project ID is a unique alphabetical identifier for your project once it is received by DEM. Moving through the process, when submitters are required to re-submit projects with changes, etc., this field will be changed to a drop-down field which submitters can use to identify their project(s). This field will auto-populate throughout the project proposal once a selection has been made on Page 1. |
|         | DATE SUBMITTED                                  | Enter the date that you are <b>electronically submitting</b> the project to DEM. Any submissions to DEM are timestamped for compliance/audit reasons. This field auto-populates throughout the project proposal once date is entered into the field on Page 1.  |
| 1)      | PROJECT TITLE                                   | Enter the project title; title should reflect what the project is about – Keep as brief as possible. This field auto-populates throughout the project proposal once entered into the field on Page 1.   |
| 2)      | PROPOSING/LEAD AGENCY                           | Enter the agency that is submitting the project proposal.   |
| 3)      | Project Manager Name/Title                      | This section allows the submitter to enter the Project Manager's name and title. The person listed here should be the primary contact/presenter related to the project (i.e.) who will be speaking about the project throughout the process, and who can DEM contact regarding questions relating to the project.   |
|         | Project Manager Contact Info                    | Enter the Project Manager's telephone number and email address as indicated.  |
| 4)      | Addl (Additional) Project Manager<br>Name/Title | This section allows the submitter to enter an Additional Project Manager's name and title. <b>The person</b> listed here should be the secondary or backup contact/presenter related to the project who <u>may</u> be speaking about, or in place of the primary Project Manager, the project throughout the process, and who DEM can contact regarding questions relating to the project.                        |
|         | Addl Project Manager Contact Info               | Enter the Additional Project Manager's telephone number and email address as indicated.   |
| 5)      | Finance/Grant Contact Name/Title                | This section allows the submitter to enter the Finance/Grant Contact's name and title. The person listed here should be the individual within your organization that is responsible for making financial decisions relative to the project proposal and/or providing grant deliverables such as required reporting.   |
|         | Finance/Grant Contact Info                      | Enter the Finance/Grant individual's telephone number and email address as indicated.   |
| 6)      | CLASSIFICATION                                  | This section allows the submitter to choose the Classification of their project. This is asking you what the primary intention of your project is to help reviewers understand your request.  |
|         | ■ NEW   | <b>Choose NEW if:</b> No grant-funded projects submitted by your organization within the past five (5) years have addressed the capability within your project proposal.  |
|         | ■ ENHANCE                                       | <b>Choose ENHANCE if</b> : Your project proposal will primarily expand or enhance the capability(s) of prior grant-funded projects.   |
|         | ■ SUSTAIN                                       | <b>Choose SUSTAIN if</b> : Your project proposal will primarily sustain capability or continue establishment efforts in the existing program.   |

| 7)  | PROJECT OUTCOME   | This section allows the submitter to summarize the goal of the project in the field provided. Describe the desired outcome goal in terms of CAPABILITY. Summary should describe HOW MUCH [quantify the capability improvement at a high level (i.e.) "To (establish, improve, expand, double, sustain, etc.)]; OF WHAT CORE CAPABILITY(s) [consider aligning with 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.).                               |
|-----|---|--|
| 8)  | PROPOSED CORE CAPABILITY  | This section allows the submitter to identify Core Capabilities associated with their project. You are asked for a primary and secondary choice. Choose the primary and secondary core capabilities that best fit your project.  |
|     | <ul> <li>Primary Core Capability</li> </ul>                               | This is the primary encompassing core capability your project addresses.   |
|     | Secondary Core Capability   | This is an additional core capability your project addresses to a lesser extent (or equal one); if you do not have a secondary capability, simply leave blank or choose the NONE selection.  |
|     | ■ DEM Recommended Core Capability   | After DEM reviews your project upon initial submission, a recommended core capability may be inserted for discussion during the HSGP review process.   |
| 9)  | CORE CAPABILITY JUSTIFICATION   | This section allows the submitter to describe how their project aligns with the Core Capabilities chosen in Section 8. It is asking you to justify your choices of core capability(s).   |
| 10) | PRIORITIES  | This section allows the submitter to identify the applicable priorities specific to the approved Nevada Commission on Homeland Security and the Urban Area Security Initiative priorities for the fiscal year.   |
|     | <ul> <li>NCHS FFY18 Priority</li> </ul>                                   | Choose one of the 5 priorities in the drop down list. Your project MUST align with one of these.   |
|     | <ul><li>Urban Area Strategy Priority FFY18</li></ul>                      | If you have an urban area project, choose one of the 5 priorities in the drop down list.   |
| 11) | PROJECT IMPLEMENTATION  | This section allows the submitter to describe how, and by whom, the project will be implemented. It is asking you to describe how the project will be accomplished in addition to identifying who (either staff or contractors) will perform the work.   |
| 12) | SUB-GRANT AWARD RECIPIENTS  | This section allows the submitter to identify who the participating agency(s) and jurisdiction(s) are for the proposed awards. It is asking you <u>WHO</u> will be receiving the money for your project. Please note: This applies only to sub-grants of DEM, not sub-sub grants, and the project requestor does not approve the pass through agency. All requests for sub-sub grants must be in writing.  |
|     | <ul><li>12a thru 12c</li><li>Agency/Jurisdiction/Representative</li></ul> | Enter the agency name, political subdivision, and project representative for each sub-grant award recipient. If there are more than 3, use Section 19 for overflow.  |
| 13) | SUSTAINMENT   | This section allows submitter to identify any continuing financial obligation created by the project, and asks for elaboration on a proposed funding solution after the initial project is complete.   |
| 14) | STATEWIDE and/or UASI BENEFIT   | This section allows the submitter to see a snapshot of the funding percentage makeup of the project. It is derived from your input in Section 15, and it will auto-populate for you.   |
| 15) | BUDGET  | This section allows the submitter to request specific funding based on the POETE model as it relates to their project. An additional section is built in for personnel costs. Choose the appropriate field(s) that apply to your project, and input your funding request as either LV-UASI or State-wide. If you have no specific funding applied to a particular POETE section, leave it blank. Please Note: The Notice of Funding Opportunity (NOFO) determines what items are placed in which category under the POETE model. Until the FFY18 NOFO is released, please use the FFY2017 NOFO for guidance. |

|     | <ul> <li>15a) Planning (LVUASI/Statewide)</li> </ul>              | If applicable, indicate how your project addresses the development of policies, plans, procedures, mutual aid agreements, or strategies. Input your funding request as either LV-UASI or State-wide. The subtotal for your POETE element will auto-calculate.  |
|-----|---|--|
|     | <ul> <li>15b) Organization         (LVUASI/Statewide)</li> </ul>  | If applicable, indicate how your project addresses the establishment of organization, structure, leadership, and operation. Input your funding request as either LV-UASI or State-wide. The subtotal for your POETE element will auto-calculate.   |
|     | <ul> <li>15c) Equipment (LVUASI/Statewide)</li> </ul>             | If applicable, indicate how your project addresses the <b>procurement and installation of equipment, systems, or facilities</b> . Input your funding request as either LV-UASI or State-wide. The subtotal for your POETE element will auto-calculate.   |
|     | ■ 15d) <mark>T</mark> raining (LVUASI/Statewide)                  | If applicable, indicate how your project addresses the development and delivery of triaing to perform assigned missions and tasks. Input your funding request as either LV-UASI or State-wide. The subtotal for your POETE element will auto-calculate.  |
|     | ■ 15e) <b>Exercise</b> (LVUASI/Statewide)                         | If applicable, indicate how your project addresses the development and execution of exercises to evaluate and improve capabilities. Input your funding request as either LV-UASI or State-wide. The subtotal for your POETE element will auto-calculate.   |
|     | <ul> <li>15f) Personnel (LVUASI/Statewide)</li> </ul>             | If applicable, indicate how your project addresses <b>the staffing (not contractors) directly implementing project and programmatic capability</b> . Input your funding request as either LV-UASI or State-wide. The subtotal for your POETE element will auto-calculate.  |
|     | <ul><li>15g) PROJECT TOTALS</li></ul>                             | This section is an auto-calculated set of fields totaling LV-UASI, State-wide, and Grand Totals for the submitted project. <b>The results from this field will auto-populate Section 14.</b>   |
| 16) | TASKS & SCHEDULE  | This section addresses milestone tasks within the submitted project that can be reviewed during the HSGP process to see how the project is presented moving through the performance period. The form allows for 10 milestone tasks. If you don't have that many, it's ok. If you have more, use Section 19 for overflow. |
|     | <ul><li>Tasks 1-10</li><li>Description/From/To/Duration</li></ul> | Enter the specific milestone (task), and indicate a From, To, and Duration date as indicated.  |
| 17) | SUPPLEMENTARY INFORMATION   | This section addresses questions for every project to ensure that specific grant requirements are addressed at the time of submission.   |
|     | ■ Question "a" – Yes/No/Explain                                   | <b>Does this project have a nexus to terrorism?</b> – Submitter is to choose Yes or No, and then explain the response. <b>As a requirement of the HSGP Grant, all projects must have a nexus to terrorism.</b>   |
|     | ■ Question " <b>b</b> " – Yes/No/Explain                          | Does this project align with the Nevada Commission on Homeland Security FY18 Priorities? – Submitter is to choose Yes or No. All projects MUST align with Commission priorities.   |
|     | ■ Question "c" – Yes/No/Explain                                   | Can this project funding request be reduced? Is it scalable? – Submitter is to choose Yes or No, and then explain reduction affect and scalability options (i.e.) phased approach, etc.  |
|     | <ul><li>Question "d" – Yes/No/Explain</li></ul>                   | Can this project continue without funding? – Submitter is to choose Yes or No, and then explain why the project can/cannot continue without funding requested.   |
|     | <ul><li>Question "e" – Yes/No/Explain</li></ul>                   | <b>Does this project provide a measurable Statewide Benefit?</b> – Submitter is to choose Yes or No, and then explain why the project has statewide impact rather than local or regional impact.   |

| 18)    | THIRA COMPLETION           | This section addresses the federal requirement of THIRA participation. To receive HSGP funding, submitters must demonstrate they have participated in the annual THIRA survey. <b>DEM monitors THIRA participation and will confirm the response provided</b> .   |
|--------|----------------------------|---|
|        | YES Response by Submitter  | Selecting "YES" indicates the organization associated with the project HAS completed the 2017 THIRA survey. This makes the project eligible for HSGP funding.   |
|        | ■ NO Response by Submitter | Selecting "NO" indicates the organization associated with the project HAS NOT completed the 2017 THIRA survey. This will jeopardize, and potentially eliminate the chance for HSGP funding eligibility.   |
| 19)    | ADDITIONAL COMMENTARY      | This section provides the submitter with additional space for project-specific elaboration, impact, phasing approach, or anything the submitter feels will be relevant in the review of the project. This area may also serve as an overflow area should submitters need more space to respond to certain sections within the proposal. |
| SAVE   | SAVE BUTTON                | This allows you to SAVE your project proposal as you wish   |
| PRINT  | PRINT BUTTON               | This allows you to <b>PRINT</b> your project proposal as your wish  |
| SUBMIT | SUBMIT BUTTON              | This allows you to <b>SUBMIT</b> your project proposal electronically to DEM, which receipt of is then timestamped for compliance/audit purposes.   |