Nevada Homeland Security Grant Program (HSGP) Project Proposal for FFY18 HSGP Funding Description	**PROJECT ID:**	TBD
	Date Submitted	

1) PROJECT TITLE:

2) PROPOSING/LEAD AGENCY:

3) Project Manager Name/Title:

Project Manager Contact Info: | Phone: | Email: |

4) Addl Project Manager Name/Title:

Addl Project Manager Contact Info: | Phone: | Email: |

5) Finance/Grant Contact Name/Title:

Finance/Grant Contact Info: | Phone: | Email: |

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

NEW - Competitive	New; no grant-funded projects have recently (within 5 years) addressed this capability	
ENHANCE - Competitive	Will primarily expand or enhance the capability(s) of prior grant-funded projects	
SUSTAINMENT ONLY	Will ONLY SUSTAIN capability or continue establishment effort in existing program	

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 LIMIITED TO VISIBLE TEXT BOX.*

8) PROPOSED CORE CAPABILITY - *Identify by name the proposed Primary Core Capability to be addressed.* 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**

Primary Core Capability:

Secondary Core Capability:

DEM Recommended Core Capability:

9) CORE CAPABILITY JUSTIFICATION - *Describe how this project aligns with the core capabilities chosen.* Describe the justification by which this project is asking for funding based on the primary and secondary core capabilities chosen. *FIELD IS LIMITED TO VISIBLE TEXT BOX .*

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10) **PRIORITIES -** *Identify applicable Nevada Commission on Homeland Security (NCHS) Priority and Urban Area Strategy Objective to be addressed*

NCHS FFY18 Priority:

Urban Area Strategy Priority:

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

FIELD IS LIMITED TO VISIBLE TEXT BOX

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

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

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

FIELD IS LIMITED TO VISIBLE TEXT BOX

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

Statewide   Urban Area
(SHSP)   (UASI)

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

Fields are limited to visible text box size

15a) Planning *[Development of policies, plans, procedures, mutual aid agreements, strategies]*

	LV-UASI	State-wide	SubTotal

15b) Organization *[Establishment of organization, structure, leadership, and operation]*

	LV-UASI	State-wide	SubTotal

15c) Equipment *[Procurement and installation of equipment, systems, facilities]*

	LV-UASI	State-wide	SubTotal

15d) Training *[Development and delivery of training to perform assigned missions and tasks]*

	LV-UASI	State-wide	SubTotal

15e) Exercise *[Development and execution of exercises to evaluate and improve capabilities]*

	LV-UASI	State-wide	SubTotal

15f) Personnel *[Staff (not contractors) directly implementing project and programmatic capability]*

	LV-UASI	State-wide	SubTotal

	LV-UASI	State-wide	TOTAL
15g) PROJECT TOTALS			

PROJECT TITLE REFERENCE:

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

FIELDS ARE LIMITED TO TEXT BOX SIZE

Task #	Task Description	From (MM/DD/YY)	To (MM/DD/YY)	Duration (# months)
1	**Receive Funding**	N/A	N/A	N/A
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

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

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.

b. Does this project align with the Nevada Commission on Homeland Security FY18 Priorities?   YES   NO   Explain below.

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

PROJECT TITLE REFERENCE:

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

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

e. DOES THIS PROJECT PROVIDE A MEASURABLE "STATEWIDE" BENEFIT?   YES   NO   Explain below.

18) THIRA COMPLETION - *Please indicate the participation level in completing the 2017 THIRA Survey. <u>CHOOSE ONE</u>:*

YES - *Agency has participated in the 2017 Threats and Hazards Identification Risk Assessment (THIRA) Survey*

NO - *Agency has not participated in the 2017 Threats and Hazards 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