

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

PROJECT ID:	
Date Submitted	

1) PROJECT TITLE:		
2) PROPOSING/LEAD AGENCY:		
3) Project Manager Name/Title:		
Project Manager Contact Info:	Phone:	Email:
4) Addl Project Manager Name/Title:		
Addl Project Manager Contact Info:	Phone:	Email:
5) Finance/Grant Contact Name/Title:		
Finance/Grant Contact Info:	Phone:	Email:

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

	Project is 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.
	Project will MAINTAIN AN APPROVED FFY19 STRATEGIC CAPACITY*

**All NEW projects are competitive*

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

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

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

FFY19 Strategic Capacity Maintained*:

HSGP Project Type Supporting Strategic Capacity:	
If OTHER, please choose FFY16-18 NCHS Priority:	

Core Capability aligned with Maintained Project:

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

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

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

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

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

FIELD IS LIMITED TO VISIBLE TEXT BOX

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

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

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

FIELD IS LIMITED TO VISIBLE TEXT BOX

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

Statewide (SHSP) Urban Area (UASI)

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

Fields are limited to visible text box size

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

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

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

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

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

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

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

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

FIELDS ARE LIMITED TO TEXT BOX SIZE

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

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

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

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

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

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

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

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

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