

**Massachusetts Emergency Management Agency
FFY2022 HSGP Citizen Corp Program /CERT application**

NAME of CERT	
Primary Community / Fiduciary Agent	

PROJECT Point of Contact	
Name	
Phone #	
Email	

CERT INFORMAITON – List all Communities within your CERT

PROJECT DESCRIPTION INFORMATION	YES / NO
Trainings and Exercises for CERT Members	
If yes, describe your project in detail:	
Mass Care Capabilities/Sheltering	
If yes, describe your project in detail:	
CPOD, S& R, Rehab	
If yes, describe your project in detail:	

CERT Member Safety Gear	
If yes, describe your project in detail:	
Community Preparedness, Resilience and Public Education	
If yes, describe your project in detail:	
Enhancing the protection of soft target/crowded places	
If yes, describe your project in detail:	
Enhancing election security	
If yes, describe your project in detail:	
Attended MEMA CERT workshop, training, rodeo and/or meeting within last 12 months	
If yes, describe below	

Collaboration with other CERTs on training, exercises, or events within the last 12 months	
If yes, describe below	
Youth program integration	
If yes, describe below	

If you are an SVI community, you MUST explain how your proposed project(s) will have a positive impact on your vulnerable population

BUDGET INFORMAITON				
Description of Each Proposed Expenditure	AEL #	Fixed/Portable	Quantity	Total Costs
TOTAL				