Commonwealth of Massachusetts

Executive Office of Public Safety and Security

 Office of Grants & Research

 SFY 20 Commonwealth Nonprofit Security Grant Program

**Attachment A Application**

## Section I. Applicant Information

### Name of Nonprofit Organization:

**Funding Requested: $**

**Name of Chief Executive Officer** (First and Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Chief Executive Officer Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Nonprofit Organization Mailing Address:**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Contact Name: Title:**

**(Note: The person designated as the *Grant Contact* shall serve as the project’s point person and be responsible for receiving and responding to EOPSS’ project related requests)**

**Grant Contact Mailing Address:**

**Same as Above**

**Street: City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:**

**Phone: Fax:**

**E-mail:**

**Fiscal Point of Contact for Grant: Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:**

**Fiscal Contact Mailing Address:**

**Same as Above**

**Street:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City: Zip Code:**

**Phone: Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:**

**Project Summary:** Four sentences (250 characters *maximum*), summarizing the type of equipment to be purchased.

**Prior STATE (CNSGP) or FEDERAL (NSGP) Nonprofit Security Grant Funding:**

 **Has your organization received STATE or FEDERAL nonprofit security grant funding previously?**

 **If yes – please provide the year you were awarded the funds:**

**If yes – provide a brief description of the project:**

**THIS SIGNATURE PAGE MUST BE SIGNED AND MAILED WITH YOUR HARD COPY APPLICATION**

### Signature Page

*The following must be completed and signed by the Chief Executive Officer on behalf of the nonprofit organization submitting this application. Remember to also complete* ***Attachment C*** *(Signatory Authorized Listing Form).*

### Chief Executive Officer

**As the Chief Executive Officer for this nonprofit organization, I am requesting funds for the Commonwealth Nonprofit Security Grant award from the Executive Office of Public Safety and Security. I have reviewed and approve the content contained in this application being submitted for consideration of funding.**

Name of Chief Executive Officer

Chief Executive Officer Name-Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Signature

(*This must be signed in blue ink and mailed with your application*)

### Section II. Narrative

* 1. **Needs Assessment (2 page limit)**

*Use the space provided to 1) Provide a description of the nonprofit organization identified to benefit from this application, 2) Describe in detail the current organization's unmet safety and security needs, 3) The sources or methods used for assessing the problem should also be described, 4) Further explain why such safety and security needs stated have not been previously met to justify grant funds are needed. Please refer to AGF for more details.*

#### Section II. Narrative, Continued

**2. Project Description (2 page limit)**

*Describe the equipment and technology to be purchased or upgraded. Include the purpose for purchasing said equipment/goods, where such goods will be utilized and stored, whether installation will be needed, required upkeep or maintenance(if any), training or technical assistance needs, applicable procurement rules (please cite rule if required to secure a vendor) or name of vendor or contractor (if already identified, include reason for selection), expected benefits/outcomes for the nonprofit organization and/or community and any other info that may be helpful to justify the funding request. Please refer to the AGF for more details.*

**3. Implementation Plan, Timeline and Person Responsible**

*Complete the template grid provided by identifying the necessary steps to be implemented over the project period for proposed equipment purchases.*

|  |  |  |
| --- | --- | --- |
| List of Major Tasks/Activities | Anticipated Date for Receipt of Goods/Services | Staff Responsible |
|  |  |  |
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 **Section III. Budget Narrative Summary (1 page limit)**

 *Summarize the goods and costs being requested and itemized in Attachment B (Excel Worksheet) in order for reviewers to clearly understand all expenses needed.*

## Proposal Check List

### Hard Copy Application Elements and Required Attachments:

### □ Please use Binder or Paper Clips, *no staples allowed*.

### □ Completed Application (Attachment A) signed and dated by the Chief Executive Officer of the Nonprofit Organization in Blue Ink.

### □ Budget Excel Worksheet (Attachment B) (both the Roll Up and Detail sheets must be included in your application packet).

### □ Authorized Signatory Listing Form (Attachment C) in Blue Ink.

## Electronic Application Elements and Required Attachments:

**Attachment A**: Completed Application

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**Attachment B**: Budget Excel Worksheet Form (Roll Up and Detail sheets)

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**Attachment C**: Authorized Signatory Listing Form

Please email **Attachment A** as a PDF-not a scanned document and **Attachment B** as an Excel document to

vicky.mboka-boyer@mass.gov **no later than 4:00pm on Friday, January 31, 2020.**

If you have any questions regarding this application, please email: vicky.mboka-boyer@mass.gov

Proposals must be mailed or hand-delivered\* to:

### The Executive Office of Public Safety and Security Office of Grants and Research

**Ten Park Plaza, Suite 3720-A Boston, MA 02116-3933**

**Attention: Homeland Security Division**

The signed and completed application template and required documents must be received by OGR on **Friday, January 31, 2019 by 4:00pm.** If you choose to hand deliver your proposal, please note that a valid form of identification is required to enter the 10 Park Plaza Office Building on the 2nd floor.