**2018 SHSP-CCP Application Template**

**1. Entity submitting this Application**

Type of Entity (CERT or VIPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POC Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POC Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OrganizationDUNS Number (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fiscal Point of Contact (if different than above)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Regional entities, please identify the communities that your organization has primary**

**responsibility for serving:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** **Proposal Summary (up to 20 points)**

Using the format below, please provide a clear and comprehensive summaryof your proposalthat includes responses to all the items (a-d) below. (**1 page maximum**)

1. Provide detail on how the requested funds will be used;
2. Identify the gap and/or capability you are seeking to address or build;
3. Please identify below one (or more) of the 32 FEMA Core Capabilities that your project supports. Additional information about FEMA’s Core Capabilities may be found on their website here: <https://www.fema.gov/core-capabilities>

|  |  |  |  |
| --- | --- | --- | --- |
| Planning |  | Housing |  |
| Cybersecurity |  | Forensics & Attribution |  |
| Mass Care Services |  | Community Resilience |  |
| Infrastructure Systems |  | Critical Transportation |  |
| Situational Assessment |  | Economic Recovery |  |
| Operational Coordination |  | Interdiction & Disruption |  |
| Fire Management and Suppression |  | Risk Management for Protection Programs & Activities |  |
| Fatality Management Services |  | Health & Social Services |  |
| Operational Communications |  | Natural & Cultural Resources |  |
| Screening, Search & Detection |  | Physical Protective Measures |  |
| Threats & Hazard Identification |  | Supply Chain Integrity & Security |  |
| On-Scene Security, Protection & Law Enforcement |  | Intelligence & Information Sharing |  |
| Public Information & Warning |  | Long-Term Vulnerability Reduction |  |
| Mass Search & Rescue Operations |  | Access Control & Identity Verification |  |
| Logistic & Supply Chain Management |  | Risk & Disaster Resilience Assessment |  |
| Environmental Response/Health & Safety |  | Public Health, Healthcare, Emergency Medical Services |  |

d) Please identify below one (or more) of the six Massachusetts State Homeland Security Strategy (SHSS) Goals that your project supports.

|  |  |
| --- | --- |
| Engage Stakeholders to Maintain, Enhance, Formalize, and Integrate the Various Components of the Homeland Security System into a Structure that Identifies and Guides Implementation of Homeland Security Strategy. |  |
| Increase the ability to effectively provide prompt and accurate public information and alerts. |  |
| Protect the Commonwealth from Intentional Acts of Violence and Terrorism. |  |
| Enhance Resilience across the Commonwealth by Preparing for & Mitigating Against Acts of Terrorism, and Natural, Technological, & Intentional Hazards. |  |
| Increase Capacity across the Commonwealth to Effectively Respond to Acts of Terrorism, and Natural, Technological, & Intentional Hazards. |  |
| Enhance Capacity across the Commonwealth to Recover from Acts of Terrorism, and Natural, Technological, & Intentional Hazards. |  |

**3. Proposal Benefit (up to 45 points)**

MEMA’s overarching priority for these funds is to support development of new CERT and VIPS capabilities or to significantly enhance existing capabilities of CERT and VIPS programs. MEMA will not award funds to sustain existing capabilities. Please explain below how the grant funds, if awarded, will create new capabilities (please describe the capabilities in detail) or significantly enhance existing capabilities. Please also explain how these new or enhanced capabilities will directly benefit your CERT/VIPS organization and the community you serve. (**1/2 page maximum**)

**4. Planned Activities (up to 10 points)**

Briefly describe your CERT/VIPS planned training, exercise, and planning activities for the next 12 months **and** **either** how your grant proposal will support these planned activities, **or** how these planned activities will support your grant proposal. The summary should include the planned training, exercise and planning activities that your organization will undertake even if you do not receive grant funds (i.e., how will your organization sustain its programs if you are not successful in receiving competitive funding from MEMA). **(1/2 page maximum)**

**5. Investment Priorities (up to 15 points)**

Please identify **and** describe how your proposal creates or enhances one **(or more)** of the following capabilities. **(1/2 page maximum)**

* **Local and/or Regional Mass Care Capabilities** : this would include proposals to purchase emergency shelter or mass care equipment; engage in mass care planning; conduct or attend related training programs; develop shelter support teams or capabilities; and conduct related exercises.
* **CERT/VIPS Member Safety:** this would include proposals to purchase member equipment or conduct/attend trainings.
* **Trainings and Exercises for CERT/VIPS Members:** this would include proposals to conduct/attend trainings or conduct/participate in exercises.
* **Deployment/Coordination of CERT/VIPS Members:** this would include proposals to purchase equipment; conduct planning; and conduct exercises.
* **Operational Communications**: this would include proposals to purchase equipment; conduct planning; attend related training; and conduct related exercises.
* **Community Preparedness, Resilience and Public Education**: this would include proposals to purchase training and preparedness materials, training aids or equipment; develop, implement and offer preparedness programs or materials; engage in planning; conduct or attend trainings; and conduct related exercises.

**6**. **Activity Report (up to 5 points)**

Please provide a summary of your organization’s activities for the last 12 months:

* Total number of active[[1]](#footnote-1) members in your organization **as of the date this grant application is filed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total number of training courses offered by your organization to its members

**and** the number of your organization’s members who attended these training courses:

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* Total number of exercises your organization participated in:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Total number of pre-planned (e.g., Town Day, etc.) community events your organization supported **and** the number of your organization’s members who participated in these events:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Total number of emergency incidents/disasters that your organization supported **and** the total number of your organization’s members who supported these incidents/disasters:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **If your organization had no activity for the last 12 months, please provide a brief explanation why** (when reviewing, MEMA will take into account new organizations with limited activity):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Funding**

**Excluding funds received from MEMA**, has your organization received any funding in the last 12 months? If yes, please list the source(s) **and** amounts:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8.** **Budget Detail (up to 5 points)**

MEMA has developed a population-based formula which identifies the maximum funding amount an organization may request. Please refer to Funding Population Tiers on pg 19 for additional information.

Funding Population Tier Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of SHSGP CCP funding REQUESTED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Budget **must** align with your Proposal Summary and equal your requested funding amount, and it may not exceed your population-based maximum award amount. All projects must be completed by May 31, 2020.

**8a. Complete this budget table to identify costs from 6/1/19 – 6/30/19**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of Each Proposed Expenditure | AEL # (as applicable) | For Equipment, Fixed or Portable | Quantity | Unit Cost | Total Cost |
|  |  |  |  |  |  |
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**8b. If needed, complete this budget table to identify costs from 7/1/19 – 5/31/20**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of Each Proposed Expenditure | AEL # (as applicable) | For equipment, Fixed or Portable | Quantity | Unit Cost | Total Cost |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Application Submission Checklist**

**All applicants must submit the following**:

* Completed Application Template: this must be emailed to your respective MEMA Regional email address by **3/15/19** (see pg 3 for the email address)
* Certification of Compliance with Federal Procurement Standards: this must be included (electronic copies are acceptable) with your application submission

**As applicable, applicants may need to submit:**

* ICIP: If your project has an interoperable communications component, an ICIP must be submitted with your application template.
* **For radio proposals**, a vendor price quote **must** be submitted with the ICIP form. This quote must include:
  + **1)** whether the model(s) has an Advanced Encryption Standard (AES) or non-standard encryption. Radios with non-standard encryption must either have this removed or add standard encryption; and
  + **2)** the radio make and model, which must be P25 compliant.

1. Active members are defined as members who have participated in at least two organization activities or events (e.g., training, exercise, deployment, etc.) during the last 12 months [↑](#footnote-ref-1)