



# Mississippi Office of Homeland Security

## Homeland Security Grant Program

### Grant Application

<b>DATE OF APPLICATION</b>			
<b>NAME OF AGENCY</b>			
<b>MAILING ADDRESS</b>			
<b>CITY</b>		<b>ZIP CODE</b>	
<b>COUNTY</b>			
<b>AGENCY CONTACT NAME</b>			
<b>CONTACT PHONE NUMBER</b>			
<b>CONTACT EMAIL ADDRESS</b>			
<b>SIGNATORY AUTHORIZED OFFICIAL</b>			
<i>(Name of Mayor, Board President, Commissioner, Head of Agency, etc.)</i>			
<b>AUTHORIZED OFFICIAL EMAIL</b>			
<b>UEI NUMBER</b>		<b>EXP DATE</b>	
<i>* Please provide a copy of UEI number and current status, as shown in SAM.gov.</i>			
<b>CONGRESSIONAL DISTRICT</b>			
<b>GRANT APPLICANT FUNDING REQUEST BY COST CATEGORY</b>			
<b>COST CATEGORY</b>		<b>AMOUNT REQUESTED</b>	
<b>CONTRACTUAL SERVICES</b>			
<b>EQUIPMENT</b>			
<b>COMMODITIES/SUPPLIES</b>			
<b>OTHER</b>			
<b>TOTAL OF GRANT AMOUNT REQUESTED</b>			

**PROBLEM IDENTIFICATION & DESCRIPTION**

**AGENCY DEMOGRAPHIC INFORMATION**

<b>NUMBER OF SQUARE MILES</b>	
<b>POPULATION</b>	
<b>NUMBER OF AGENCY STAFF</b>	

**AGENCY TYPE**

<input type="checkbox"/>	<b>LAW ENFORCEMENT</b>	<input type="checkbox"/>	<b>FIRE SERVICE</b>	<input type="checkbox"/>	<b>EMERGENCY SERVICES/EMA</b>
<input type="checkbox"/>	<b>CITY/COUNTY</b>	<input type="checkbox"/>	<b>SCHOOL DISTRICT</b>	<input type="checkbox"/>	<b>OTHER</b>

**II. AGENCY'S TOP TERRORISM THREAT & TERRORISM HAZARD**

**TERROISM THREAT** is a technological or human caused occurrence by a individual, entity, or action that has or will cause potential to harm to life, information, operations, the environment and/or property.

**BRIEFLY DESCRIBE THE AGENCY'S TOP TERRORISM THREAT**

**TERROISM HAZARD** is a potentially dangerous or harmful threat that is can unwanted outcomes. Hazards can include threats of terrorism, bomb scares, bombings, use of chemical, nuclear, and radiological weapons. A hazard is an intent to cause mental or physical injury or death for the purpose of advancing a person, organization, or agenda of extreme fear and intimidation.

**BRIEFLY DESCRIBE THE AGENCY'S TOP TERRORISM HAZARD**

## PREPAREDNESS GAPS

*Provide a detailed description of any preparedness gaps that hinder your agency's ability to prevent, protect, mitigate, respond to, and recover from threats and hazards. Include in the following information in your response:*

**1. A clear identification of the Agency PREPAREDNESS GAP(s), include operational or resource(s) deficiencies of the agency.**

**2. The process or method used to identify the PREPAREDNESS GAP(s) ( e.g., specific real-training events, training exercises, threat assessment, or after-action reports). Use specific data and provide examples to illustrate how these PREPAREDNESS GAP(s) have impacted your agency's operations.**

**3. Describe how the requested funding, resources, training, or equipment will increase your agency capabilities to address these PREPAREDNESS GAP(s).**

**4. Explain how this project will support **TERRORISM PREPAREDNESS and RESPONSE** for the agency?**

**NATIONAL PRORITY**

*Please mark which National Priority that the Agency will support with funding received.*

	COMMUNITY PREPAREDNESS		INFORMATION & INTELLIGENCE SHARING
	CYBERSECURITY		SOFT TARGETS/CROWDED PLACES
	ELECTION SECURITY		VIOLENT EXTREMISM

**MISSION AREA**

*Please mark which MISSION AREA that the Agency will support with funding received.*

	PREVENTION		RESPONSE
	PROTECTION		RECOVERY
	MITIGATION		

**GRANT BUDGET REQUEST**

*All information provided in the Grant Budget section is a request. There are no guarantees for funding. Funding may be partial. Please provided items based on priority and NEED. Items MUST be justifiable for the needs listed above for threats and hazards.*

**CONTRACTUAL SERVICES**

*Contractual Services should be requested for one (1) year of service only. All expenses must be in accordance to current state and federal guidelines. Agency should be prepared to be able to continue contractual services, if future awards or services are not approved.*

Type of Contractual	Amount of Service	Quantity of Service	Total
<b>TOTAL CONTRACTUAL SERVICES</b>			

**EQUIPMENT**

*All equipment must be on the FEMA Authorized Equipment List (AEL). You can find the AEL at <https://www.fema.gov/grants/tools/authorized-equipment-list>. Equipment **MUST** be for terrorism based programs and activities. (See Funding Guidance for more information).*

<b>FEMA AEL Number:</b>	<b>Description of Equipment:</b>	<b>Item Cost</b>	<b>Quantity</b>	<b>Equipment Total:</b>
<b>TOTAL COST OF EQUIPMENT</b>				

**COMMODITIES/SUPPLIES**

*Include a detailed assessment of other grant expenses within the program area in which you applying. Also, include a cost estimate for all additional grant expenses (e.g., gloves, traffic safety cones, flashlights, reflective safety vest, triage kits, etc.) All expense must be in accordance to current state and federal guidelines. These items are disposable and not equipment.*

<b>ITEM</b>	<b>ITEM COST</b>	<b>QUANTITY</b>	<b>TOTAL COST</b>
<b>TOTAL COST OF COMMODITIES/SUPPLIES</b>			

**OTHER EXPENSES**

*Additional items listed in this category must have detailed justification for requests. These items do not fall within any of the above listed categories.*

Type of Expense	Item/Description	COST	TOTAL
<b>TOTAL OTHER EXPENSES</b>			

**ADDITIONAL JUSTIFICATION FOR OTHER EXPENSES**

Empty space for providing additional justification for other expenses.

**TOTAL AMOUNT REQUESTED**

## PRIOR GRANT EXPERIENCE

*Please answer YES or NO to the following questions.*

	YES	NO
Has your agency received federal and/or state grants similar to the MOHS Grant?		
Does your agency have at three (3) years of receiving federal grant funds? Does not have to be MOHS related.		
Has your agency received MOHS Grant funds within the past three (3) years?		
Has your agency ever received any corrective actions from a Audit Report?		
Has the agency administration remained unchanged during the 2024 grant year? For example: (Chief, Sheriff, SGA, Financial Officer, Program Staff)		
Can this project be completed by August 30, 2026?		

## AGENCY AUDIT

Non-federal organizations, which expend \$1,000,000.00 or more in federal funds during a fiscal year, will be required to have an audit performed in accordance with 2 CFR Part 200, Subpart F. Applicant **MUST** provide a copy of their latest audit report, if Applicant meets the funding threshold. Attach a copy of the latest audit to this Application.

I certify that the Applicant's associated city/county/organization does **NOT** expect, to be required to have an audit performed under 2 CFR Part 200, Subpart F, for the above listed program.

I certify that the Applicant's associated city/county/organization, **WILL BE** required to have an audit performed under 2 CFR Part 200, Subpart F. A copy of the audit report **MUST** be attached at the time of Application submission.

## NIMS COMPLIANCE

As part of the Grant Application process, each agency **MUST** provide a copy of the NIMS Compliance certifications. This includes NIMS Certifications 100, 200, 700, 800, for a one (1) member of the agency. If a member of the agency needs to complete this training they can go to: <https://training.fema.gov/nims/>. Documentation **MUST** be attached at the time of Application submission.

**APPLICATION SUBMISSION COMPLIANCE/ APPLICATION CONTACT**

I certify that I am an employee of the aforementioned agency or have been hired by the agency to apply on their behalf for the Grant. All parties have knowledge and approved of the contents of this Application, Budget Request and all information provided within.

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**APPLICANT SIGNATURE**

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**DATE**

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**APPLICANT NAME (PLEASE PRINT)**

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**APPLICANT TITLE**