

# Florida Division of Emergency Management

# Nonprofit Security Grant Program National Security Supplemental Application Guidance

October 2024



# APPLICANTS WILL UNDERSTAND:

How to complete the application properly
Grant deadline submission dates
What is new for this grant application period
Define common terminology
Contact information



### **Topics Covered**

- Grant Overview
- Purpose of Grant (Objective)
- Priorities
- Eligibility
- Application
- What's New
- Funding

- Proposed Activities
- Allowable Cost –

**Direct and Indirect** 

- Unallowable Cost
- Application Components (Examples)
- Common Terminology
- FDEM contacts



Nonprofit Security Grant Program National Security Supplemental (NSGP-NSS) Overview

This grant provides funding support for physical security enhancements and other security activities to nonprofit organizations that are at substantial risk of a terrorist attack.

The Nonprofit Security Grant Program-National Security Supplemental (NSGP-NSS) is a competitive grant program focused on enhancing the ability of state, local, tribal, and territorial governments, as well as nonprofits, to prevent, protect against, respond to, and recover from terrorist attacks.

These grant programs are part of a comprehensive set of measures authorized by Congress and implemented by Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA) to help strengthen the nation's communities against potential terrorist attacks.

The performance period for this opportunity is **generally** 36 months that will begin on May 1 and ends on April 30. If awarded, the Subaward period would be May 1, 2025 – April 30, 2027.

**NOTE**: The SAA will define the specific timeline of the award in a grant agreement with your nonprofit organization for the current application period.



## Types of Funding

### **NSGP-NSS Urban Area** (NSGP-NSS- UA)

Funds nonprofit organizations located within a Urban Area Security Initiative(UASI)-designated urban area

• Up to \$200,000 per site, for up to three sites, for a maximum of \$600,000 per sub-applicant.

### **NSGP-NSS-State** (NSGP-NSS-S)

Funds nonprofit organizations located outside a UASI-designated urban area

• Up to \$200,000 per site, for up to three sites, for a maximum of \$600,000 per sub-applicant.



### Disasters & Assistance 🗸 🛛 🖌 🗸 🗸 Grants 🗸 🗸 Floods & Maps 🗸

Emergency Management v

# Nonprofit Security Grant Program -**Notices of Funding Opportunity**



### **Types of Funding... Continued**

Consortium applications are also eligible under the NSGP-NSS. In this case, an eligible entity would apply on behalf of themselves and other eligible entities as a subapplicant to the S AA. Consortia may apply through the SAA for an award totaling \$1 million. Awards over \$250,000 must comply with the Build America, Buy America Act (BABAA).

The \$200,000 per site maximum still applies for each individual nonprofit organization within the consortium.

If successful, the lead consortium member will accept the subaward on behalf of the consortium, implement the approved projects/contracts for all consortium member sites, and manage the subaward throughout the period of performance, to include ensuring that all terms and conditions of the subaward are met.

### NSGP-NSS CONSORTIUM WORKBOOK

Full Consortium Workbook instructions can be found in the instructions tab of the Consortium Workbook. The Consortium Workbook must expand upon the information provided in the consortium lead nonprofit organization's IJ. The Consortium Workbook must contain the number of nonprofit organizations within the consortium and the following information for each nonprofit organization within the consortium:

i. **Demographic information**, including the name, address, nonprofit organization type, organization function, and organization affiliation;

ii. **Required programmatic information**, including eligibility information, UEI number (lead consortium member only), past funding history, total funding requested per site, and a point of contact for each nonprofit organization; and

iii. Additional narrative information, including how each nonprofit organization's projects address the objective of the consortium application as outlined in the lead nonprofit organization's IJ.



### **Eligible Organizations**

Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the Internal Revenue Code (IRC) and tax-exempt under section 501(a) of the IRC.

The list below is not exhaustive and only provides examples of potential eligible organizations, all of which must be nonprofits.

- Houses of Worship
- Educational Facilities
- Medical Facilities
- Senior Centers/Care Facilities
- Community/Social Service

- Shelters/Crisis Centers
- Event Venues
- Science Organizations
- Camps
- Museums



## **Organizations that are NOT Eligible**

Entities that are **<u>not</u>** eligible to apply under NSGP:

- Utility Companies
- Government Entities
- For-profit transportation companies, such as a company offering bus service
- For-profit hospitals, venues, stadiums, amusement parks, clubs, and colleges/universities
- Municipal/public schools (elementary, middle, or high schools)
- Organizations active in politics, lobbying, and advocacy work
  - **Volunteer Fire Departments**
  - Community Service Organizations (Kiwanis, Rotary, and Lions Clubs)
  - Homeowner Associations
- Labor, agricultural or a horticultural organizations
  - Labor unions, county fairs, and flower societies are examples of these types of groups



### **Allowable Cost Descriptions**

**Planning Costs:** Funding may be used for security or emergency planning expenses and the materials required to conduct planning activities. Planning must be related to the protection of the facility and the people within the facility and should include with access and functional needs as well as those with limited English proficiency.

**Organizational Costs:** Contracted Security Personnel are allowed under this program and must comply with guidance set forth in IB 421b and IB 441. NSGP-NSS funds may not be used to purchase equipment for Contracted security.

For NSGP-NSS agreements that include Contracted Security Personnel, the nonprofit entity must:

- Demonstrate competitive solicitation per 2 C.F.R. § 200.319.
- Procurement via sole source for contract security personnel is not allowable.
- Provide a table with a description of costs, number of officers, and frequency of use.
- · Submit Time & Effort documentation for the security personnel providing the services, which includes signed/certified timesheets and paystubs/payroll documentation, and
- Provide the service contract between the Subrecipient and security provider prior to entering a contract and commencement of work for review by the Division that breakdown the rate, frequency, POP dates and scope of services needed and must also include or incorporate mandatory contract provisions.
- Once the contract is signed between the organization and vendor, the Subrecipient must provide a copy to the Division prior to commencement of work.

**Exercise Costs:** NSGP-NSS funding may be used to conduct security-related exercises. This includes costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, and documentation. The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs.

**Training Costs:** Nonprofit organization security personnel may use NSGP-NSS funds to attend security related training courses and programs within the United States. Allowable Training related costs under the NSGP-NSS are limited to attendance fees for training, and related expenses, such as materials, supplies, and/or equipment. Training courses, costs and attendance must reflect the Subrecipients approved IJ.

**Equipment:** Allowable costs are focused on facility hardening and physical security enhancements. Unless otherwise stated, equipment must meet all mandatory regulatory and/or DHS adopted standards to be eligible for purchase using these funds, including the Americans with Disabilities Act. In addition, agencies will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment. Large equipment purchases must be identified and explained. Approved equipment costs under NSGP-NSS must have been included in the approved Investment Justification (IJ) and the Authorized Equipment List (AEL)on the next slide.

Management and Administration Costs: No more than 5% of each Sub-Recipient's total award may be expended on Management and Administration costs. This includes the Hiring of full time or part-time staff or contractors/consultants responsible for activities relating to the management and administration of NSGP-NSS funds. Hiring of contractors/consultants must follow applicable federal procurement requirements at 2 C.F.R. §§ 200.318-200.327. And meeting related expenses directly related to M&A of NSGP-NSS funds.



## Allowable Equipment List (AEL)

- 03OE-03-MEGA
- 03OE-03-SIGN Signs
- 04AP-05-CRED System, Credentialing
- 04AP-09-ALRT Systems, Public Notification and Warning

System, Public Address, Handheld or Mobile

- 04AP-11-SAAS Applications, Software as a Service
- 05AU-00-TOKN System, Remote Authentication
- 05EN-00-ECRP Software, Encryption
- 05HS-00-MALW Software, Malware/Anti-Virus Protection
- 05HS-00-PFWL System, Personal Firewall
- 05NP-00-FWAL Firewall, Network
- 05NP-00-IDPS System, Intrusion Detection/Prevention
- 06CP-01-PORT Radio, Portable
- 06CP-01-REPT Repeater
- 06CC-02-PAGE Services/Systems, Paging
- 06CP-03-ICOM Intercom
- 06CP-03-PRAC Accessories, Portable Radio
- 10GE-00-GENR Generators
  - 10PE-00-UPS Supply, Uninterruptible Power (UPS)

- 13IT-00-ALRT System, Alert/Notification
- 14CI-00-COOP System, Information Technology Contingency Operations
- 14EX-00-BCAN Receptacles, Trash, Blast-Resistant
- 14EX-00-BSIR Systems, Building, Blast/Shock/Impact Resistant
- 14SW-01-ALRM Systems/Sensors, Alarm
- 14SW-01-ASTN Network, Acoustic Sensor Triangulation
- 14SW-01-DOOR Doors and Gates, Impact Resistant
  - 14SW-01-LITE Lighting, Area, Fixed
  - 14SW-01-PACS System, Physical Access Control
  - 14SW-01-SIDP Systems, Personnel Identification
  - 14SW-01-SIDV Systems, Vehicle Identification
- 14SW-01-SNSR Sensors/Alarms, System and Infrastructure Monitoring, Standalone
- 14SW-01-VIDA Systems, Video Assessment, Security
- 14SW-01-WALL Barriers: Fences; Jersey Walls
- 15SC-00-PPSS Systems, Personnel/Package Screening
- 21GN-00-INST Installation
- 21GN-00-TRNG Training
- IG Training and Awareness



### **Unallowable Costs**

The following projects and costs are considered ineligible for award consideration: This list is not exhaustive, therefore, if there are any questions regarding allowable costs, please contact the SAA.

- Reimbursement of pre-award security expenses;
- Cameras for license plate readers/license plate reader software;
- Cameras for facial recognition software;
- Weapons or weapons-related training;
- The development of risk/vulnerability assessment models;
- Initiatives that fund risk or vulnerability security assessments or the development of the IJ.
- Hiring of public safety personnel;
- General-use expenditures;
- Itemized licensing and permitting fees

# APPLICATION INFORMATION & REQUIREMENTS



As part of the NSGP-NSS, in order to be considered "complete" an application must include the following required documentation:

- Completed PDF Fillable Investment Justification
- Vulnerability/Risk Assessment unique to each site (Location(s)/Physical Address(es)
- Mission Statement on organization's letterhead
- Documentation from the IRS demonstrating 501(c)(3) status (required for all organizations except Ideology-based/Spiritual/Religious
- Signature Page signed by the Authorized Official Representative of the nonprofit Organization.
- Organizational Chart
- If applicable, any supporting documentation that supports threats to the facility such as police reports/Insurance Reports

\*Examples of the aforementioned documents can be found on the following slides\*



The Florida Division of Emergency Management is the State Administrative Agency (SAA) for Florida and is the only eligible applicant who can submit to DHS/FEMA. \*Nonprofit organizations must submit their applications to the SAA who will then submit on behalf of all eligible applicants from their state/territory.

Once the NSGP-NSS Notice of Funding Opportunity (NOFO) is released, the SAA will notify interested applicants via email regarding the internal application deadline, processes and requirements.

Nonprofit applications and required documents are to be RECEIVED by the State Administrative Agency by Friday, November 29, 2024, 5:00PM (EST) \*NO EXCEPTIONS\*.

\*Applications received after this date and time will not be eligible for consideration.\*



## How to Apply

Nonprofit applications and required documents MUST be submitted and received by the State Administrative Agency by **TBA 5:00PM (EST)** \***NO EXCEPTIONS\***. All applications **MUST** be submitted via SharePoint Portal. Applications and/or documents received after this date and time will not be eligible for consideration.

#### To apply for the NSGP-NSS grant:

Please follow the instructions below:

1. To gain access to SharePoint, applicants **MUST** send an email with information below to: <u>sharepoint.admin@em.myflorida.com</u>. <u>Do not</u> include attachments in this email. This information must match the information entered into the "NONPROFIT SUBAPPLICANT CONTACT INFORMATION" section of the Investment Justification form:

- Nonprofit Organization Name
- Nonprofit Sub-applicant Contact Name
- Nonprofit Sub-applicant Contact Phone Number
- Nonprofit Sub-applicant Physical Address/Location
- Nonprofit Sub-applicant Contact Email Address

Please note: Our offices are closed on the weekends, and during state observed holidays. If an applicant email request is received during a time of Holiday Office Closure, an automatic out of office reply will be sent indicating the office closure details, stating that your email was received, and stating a response will be sent the next business day.

- 2. The Sub-applicant contact listed above will receive an email from our SharePoint Administrator with instructions on how to sign in to SharePoint and fill out the upload form.
- 3. After gaining access to SharePoint and the data entry form, the point of contact will need to select who the application was written by, their designated urban area (NSGP-UA or NSGP-State) for which they are applying, and upload required documents.
- 4. Once you are satisfied that everything has been submitted in full, and within the proper guidelines, you must select the indicator for Final Submission.

#### Document Submission on SharePoint Form:

- Documents MUST be named appropriately and uploaded as individual documents. They must not be merged into a single document.
- The Investment Justification must be submitted in the PDF fillable format and cannot be scanned. If the Investment Justification is scanned it will not be deemed eligible for submission and review.
- Supporting documents must be uploaded as separate documents from the Investment Justification (i.e. Vulnerability Assessment, Mission Statement, etc.). For a complete list of required documents, please refer to the attached SAA's Application Guide (page 17).

#### Naming Conventions:

The following naming conventions must be utilized for UA or State application submissions:

NSGP-NSS\_UA\_<State Abbreviation>\_<Urban Area>\_<Nonprofit Name>"

Example: NSGP-NSS\_UA\_FL\_MiamiFortLauderdale\_Nonprofit Name

NSGP-NSS\_S\_<State Abbreviation>\_<Nonprofit Name>"

Example: NSGP-NSS\_S\_FL\_Nonprofit Name

\*The Investment Justification must be submitted in the PDF fillable format and cannot be scanned. If the Investment Justification is scanned it will not be deemed eligible for submission and review. \*



#### DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

#### NONPROFIT SECURITY GRANT PROGRAM -NATIONAL SECURITY SUPPLEMENTAL INVESTMENT JUSTIFICATION

As part of the Nonprofit Security Grant Program National Security Supplemental (NSGP-NSS) application, eligible 501(c)(3) organizations must develop a formal Investment Justification (JU) that addresses each initiative proposed for funding. For consortium applicants, only the lead organization must complete an J. Lead consortium organizations must also submit the Consortium Workbook. These IJs must demonstrate how proposed projects address gaps and deficiencies in current programs and capabilities. Additionally, the IJ must demonstrate the ability to provide enhancements consistent with the purpose of the program and capabilities provided by the Federal Emergency Management Agency (FEMA). Nonprofit subapplicants must ensure that the IJ is consistent with all apolicable requirements outlined below. Each J must be for one facilityOcation.

FEMA has developed guidelines that establish the required IJ content and helps ensure that submissions are organized in a consistent manner while addressing key data requirements. This form (Office of Management and Budget [OMB] Number 1660-011/ FEMA Form Number FF-207-FY-21-115) may be used by nonprofit subapplicants to complete and submit their IJ. Failure to address these data elements in the prescribed format could potentially result in the rejection of the JJ from review consideration.

Nonprofit subapplicants must use the following naming convention when submitting required documents for the NSGP-NSS-UA: "NSGP-NSS\_UA\_State Abbreviations\_<Urban Areas\_<Nonprofit Names, and NSGP-NSS-S: "NSGP-NSS\_S\_State Abbreviations\_-Konprofit Names"

Consortium applications must use the following conventions for the NSGP-NSS-UA:

"NSGP-NSS\_UA\_C\_<State Abbreviation>\_<Urban Area>\_<Consortium Lead Name>; and NSGP-NSS-S: "NSGP-NSS\_S\_C\_<State Abbreviation>\_<Consortium Lead Name>"

Applications should be submitted by the nonprofit organization to the State Administrative Agency (SAA) as a completed fillable Adobe file. Scanned copies will not be accepted. Nonprofit subapplicants should contact their respective SAA to get information on the application deadline and other SAA requirements. If an extension to the deadline is required, nonprofit organizations must consult with their respective SAA.

#### PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this form is estimated to average 84 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security. Federal Emergency Management Agency, SOC Street, SW., Washington, DC 20472-3100, Pagerwork Reduction Project (1600-1101) NOTE: Do not send your completed from to this address.

#### PRIVACY ACT STATEMENT

AUTHORITY: The Homeland Security Act of 2002, as amended by Title I of the Implementing Recommendations of the 9/11 Commission Act of 2007, 6 U.S.C. §§ 605 and 606.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of facilitating correspondence between the grant applicant and the Department of Homeland Security and for determining eligibility and administration of FEMA Preparedness Grant Programs, specifically, the Nonprofit Security Grant Program.

ROUTINE USE(\$): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHSrEMA - 004 Grants Management information Files System of Records, 7 4 FR 39(70) (August 7, 2000), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the organization from receiving grant funding.

#### PART I. NONPROFIT ORGANIZATION SUBAPPLICANT INFORMATION

| Identify the following:       |           |       |          |        |  |
|-------------------------------|-----------|-------|----------|--------|--|
| LEGAL NAME OF THE ORG         | ANIZATION | -     |          |        |  |
|                               |           |       |          |        |  |
| Please list the physical      | STREET    |       |          |        |  |
| address of the facility.      |           |       |          |        |  |
| One investment                | CITY      | STATE | ZIP CODE | COUNTY |  |
| justification per facility or | GITT      | UNALE |          | CODITI |  |
| per consortium application.   |           |       |          |        |  |

| EMA Form FF-207-FY-21-115 (f | formerly 089-25) (10/24) |
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| this IJ submitted by the lead organization of a consortium? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|
| lote: Please answer Part II through Part VII of this IJ with summary responses that represent the collective of the<br>roject(s). Additional space will be provided for further elaboration and narrative justification in the Consortium Wor                                                                                                                                                                                                                                                                                                                                                                                     |                   | m          |
| the building owned, or are you leasing/renting?<br>If leasing or renting, do you have the owner's period<br>the proposed security enhancements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mission to<br>Yes | nake<br>No |
| t the time of application, is the organization actively occupying and functioning out of the location listed above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes               | No         |
| re you the only nonprofit operating in/from this facility/building? 📃 Yes 📃 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |            |
| fote: Only one nonprofit can apply per building/facility/physical structure/address. However, the request and subsenhancements may benefit nonprofits who cohabitate/operate in/from the same location. Multiple requests for fede on the same physical address/building/facility/structure will all be deemed ineligible.                                                                                                                                                                                                                                                                                                        |                   |            |
| "No," please explain how the proposed security enhancements benefit both you and the other organization(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |            |
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| ased on your mission statement, please summarize your organization's mission, ideology, and/or beliefs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |            |
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| /hat is the primary organization type?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   | T          |
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| "Other," please describe the type of organization.<br>lease select the function that best describes the organization:<br>lease select the organization's primary affiliation:<br>lote: Please select the main religious affiliation that describes your organization. If the organization is a denomina<br>filiation, please select the organization is a denomina                                                                                                                                                                                                                                                                |                   |            |
| "Other, " please describe the type of organization.<br>lease select the function that best describes the organization:<br>lease select the organization's primary affiliation:<br>lease select the organization's primary affiliation:<br>lote: Please select the corganization is a denominal<br>filiation, please select the corganization is a denominal<br>select the describes your organization. If the organization is a denominal<br>filiation, please select the corresponding affiliation from the drop down menu instead of "Other." If your organization<br>seligious affiliation, please select "None/Unaffiliated." |                   |            |
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| Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the Internal<br>Revenue Code (IRC) and tax-exempt under section 501(a) of the IRC. More information on tax-exempt organizations can be found                                                                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| at: https://www.irs.gov/charities-non-profits/charitable-organizations.                                                                                                                                                                                                                                                                                                                                                |  |
| Is the organization eligible under the IRC to receive NSGP-NSS funds? Yes No                                                                                                                                                                                                                                                                                                                                           |  |
| Does the organization have a Unique Entity ID (UEI) Number? Yes No                                                                                                                                                                                                                                                                                                                                                     |  |
| If "Yes," please enter the UEI Number for the organization:                                                                                                                                                                                                                                                                                                                                                            |  |
| Nonprofits do not need to have a valid UEI at the time of application; however, subrecipients must have a valid UEI in order to receive<br>a subaward.                                                                                                                                                                                                                                                                 |  |
| Are you physically located in a current Urban Area Security Initiative designated urban area? Yes No                                                                                                                                                                                                                                                                                                                   |  |
| If "Yes," select the designated urban area from the list:                                                                                                                                                                                                                                                                                                                                                              |  |
| Total federal funding requested under the NSGP-NSS (will automatically populate based on entries in<br>Section IV-B)                                                                                                                                                                                                                                                                                                   |  |
| PART II. BACKGROUND INFORMATION (5 POSSIBLE POINTS OUT OF 40)                                                                                                                                                                                                                                                                                                                                                          |  |
| Please describe (if applicable) this location's symbolic value as a highly recognized national or historic institution/landmark that<br>renders the site as a possible target of terrorism or other extremist attack.                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Please select (if applicable) the current, ongoing, or recent (last 3 years) event(s) in which your organization has been involved in                                                                                                                                                                                                                                                                                  |  |
| prevention, protection, response, and/or recovery:                                                                                                                                                                                                                                                                                                                                                                     |  |
| Please describe the organization's role in prevention, protection, response, and/or recovery, specifically highlighting the efforts that demonstrate integration of nonprofit preparedness with broader state and local preparedness efforts.                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| PART III. RISK (15 POSSIBLE POINTS OUT OF 40)                                                                                                                                                                                                                                                                                                                                                                          |  |
| Is your organization facing heightened threat resulting from the Israel-Hamas war? Yes No                                                                                                                                                                                                                                                                                                                              |  |
| Department of Homeland Security defines risk as the product of three principal variables: Threat, Vulnerability, and Consequence. In<br>the space below, describe the risk(s) faced by your organization specifically in terms of the A) Threats, B) Vulnerabilities, and C)<br>Potential Consequences of an attack.                                                                                                   |  |
| A) Threat: In considering a threat, please describe the identification and substantiation of specific threats or attacks against the<br>nonprofit organization or a closely related organization, network, or cell.<br>Description can include findings from a threat or risk assessment, police report(s), and/or insurance claims specific to the location<br>being applied for including dates of specific threats. |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

| 2) Potential Consequences: Please describe the potential negative effects on the organization's assets, systems, and/or funct damaged, destroyed, or disrupted by a terrorist or other extremist attack.           Description         PART IV. FACLILITY HARDENING (9 POSSIBLE POINTS OUT OF 40)           Section IV-A: In this section, describe each proposed activity or investment, for section IV-B), identify the numerability that 1 addresses, and detail the cost associated with the activity or investment. For each activity/investmenture attronation should include narrative information and unclust is lated in Section IV-B. The objective is for the formation should include narrative information advant and closats instead in Section IV-B. The objective is for the information contained in this section to allow reviewers to validate the need of all costs in Section IV-B.           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FACILITY HARDENING (9 POSSIBLE POINTS OUT OF 40)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                                                                                                                    |                     | ULNERABILITY TO<br>ADDRESSED | D RE                                          | ESTIMATED FUNDING<br>REQUESTED<br>Round to nearest dollar |                                       |
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| Start dates should reflect the start of the associated key activitie<br>illiestones should reflect considerations to Environmental Plant<br>10 milestones maximum) | es and e<br>ning an | end di<br>d Hist             | ates should reflect w<br>oric Preservation re | hen the mile<br>views when a                              | stone event will occur.<br>pplicable. |
| KEY ACTIVITIES & CORRESPONDING MILES                                                                                                                               | TONE                | s                            | ST/                                           | ART DATE                                                  | COMPLETION DATE                       |
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| Invironmental Planning and Historical Preservation review.                                                                                                         |                     |                              |                                               |                                                           |                                       |
| Environmental Planning and Historical Preservation review.                                                                                                         |                     |                              |                                               |                                                           |                                       |
| invironmental Planning and Historical Preservation review.                                                                                                         |                     |                              |                                               |                                                           |                                       |
| Invironmental Planning and Historical Preservation review.                                                                                                         |                     |                              |                                               |                                                           |                                       |
| Environmental Planning and Historical Preservation review.                                                                                                         |                     |                              |                                               |                                                           |                                       |
| Environmental Planning and Historical Preservation review.                                                                                                         |                     |                              |                                               |                                                           |                                       |
| Environmental Planning and Historical Preservation review.                                                                                                         |                     |                              |                                               |                                                           |                                       |
| Environmental Planning and Historical Preservation review.                                                                                                         |                     |                              |                                               |                                                           |                                       |

| no will manage the project? Include the name, phone number, email ac<br>ease assess your project management plan/approach. Assessment co<br>ject and the coordination of the project with state and local homeland a                                                                                                                                                                                                            | uld include challenges to the effective implementation of t                                                                                       |
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| PART VII. IMPACT (4 POSSIBLE                                                                                                                                                                                                                                                                                                                                                                                                    | POINTS OUT OF 40)                                                                                                                                 |
| ase describe the measurable outputs and outcomes that will indicate t                                                                                                                                                                                                                                                                                                                                                           | hat this Investment is successful at the end of the period                                                                                        |
| formance.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                   |
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| FUNDING HIST                                                                                                                                                                                                                                                                                                                                                                                                                    | DRY                                                                                                                                               |
| FUNDING HIST                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |
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| he nonprofit organization has received NSGP funding in the past,<br>restment type.<br>s the organization received federal NSGP funding in the past? Yes                                                                                                                                                                                                                                                                         | provide the funding amount, funding year, and the                                                                                                 |
| he nonprofit organization has received NSGP funding in the past,<br>restment type.                                                                                                                                                                                                                                                                                                                                              | provide the funding amount, funding year, and the                                                                                                 |
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| he nonprofit organization has received NSGP funding in the past,<br>restment type.<br>s the organization received federal NSGP funding in the past? Yet<br>Prese only include federal NSGP funding. If the organization has<br>ards, please do NOT include those here.                                                                                                                                                          | provide the funding amount, funding year, and the<br>s No<br>s received state-funded NSGP awards, or any other feder<br>ved federal NSGP funding: |
| he nonprofit organization has received NSGP funding in the past,<br>restment type.<br>Is the organization received federal NSGP funding in the past? Yet<br>OTE: Please only include federal NSGP funding. If the organization has<br>ards, please do NOT include those here.<br>ase select the MOST RECENT fiscal year in which the nonprofit recei<br>Yes," please list the year(s), amount(s), and Project(s)/Investment(s). | provide the funding amount, funding year, and the<br>s No<br>s received state-funded NSGP awards, or any other feder<br>ved federal NSGP funding: |
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| FUNDING HIST                                                                                                                                                                                                                                                                                                                                                                                                                    | ORY                                                                                                                                               |

FEMA Form FF-207-FY-21-115 (formerly 089-25) (10/24)



NOTE: A consultant or contractor may not sign the Investment Justification and the only acceptable signature type(s) shall be handwritten or digital with date and time stamp included.

| NONPROFIT SUBAPPLICANT CONTACT INFORMATION |  |                                                                                                                               |  |  |
|--------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|--|
| This application was written by:           |  | •                                                                                                                             |  |  |
|                                            |  | ed volunteer on behalf of the nonprofit organization or have been<br>r the Nonprofit Security Grant Program National Security |  |  |
| FULL NAME                                  |  | POSITION/TITLE                                                                                                                |  |  |
| EMAIL                                      |  | WORK PHONE                                                                                                                    |  |  |



NOTE: A consultant or contractor may not sign the Investment Justification and the only acceptable signature type(s) shall be handwritten or digital with date and time stamp included.

| NONPROFIT SUBAPPLICANT CONTACT INFORMATION |  |                                                                                                                               |  |  |
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| FULL NAME                                  |  | POSITION/TITLE                                                                                                                |  |  |
| EMAIL                                      |  | WORK PHONE                                                                                                                    |  |  |



A completed vulnerability assessment provides the foundation of the Investment Justification content by identifying vulnerabilities in context of the threats and consequences of potential events at a organization's facility/site. Proposed equipment, projects, and activities should directly link to mitigating specific vulnerabilities identified in the assessment. Important Notice: If your Vulnerability/Risk assessment does not include the location/physical address unique to the site, the application will not be reviewed and scored.

It is recommended that applicants work with local police departments to complete a vulnerability assessment and/or notify police of identified vulnerabilities. However, FEMA has developed an online assessment tool designed to guide personnel at houses of worship through a security-focused self-assessment to understand potential vulnerabilities and identify options for consideration in mitigating those vulnerabilities. This baseline security self-assessment is designed for a person with little to no experience to complete and while it is geared towards Houses of Worship it can be used for any NSGP applicant. Resources to complete a self-assessment can be found at: Houses of Worship | CISA

If utilized, the CISA self-assessment is a first step in building an effective security program and is not intended to be an in-depth security assessment. After completing this process and addressing preliminary findings, houses of worship personnel may consider pursuing more detailed security assessments to explore specific issues in greater detail.



### **Mission Statement - Example**



San Clemente High School San Clemente, CA

### **Mission Statement**

San Clemente High School will deliver a world-class education that encourages collaboration, communication, creativity and critical thinking. Our graduates will successfully contribute to and compete in the global community.

### **Vision Statement**

San Clemente High School provides opportunities for all students to engage in a rigorous and relevant standards-based instructional program. Through collaborative leadership, we analyze stakeholder input and multiple sources of data to drive decision making, establish goals and implement action plans that affect school-wide improvement. Our staff is dedicated to promoting high achievement for all students through:

- ← Curriculum that is rigorous, relevant and accessible.
- ✓ Instruction that employs best practices and teaching strategies to maximize student proficiency.
- ← Infrastructure and technology that supports 21<sup>st</sup> Century Learning.
- ∉ Interventions which are timely, systematic and effective.
- ← Co-curricular and extra-curricular opportunities coupled with community involvement that enriches the high school experience for all students.
- Continual improvement of curriculum and instruction through professional development, staff collaboration and Professional Learning Community practices.



### **IRS 501c3 Sample Letter**

018857

IRS Internal Revenue Service P.O. Box 2508, Room 4010 In reply refer to: 4051050282 Apr. 21, 2017 LTR 4168C 0 Cincinnati OH 45201 41-6023143 000000 00 00072681 BODC: TE Sample 501c3 Letter UNITED WAY OF SOUTHWEST MINNESOTA PO BOX 41 RECEIVED APR 2 4 2017 MARSHALL MN 56258-0041 Employer ID Number: 41-6023143 Form 990 required: Yes Dear Taxpayer: This is in response to your request dated Mar. 23, 2017, regarding your tax-exempt status. We issued you a determination letter in April 1998, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (03). Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi). Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522. In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice. For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676). If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).



### Signature Page signed by the Authorized Official Representative

Florida Division of Emergency Management Nonprofit Security Grant Program National Security Supplemental

#### **Application Signature Page**

#### Instructions:

 The signature page <u>must</u> be signed by the Applicant's Authorized Representative (AOR). Consultants or contractors of the applicant organization are not permitted to sign the application nor be the AOR of the recipient. If application is signed by anyone other than the Applicant's Authorized Representative, the application will be ineligible.

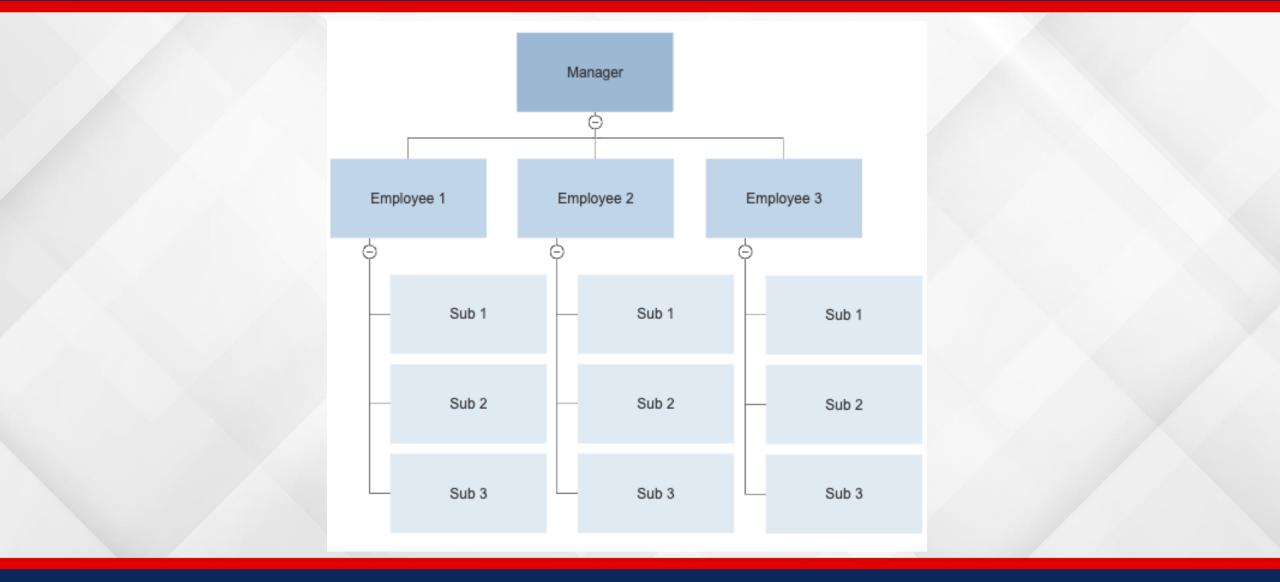
2. Each signature must be a physical or a digital signature with date and time certification stamp. A typed name will not be accepted.

3. This signature page must be signed and submitted with application materials as a PDF.

| Applicant Information:                                                                                                             |                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant Legal Name:<br>(Legal name of the organization legally responsible for<br>the grant award to whom payments will be made) |                                                                                                                                                                                                     |
| FEIN:                                                                                                                              |                                                                                                                                                                                                     |
| Applicant Physical Address:                                                                                                        |                                                                                                                                                                                                     |
| Applicant Mailing Address:<br>(if different from Physical Address)                                                                 |                                                                                                                                                                                                     |
| Applicant Authorized Representative Title:<br>(Person authorized by Applicant to apply for grant<br>funding)                       |                                                                                                                                                                                                     |
| Applicant Authorized Representative Full Name:<br>(e.g., Benjamin J. Smith)                                                        |                                                                                                                                                                                                     |
| Applicant Authorized Email:                                                                                                        |                                                                                                                                                                                                     |
|                                                                                                                                    | n authorized to submit this application on behalf of the Applicant. I<br>he capacity as the Authorized Organization Representative and I further<br>ovided in this application is true and correct. |
| Applicant Authorized Representative Signature:                                                                                     | Date:                                                                                                                                                                                               |



## **Organization Chart**





### **Preparedness Bureau Program Contacts**

Ms. Felicia P. Pinnock, Program Manager 850-815-4343/Cell Number: 850-879-0176 Email: Felicia.Pinnock@em.myflorida.com

Ms. Kizzy K. Caban, Lead Program Reviewer Office Number: 850-815-4348 Email: <u>Kizzy.Caban@em.myflorida.com</u>

Ms. Stephanie Weems, Program Reviewer Office Number: 850-815-4508 Email: <u>Stephanie.Weems@em.myflorida.com</u>

Ms. Shempekka Mosely, Program Reviewer Office Number: 850-815-4305 Email: <u>Shempekka.Mosely@em.myflorida.com</u>

Mr. Jerrod Peoples, Program Reviewer Office Number: 448-220-47113 Email: Jerrod.Peoples@em.myflorida.com



## **Common Terminology**

| ITEM                                                  | ACRONYM |
|-------------------------------------------------------|---------|
| Nonprofit Security Grant Program (NSGP)               | NSGP    |
| State Administrative Agency                           | SAA     |
| Department of Homeland Security                       | DHS     |
| Notice of Funding Opportunity                         | NOFO    |
| Community Emergency Response Team                     | CERT    |
| The Homeland Security Exercise and Evaluation Program | HSEEP   |
| Unique Entity Identifier                              | UEI     |
| Investment Justification Form                         | IJ      |
| Environmental Assessment                              | EA      |
| Environmental and Historic Preservation               | EHP     |
| Federal Emergency Management Agency (Federal Agency)  | FEMA    |
| Division of Emergency Management (State Level Agency) | DEM     |



# **Thank You**