



## Missouri Office of Homeland Security Division of Grants

We are pleased to announce funding availability for the FY 2015  
State Homeland Security Grant Program (SHSGP)

This funding opportunity is made available through the Missouri  
Department of Public Safety, electronic WebGrants System,  
accessible on the internet:

<https://dpsgrants.dps.mo.gov>

# Key Dates

SHSGP Application Period: 7/15/2015 – 8/15/2015 (5:00 p.m.)

OHS Administrative Review: 8/16/2015 – 8/31/2015

Local Peer Review: 9/01/2015 – 9/15/2015

Awards: 10/15/2015

Award Start Date: 9/1/2015

Award End Date: 8/31/2017

Period of Performance: 24 months

# FY15 Expected Funding

## \$3,978,000

- State
  - Non-LETPA \$596,700
  - LETPA \$198,900
  - Total: \$ 795,600
- Local
  - Non-LETPA \$2,386,800
  - LETPA \$795,600
  - Total: \$3,182,400

# Regional Funding Allocations

Region	Allocation
Region A (Urban)	\$603,428.63
Region A	\$124,506.37
Region B	\$182,420.30
Region C	\$123,862.29
Region D	\$369,007.02
Region E	\$136,675.14
Region F	\$249,151.63
Region G	\$107,823.08
Region H	\$119,427.78
Region I	\$ 70,497.74
<b>TOTAL:</b>	<b>\$2,086,800.00</b>

# Application Requirements

- SHSGP funding allows for the expansion of eligible maintenance and sustainment costs which must be in:
  - Direct support of existing capabilities
  - Must be an otherwise allowable expenditure under the applicable grant program
  - Must be tied to one of the core capabilities in the five mission areas contained within the Goal, and
  - Shareable through the Emergency Management Assistance Compact (EMAC)

# Application Requirements

- Subgrantees must utilize standardized resource management concepts such as:
  - Typing, inventorying, organizing, and tracking resources that facilitates the identification, dispatch, deployment, and recovery of their resources
  - Subgrantees must coordinate with their stakeholders to examine how they integrate preparedness activities across disciplines, agencies, and levels of government

# Training & Exercises

- Subgrantees must develop multi-year Training and Exercise Plan (TEP)
  - Addressing gaps from THIRA and SPR
  - Support the development and testing of the EOPs and annexes
  - Validate corrective actions from exercises or real world events
  - Develop and maintain a progressive exercise program consistent with Homeland Security Exercise and Evaluation Program (HSEEP) (<https://www.llis.dhs.gov/hseep>)
  - Must develop AAR/IPs following completion of exercises within 90 days

# Application Forms

Application Forms	<a href="#">Application Details</a>   <a href="#">Submit</a>   <a href="#">Withdraw</a>	
Form Name	Complete?	Last Edited
<a href="#">General Information</a>	✓	07/13/2015
<a href="#">Contact Information</a>		
<a href="#">Grant Project Summary &amp; Overview</a>		
<a href="#">Grant Project THIRA</a>		
<a href="#">Grant Project Background *Complete only if previously funded with OHS grant funds*</a>		
<a href="#">Grant Project Outcomes</a>		
<a href="#">Deployable Resources *Complete only if funding Deployable Resource*</a>		
<a href="#">SHSGP Budget 2015</a>		
<a href="#">Audit Certification Form</a>		
<a href="#">NIMS Compliance</a>		
<a href="#">Non-Supplanting Certification</a>		
<a href="#">Certified Assurances</a>		
<a href="#">Other Attachments</a>		

# General Information

## General Information

Primary Contact:\* Theresa Stiles ▼

Project Title:  
(limited to 250 characters)\* Title of the Project I want to fund.

Organization:\* BaseLine Organization ▼

# Contact Information

## Contact Information

### Authorized Official

*Enter the name and address of the individual who has the authority to legally bind the applicant agency.*

- City Government - If the applicant agency is a city, the Mayor/City Administrator shall be the Authorized Official.*
- County Government - If the applicant agency is a county, the Presiding Commissioner shall be the Authorized Official.*
- University/College - If the applicant agency is a university/ college, the President shall be the Authorized Official.*
- Non Profit Board - If the applicant agency is a Non Profit Agency, the Board Chairperson shall be the Authorized Official. In addition, please upload copy of 501C3 in the Other Attachments.*
- State Government - If the applicant agency is a state department, the Director shall be the Authorized Official.*
- Regional Planning Commission (RPC) - If the applicant agency is an RPC, the RPC Executive Director is the Authorized Official.*

**Authorized Official:\***

Title (Mr.Ms.etc)

First Name

Last Name

**Job Title:\***

**Agency:\***

**Mailing Address:\***

**Street Address 1:**

# Project Summary & Overview

## Project Summary

Agency Name:\*

Region:\*  ▼

Project Title:\*

Project Activity Type:\*  ▼

Total Allocation for Project:\*

# Project Summary & Overview – Cont.

Project Overview	
Type of Project:*	Fund a New Project ▼
Project Start Date: MM/DD/YYYY*	<input type="text"/> 
Project End Date: MM/DD/YYYY*	<input type="text"/> 
Project Location ZIP Code:*	<input type="text"/>
Investment Justification:*	Implementation of PPD-8 & Whole Community Approach ▼
Missouri State Homeland Security Strategy Goal:*	Goal 1 (COMMON [PREPARE]) ▼
Missouri State Homeland Security Strategy Goal Objective:*	PLANNING ▼
Primary Core Capability*	Protection Cybersecurity ▼

# Grant Project THIRA

## Project THIRA

**THIRA Project Alignment:\***  ▼

*Enter the capability target from selected THIRA this project aligns to.*

**THIRA Gap:\***

*Explain how the project impacts capability gap(s) from the state/regional THIRA Capability Target selected.*

**THIRA Impact:\***

*Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use. Describe Dual Use below.*

**Dual Use:**

Dual use are activities which support the achievement of target capabilities related to terrorism preparedness and may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism.

# Grant Project Background

## Project Background \*Complete only if proposed project was also funded with prior grant funds\*

*For enhancement and sustainment projects, what has already been accomplished related to this project?*

*Be sure to refer to exact federal fiscal year (award year) from which funds were used, not the implementation year.*

*Click "Add" to complete. If more than one funding year was utilized, repeat this step for each year.*

Federal Fiscal (Award) Year:\*

Investment Justification:

Implementation of PPD-8 and the Whole Community Approach to Security and Emergency ▼

*Describe prior accomplishments with this project.*

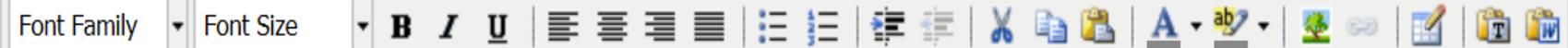
Prior Accomplishments:

# Grant Project Background

## Project Outcomes

### Project Outcome Summary:<sup>\*</sup>

*List specific key outcomes of this project. Exactly what will be accomplished?*



Path: p

Words:0



# Deployable Resources

**Deployable Resources \*Complete this section ONLY if funding deployable resource\***

**Project Resource Type:\***

New Deployable Resource 

**If the project is for new deployable resources, has the applicant agency attempted coordination of resources?**

Yes  No

**Describe attempts for coordination of resources:**

100 Character Limit

**If sustaining deployable Homeland Security resource, describe how the project sustains the resource?**

100 Character Limit

**Resource Sharable:\***

Yes  No

**Special conditions/requirements on sharing:**

Example: Specific requirements of equipment, operator, etc.

# Deployable Resources – Cont.

## NIMS Kind & Typing

FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.

Is resource NIMS Kind & Typed?\*  Yes  No

Kind & Type Information:  
(ID x-xxx-xxxx Name)

Example: ID 3-508-1032 Mass Casualty Support Vehicle

If not NIMS Kind & Typed, explain why it does not meet the typing criteria & any plans to move towards becoming a typed resource.

# SHSGP Budget 2015

## Personnel

[Mark as Complete](#) | [Go to Application Forms](#) | [Add](#)

To include personnel in your budget, click "Add". If the project includes more than one individual, repeat this step for each person.

Line Item Code:	Name:	Position Title:	Position Status:	Employment Status:	Total Annual Salary:	% of Grant Funded Time:	Requested Personnel Cost	Discipline:	Function:	Allowable Activity:	
							\$0.00				

## Narrative Justification - Personnel

Detailed narrative justification is required for all budget line(s). This justification should fully explain the need for acquisition. To provide the required justification for a budget line item(s), click 'Edit' at top of page.

If you request a new position or an increase for a current position, please explain why it is being requested. How has the agency paid for this expense in the past?

## Personnel Benefits

[Add](#)

To include a fringe benefit in your budget, click "Add". If an individual is eligible for multiple benefits, repeat this step for each person.

Line Item Code:	Name:	Indicate the % of total benefits:	Total Annual Benefits:	Total Benefit:	Discipline:	Function:	Allowable Activity:
				\$0.00			

## Narrative Justification - Benefits

# SHSGP Budget 2015 – Cont.

- Personnel
- Benefits
- Equipment
- Contractual
- Supplies/Operations
- Travel
  - 'Add' to add line to budget
  - 'Edit' at top of screen to add Narrative Justifications

# Audit Certification Form

## Audit Details

[Mark as Complete](#) | [Go to Application Forms](#)

*To complete this section select 'Edit' at top of page. After completing required information select 'Save'.*

Date last audit completed:  
MM/DD/YYYY

Dates covered by last audit:  
MM/DD/YYYY-MM/DD/YYYY

Last audit performed by:

Phone number of auditor

*Upload feature is available outside of the edit mode. Save information in form and then upload previous audit file.*

Upload Last Audit\*



Date of next audit:  
MM/DD/YYYY

Dates to be covered by next audit:  
MM/DD/YYYY-MM/DD/YYYY

Next audit will be performed by:

# Audit Certification Form – Cont.

## Federal Fund Schedule

[Add](#)

*Click "Add" to complete this section. If the project has multiple sources of federal funds, repeat this step to include each source.*

*If a current Federal Funds Schedule is available and uploaded to this section, completing the data entry for each source is not necessary.*

*Federal Funds Schedule should include all open federal awards to the applicant agency (not only Homeland Security funds).*

Federal Grantor	Pass-Through Grantor	Program Name:	CFDA Number:	Contract Number:	Open Federal Award Amount:	Expenditures Current Fiscal Year:	Upload Federal Funds Schedule
					\$0.00	\$0.00	

## Audit Certification

*We have exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) months after the end of the audited fiscal year.*

Threshold Exceeded?\*

# Audit Certification Form – Cont.

## Certified By:

*Enter the audit certification person. This person maybe contacted if questions regarding information provided.*

*To complete this section select 'Edit' at top of page. After completing required information select 'Save'.*

\*

First Name

Last Name

Title

\*

Address

City

State

Zip Code

\*

Telephone

Ext.

Cell Phone

E-mail Address

Date

# NIMS Compliance

## National Incident Management System (NIMS)

1. *Has the jurisdiction formally adopted, and/or maintained the adoption of the National Incident Management System as its all-hazards incident management system?*

1.\*  Yes  No

2. *Does the jurisdiction review and revise plans to incorporate NIMS components, principles, and policies?*

2.\*  Yes  No

3. *Does the jurisdiction promote and/or develop intrastate mutual aid agreements and assistance agreements throughout the State/Territory?*

3.\*  Yes  No

4. *Does the jurisdiction promote and/or develop interagency mutual aid agreements and assistance agreements throughout the jurisdiction?*

4.\*  Yes  No

5. *Have NIMS concepts and principles been incorporated into all appropriate jurisdiction training?*

5.\*  Yes  No

# Non-Supplanting Certification

## Supplanting

*Federal funds must be used to supplement existing funds for program activities and must not replace (supplant) those funds that have been appropriated for the same purpose. Supplanting shall be the subject of application review, as well as pre-award review, post award monitoring and audit. Any supplanting of funds may be grounds for potential suspension or termination of grant funding or recovery of funds already provided.*

*I, as my agency's Authorized Official certify that any funds awarded through the State Homeland Security Grant Program (SHSGP) shall be used to supplement existing funds for program activities and will not replace (supplant) non-federal funds that have been appropriated for the purposes and goals of the grant.*

Select box to certify understanding:\*

Date Certified:\*



# Certified Assurances

## Certified Assurances

*To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:*

### *SHSGP Certified Assurances*

*I am aware that failure to comply with any of the Certified Assurances could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance.*

**I have read and agree to the terms and conditions of the grant. \***  Yes  No

*Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.*

**Title:\***

**Authorized Official Name:\***

**Date:\***  

# Other Attachments

## Instructions

- To attach any other documents, click "Add".
- To delete an uploaded file, click the recycle bin in the Delete column.
- If you have no additional attachments to include in your application, just select "Mark as Complete".

The Missouri Department of Public Safety can support the following file types: Word (\*.doc, \*.docx), Excel (\*.xls, \*.xlsx), PowerPoint (\*.ppt, \*.pptx), Publisher (\*.pub), Adobe PDF (\*.pdf), Photos (\*.bmp, \*.jpg, \*.jpeg, \*.jpe, \*.asp, \*.tif, \*.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use the free, online tool called [PDF Merge](#) if it is necessary to combine multiple 1-page scans into 1 saved document.

**NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.**

## Other Attachments

[Mark as Complete](#) | [Go to Application Forms](#)

Description	File Name	File Size	Date Uploaded	Delete?
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# Points of Contact

- Bruce Clemonds, Administrator  
573-522-6125  
[Bruce.clemonds@dps.mo.gov](mailto:Bruce.clemonds@dps.mo.gov)
- Joni McCarter, Grants Supervisor  
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