Alaska Division of Homeland Security and Emergency Management

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| Application for Reallocation of SLCGP Grant Funds for Training |

Note to Applicants:

To be eligible to receive Homeland Security grant funds eligible jurisdictions must have an active DUNS number and meet National Incident Management System (NIMS) compliance requirements. Completion of the Alaska Assessment is the means in which the State monitors NIMS compliancy.

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| --- | --- |
| Jurisdiction: |  |
| Amount Requested | **$** |
| Date of Request |  |

This form is to request funds for training, whether it is local delivery or travel to a course. Please fill out the applicable sections as needed.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training Course | | | | Course Number | Expected Delivery Date | Location | | No. of Attendees | |
|  | | | |  |  |  | |  | |
| Please describe below the need for this training. | | | | | | | | | |
|  | | | | | | | | | |
| Training Cost (Fill out only the applicable fields to capture the cost of the training event) | | | | | | | | | |
| Travel: | | | | | | | | | |
| Anticipated No. of Travelers | Cost Airfare/Mileage  (Per Person) | | Cost Lodging  (Per Person) | | Cost Per Diem  (Per Person) | | Other Costs (Per Person) | | Travel Cost Total |
|  |  | |  | |  | |  | |  |
| Overtime and Backfill Costs: | | | | | | | | | |
| Please list below each requested individual’s position and role in the jurisdiction  (individual names are not required at time of application) | | | | | | | | | OT/Backfill Cost Total |
|  | | | | | | | | |  |
| Other Allowable Training Costs: | | | | | | | | | |
| Space Rental  (If Local Delivery) | | Course Fee | | | Supplies for Course | | | | Other Allowable Costs Total |
|  | |  | | |  | | | |  |

**Jurisdiction Point of Contact for Project Applications**

**Name:**       **Telephone Number:**

**Address:**       **Fax Number:**

**Email Address:**

**Certification and Authorization to Submit Application**

**By signature below the undersigned certify and acknowledge:**

the jurisdiction has a financial management system in accordance with the 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, §200.300-.309 Standards for Financial and Program Management* and;

the jurisdiction complies with all local procurement policies and procedures, and conforms to applicable state and federal law, and the standards identified in 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, *§200.317-.326 Procurement Standards* to include having a written code of standards when using federal funds and;

the undersigned have been duly authorized by the jurisdiction to submit this application and will comply with the assurances, agreements, and/or special conditions set forth upon receipt of grant award.

**Jurisdiction Financial Officer**

**Printed Name:**       **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

**Jurisdiction Signatory Official**

**Printed Name:**       **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

Project Applications may be submitted electronically (in PDF format with complete signatures), or by mail, or fax, to:

**Division of Homeland Security and Emergency Management**

**Attn: Homeland Security Grants Administrator**

**PO Box 5750**

**JBER, Alaska 99505-5750**

**Email:** [mva.grants@alaska.gov](mailto:mva.grants@alaska.gov)

**Fax: (907) 428-7009 / Phone: (907) 428-7000 or 1-800-478-2337**