Alaska Division of Homeland Security and Emergency Management

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| Federal Fiscal Year 2025 State Homeland Security Program (SHSP) Grant Project Application |

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| **Application Deadline 12:00 p.m., Wednesday, January 29, 2025** |

Please contact [mva.grants@alaska.gov](mailto:mva.grants@alaska.gov) or call the Grants Section at 907-428-7000/1-800-478-2337 if you have any questions regarding this application.

This form must be completed for each individual project. To qualify as a single project, the pieces of the project must be integral towards achieving one precise objective. Please see examples in the State Overview and Guidelines.

Ensure all questions on this form are completed. Questions that are left blank will receive a score of 0.

Please duplicate this form as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Jurisdiction: |  | | |
| Amount Requested | $ | | Law Enforcement Related |
| Project Title |  | | |
| Project Priority  Up to five (5) projects may be submitted. |  | | National Priority Related  Choose an item. |
| Choose the budget category | Exercise | | Equipment |
| Planning | | Training |
| Is this a continuation project from a previous grant year? | | Yes or  No If yes, which grant year? | |

1. Describe the project. (Make sure to include what the project is, who the project is for, how the project will help the jurisdiction, quantity of items, etc.)

1. Explain how the project supports terrorism preparedness/response.

1. Does this project address a gap identified in a previous Alaska Assessment, Whole Community Input Form (WCIF), THIRA/SPR Survey, exercise/event after action reports (AARs), or identified training needs?
   1. If yes, explain this gap, where it is located (name of document, page number, etc.), and when it occurred?

* 1. If no, explain how this project was determined and the need validated.

1. Explain how this project increases capability in your jurisdiction.

1. Have you previously applied for funding of this project under prior years and/or grant programs?

* 1. If yes, which years and/or grant programs?

1. Explain the implementation of this project and how start-up will begin within the first 90 days of award.

1. If this project could have a multi-jurisdictional or statewide benefit, please briefly explain. Include any correspondence and/or MOU’s as support.

1. Select one primary core capability for this request. Core capabilities are taken from the National Preparedness goal.

Choose an item.

\*This is a drop-down field. See a list of capabilities and definitions in Appendix A of the State Overview and Guidelines.

1. Explain the financial need for this grant to support this project. Please include if any jurisdictional funds are being used, and how you plan to financially maintain and sustain the project.

1. This section is **required** to provide a description and itemize expenses for all project components regardless of budget category (this includes travel costs, training fees, planning contracts, etc.). Columns not applicable can be left blank.

\*For equipment, please provide the authorized equipment list (AEL) number. The DHS AEL can be found at <https://www.fema.gov/authorized-equipment-list> to look up the number.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | AEL #  (if equipment) | Qty | Unit Cost | Cost Total | Discipline  (drop down options) |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |

1. Can this project be broken out into phases for funding? If so, please provide a possible phasing breakdown.

\*Note: Partial funding may be allocated if phases are or are not provided.

Project Applications and Cover Sheet may be submitted electronically (in PDF format with complete signatures), by mail, or by 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**