West Virginia
Department of Homeland Security – Emergency Management Division

Homeland Security Grant Program (HSGP)

Fiscal Year 2024

Grant Application

Applicant/Organization Information

Organization Name (Enter exactly as shown in WVOASIS):

_____

Organization Address (Enter exactly as shown in WVOASIS):

_____

City, State, and Zip Code:

_____

Organization Phone Number (Use the format (###) ###-####):

_____

Type of Organization:

_____

Is the Organization applying for funding, or for which the project is being completed, a Law Enforcement Agency?

☐ YES   ☐ NO

Federal Employer Identification Number (FEIN):

_____

Unique Entity Identifier (UEI):

_____

(The UEI is required to receive federal grant funding. For more information on obtaining this for your organization, please visit https://sam.gov/content/home.)

WV OASIS Number:

_____

Points of Contact

Project Manager (Name and Title):

_____

Project Manager Email:

_____

Project Manager Phone:

_____

Project Manager Address, if different from Organization:

_____

Fiscal Officer (Name and Title):

_____

Fiscal Officer Email:

_____

Fiscal Officer Phone:

_____

Fiscal Officer Address, if different from Organization:

_____

How does the Organization receive payments, as configured in WVOASIS?

Check   EFT

The State Auditor's Office strongly encourages vendors to use Electronic Funds Transfers (EFT) for payments. Please use the link below to either set up or change your payments to EFT under the Vendor Forms.

https://www.wvsao.gov/ElectronicPayments/Default

PROJECT INFORMATION

Project Title (Organization Name – Primary Need)

Example: County Sheriff's Department – LPR & Cameras

Project Description:

(Additional information can be submitted, as needed, to appropriately outline/explain project elements and outcomes. Supplemental information should be submitted to HSSAA@wv.gov with a reference to the project title in the subject line.)

National Preparedness System Integration

Does this Project...

1.) Support Terrorism Prevention and Preparedness? ☐ YES ☐ NO
2.) Close a capability gap or sustain an existing capability? ☐ YES ☐ NO
3.) Help improve preparedness for all-hazard threats? ☐ YES ☐ NO
4.) Protect residents, visitors, and assets from high risk threats and hazards? ☐ YES ☐ NO
5.) Facilitate quick response to save lives, protect property and the environment, and meet basic human needs? ☐ YES ☐ NO
6.) Help support a culture of national preparedness by overcoming a logistical, technological, legal, policy, or other impediment? ☐ YES ☐ NO

What Core Capabilities apply to this Project? (Check all that apply)

☐ Planning
☐ Public Information & Warning
☐ Operational Coordination
☐ Intelligence & Information Sharing
☐ Interdiction & Disruption
☐ Screening, Search, and Detection
☐ Forensics & Attribution
☐ Access Control & Identity Verification
☐ Cybersecurity
☐ Physical Protective Measures
☐ Risk Management for Protection Programs & Activities
☐ Supply Chain Integrity & Security
☐ Community Resilience
☐ Long-term Vulnerability Reduction
☐ Risk & Disaster Resilience Assessment
☐ Threat & Hazard Identification
☐ Infrastructure Systems

☐ Critical Transportation
☐ Environmental Response/Health & Safety
☐ Fatality Management
☐ Fire Management & Suppression
☐ Logistics & Supply Chain Management
☐ Mass Care
☐ Mass Search & Rescue
☐ On-Scene Security, Protection, and Law Enforcement
☐ Operational Communications
☐ Public Health, Healthcare, and Emergency Medical Services
☐ Situational Assessment
☐ Economic Recovery
☐ Health & Social Services
☐ Housing
☐ Natural & Cultural Resources

PROJECT BUDGET

POETE – Planning, Organization, Equipment, Training, and Exercises (shaded areas are for WVEMD Staff only)

1.) Provide details of the proposed activities and costs associated with the
Planning Expenses. (Quantities needed, type of expense and associated costs, and justification)

Proposed Activity	Requested Amount	Approved Amount

Investment Justification (Planning Expenses)

2.) Provide details of the proposed activities and costs associated with the **Organizational Expenses**. (Quantities needed, type of expense and associated costs, and justification)

Proposed Activity	Requested Amount	Approved Amount

Investment Justification (Organizational Expenses)

3.) Provide details of the proposed activities and costs associated with the **Equipment Expenses**. (Quantities needed, type of expense and associated costs, and justification)

To find the AEL number for each Item of Equipment requested, please go to: https://www.fema.gov/grants/tools/authorized-equipment-list.

Item	Quantity	Price Per Unit	AEL Number

Investment Justification (Equipment Expenses)

4.) Provide details of the proposed activities and costs associated with the **Training Expenses**. (Quantities needed, type of expense and associated costs, and justification)

Proposed Activity	Requested Amount	Approved Amount

Investment Justification (Training Expenses)

5.) Provide details of the proposed activities and costs associated with the **Exercise Expenses**. (Quantities needed, type of expense and associated costs, and justification)

Proposed Activity	Requested Amount	Approved Amount

Investment Justification (Exercise Expenses)

6.) Does the organization have the capacity to implement and sustain the project beyond the grant period?
☐ YES   ☐ NO