Council Approval:

Sent to EOPSS:

EOPSS Approval:

**Massachusetts Executive Office of Public Safety and Security**

**Office of Grants and Research - Homeland Security Division  
Project Justification Template**

1. **Project Name and Number:** PJ19-

**II.** **Homeland Security Region:** Central

**III.** **Anticipated Project Date Range:**

**IV.** **Project Description:**

**Proposed Activity:**

**Project Need:**

**Measurable Outcomes:**

**Background:**

**Funding Year, Source, and Justification Area (**Prevention, Protection, Mitigation, Response, or Recovery**):**

FFY2019, SHSP,

**Project Management and Participants:**

**V.** **Milestones:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Milestones** | **Tasks/Activities** | **Start Date** | **Completion Date** | **Estimated Cost** |
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**VI. Budget Plan by Cost Category:**

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| --- | --- |
| **Planning** |  |
| **Equipment** |  |
| **Training** |  |
| **Exercises** |  |
| **Maintenance** |  |
| **Organization** |  |
| **Total** |  |

**VII.** **Budget Detail:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cost Category** | **Description** | **AEL #** | **Quantity** | **Unit Cost** | **Total** |
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|  | | | **GRAND TOTAL** | |  |

FEMA Authorized Equipment List numbers (AEL #) can be found [HERE](https://www.fema.gov/authorized-equipment-list).

**How much of the above project total amount is for Law Enforcement Terrorism Prevention-oriented Activities?**

**$0.00**

**VIII. Typed Resources:**  For FFY 2011 funds and beyond, for each equipment or training  
 expense cited above, please provide the requested information in the table below:

|  |  |  |
| --- | --- | --- |
| **Description (from above table)** | **Core Capability Supported** | **NIMS or State/Local Typed Resource Supported (if typing guidance exists at** [**fema.gov/resource-management**](http://www.fema.gov/resource-management)**)** |
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List of FEMA’s 32 Core Capabilities can be found [HERE](https://www.fema.gov/core-capabilities)

**IX.** **EHP Review:**

**X.** **SIEC Review:**

To be filled out only if requesting radio equipment

# ICIP Cover Sheet

**Interoperable Communications Investment Proposal**

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Received by the SWIC:** | | | | **Control #** | | | | **Proposed Federal Funding Source:** | | | | | **Proposed Federal Funding Amount:** | |
| **Committee Referred to:** | | | | **Committee Chairperson:** | | | | | | | | | | |
| **Investment Name:** | | | | **Applicant Organization:** | | | | | | | **Applicant Signature:** | | | |
| **Investment Summary** |  | | | | | | | | | | | | | |
| **Statewide Communications Plan (SCIP) Goals addressed by this investment (please indicate all that apply)** | | | | | | | **Governance**  **SOP**  **Technology** | | | | | **Training and Exercise**  **Usage** | | |
| **Project Start Date:** | | **Project End Date:** | | | **Is an Environmental and Historic Preservation (EHP) review required for this project?** | | | | | | | | | |
| **Applicant Contact Name:** | | **Phone:** | | | **Email:** | | | | | **Address:** | | | | |
| **Review Status** | | | | | | | | | | **SIEC Member Signature** | | | | **Date** |
| Assigned to Committee | | |  | | | | | | |  | | | |  |
| Estimated Review Date | | |  | | | | | | |  | | | |  |
| Committee Recommendation to the Executive Management Committee | | | Approval | | | Denial | | | Amend |  | | | |  |
| Executive Management Committee Recommendation | | | Approval | | | Denial | | | Amend |  | | | |  |
| SIEC Recommendation | | | Approval | | | Denial | | | Amend |  | | | |  |
| Applicant notified of Recommendation | | |  | | | | | | |  | | | |  |

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| --- |
| **Communications Interoperability Problem Description** |
| **Background/Investment Description** |
| **Expected Outcomes** |

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| --- | --- | --- | --- | --- | --- | --- |
| **SCIP Goal-**  Identify each SCIP goal that this investment will support and describe how that support will be accomplished. | **Goal** | | **Describe support** | | | |
| Governance | |  | | | |
| SOP | |  | | | |
| Technology | |  | | | |
| Training and Exercise | |  | | | |
| Usage | |  | | | |
| **Ownership-**  Identify the proposed owners of all assets procured with this investment (add additional lines as needed) | **Organization** | | | | | **Asset Description** |
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| **Usage Plan-**  Describe the usage plan for the equipment / project |  | | | | | |
| **Disciplines-**   * Identify each responder discipline that will enhance its communications interoperability from this investment * Describe the interoperability enhancement | | **Discipline** | | | **Enhancement** | |
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| Please use the following abbreviations to represent the corresponding discipline: | | LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ – HAZMAT; PW - Public Works; PH - Public Health; GA – Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other | | | | |
| **Multi- Jurisdictional Interoperability-**  All investments must provide interoperability between two or more jurisdictions.  Identify each jurisdiction that will achieve interoperability from this investment. | | | |  | | |