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**CENTRAL REGION HOMELAND SECURITY ADVISORY COUNCIL**

**Funding/Project Request**

The members of the Central Region Homeland Security Advisory Council (CRHSAC) have decision-making authority, within the guidelines provided by the Executive Office of Public Safety and Security (EOPSS), to approve projects funded through Homeland Security Grants provided by the Department of homeland Security (DHS).

CRHSAC develops its project and budget plan at the beginning of each grant cycle according to EOPSS’ guidelines and through its committee and working group system. Non-Council members may, and are encouraged to participate in these discussions and offer suggestions on funding matters. The Council sets funding priorities and compiles projects into two categories: “A List” projects, which are determined to be highest priority for which 100% of available funding is allocated, and “B List” projects, which are lower priority and may be funded upon approval of the Council should funding from “A List” projects or other sources become available. This project and budget plan is approved through a vote of the full Council as well as EOPSS.

Occasionally, CRHSAC has extra funds that must be reallocated, or the Council receives additional funds from EOPSS. At these times, the Council votes at a regularly scheduled meeting on how to allocate or reallocate these funds.

Council members, Non-Council members and other approved entities within the region may submit funding suggestions or requests to the Council for consideration. Non-Council entities may also approach committees and request funds. It is up to the committee or Council whether or not to entertain and to fund these requests.

All requests **must** meet the following criteria:

1. Must provide a regional or sub-regional benefit.
2. Must fit into the overall CRHSAC *Homeland Security Plan.*
3. Must address one of more of the Commonwealth’s Homeland Security Goals.
4. Must be submitted in writing to CRHSAC using the form attached.
5. Requesting parties must be NIMS compliant.

Additionally, the funding being requested must not constitute supplanting. Supplanting is when a unit of state, regional, or local government reduces or eliminates state or local funds for an activity specifically because federal funds are available (or expected to be available) to fund that same activity. Federal funds provided by CRHSAC must be used to *supplement* existing state or local funds for program activities and may not replace state or local funds that have been appropriated or allocated for the same purpose. Additionally, federal funding may not replace state or local funding that is required by law (e.g.: Funds from CRHSAC cannot be used to purchase a vehicle that was previously budgeted for by a municipality, or for an exercise that is required by a different state-funded grant stream).

To the best of my knowledge, the funding being requested for equipment and/or activities in this document does not constitute supplanting.

Name (Printed) Title Organization

Signature Date

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| **Project Name:** |  |
| **Project Contact Name/Phone Number/ Email:** |  |
| **Requested Funding Amount:** | **$** |
| **Regional Need for the Project:**  *Please identify the Core Capability that will be sustained of the problem that will be addressed by this project.*  *Core Capability can be found here: https://www.fema.gov/core-capabilities* |  |
| **Support for State Homeland Security Strategy:**  *Please explain how this project supports the goals and objectives of the most recent Massachusetts State Homeland Security Strategy.* [*https://www.mass.gov/files/2017-07/massachusetts-state-homeland-security-strategy.pdf*](https://www.mass.gov/files/2017-07/massachusetts-state-homeland-security-strategy.pdf) |  |
| **Plan for Sustainability:**  *Please describe plans for sustaining this project.* |  |
| **Connection to Terrorism Prevention:**  *Please explain how this project will address the identified planning, organization, equipment, training, and exercise needs to prevent, protect against, mitigate, respond to, and recover from acts of terrorism and other catastrophic events.* |  |
| **Other Funding Sources:**  *Please identify and explain other local, state, or federal funding sources available to the applicant for similar activities, training or equipment.* |  |

Please note that all applicable federal and state laws regarding procurement will be followed. Procurement of all goods, services and equipment must be completed through the Metropolitan Area Planning Council as the statewide fiduciary for Council funds. For reimbursement projects, applicable laws and regulations must also be followed; failure to do so may result in withholding of all or part of any reimbursement.

Please return completed request to Conor McCormack at [cmccormack@cmrpc.org](mailto:cmccormack@cmrpc.org)

By checking this box, I attest that I have read and understand the CRHSAC Equipment Policy found at <http://cmrpc.org/sites/default/files/Documents/Homelandsecurity/Equipment%20Recovery/CRHSAC%20%20Equipment%20Policy%20%20Voted%2009-04-18.pdf>

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:** PJ18-

**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**):**

FFY2018, SHSP,

**Project Management and Participants:**

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

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| --- | --- | --- | --- | --- |
| **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:**

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| --- | --- | --- | --- | --- | --- |
| **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:

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| --- | --- | --- |
| **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).

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| **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. | | | |  | | |