



# SALEM COUNTY WORKING GROUP APPLICATION FOR HOMELAND SECURITY FUNDING

APPLICATION #:

DATE RECEIVED:

*The above fields will be entered by the Grant Administrator*

Project Name:

Proposed By:

**Describe the project (purpose and anticipated outcome).**

**How is this project terrorism related?**

**Provide explanation of how this is a Regional Project or Risk Profile Project.**

*(For definitions refer to SCWG FORM 100 Supplemental Information)*

**If a Memorandum of Understanding (MOU) is needed (i.e., regional projects, equipment purchase for other agencies, etc.) who will prepare/execute the MOU, and identify all participating agencies:**

**Project Manager and  
Agency:**

*For Target Capabilities and Goals refer to SCWG FORM 100 Supplemental Information*

**Project's Primary Target  
Capability:**

**Goal from County's  
Strategic Plan Addressed  
by Project:**

**Project Cost:** \_\_\_\_\_

Please indicate below whether the cost provided is an ESTIMATED or ACTUAL amount

**ESTIMATED COST**

Cost estimates can be used to prepare Investment Justifications and/or a Spending Plan for submission to the New Jersey Office of Homeland Security and Preparedness (OHSP) for approval. Documentation (e.g., a quote from a single vendor) must be provided to support the estimate. However, before an item is purchased or a service contracted, the actual cost must be obtained in accordance with New Jersey's Local Public Contracts Law.

**ACTUAL COST**

Actual cost must be determined before modifying an approved Spending Plan.

General Procurement Thresholds:

1. Project costs below \$3,150.00 are authorized without competitive quotations.
2. Project costs above \$3,150.00 and below \$17,500.00 require at least two competitive quotes.
3. Project costs above \$17,500.00 require approval of the governing body.
4. Goods and services provided under State Contract or GSA Contract for federally funded grants do not require competitive quotations.

**Please indicate which program funding category or grant set-aside requirement this project is intended to satisfy:** (Refer to SCWG FORM 100 Supplemental Information about program categories and set-aside requirement.)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Regional Project</b>                     | <input type="checkbox"/> <b>Critical Infrastructure / Key Resource Protection</b> |
| <input type="checkbox"/> <b>Law Enforcement Terrorism Prevention</b> | <input type="checkbox"/> <b>Planning / Training / Exercising</b>                  |
| <input type="checkbox"/> <b>Other:</b> _____                         |   |

**Planned Expenditures:**

Grant expenditures are categorized by the Department of Homeland Security as: Planning, Equipment, Training, Exercises, and Management & Administrative Costs. For your project, please answer all the questions in the relevant category. For example, if your project proposes to purchase equipment you must answer only the questions listed in the equipment category. If your project proposes expenditures in more than one category you must answer all the questions in all the applicable categories.

CATEGORY	NARRATIVE CELLS
<p><b><u>Planning</u></b></p> <p>Please refer to DHS Grant Guidance for allowable planning activities.</p>	<b>Who will provide planning activities (i.e., consultant, planner, etc.)?</b>
	<b>What plan/system/procedure is being developed/revised (i.e., EOP, COOP/COG, communications, SOP, etc)?</b>
	<b>What are the major components of the plan/system/procedure being developed (i.e., evacuation, sheltering, communication, SOP, etc)?</b>
	<b>Which National/State Priority chair was contacted to approve this project? (Refer to the OHSP Spending Plan Template for Contact Names and Information)</b>

**Planned Expenditures (continued):**

CATEGORY	NARRATIVE CELLS
<p><b><u>Equipment</u></b></p> <p>Please refer to DHS Grant Guidance and the Authorized Equipment List (AEL) for allowable equipment purchases.</p>	<p><b>Detailed description of the item(s) (i.e., Motorola XPR6550 Two-Way Radio):</b></p>
	<p><b>Who will receive, deploy, operate and maintain the equipment (agency)?</b></p>
	<p><b>Detailed description of warranty if applicable:</b></p>
	<p><b>How will the equipment be used?</b></p>
	<p><b>Which National/State Priority chair was contacted to approve this project? (Refer to the OHSP Spending Plan Template for Contact Names and Information)</b></p>
<p><b>Who is responsible to enter this equipment into the New Jersey Resource Directory Database (RDDB)?</b></p>	

CATEGORY	NARRATIVE CELLS
<p><b><u>Training</u></b></p> <p>Please refer to DHS Grant Guidance for allowable training activities.</p>	<p><b>What is the course(s) name?</b></p>
	<p><b>What are the learning objectives of each course?</b></p>
	<p><b>Who will deliver the training?</b></p>
	<p><b>How many sessions are planned per course?</b></p>
	<p><b>Who is the target audience (what discipline and how many per course)?</b></p>

<b><u>Training</u></b>  (Continued)	<b>Where will the training be conducted?</b>
	<b>Who will coordinate with OHSP to ensure DHS approval for each course (Contact OSHP Training Bureau)</b>

CATEGORY	NARRATIVE CELLS
<b><u>Exercises</u></b>  Please refer to DHS Grant Guidance for allowable exercise activities.	<b>What plans/capabilities will be exercised?</b>
	<b>Who will be participating in the exercise (agencies/disciplines)?</b>
	<b>What is the expected delivery date of the exercise (i.e., fall 2011)?</b>
	<b>Who will ensure the exercise is Homeland Security Exercise and Evaluation Program (HSEEP) compliant?</b>
	<b>Who from the New Jersey State Police Exercise Support Team has been contacted to provide technical assistance for the exercise as needed?</b>

CATEGORY	NARRATIVE CELLS
<b><u>Management &amp; Admin.</u></b> Please refer to DHS & OHSP Grant Guidance for allowable activities.	<b>Who will be funded (list by name and position, indicate full/part time &amp; for how long)?</b>
	<b>What is the nature of the M&amp;A costs (i.e., salary, meetings, etc.)?</b>

**Guidance for Completing SCWG FORM 100**

- Additional sheets of paper may be attached to complete this form.
- Supporting documentation, such as a needs assessment or equipment specifications may also be attached.
- *A completed application must be submitted to the Chairman of the SCWG at least two business days prior to a scheduled meeting so that copies may be distributed to the membership for review.*

<p><b><u>REQUIREMENTS FOR HOMELAND SECURITY FUNDING</u></b></p> <ol style="list-style-type: none"> <li>1. Proposals must support the goals and objectives of the Salem County Working Group.</li> <li>2. Proposals must satisfy the requirements of the Homeland Security Grant Program as specified by the U.S. Department of Homeland Security.</li> <li>3. Proposals must satisfy any and all additional requirements specified by the New Jersey Office of Homeland Security and Preparedness.</li> <li>4. Proposed equipment items must be listed on the US Department of Homeland Security's Authorized Equipment List (AEL).</li> <li>5. Proposals must be submitted in writing to the Salem County Working Group. An <i>Application for Homeland Security Funding (Salem County Working Group Form 100)</i> must be completed to satisfy this requirement.</li> <li>6. Costs must be obtained in accordance with New Jersey's Local Public Contracts Law and provided to the Working Group along with the written proposal.</li> </ol> <p style="text-align: center;"><i><u>No proposals shall be put to a vote without satisfying these requirements.</u></i></p>
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