



What is the primary organization type?

*If "Other," please describe the type of organization.*

Please select the organization's primary affiliation:

*If "Other," please describe affiliation.*

*Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the Internal Revenue Code (IRC) and tax-exempt under section 501(a) of the IRC. More information on tax-exempt organizations can be found at: <https://www.irs.gov/charities-non-profits/charitable-organizations>.*

Is the organization eligible under the IRC to receive NSGP funds?      Yes                      No

Does the organization have a Unique Entity ID (UEI) Number?      Yes                      No

*If "Yes," please enter the UEI Number for the organization:*

Total state funding requested under the NSGP (will automatically populate based on entries in Section IV-B):

## PART II. BACKGROUND INFORMATION

Please describe (if applicable) this location's symbolic value as a highly recognized national or historic institution/landmark that renders the site as a possible target of terrorism.

Please select (if applicable) the current, ongoing, or recent (last 3 years) event(s) in which your organization has been involved in prevention, protection, response, and/or recovery:

*Please describe the organization's role in prevention, protection, response, and/or recovery, specifically highlighting the efforts that demonstrate integration of nonprofit preparedness with broader state and local preparedness efforts.*

### PART III. RISK

IEMA defines risk as the product of three principal variables: Threat, Vulnerability, and Consequence. In the space below, describe the risk(s) faced by your organization specifically in terms of the A) Threats, B) Vulnerabilities, and C) Potential Consequences of an attack.

A) Threat: In considering a threat, please describe the identification and substantiation of specific threats or attacks against the nonprofit organization or a closely related organization, network, or cell. *Description can include findings from a threat or risk assessment, police report(s), and/or insurance claims specific to the location being applied for including dates of specific threats.*

B) Vulnerabilities: Please describe the organization's susceptibility to destruction, incapacitation, or exploitation by a terrorist attack.

C) Potential Consequences: Please describe the potential negative effects on the organization's assets, systems, and/or function if damaged, destroyed, or disrupted by a terrorist attack.

**PART IV. FACILITY HARDENING**

**Section IV-A: In this section, describe each proposed activity or investment (as selected in Section IV-B), identify the vulnerability that it addresses, and detail the cost associated with the activity or investment. For each activity/investment, include the quantity, estimated hourly rate or estimated price per unit, and proposed usage.**

Allowable costs include facility hardening activities. Funding can also be used for the acquisition and installation of security equipment on real property (including buildings and surrounding property) owned or leased by the nonprofit organization, specifically in prevention of and/or in protection against the risk of terrorist attack.

**Section IV-B: In this section, list all proposed facility hardening equipment, projects, or activities as allowable per the [FEMA Authorized Equipment List \(AEL\)](#), and State funded NSGP Notice of Funding Opportunity (NOFO). Select the AEL number and title, list the vulnerability the equipment/project/activity addresses, and enter the estimated funding requested (round up to the nearest dollar).**

AEL NUMBER & TITLE – EQUIPMENT, PROJECT, OR ACTIVITY	VULNERABILITY TO BE ADDRESSED	ESTIMATED FUNDING REQUESTED (Round to nearest dollar)
	<b>Total Funding Requested:</b>	

**PART V. MILESTONES**

**Provide descriptions and associated key activities that lead to the milestone event over the NSGP period of performance.**

Start dates should reflect the start of the associated key activities and end dates should reflect when the milestone event will occur. Milestones should reflect considerations to State Historic Preservation Office reviews when applicable.  
*(10 milestones maximum)*

KEY ACTIVITIES & CORRESPONDING MILESTONES	START DATE	COMPLETION DATE

**PART VI. PROJECT MANAGEMENT**

Who will manage the project? *Include the name, phone number, email address, and experience of the project manager(s).*

Please assess your project management plan/approach. Assessment could include challenges to the effective implementation of this project and the coordination of the project with State and local homeland security partners.

**PART VII. IMPACT**

Please describe the measurable outputs and outcomes that will indicate that this Investment is successful at the end of the period of performance.

**FUNDING HISTORY**

**If the nonprofit organization has received Federal NSGP funding in the past, provide the funding amount, funding year, and the investment type.**

Has the organization received Federal NSGP funding in the past?      Yes      No

*If "Yes," please list the year(s), amount(s), and Project(s)/Investment(s). (Example: FY20 / \$150K / CCD Camera System and Lighting.)*

**NONPROFIT SUBAPPLICANT CONTACT INFORMATION**

This application was written by:

By clicking this box, I certify that I am an employee or affiliated volunteer on behalf of the nonprofit organization or have been hired by the nonprofit organization to apply on their behalf for the State Nonprofit Security Grant Program.

FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE