Illinois Emergency Management Agency

STATE OF ILLINOIS NONPROFIT SECURITY GRANT PROGRAM (NSGP-IL) APPLICATION

PART I. NONPROFIT ORGANIZATION SUBAPPLICANT INFORMATION					
Identify the following:					
LEGAL NAME OF THE ORGANIZATION					
Please list the physical address of the facility.	STREET				
_	CITY	STATE	ZIP CODE	COUNTY	
One application per facility address.	CITT	SIAIL	ZII GODE	COONT	
Please enter the year th	e facility listed above was constructed:				
Is the building owned, o	Is the building owned, or are you leasing? If leasing, do you have the owner's permission to make the proposed security enhancements? Yes No				
What year did you begir	n operating in/from this facility/building?	l			
Are you the only nonpro	fit operating in/from this facility/building?	Yes	s No		
If "No," please explain h	ow the proposed security enhancement			ganization(s).	
				• ()	
enhancements may be	it can apply per building/facility/physica nefit nonprofits who cohabitate/operate ne physical address/building/facility/stru	in/from the	same location. Multip	request and subseque le requests for Fede	uent security eral or State
Based on your mission	statement, please summarize your orga	nization's m	ission, ideology, and/o	r beliefs.	

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 (<u>UEI</u>) 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):
Total state failuring requested under the 1900. (will automatically populate based on entries in dection 19-0).

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.		

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 III. RISK

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.		

PART IV. FACILITY HARDENING

Section IV-B: In this section, list all proposed facility hardening equipment, projects, or activities as allowable per the <u>FEMA Authorized Equipment List (AEL)</u>, 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)
	Total Funding Requested:	

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.		
project and the economical or the project man etate and recommended economy partitions.		

PART VII. IMPACT		
Please describe the measurable outputs and outcomes that will incorperformance.		
	HISTORY	
If the nonprofit organization has received Federal NSGP funding the investment type.	ng in the past, provide the funding amount, funding year, and	
Has the organization received Federal NSGP funding in the past?	Yes No	
If "Yes," please list the year(s), amount(s), and Project(s)/Investme Lighting.)	ent(s). (Example: FY20 / \$150K / CCD Camera System and	
NONPROFIT SUBAPPLICAN	IT 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	