North Carolina Emergency Management

Capacity Building Competitive Grant Program Application

Fiscal Year 2022

All fields are mandatory. Responses should be limited to the spaces allocated. If additional space is needed append the added text to this application. Clear, complete, and concise information is required for the review panel to make fair and equitable decisions.

## Applicant

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| **Applicant**  *This is the agency applying for this grant* | | | |
| [Applying agency](#Applying_agency" \o "The name of the agency applying for the grant.                                                                              ) | Click or tap here to enter text. | | |
| [Street address](#Applicant_Street_Address" \o "Street address of the applicant.                                                          ) | Click or tap here to enter text. | | |
| [City](#Applicant_City" \o "City where applying agency is located.                                                                    ) | Click or tap here to enter text. | [ZIP + 4](#Applicant_zip" \o "The nine-digit zip code of the applying agency.) | Click or tap here to enter text. |
| [EIN/Tax ID number](#Applicant_EIN" \o "The unique nine-digit identification number of the agency. Financial personnel should be able to provide this number.                                                                                                                          ) | Click or tap here to enter text. | | |
| [DUNS number](#Applicant_DUNS" \o "The unique eight-digit identification number of the agency. Your financial personnel should be able to provide you with this number.                                                                        )/Unique ID | Click or tap here to enter text. | | |
| [SAM registered](#Applicant_SAM" \o "Each applicant must be registered in the federal System for Award Management (SAM) annually in order to be eligible to receive EMPG monies.  The URL is https://www.sam.gov/.                                                                    ) | Choose an item. | [Expiration date](#Applicant_expiration_date" \o "The expiration date of the SAM account.) | Click or tap to enter a date. |
| [Your name](#Applicant_Your_name" \o "The name of the individual completing this application.                                                                           ) | Click or tap here to enter text. | | |
| Your [email](#Applicant_Email) address | Click or tap here to enter text. | | |

## Project #1

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| --- | --- |
| **Project information** | |
| [Title](#hsgp1_projecttitle) | Click or tap here to enter text. |
| Abstract (Include:   * Project description * Project need * How project ensures local EM offices are adequately equipped, trained, and prepared for all hazards and emergencies) | Click or tap here to enter text. |

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| **General information (50 pts)** | |
| What is/are the gap(s) and/or priorities being addressed by this project (10 pts) | Click or tap here to enter text. |
| How will this project address the gap(s) and/or priorities identified above? (30 pts) | Click or tap here to enter text. |
| How will this investment be sustained after the grant period? (10 pts) | Click or tap here to enter text. |

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| **FY2022 Target Priorities (10 points)** | |
| Primary priority | Choose an item |
| How does the project support this priority? | Click or tap here to enter text. |
| Secondary priority | Choose an item. |
| How does the project support this priority? | Click or tap here to enter text. |

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| **Project timeline milestones (20 points)**  *List the major project events.* | | |
| How will you complete your project within the period of performance? | | Click or tap here to enter text. |
| Quarter | Milestone | |
| **1st (7/1 – 9/30 )** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **2nd (10/1 – 12/31)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **3rd (1/1 – 3/31)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **4th (4/1 – 6/30)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |

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| **Budget (20 points)**  *For* each Planning/Organization/Training/Exercise cost *item select an activity area and then type a description and the amount.* | | | | | | | |
| [Activity area](#hsgp1_activityarea" \o "A selection of either Planning, Equipment, Training, or Exercise.  Reimbursement for equipment requires purchase pre-approval from NCEM Grants Branch.                                                                                          ) | [Description](file:///C:\Users\jcox\Documents\North%20Carolina%20Emergency%20Management6%20temp.docx#hsgp1_fundingamount) | | | | | | [Cost](#hsgp1_cost" \o "A description of the cost item.                                                                                              ) |
| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
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| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
| *Enter equipment items and their costs into the table and then enter the total of the costs in the field below.* | | | | | | | |
| [Description](#hsgp1_equipdescription" \o "A description of the cost item.                                                     ) | | | | Unit Cost | | Quantity | Total cost |
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| *For each activity area in this funding summary enter the amount funded.* | | | | | | | |
| Activity area | | Grant [Funding amount](#hsgp1_fundingamount) (not to exceed $400k) | Match | | Total Project Amount | | |
| Planning | |  |  | |  | | |
| Organization | |  |  | |  | | |
| Equipment | |  |  | |  | | |
| Training | |  |  | |  | | |
| Exercise | |  |  | |  | | |
| [Total funding](#hsgp1_totalfunding) | |  |  | |  | | |

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| **Project information**  *Enter additional project information in the space below.* |
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## Project #2

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| **Project information** | |
| [Title](#hsgp1_projecttitle) | Click or tap here to enter text. |
| Abstract (Include:   * Project description * Project need * How project ensures local EM offices are adequately equipped, trained, and prepared for all hazards and emergencies) | Click or tap here to enter text. |

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| **General information (50 pts)** | |
| What is/are the gap(s) and/or priorities being addressed by this project (10 pts) | Click or tap here to enter text. |
| How will this project address the gap(s) and/or priorities identified above? (30 pts) | Click or tap here to enter text. |
| How will this investment be sustained after the grant period? (10 pts) | Click or tap here to enter text. |

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| **FY2022 Target Priorities (10 points)** | |
| Primary priority | Choose an item. |
| How does the project support this priority? | Click or tap here to enter text. |
| Secondary priority | Choose an item. |
| How does the project support this priority? | Click or tap here to enter text. |

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| **Project timeline milestones (20 points)**  *List the major project events.* | | |
| How will you complete your project within the period of performance? | | Click or tap here to enter text. |
| Quarter | Milestone | |
| **1st (7/1 – 9/30 )** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **2nd (10/1 – 12/31)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **3rd (1/1 – 3/31)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **4th (4/1 – 6/30)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |

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| **Budget (20 points)**  *For* each Planning/Organization/Training/Exercise cost *item select an activity area and then type a description and the amount.* | | | | | | | |
| [Activity area](#hsgp1_activityarea) | [Description](file:///C:\Users\jcox\Documents\North%20Carolina%20Emergency%20Management6%20temp.docx#hsgp1_fundingamount) | | | | | | [Cost](#hsgp1_cost) |
| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
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| Choose an item. |  | | | | | |  |
| *Enter equipment items and their costs into the table and then enter the total of the costs in the field below.* | | | | | | | |
| [Description](#hsgp1_equipdescription) | | | | Unit Cost | | Quantity | Total cost |
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| *For each activity area in this funding summary enter the amount funded.* | | | | | | | |
| Activity area | | Grant [Funding amount](#hsgp1_fundingamount) (not to exceed $400k) | Match | | Total Project Amount | | |
| Planning | |  |  | |  | | |
| Organization | |  |  | |  | | |
| Equipment | |  |  | |  | | |
| Training | |  |  | |  | | |
| Exercise | |  |  | |  | | |
| [Total funding](#hsgp1_totalfunding) | |  |  | |  | | |

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| **Project information**  *Enter additional project information in the space below.* |
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## Project #3

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| **Project information** | |
| [Title](#hsgp1_projecttitle) | Click or tap here to enter text. |
| Abstract (Include:   * Project description * Project need * How project ensures local EM offices are adequately equipped, trained, and prepared for all hazards and emergencies) | Click or tap here to enter text. |

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| --- | --- |
| **General information (50 pts)** | |
| What is/are the gap(s) and/or priorities being addressed by this project (10 pts) | Click or tap here to enter text. |
| How will this project address the gap(s) and/or priorities identified above? (30 pts) | Click or tap here to enter text. |
| How will this investment be sustained after the grant period? (10 pts) | Click or tap here to enter text. |

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| **FY2022 Target Priorities (10 points)** | |
| Primary priority | Choose an item. |
| How does the project support this priority? | Click or tap here to enter text. |
| Secondary priority | Choose an item. |
| How does the project support this priority? | Click or tap here to enter text. |

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| **Project timeline milestones (20 points)**  *List the major project events.* | | |
| How will you complete your project within the period of performance? | | Click or tap here to enter text. |
| Quarter | Milestone | |
| **1st (7/1 – 9/30 )** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **2nd (10/1 – 12/31)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **3rd (1/1 – 3/31)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| **4th (4/1 – 6/30)** | Click or tap here to enter text. | |
| Click or tap here to enter text. | |

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| **Budget (20 points)**  *For* each Planning/Organization/Training/Exercise cost *item select an activity area and then type a description and the amount.* | | | | | | | |
| [Activity area](#hsgp1_activityarea) | [Description](file:///C:\Users\jcox\Documents\North%20Carolina%20Emergency%20Management6%20temp.docx#hsgp1_fundingamount) | | | | | | [Cost](#hsgp1_cost) |
| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
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| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
| Choose an item. |  | | | | | |  |
| *Enter equipment items and their costs into the table and then enter the total of the costs in the field below.* | | | | | | | |
| [Description](#hsgp1_equipdescription) | | | | Unit Cost | | Quantity | Total cost |
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| *For each activity area in this funding summary enter the amount funded.* | | | | | | | |
| Activity area | | Grant [Funding amount](#hsgp1_fundingamount) (not to exceed $400k) | Match | | Total Project Amount | | |
| Planning | |  |  | |  | | |
| Organization | |  |  | |  | | |
| Equipment | |  |  | |  | | |
| Training | |  |  | |  | | |
| Exercise | |  |  | |  | | |
| [Total funding](#hsgp1_totalfunding) | |  |  | |  | | |

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| **Project information**  *Enter additional project information in the space below.* |
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## Certification

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| **Certification**  *Review each certification item and check where appropriate.* | |
| I certify that: | This application includes complete and accurate information.  Any changes made to this grant application after the submission deadline must be approved by the NCEM Grants Branch Manager, and an updated application must be submitted.  Submission of the project proposal does not guarantee funding.  **Any person who knowingly makes a false claim or statement in connection with this application may be subject to civil or criminal penalties under** [**18 U.S.C. section 287**](https://www.law.cornell.edu/uscode/text/18/287)**,** [**18 U.S.C. section 1001**](https://www.law.cornell.edu/uscode/text/18/1001)**,** [**31 U.S.C. section 3729**](https://www.law.cornell.edu/uscode/text/31/3729) **and** [**N.C.G.S sections 1-605 through 618**](https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_1/Article_51.html) **(North Carolina False Claims Act).** |