

FY2024 INVESTMENT JUSTIFICATION TEMPLATE

(NOT FOR COMPLETION)

Part I: BASIC INFORMATION

- Legal name
- Street
- City
- State
- *Zip Code*
- County
- Own or Rent

Mission Statement (please past and copy your organizational mission statement in this space)

Mission statement on letterhead of the organization in a word document

UEI:

PART II: BACKGROUND INFORMATION (5 POINTS)

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 or other extremist attack.

Please list any items in the building that could be considered historic/symbolic (A religious object with special significance, for example)

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 (15 POINTS)

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.*

Please list all hate-related incidents pertaining to the organization and people associated with the organization.

Any police reports and related emails will also be useful to send to me.

Vulnerabilities: Please describe the organization's susceptibility to destruction, incapacitation, or exploitation by a terrorist or other extremist attack

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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 or other extremist attack.

PART IV: FACILITY HARDENING (9 POSSIBLE POINTS)

Description of projects

AEL NUMBER & TITLE	VULNERABILITY TO BE ADDRESSED	ESTIMATED FUNDING
See appendix (for all)		
Total		

Milestones (5 POINTS) - COMPLETED

- Environmental Planning and Historical Preservation review.
- Commence project - get all necessary documentation in order for RFP
- Formulate RFP for equipment needs and distribute to vendors
- Hire vendor
- Order and acquire necessary equipment and materials
- Conduct all pre-training meetings
- Complete all relevant tests
- Schedule training meetings
- Train staff on new equipment

Timeline dates: have already completed (to be copied into IJ document)

PART VI: PROJECT MANAGEMENT (2 POINTS)

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

NAME is the POSITION of ORGANIZATION and has been at the organization for XX years. NAME has deep knowledge of ORGANIZATION because of NAME'S years of experience, which also includes project management. For these reasons, NAME will be the lead project manager with respect to this grant and his skills will make it possible for this grant to be managed with great effectiveness.

NAME:

POSITION:

EMAIL:

PHONE NUMBER:

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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.

The request in this application has been identified through the security assessment as required by the State of (NAME OF THE STATE). The requested items, which is enhanced security training for staff, leaders, and volunteers alike and for enhanced security personnel, were determined, as part of the assessment, as being necessary to the enhancement of the security of the organization. Cost estimates and potential contractors have been identified for these requests. Because all this research has already been completed and the organization is familiar with these types of projects, there should not be any obvious challenges to the effective completion of this project in the agreed upon time frame.

PART VII: IMPACT (4 POSSIBLE POINTS OUT OF 40)

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

Has the organization received federal NSGP funding in the past? 2017

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

If your organization answers ‘yes’ to this question, please send me the information – year of award and award details.

NONPROFIT SUBAPPLICANT CONTACT INFORMATION (SAME AS PROJECT MANAGER)

FULL NAME

EMAIL

WORK PHONE

POSITION/TITLE

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**Approved list of items that an organization was able to request in 2023
(list is subject to change in 2024)**

Systems, Video Assessment, Security	System, Public Address, Handheld or Mobile
Barriers: Fences; Jersey Walls	System, Credentialing
Systems, Personnel/Package Screening	Systems, Public Notification and Warning
Installation	Applications, Software as a Service
Training	System, Remote Authentication
System, Information Technology Contingency Operations	Software, Encryption
Receptacles, Trash, Blast-Resistant	Software, Malware/Anti-Virus Protection
Systems, Building, Blast/Shock/Impact Resistant	System, Personal Firewall
Systems/Sensors, Alarm	Firewall, Network
Doors and Gates, Impact Resistant	System, Intrusion Detection/Prevention
Lighting, Area, Fixed	Services/Systems, Paging
System, Physical Access Control	Radio, Portable
Systems, Personnel Identification	Intercom
Systems, Vehicle Identification	Accessories, Portable Radio
Sensors/Alarms, System and Infrastructure Monitoring, Standalone	Generators
	System, Alert/Notification