

SHSP Grant Item Checklist
(For use while completing grant application.)

Step #1: Register for an eGrants Account.

- ▶ HOME
- ▶ REGISTER
- ▶ CALENDAR
- ▶ CONTACT US
- ▶ UPDATES

★ Create a new eGrants account

Create a New Account

Please fill out the information below.

User Name: <input type="text"/>	Business Phone: <input type="text"/>
Email Address: <input type="text"/>	Alternate Phone: <input type="text"/>
Re-enter Email Address: <input type="text"/>	Fax Number: <input type="text"/>
First Name: <input type="text"/>	Position: <input type="text"/>
Last Name: <input type="text"/>	Title: --- Select One --- ▼
Enter a Personal Identification Number (PIN): <input type="text"/>	Salutation: --- Select One --- ▼
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>
City: <input type="text"/>	State: Texas ▼
Zip Code: <input type="text"/>	

Please note the following terms of usage and the Governor's Office [site policies](#)

You must be registered in egrants. Once you are registered, you can apply for a grant.

Step #2: Apply for a grant.

Welcome My.Home My.Profile My.Mail.Home **Apply** My.Password Logout

General Information and Instructions

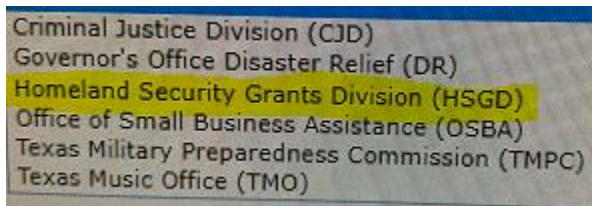
[View Introduction](#)

[View Instructions](#)

Funding Agency

Select your desired funding agency:

Choose Homeland Security Grants Division (HSGD) from the dropdown.



Step #3: Go to the Profile Tab, Sub Tab Details.

Eligibility **Profile** Narrative Activities Measures Budget Documents Homeland Security Validation General Assessment Summary Monitoring Grant Status Upload Files Close

Details Grant Vendor

Enter your Identifying Information.

Identifying Information

Applicant Agency Name:

Project Title:

Division or Unit to Administer the Project:

Agency Address Line 1:

Agency Address Line 2:

City: State: Zip Code:

Start Date:

End Date:

Plan Year:

The Start Date will be on or after 09/01/2020. The end date will be no earlier than 08/31/2021.

Enter Target area information.

Target Area Information

Select Your Project's Geographic Impact:
 Local Regional Statewide

Select Your Primary Service County:
 The county in which the majority of services will be provided, or select **Impact is Statewide**: McLennan

Your project will provide services within: [?](#)
 McLennan

Peer Review for Your Project Performed by:
 Heart of Texas Council of Governments

Select all of the counties within the project's service area: [?](#)
[Click to View County List](#)

View the list of counties you selected that are within the project's service area: [?](#)
 Bosque,Falls,Freestone,Hill,Limestone,McLennan

This will be the county or counties your grant will be servicing.

After entering your Target Area Information, you will enter the Grant Officials.

Grant Officials Information

Authorized Official Email Address:

This will be done by entering the email address (Again, you must be registered to be a grant official.)

The Grant Officials consist of: Authorized Official, Financial Official, Project Director, and Grant Writer.

Step #4: Go to the Profile Tab, Sub Tab Grant Vendor.

Vendor Identifying Information

Organization Type

Select your type of organization. Then, if prompted, select any additional organization information:
 Council of Government (COG)

applying to provide homeland security services

State Payee ID

Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID):

Select your Organization Type. You will then enter your State Payee ID. This could be the Tax Identification Number (TIN) or Federal Employer's Identification Number (FEI).

Data Universal Numbering System (DUNS)

Next, you will enter your Data Universal Numbering System (DUNS). If you do not have this, you can go to www.hotready.com and click on the SHSP Toolkit. There will be a link to look this up.

System for Award Management (SAM)

System for Award Management (SAM)

Applicant assures that it is currently registered or will register in the federal System for Award Management (SAM) database. Information about registration procedures can be accessed at <https://www.sam.gov/>.

After entering the DUNS, you will enter your System for Award Management (SAM) number. Again, if you do not have this, you can go to www.hotready.com and click on the SHSP Toolkit. There will be a link to look this up.

You will now enter the Banking Documents required by eGrants. These consist of: a Direct Deposit form, a TX Payee ID form, and a W9 form.

Upload Banking Documents

Complete this section to upload banking documents to this project in eGrants.

Choose file type to upload: Direct Deposit Texas Payee ID W9

When the Name of the File displays in the box below, click on the Upload button:

No file chosen

Uploaded Documents

File Description	Uploaded By	Date / Time File Uploaded	Size of File
Vendor Info: Direct Deposit	Harold Ferguson	2/14/2019 11:30:02 AM	548485
Vendor Info: W9	Harold Ferguson	2/14/2019 12:53:37 PM	690576
Vendor Info: Texas Payee ID	Harold Ferguson	2/14/2019 12:54:19 PM	536195

Note: All the banking documents will be uploaded in the Profile/Grant Vendor Tab.

Step #5: Go to the Narrative Tab.

Eligibility Profile **Narrative** Activities Measures Budget Documents Homeland Security Validation General Assessment Summary Monitoring Grant Status Upload Files Close

Be sure to check off the Certification Box in the Narrative Tab.

Overall Certification

Each applicant agency must certify to the specific requirements detailed above as well as all requirements within the HSGD Funding Announcement, the eGrants application, the OOG's Guide to Grants, and the OOG's Grantee Conditions and Responsibilities to be eligible for this program.

I certify to all of the application content and requirements.

You will now enter your Project Summary. This should be written in a way that anyone reading it could understand. Nothing extremely technical.

Project Narrative

Project Summary

Briefly summarize the project, including proposed activities and intended impact.

After entering your Project Summary, you will enter your Problem Statement.

Problem Statement

Provide a detailed account of the issues, threats or hazards that your project will target. For federal Homeland Security Grants, include specific page references to the regional or state *Threat and Hazard Identification and Risk Assessment (THIRA)*, as applicable.

After entering your Problem Statement, you will enter the Existing Capability Levels.

Existing Capability Levels

Describe the existing capability levels, including resources that are currently in place to support this project prior to the use of grant funds.

You will now enter your Capability Gaps.

Capability Gaps

Describe the capability gaps which will be addressed by the project. For federal Homeland Security Grants, include specific page references to the regional or statewide State Preparedness Report (SPR).

Enter your Impact Statement.

Impact Statement

Describe the project objectives and how this project will maintain capabilities or reduce capability gaps.

Enter the Homeland Security Priority Action.

Homeland Security Priority Action

Identify the Texas Homeland Security Priority Action most closely aligned with this project. Each Priority Action is linked with an *Objective from the Texas Homeland Security Strategic Plan (HSSP)*. List the Priority Action by number and text (e.g. 1.2.3 *Expand and enhance the network of human sources that can provide detailed and relevant information on known or suspected terrorist and criminal enterprises.*)

Enter the Target Group.

Target Group

Identify the target group and population expected to benefit from this project.

Enter your Long – Term Approach.

Long-Term Approach

Describe how the applicant agency will sustain the capabilities supported by this project without additional federal or state funds. If sustainment is dependent upon federal or state grants, describe the ongoing need for future grants, as applicable.

Step #6: Go to the Activity Tab.

Select your project Activities from the list provided.

Fund Source Information and Requirements

HSGP Instructions for Project Activity Selection

Homeland Security Grant Program (HSGP) applicants should only select one project activity. The eGrants system will allow multiple selections, but each HSGP subrecipient project must fit into one and only one of the Investment Categories that are listed as project activities under the "Activity List".

OOG-Defined Project Activity Area

Select Your Project Activities

Select one or more project activities that best describe your project. Once you have selected one or more project activities from the list, then click on the **Update Activity Selection** button to add those selections to your project. You will then be able to describe the project activities you selected and added to your project in the **Detailed Project Activity Area**. For a description of the eligible project activities, please click on the **View a Description of the Activities** button.

[Collapse Activity List](#)

- Critical Infrastructure
- Cybersecurity
- Fusion Center
- Intelligence & Information Sharing
- Interoperable Emergency Communications
- Operational Coordination
- State, Regional & Local Planning
- Sustaining Special Response Teams and First Responder Capabilities

[Update Activity Selection](#)

[View a Description of the Activities](#)

Describe your Activity with a Dedicated Percentage.

Grantee-Defined Project Activity Area

Create Your Own Project Activity

Some activities may not be covered in the previous selection area. This section allows you to create and edit a customized project activity in the text bar. Type in your self-defined **Project Activity** and then click the **Add Custom Item** button.

[Add Custom Item](#)



Detailed Project Activity Area

Describe Each Activity

This section lists all of the items you selected for OOG and grantee-defined project activities.


Click on the 'pencil' icon next to each activity to enter the percentage of time spent on the activity as well as a brief description of how the activity is performed. Click on the 'diskette' icon to save the information entered for each activity.

Activity	Dedicated Percentage	Description of Activity
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Step #7: Go to the Measures Tab.

Enter your Output Performance Measures.


Entering the OOG-Defined Output Performance Measure Information

Please enter the required target levels for each output measure listed below. 

Output Measures
Number of exercises conducted.
Number of individuals participating in exercises.
Number of intelligence and information sharing systems created, maintained or enhanced.
Number of intelligence products created.
Number of people that can be reached by emergency public information technologies.
Number of people trained.
Number of trainings conducted.

Enter your Outcome Performance Measures.

Entering the OOG-Defined Outcome Performance Measure Information

Please enter the required target levels for each outcome measure listed below. 


Outcome Measures
Number of agencies actively participating in the Intelligence and Information Sharing program.
Number of intelligence products distributed/shared.
Percent (%) of population that can be reached by emergency public information technologies.

Step #8: Go to the Budget Tab, Sub Tab Details.

Enter your Budget Line Items.

Select and Enter Budget Line Item Details



Budget Category
Personnel
 Contractual and Professional Services
Travel and Training
Equipment
Supplies and Direct Operating Expenses
Indirect Costs

Enter the Solution and Discipline Areas for POETE (Planning, Organization, Equipment, Training, and Exercises). You will have to click on each one to expand the list.

POETE Groupings

Planning:

\$0.00

[Expand Solution Area](#)

[Expand Disciplines](#)

Step #9: Go to the Documents Tab.

Your Resolution will be due to the State before the grant start date.

Fund Source Information and Requirements

Resolution from Governing Body

Applications from nonprofit corporations, local units of governments, and other political subdivisions must include a [resolution](#) that contains the following:

1. Authorization by your governing body for the submission of the application to OOG/HSGD that clearly identifies the name of the project for which funding is requested;
2. A commitment to provide all applicable matching funds;
3. A designation of the name and/or title of an authorized official who is given the authority to apply for, accept, reject, alter, or terminate a grant (Note: If a name is provided, you must update HSGD should the official change during the grant period.); and
4. A written assurance that, in the event of loss or misuse of grant funds, the governing body will return all funds to HSGD.

You will now answer the Contract Compliance Question.

Contract Compliance

Will HSGD grant funds be used to support any contractual or professional services?

Select the Appropriate Response:

- Yes
 No

For applicant agencies that selected **Yes** above, describe how you will monitor the activities of the sub-contractor(s) for compliance with the contract provisions (including equipment purchases), deliverables, and all applicable statutes, rules, regulations, and guidelines governing this project.

Enter a description for monitoring contract compliance:

Answer the Lobbying questions.

Lobbying

For applicant agencies requesting grant funds in excess of \$100,000, have any federally appropriated funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan, or cooperative agreement?

Select the Appropriate Response:

- Yes
- No
- N/A

For applicant agencies that selected either **No** or **N/A** above, have any non-federal funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress in connection with this federal contract, loan, or cooperative agreement?

- Yes
- No
- N/A

Enter the Fiscal Year. Both the Start Date and End Date.

Fiscal Year

Provide the begin and end date for the applicant agency's fiscal year (e.g., 09/01/20xx to 08/31/20xx).

Enter the Begin Date [mm/dd/yyyy]:

10/1/2019

Enter the End Date [mm/dd/yyyy]:

9/30/2020

Sources of Financial Support

Enter the amount of Federal Grant Funds and State Grant Funds expended in the most complete fiscal year.

Sources of Financial Support

Each applicant must provide the amount of grant funds expended during the most recently completed fiscal year for the following sources:

Enter the amount (\$) of Federal Grant Funds:

Enter Single Audit Information.

Single Audit

Applicants who expend less than \$750,000 in federal grant funding or less than \$750,000 in state grant funding are exempt from the Single Audit Act and cannot charge audit costs to a HSGD grant. However, HSGD may require a limited scope audit as defined in 2 CFR Part 200, Subpart F - Audit Requirements.

Has the applicant agency expended federal grant funding of \$750,000 or more, or state grant funding of \$750,000 or more during the most recently completed fiscal year?

Answer the Debarment Questions.

Debarment

Each applicant agency will certify that it and its principals (as defined in 2 CFR Part 180.995):

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
- Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in the above bullet; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.

Select the appropriate response:

Answer the FFATA Certification Questions.

FFATA Certification

Certification of Recipient Highly Compensated Officers – The Federal Funding Accountability and Transparency Act (FFATA) requires Prime Recipients (HSGD) to report the names and total compensation of each of the five most highly compensated officers (a.k.a. positions) of each sub recipient organization for the most recently completed fiscal year preceding the year in which the grant is awarded if the subrecipient answers **YES** to the **FIRST** statement but **NO** to the **SECOND** statement listed below.

Step #10: Go to the Homeland Security Tab.

Select the DHS Project Type.

DHS Project Type

DHS Project Type:

Select a Core Capability (This should match the Capability Gap listed in the Narrative Section.). Select New or Existing Capabilities. Select if this grant is Deployable, Sharable, or Neither Deployable of Shareable.

Capabilities

Select one Core Capability:

See the detailed Core Capability descriptions within the [National Preparedness Goal](#)

Identify if this investment focuses on building new capabilities or sustaining existing capabilities.

New Capabilities (Build)

Existing Capabilities (Sustain)

Are the assets or activities Deployable or Shareable:

Deployable

Shareable

Neither Deployable or Shareable

Check if this Investment requires new construction or renovation, retrofitting, or modification of existing structures

Check if these funds will support a project that was previously funded with HSGP funding

Select the Project Step Involved. This could be Initiate, Plan, Execute, Control, or Close Out.

Project Management Step Involved: _____

Check the step that most closely resembles the phase of the project activities to be completed during the grant period.

Select	Steps	Description	Process
<input type="checkbox"/>	Initiate	The authorization to begin work or resume work on any particular activity.	Involves preparing for, assembling resources and getting work started. May apply to any level, e.g. program, project, phase, activity, task.
<input type="checkbox"/>	Plan	The purpose of establishing, at an early date, the parameters of the project that is going to be worked on as well as to try to delineate any specifics and/or any peculiarities to the project as a whole and/or any specific phases of the project.	Involves working out and extending the theoretical, practical, and/or useful application of an idea, concept, or preliminary design. This also involves a plan for moving a project concept to a viable project.
<input checked="" type="checkbox"/>	Execute	The period within the project lifecycle during which the actual work of creating the project's deliverables is carried out.	Involves directing, accomplishing, managing, and completing all phases and aspects of work for a given project.
<input type="checkbox"/>	Control	A mechanism which reacts to the current project status in order to ensure accomplishment of project objectives. This involves planning, measuring, monitoring, and taking corrective action based on the results of the monitoring.	Involves exercising corrective action as necessary to yield a required outcome consequent upon monitoring performance. Or, the process of comparing actual performance with planned performance, analyzing variances, evaluating possible alternatives, and taking appropriate corrective action as needed.
<input type="checkbox"/>	Close Out	The completion of all work on a project. Can also refer to completion of a phase of the project.	Involves formally terminating and concluding all tasks, activities, and component parts of a particular project, or phase of a project.

Enter 3-5 Milestones. Remember, the last milestone date should match the project end date.

Milestones _____

List 3 to 5 milestones of this project, and then list the intended completion date for each milestone.

Milestones should occur throughout the project.

Enter dates as MM-DD-YYYY

Check and/or complete if project has NIMS Resources.

NIMS Resources _____

Check if this project supports a NIMS typed resource

Enter the name of the typed resources from the Resource Type Library Tool

Enter the ID of the typed resources from the Resource Type Library Tool

Click to access the [Resource Type Library Tool](#)

Step #11: Go to the Certify Tab.

Have the Authorized Official for your grant certify the application.

Step #12: Go to the Uploads Tab.

Upload your Resolution.

You will also need to complete the National Cybersecurity Review Survey and upload the completion information to the Uploads Tab.

Uploaded Documents

This section displays all of the files that you have uploaded to eGrants to date. To view the contents of your file, click on the link in the 'Click to View' column.

10 Items Per Page ▼ Select the number of records to display per page.

Click to View	File Description	Uploaded By	Date / Time File Uploaded	Size of File
Resolution ENS 2953605.pdf	HOTCOG Resolution # 2953605	Harold Ferguson	10/9/2019 11:40:42 AM	293789
CyberSecurity Review Completed.pdf	HOTCOG CyberSecurity Report Completed	Harold Ferguson	10/17/2019 11:21:34 AM	134783

Please remember that we are here to help. If you have any questions or need help filling out your application, please contact one of us.

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Note: The snips were taken from the HOTCOG ENS grant application.