

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

**SENSITIVE
SECURITY
INFORMATION**

OMB Control Number: 1660-0114
Expiration: 05/31/2020

PORT SECURITY GRANT PROGRAM INVESTMENT JUSTIFICATION

Warning: Please follow the Notice of Funding Opportunity Guidance while completing this form.

PART I - INVESTMENT HEADING

ORGANIZATION NAME (Legal Name Listed On The SF-424): <input type="text"/>		STATE OR TERRITORY IN WHICH THE PROJECT WILL BE IMPLEMENTED: <input type="text"/>	
TYPE OF ORGANIZATION: <input type="text"/>	STATE OR LOCAL AGENCY: <input type="text"/>	OTHER: <input type="text"/>	
PROJECT'S CAPTAIN OF THE PORT ZONE: <input type="text"/>	INVESTMENT JUSTIFICATIONS (Ex. 1 of 1): <input type="text"/> of <input type="text"/>		

PART II - BASIC PROJECT INFORMATION

PROJECT TITLE: <input type="text"/>		
PROJECT SERVICE(S)/EQUIPMENT SUMMARY: <input type="text"/>		
IS THIS PROJECT EXEMPT FROM THE REQUIRED COST SHARE OUTLINED IN 46 U.S.C. 70107? <input type="text"/>		
IF YES, IDENTIFY THE COST SHARE EXEMPTION : <input type="text"/>		
FEDERAL SHARE: <input type="text"/>	COST SHARE: <input type="text"/>	TOTAL PROJECT COST: <input type="text"/>
(Total Project Cost x 0.75)	(Total Project Cost x 0.25)	(Fed Share/0.75; or Cost Share/0.25)
PROJECT CATEGORY: <input type="text"/>	NEW CAPABILITY OR MANAGEMENT/SUSTAINMENT: <input type="text"/>	

PART III - ELIGIBILITY INFORMATION

PLEASE REVIEW THE NOTICE OF FUNDING OPPORTUNITY AND 46 U.S.C. 70107

WHICH PLAN(S) APPLIES TO YOUR ORGANIZATION?:	AREA MARITIME SECURITY PLAN: <input type="checkbox"/>	FACILITY SECURITY PLAN: <input type="checkbox"/>
	PORT-WIDE RISK MANAGEMENT PLAN: <input type="checkbox"/>	VESSEL SECURITY PLAN: <input type="checkbox"/>
IF NONE OF THE ABOVE ARE APPLICABLE, PLEASE LIST OTHER PORT RELATED SECURITY PLANS OR CIRCUMSTANCES THAT APPLY TO THIS PROJECT AND YOUR ORGANIZATION: <input type="text"/>		<input type="checkbox"/> N/A
ACTIVE PARTICIPANT OF AN AREA MARITIME SECURITY COMMITTEE? <input type="checkbox"/>	IS THIS APPLICATION ON BEHALF OF ANOTHER ENTITY OR SUBMITTED AS A CONSORTIUM? <input type="checkbox"/>	
IS THE PROJECT SITE OWNED BY YOUR ORGANIZATION? <input type="checkbox"/>	IF THE PROJECT SITE IS NOT OWNED OR OPERATED BY YOUR ORGANIZATION, PLEASE EXPLAIN YOUR ORGANIZATION'S RELATION TO THE PROJECT SITE: <input type="text"/>	<input type="checkbox"/> N/A
IS THE PROJECT SITE OPERATED BY YOUR ORGANIZATION? <input type="checkbox"/>		
IS THE PROJECT SITE A FACILITY OR VESSEL THAT IS REGULATED UNDER THE MARITIME TRANSPORTATION SECURITY ACT (MTSA) OF 2002, AS AMENDED? <input type="text"/>		
STATE AND LOCAL AGENCIES ONLY - IS YOUR AGENCY REQUIRED TO PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES? <input type="text"/>		
STATE AND LOCAL AGENCIES ONLY - ARE YOU THE PRIMARY RESPONDING AGENCY TO MTSA REGULATED FACILITY? <input type="text"/>		

WARNING: This record contains Sensitive Security Information that is controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know", as defined in 49 CFR parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C. 552 and 49 CFR parts 15 and 1520.

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PART IV - POINT(S) OF CONTACT FOR ORGANIZATION

SIGNATORY AUTHORITY FOR ENTERING INTO A GRANT AWARD AGREEMENT	AUTHORIZED REPRESENTATIVE FOR THE MANAGEMENT OF THE PROJECT
NAME:	NAME:
ORGANIZATION:	ORGANIZATION:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
E-MAIL:	E-MAIL:

PART V - PHYSICAL LOCATION OF PROJECT

The intent of this section is to verify the primary location the project is being implemented to address the PSGP and port area priorities. The applicant's primary area of responsibility for utilizing the project should be identified. This includes training, exercises, interoperable systems, vessel equipment and regionally beneficial projects. Secondary areas of responsibility are not considered the project location. Please identify the location from which the project will be implemented/deployed (the applicant facility address), such as fire or police departments or MTSA regulated facility.

PHYSICAL ADDRESS OF THE PROJECT LOCATION:	BRIEF DESCRIPTION OF THE PROJECT LOCATION:
Street Address:	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
City:	
State: Zip Code:	
LATITUDE & LONGITUDE:	

STATE AND LOCAL AGENCIES ONLY - ROLE IN PROVIDING LAYERED PROTECTION OF REGULATED ENTITIES

DESCRIBE YOUR ORGANIZATION'S SPECIFIC ROLES, RESPONSIBILITIES AND ACTIVITIES IN DELIVERING LAYERED PROTECTION.

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PART VI - ALL AGENCIES/ORGANIZATION - IMPORTANT FEATURES

DESCRIBE ANY OPERATIONAL ISSUES YOU DEEM IMPORTANT TO THE CONSIDERATION OF YOUR APPLICATION (e.g., interrelationship of your operations with other eligible high-risk ports, Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), Etc.). **PLEASE LIST ALL AGENCIES WITH WHOM YOU HAVE A MARITIME SECURITY MOU OR MOA.**

[Empty response area for describing operational issues and listing agencies with MOU or MOA.]

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PART VII - INVESTMENT JUSTIFICATION ABSTRACT

WHAT WILL THIS PROJECT INVESTMENT FUND (i.e. vessels, radios, cameras, construction, contracts, fencing, etc.)?

ARE ANY PROJECT ITEMS ON THE CONTROLLED EQUIPMENT LIST

(please reference **FEMA Information Bulletin 407**):

IF YES, PLEASE PROVIDE THE AUTHORIZED EQUIPMENT LIST (AEL) NUMBER(S) FOR

CONTROLLED EQUIPMENT:

SUMMARIZE THE PROPOSED INVESTMENT JUSTIFICATION.

THE FOLLOWING MUST BE INCLUDED:

- DESCRIBE HOW THIS INVESTMENT ADDRESSES THE CAPTAIN OF THE PORT'S PRIORITIES
- EXPLAIN HOW THIS INVESTMENT WILL ACHIEVE A MORE SECURE AND RESILIENT PORT AREA
- IDENTIFY ASSETS BEING REQUESTED
- IDENTIFY SIMILAR ASSETS THAT ALREADY EXIST

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PART VIII - NATIONAL PRIORITIES

IDENTIFY ONE NATIONAL PRIORITY THIS INVESTMENT MOST CLOSELY SUPPORTS:

DESCRIBE HOW, AND THE EXTENT THIS INVESTMENT JUSTIFICATION MEETS ONE OR MORE OF THE NATIONAL PRIORITIES.

THE FOLLOWING MUST BE INCLUDED:

- HOW THIS INVESTMENT ADDRESSES VULNERABILITIES IDENTIFIED WITHIN AN AREA MARITIME SECURITY PLAN, FACILITY SECURITY PLAN, VESSEL SECURITY PLAN, OR OTHER IDENTIFIED PLAN(S).

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PART IX - NATIONAL PREPAREDNESS GOAL

IDENTIFY ONE CORE CAPABILITY THIS INVESTMENT MOST CLOSELY SUPPORTS:

PART X - IMPLEMENTATION PLAN

PROVIDE A HIGH-LEVEL TIMELINE OF MILESTONES FOR THE IMPLEMENTATION OF THIS INVESTMENT, SUCH AS PLANNING, TRAINING, EXERCISES, AND MAJOR ACQUISITIONS OR PURCHASES. UP TO 10 MILESTONES MAY BE SUBMITTED.

THE FOLLOWING MUST BE INCLUDED:

- MAJOR MILESTONES OR RELEVANT INFORMATION THAT IS CRITICAL TO THE SUCCESS OF THE INVESTMENT
- MAJOR TASKS THAT WILL NEED TO OCCUR (E.G. DESIGN AND DEVELOPMENT, CONTRACTUAL AGREEMENTS, PROCUREMENT, DELIVERY, INSTALLATION AND PROJECT COMPLETION)

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