|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Jurisdiction:  Click or tap here to enter text. | | Agency / Department:  Click or tap here to enter text. | | | | Total Funding Requested:  Click or tap here to enter text. | | |
| Project Name:  Click or tap here to enter text. | | Grant Number:  Click or tap here to enter text. | | | Was Project Identified in  THIRA  SPR  HSSP-IP | | | LEPTA:  Yes  No |
| DHS/FEMA Investment Area [only one allowed]:  Cyber Security  Information & Intelligence Sharing  Soft Targets/Crowded Places  Election Security  Community Preparedness & Resilience  Combat Domestic Violent Extremism  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| FEMA Core Capability/Capabilities [list all that apply]  Click or tap here to enter text. | | | | | | | | |
| Item/Equipment to be acquired:  Click or tap here to enter text. | | | | | | | | |
| Summary of Purpose [explanation for review committees]:  Click or tap here to enter text. | | | | | | | | |
| Summary of Need [explanation for review committees]:  Click or tap here to enter text. | | | | | | | | |
| Sustainment of a regional capability:  Yes  No | If yes, what regional capability?  Click or tap here to enter text. | | | Is proposed project a continuation of a previous grant?  Yes  No If yes, what year\_\_\_\_\_\_\_\_ | | | | |
| Describe how proposed project meets regional needs:  Click or tap here to enter text. | | | | | | | | |
| If proposed grant project amount had to be reduced, does your request scale?  Yes  No | | | If yes, what changes can be made?  Click or tap here to enter text. | | | | Has Project been submitted for other grant:  Yes  No If yes, what grant(s): Click or tap here to enter text. | |
| Additional information you wish to convey to reviewers:  Click or tap here to enter text. | | | | | | | | |
| Technical Contact:  Click or tap here to enter text. | | Phone:  Click or tap here to enter text. | | | | | | |

**STOP. DO NOT FILL IN ANY INFORMATION BELOW THIS LINE**

**FOR CAPCOG NOTES ONLY:**

|  |
| --- |
| Assigned Review sub-committee: |
| Meets Group 1  Meets Group 2  Meets Group 3 |
| Notes: |