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| --- | --- | --- |
| 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:**

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