



Capital Area Council of Governments 2025 SHSP Grant Worksheet

Please fill out completely

Incomplete worksheets will not be considered for prioritization

Jurisdiction: Click or tap here to enter text.		Agency / Department: Click or tap here to enter text.		Total Amount of 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 <input type="checkbox"/> THIRA <input type="checkbox"/> SPR <input type="checkbox"/> HSSP-IP	
LEPTA: <input type="checkbox"/> Yes <input type="checkbox"/> No					
DHS/FEMA Investment Area [only one allowed]: <input type="checkbox"/> Cyber Security <input type="checkbox"/> Information & Intelligence Sharing <input type="checkbox"/> Soft Targets/Crowded Places <input type="checkbox"/> Election Security <input type="checkbox"/> Community Preparedness & Resilience <input type="checkbox"/> Combat Domestic Violent Extremism <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what regional capability? Click or tap here to enter text.		Is proposed project a continuation of a previous grant? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what changes can be made? Click or tap here to enter text.		Has Project been submitted for other grant: <input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<input type="checkbox"/> Meets Group 1	<input type="checkbox"/> Meets Group 2	<input type="checkbox"/> Meets Group 3
Notes:		

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