**2016 AZDOHS Application Questions Draft Template:**

**NOTE:** This template has been developed for your convenience as a tool to help you draft answers to the application questions. It is not meant to be a substitute for the online grant application at [azdohsgrants.az.gov](http://azdohsgrants.az.gov/). When you are ready to submit the application, make sure that you transfer all of your responses into the correct fields in the application.

Only applications submitted through the online dashboard prior to the deadline will be accepted.

Additional guidance for these questions can be found in the online application, or you can contact your regional strategic planner: [www.azdohs.gov/Contact.asp](http://www.azdohs.gov/Contact.asp).

**Arizona Department of Homeland Security**

**2016 State Homeland Security Grant Application**

**Project Administration**

Project Title:

Project Description:

*Applicant Contact*

Name:

Email:

Office Phone:

Cell Phone:

Address:

City:

State:

Zip Code (Zip+4):

*Head of Agency Contact*

Name:

Email:

Office Phone:

*Program Contact*

Name:

Email:

Office Phone:

Cell Phone:

*Fiscal Contact*

Name:

Email:

Office Phone:

Cell Phone:

Address:

City:

State:

Zip Code (Zip+4):

**Program Initiatives**

Initiatives

Is this project a Law Enforcement Terrorism Prevention Activity (LETPA)? Yes or No

**State Homeland Security Strategy**

**Project SHSS Objective and Action Item Numbers**

Select the State Homeland Security Strategy (SHSS) objective and action item numbers that relate to this project.

**Risk Profile/Project Need**

* Describe your understanding of the terrorism risk that your area faces.
* Describe your understanding of the natural hazards risk that your area faces.
* What assets and capabilities does your agency currently have that allows for addressing these risks?
* How would this project help your agency address these risks?
* Describe why your agency needs this project to be funded.
* If grant funding were no longer available, would your agency continue to maintain, support and sustain this capability?
  + If no, describe the reasons your agency will not continue to maintain this capability.
  + If yes, describe how your agency will maintain this capability.
* Are the assets requested in this grant physically mobile and available for use outside of your jurisdiction?
  + If no, are the assets requested in this grant available to augment & maintain a response effort outside of your jurisdiction?
* Does this project support a NIMS typed resource?
  + If yes, select the NIMS typed resource.
* Has your agency previously been awarded funding to support this project?
  + If yes, please list the award amounts previously received in support of this project and their corresponding grant years.
* Will your agency be requesting funding to support this project in future grant cycles?
  + If yes, please explain why your agency will be requesting additional grant funds to support this project.

**Core Capabilities**

**Primary Core Capability**

* Select a primary core capability and POETE gap that your project best fits. (Multiple POETE gaps can be identified.)
* Describe how your project addresses the selected gap(s).

**Milestones**

Milestone #1 (October 1 – December 31):

Milestone #2 (January 1 – March 31):

Milestone #3 (April 1 – June 30):

Milestone #4 (July 1 – September 30):

**Equipment Request**

For each equipment item being requested:

AEL #:

Equipment Requested (detailed, but not including manufacturer/model number):

Quantity Requested:

Cost per Unit:

* Provide a description of this equipment and how it will be used.
* If you are replacing grant funded equipment with this project, please describe the age and condition of the old equipment.

**Partial Funding**

* Can partial funding be accepted for this equipment?
  + If yes, you will be required to provide a detailed breakdown of item, quantity, and amount later in the application.

**Training Request**

For each training item being requested:

Name of the requested training:

Provide a brief course description:

Backfill/Overtime:

Description:

Workshops/Conferences:

Description:

Trainers/Contractors/Consultants:

Description:

Supplies:

Description:

Travel:

Description:

**Multi-Year Training and Exercise Plan**

* Does your agency have a Multi-Year Training and Exercise Plan?
  + If yes, upload a copy of the MYTEP.

**Partial Funding**

* Can partial funding be accepted for this training?
  + If yes, you will be required to provide a detailed breakdown of item, quantity, and amount later in the application.

**Exercise Request**

For each exercise item being requested:

Exercise Type:

Exercise Description:

Backfill/Overtime:

Description:

Workshops/Conferences:

Description:

Contractors/Consultants:

Description:

Supplies:

Description:

Travel:

Description:

**Multi-Year Training and Exercise Plan**

This question will only appear if you did not answer the Multi-Year Training and Exercise question on the Training Request page.

* Does your agency have a Multi-Year Training and Exercise Plan?
  + If yes, upload a copy of the MYTEP.

**Partial Funding**

* Can partial funding be accepted for this exercise?
  + If yes, you will be required to provide a detailed breakdown of funding needs later in the application.

**Planning Request**

Provide description of planning activity:

Backfill/Overtime:

Description:

Workshops/Conferences:

Description:

Staff/Contractors/Consultants:

Description:

Materials:

Description:

Travel:

Description:

**Partial Funding**

* Can partial funding be accepted for this planning?
  + If yes, you will be required to provide a detailed breakdown of funding needs later in the application.

**Organization Activity Request**

Provide a description of this Organization activity:

Staff/Contractors/Consultants:

Description:

Overtime:

Description:

Operational Expenses:

Description:

**Partial Funding**

* Can partial funding be accepted for this Organization activity?
  + If yes, you will be required to provide a detailed breakdown of funding needs later in the application.

**Management and Administration**

Provide a description of your requested Management and Administration activities:

Backfill/Overtime:

Description:

Personnel/Contractor/Consultant:

Description:

Travel:

Description:

Materials:

Description:

**Partial Funding**

* Can partial funding be accepted for this Management and Administration activity?
  + If yes, you will be required to provide a detailed breakdown of funding needs later in the application.

**Partial Funding**

If you indicated that partial funding for any of your requests, you will need to provide partial funding details including the minimum acceptable quantities and costs for all requested items in priority order.

**Financial Systems Survey**

* Has your organization received a Federal or State Grant within the last two years? Yes or No
* Has your organization received funding from the Arizona Department of Homeland Security within the past two years? Yes or No
* Has your organization been audited by an independent Certified Public Accountant within the past two years? Yes or No
* Has your organization completed a Single Audit as required by 2 CFR 200 Subpart F within the past two years? Yes or No
* Does your organization undergo an annual independent audit in accordance with 2 CFR 200 Subpart F? Yes or No
* Has your organization been granted tax-exempt status by the Internal Revenue Service? Yes or No
* Does your organization have policies related to salary scales, fringe benefits, travel reimbursement & personnel policies? Yes or No
* Which of the following describes your organization’s accounting system? Manual, Automated, or Combination
* How frequently do you post to the General Ledger? Daily, Weekly, Monthly or Other
  + If you selected Other, please indicate interval.
* Does the accounting system completely & accurately track the receipt & disbursements of funds by each grant or funding source? Yes or No
* Does the accounting system record actual costs compared to budgeted costs for each budget line item? Yes or No
* Are time & effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee’s time? Yes or No
* Is your organization familiar with Federal Cost Principles (2 CFR Part 200 Subpart E)? Yes or No
* Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement? Yes or No
* Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll? Yes or No
* Are all accounting entries and payments supported by source documentation? Yes or No
* Are employee time sheets supported by appropriately approved/signed documents? Yes or No
* Does the organization maintain policies which include procedures for assuring compliance with applicable Code of Federal Regulations and terms of each grant award? Yes or No
* Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts? Yes or No
* Does the organization conduct purchases in a manner that encourages open and free competition among vendors? Yes or No
* Does the organization complete some level of cost or price analysis for every purchase?  Yes or No
* Does the organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract?  Yes or No
* Does the organization maintain written procurement policies and procedures? Yes or No
* Are you on the disbarred/suspended list? Yes or No

**Standard Data Collection**

**Highest Ranking Official**

Name of Highest Ranking Official:

Street Address:

City:

State:

Zip Code (Zip+4):

* What is your organization’s Fiscal Year end date?

**Federal Information**

* In which Congressional (Federal) District is your agency headquartered?
* Approximately how much Federal funding will your organization expend in your current Fiscal Year?

**Employer Identification**

Employer Identification Number:

Have you previously conducted business with the State using this EIN? Yes or No

DUNS Number:

**Federal Funding Accountability and Transparency Act Reporting**

* Is 80% or more of your annual gross revenues from Federal Awards? Yes or No
* Do you receive $25 million or more annually from Federal Awards? Yes or No

If you answer Yes to both questions, you will need to provide the following for the top five paid executives of your organization:

Name:

Total Compensation:

**Indirect Costs**

* Is your agency seeking indirect costs? Yes or No
  + If yes, you will need to provide the Indirect Cost Rate and upload a copy of your agency’s Indirect Cost Rate agreement.

Total Amount and Description of Direct Costs:

Total Amount and Description of Indirect Costs: