



## Capital Area Council of Governments 2023 SHSP Grant Worksheet

Jurisdiction:		Agency / Department:		Total Funding Requested:	
Project Name:		Grant Number:		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"/> Combat Domestic Violent Extremism		<input type="checkbox"/> Community Preparedness & Resilience	
<input type="checkbox"/> Other: _____					
FEMA Core Capability/Capabilities [list all that apply]					
Item/Equipment to be acquired:					
Summary of Purpose [explanation for review committees]:					
Summary of Need [explanation for review committees]:					
Sustainment of a regional capability: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what regional capability?		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:					
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?		Has Project been submitted for other grant: <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, what grant(s):	
Additional information you wish to convey to reviewers:					
Technical Contact:			Phone:		

**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	<input type="checkbox"/> Meets Group 4
Notes:			