

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

**NONPROFIT SECURITY GRANT PROGRAM
INVESTMENT JUSTIFICATION**

OMB Control No.: 1660-0156
Expiration Date: 08-31-2023

As part of the Nonprofit Security Grant Program (NSGP) application, eligible 501(c)(3) organizations must develop a formal Investment Justification (IJ) that addresses each initiative proposed for funding. These IJs must demonstrate how proposed projects address gaps and deficiencies in current programs and capabilities. Additionally, the IJ must demonstrate the ability to provide enhancements consistent with the purpose of the program and guidance provided by the Federal Emergency Management Agency (FEMA). Nonprofit subapplicants must ensure that the IJ is consistent with all applicable requirements outlined below. Each IJ must be for one facility/location.

FEMA has developed guidelines that establish the required IJ content and helps ensure that submissions are organized in a consistent manner while addressing key data requirements. This form (Office of Management and [OMB] Number: 1660-011/FEMA Form Number: 089-25) may be used by nonprofit subapplicants to complete and submit their IJ. Failure to address these data elements in the prescribed format could potentially result in the rejection of the IJ from review consideration.

Nonprofit subapplicants must use the following naming convention when submitting required documents for the NSGP-UA: "FY2023_NSGP-UA_<State Abbreviation>_<Urban Area>_<Nonprofit Name>"; and NSGP-S: "FY2023_NSGP-S_<StateAbbreviation>_<Nonprofit Name>".

Applications should be submitted by the nonprofit organization to the State Administrative Agency (SAA) as a completed fillable Adobe file. Scanned copies will not be accepted. Nonprofit subapplicants should contact their respective SAA to get information on the application deadline and other SAA requirements. If an extension to the deadline is required, nonprofit organizations must consult with their respective SAA.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this form is estimated to average 84 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0110) NOTE: Do not send your completed form to this address.

PART I. NONPROFIT ORGANIZATION SUBAPPLICANT INFORMATION

Identify the following:

LEGAL NAME OF THE ORGANIZATION

As Listed on the IRS 501(c)(3) determination letter

Please list the physical address of the facility.

STREET

No P O Box-facility location. Must be in Pennsylvania

One investment justification per facility.

CITY

Anytown

STATE

PA

ZIP CODE

zip

COUNTY

county

Is the building owned, or are you leasing/renting?

Own

If leasing or renting, do you have the owner's permission to make the proposed security enhancements?

☐ Yes

☐ No

At the time of application, is the organization actively occupying and functioning out of the location listed above? ☒ Yes ☐ No

Are you the only nonprofit operating in/from this facility/building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Note: Only one nonprofit can apply per building/facility/physical structure/address. However, the request and subsequent security enhancements may benefit nonprofits who cohabitate/operate in/from the same location. Multiple requests for federal assistance from the same physical address/building/facility/structure will all be deemed ineligible.</i>
<p>If "No," please explain how the proposed security enhancements benefit both you and the other organization(s).</p> <p>The facility is home to three nonprofit organizations. The name of the nonprofits are X,Y, and Z. The fencing to be installed on the perimeter of the facility will benefit the security of all tenants listed.</p>
<p>Based on your mission statement, please summarize your organization's mission, ideology, and/or beliefs.</p> <p>Summarize Mission statement. Paint the picture of who you are and what you do. Please understand that we may not be familiar with either your facility or organization</p>
<p>What is the primary organization type? Other</p> <p>If "Other," please describe the type of organization.</p> <p>We are a he only community center/day care center/senior center in XYZ county</p>
<p>Please select the function that best describes the organization: Community Center</p> <p>Please select the organization's primary affiliation: Christian</p>
<p><i>Note: Please select the main religious affiliation that describes your organization. If the organization is a denomination of an affiliation, please select the corresponding affiliation from the drop down menu instead of "Other." If your organization has NO religious affiliation, please select "None/Unaffiliated." There is NO scoring preference given to certain affiliations or lack thereof.</i></p> <p>If "Other," please describe affiliation.</p> <p>Nonprofit Christian based community center</p>
<p>Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the Internal Revenue Code (IRC), and tax-exempt under section 501(a) of the IRC. More information on tax-exempt organizations can be found at: https://www.irs.gov/charities-non-profits/charitable-organizations.</p> <p>Is the organization eligible under the IRC to receive NSGP funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does the organization have a Unique Entity ID (UEI) Number? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," please enter the UEI Number for the organization: 999999999999</p> <p>Nonprofits do not need to have a valid UEI at the time of application; however, subrecipients must have a valid UEI in order to receive a subaward.</p>
<p>Are you physically located in a current Urban Area Security Initiative designated urban area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," select the designated urban area from the list: Philadelphia Area</p>
Total federal funding requested under the NSGP (will automatically populate based on entries in Section IV-B): \$54,337

PART II. BACKGROUND INFORMATION (5 POSSIBLE POINTS OUT OF 40)

Please describe (if applicable) this location's symbolic value as a highly recognized national or historic institution/landmark that renders the site as a possible target of terrorism or other extremist attack.

What external factor identifies the nonprofit's ideology or mission? Examples may be a symbol, Language on a sign, a flag, or a statue? Is the organization listed on the National Register of Historic Landmarks? Is the facility located near a nationally recognized landmark or critical infrastructure like power plant, water plant or even a highly traveled highway. If you are very rural and an attack would occur, how long would it take for rescue resources to make it to the facility?

Please select (if applicable) the current, ongoing, or recent (last 3 years) event(s) in which your organization has been involved in prevention, protection, response, and/or recovery:

Natural disasters

Please describe the organization's role in prevention, protection, response, and/or recovery, specifically highlighting the efforts that demonstrate integration of nonprofit preparedness with broader state and local preparedness efforts.

During hurricane Ira, our organization collaborated with the local emergency management agency and provided a shelter, food distribution center, warming center, held blood drives. If your organization has not previously assisted in any disaster/attack, a conversation is needed with the county Emergency Manager to find out what the organizational role in the response/recovery can be.

PART III. RISK (15 POSSIBLE POINTS OUT OF 40)

Department of Homeland Security defines risk as the product of three principal variables: Threat, Vulnerability, and Consequence. In the space below, describe the risk(s) faced by your organization specifically in terms of the A) Threats, B) Vulnerabilities, and C) Potential Consequences of an attack.

A) Threat: In considering a threat, please describe the identification and substantiation of specific threats or attacks against the nonprofit organization or a closely related organization, network, or cell.
Description can include findings from a threat or risk assessment, police report(s), and/or insurance claims specific to the location being applied for including dates of specific threats.

Please describe threats made to your organization, to like organizations in your community/county/state or country. Does the nonprofit membership include any highly recognized individuals?

Threat Information can be obtained from fusion centers, FBI, CISA, National Terrorism Advisory System, Faith-Based ISAO, and ADL just to name a few.

B) Vulnerabilities: Please describe the organization's susceptibility to destruction, incapacitation, or exploitation by a terrorist or other extremist attack.

This information is obtained from the vulnerability assessment.

C) Potential Consequences: Please describe the potential negative effects on the organization's assets, systems, and/or function if damaged, destroyed, or disrupted by a terrorist or other extremist attack.

If an attack would destroy the nonprofit facility what would be the loss to the community?

Daycares, Senior Centers, polling places, social activities, Mental/Health facilities, Place of Worship

For an example if your facility hosts the only daycare in the county and that service would no longer be available, what are the ripple effects? In our example a potential consequence would be a loss of economic stability in the community due to no daycare.

What is the minimum/maxium capacity of the facility on a daily/weekly basis?

Does the facility host a location to an irreparable/irreplaceable objects?

PART IV. FACILITY HARDENING (9 POSSIBLE POINTS OUT OF 40)

Section IV-A: In this section, describe each proposed activity or investment (as selected in Section IV-B), identify the vulnerability that it addresses, and detail the cost associated with the activity or investment. For each activity/investment, include the quantity, estimated hourly rate or estimated price per unit, and proposed usage.

Note: This section should include narrative information about all costs listed in Section IV-B. The objective is for the information contained in this section to allow reviewers to validate the need of all costs in Section IV-B.

Allowable costs include facility hardening activities, such as planning and exercise related costs, contracted security personnel, and security-related training courses and programs limited to the protection of critical infrastructure key resources. Funding can also be used for the acquisition and installation of security equipment on real property (including buildings and surrounding property) owned or leased by the nonprofit organization, specifically in prevention of and/or in protection against the risk of terrorist or other extremist attack.

What projects that are identified in the vulnerability assessment will the nonprofit address with the grant funding? Be specific and concise.

List the project, what vulnerability is being addressed, the cost and the corresponding AEL.

Example: The vulnerability assessment indicated that bollards are needed to secure the walkway and the front of the facility.

Installation of bollards to the front walkway of the facility from the parking lot to the front doors. Project will address the vulnerability of the members/visitors and the front of the facility from a vehicle ramming attack. AEL 14SW-01-Wall-\$35,000

Here is also where you will detail the costs of M & A and contracted security. Estimates being based off of actual costs.

M & A is limited to 5% of requested award.

Example: M & A limited to contract or staff time spent maintaining and implementing grant oversight. Completion of items such as biannual reports, EHP, soliciting and vetting vendors, vendor registration, UEI registration, project implementation, reimbursement submission and closeout of the grant. 7 hours/month spent with M & A duties x 36 months=252 hours X \$19.75/Hour =\$4977

Contracted Security must be based the same way. 36 months=156 weeks 3 hours each week=468 hours X \$20/Hour=\$9360

Section IV-B: In this section, list all proposed facility hardening equipment, projects, or activities as allowable per the Authorized Equipment List (AEL), NSGP Notice of Funding Opportunity (NOFO), and Preparedness Grants Manual (PGM). Select the AEL number and title, list the vulnerability the equipment/project/activity addresses, and enter the estimated funding requested (round up to the nearest dollar).

AEL NUMBER & TITLE – EQUIPMENT, PROJECT, OR ACTIVITY	VULNERABILITY TO BE ADDRESSED	ESTIMATED FUNDING REQUESTED (Round to nearest dollar)
14SW-01-WALL: Barriers: Fences; Jersey Walls	Pedestrians walking in front of facility	\$35,000
21GN-00-TRNG: Training and Awareness	Situational Awareness training for staff and members	\$5,000
M&A: Management and Administration (M&A)	Management of Grant	\$4,977
Contract Security: Private Contract Security Personnel/Guards	Need for security guards	\$9,360
	amounts will automatically total	
	Total Funding Requested:	\$54,337

PART V. MILESTONE (5 POSSIBLE POINTS OUT OF 40)

Provide descriptions and associated key activities that lead to the milestone event over the NSGP period of performance.

Start dates should reflect the start of the associated key activities and end dates should reflect when the milestone event will occur. Milestones should reflect considerations to Environmental Planning and Historic Preservation reviews when applicable.
(10 milestones maximum)

KEY ACTIVITIES & CORRESPONDING MILESTONES	START DATE	COMPLETION DATE
Environmental Planning and Historical Preservation review.		
EHP can take 90 days to 6 months. Must be approved prior to the start of the project.		
Milestones should contain key events with logical progression. Covers the entire period of performance 9/1/2023 to 8/31/2026		
Events to consider are vendor registration,UEI registration, grant agreement review,vendor solicitation and vetting, project implementation, reimbursement requests,		
Effective implementation schedule showing evidence of project completion		
Think about times that the facility may be unavailable-school, services,events		
Please pad the dates for delays in product receipt and vendor availabilty		

PART VI. PROJECT MANAGEMENT (2 POSSIBLE POINTS OUT OF 40)

Who will manage the project? *Include the name, phone number, email address, and experience of the project manager(s).*
Ensure there is redundancy in the people selected. If a person would become unavailable, how would the project be completed?
Create a system of checks and balances.

Please assess your project management plan/approach. Assessment could include challenges to the effective implementation of this project and the coordination of the project with State and local homeland security partners.

Do you see any challenges to obtaining the EHP approval (is your facility on the historical registry)?

Do you see any issues obtaining the necessary materials for the completion of the projects? Is there any delay on getting vendor quotes/dates of install?

PART VII. IMPACT (4 POSSIBLE POINTS OUT OF 40)

Please describe the measurable outputs and outcomes that will indicate that this Investment is successful at the end of the period of performance.

How will the selected projects increase the security of the facility and its members?

FUNDING HISTORY

If the nonprofit organization has received NSGP funding in the past, provide the funding amount, funding year, and the investment type.

Has the organization received federal NSGP funding in the past? ☐ Yes ☐ No

NOTE: Please only include federal NSGP funding. If the organization has received state-funded NSGP awards, or any other federal awards, please do NOT include those here.

Please select the MOST RECENT fiscal year in which the nonprofit received federal NSGP funding: Never before received

If "Yes," please list the year(s), amount(s), and Project(s)/Investment(s). (Example: FY20 / \$150K / CCD Camera System and Lighting.)

If you are continuing a project previously funded with federal NSGP funding. Please explain the differences. For example if the organization installed 6 cameras on the front but the vulnerability assessment indicated a need for 6 cameras on the back, please clearly explain why a 2nd funding request for cameras is being requested.

NONPROFIT SUBAPPLICANT CONTACT INFORMATION

This application was written by: Affiliated volunteer on behalf of the nonprofit organization

☒ By clicking this box, I certify that I am an employee or affiliated volunteer on behalf of the nonprofit organization or have been hired by the nonprofit organization to apply on their behalf for the Nonprofit Security Grant Program.

FULL NAME

Test app

POSITION/TITLE

PEMA Employee

EMAIL

NSGPgrant@pa.gov

WORK PHONE

(717) 651-2013

EXAMPLE FOR GUIDANCE PURPOSES ONLY