

Grant Reporting Tool (GRT) 2009 Registration and IJ Submission Module

OMB Control Number: 1660-NEW
FEMA Form Number: 089-1
Expiration Date: XX-XX-XXXX

- ▶ Grants Reporting Tool Screenshots

January 2009

GRT Homepage

<https://www.reporting.odp.dhs.gov/>

REGISTRATION

 **Homeland Security**
FOR OFFICIAL USE ONLY

Federal Emergency Management Agency

Grants Reporting Tool

Welcome to the Federal Emergency Management Agency's Grants Reporting Tool

User

Password

If you need to register for an account please [click here](#). For technical assistance, please call: 1-877-812-4357 (toll-free) or e-mail: [GRT Support](#).

WARNING - You are about to access a Department of Homeland Security computer system. This computer system and data therein are property of the U.S. Government and provided for official U.S. Government information and use. There is no expectation of privacy when you use this computer system. The use of a password or any other security measure does not establish an expectation of privacy. By using this system, you consent to the terms set forth in this notice. You may not process classified national security information on this computer system. Access to this system is restricted to authorized users only. Unauthorized access, use, or modification of this system or of data contained herein, or in transit to/from this system, may constitute a violation of section 1030 of title 18 of the U.S. Code and other criminal laws. Anyone who accesses a Federal computer system without authorization or exceeds access authority, or obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer system, may be subject to penalties, fines or imprisonment. This computer system and any related equipment is subject to monitoring for administrative oversight, law enforcement, criminal investigative purposes, inquiries into alleged wrongdoing or misuse, and to ensure proper performance of applicable security features and procedures. DHS may conduct monitoring activities without further notice.

GRT Version: 8.1.2

GRT Registration Form – Step 1

Registration Form - Step 1

Please fill out the following fields and press "Next" when complete. Please make sure this information is correct and current. Fields marked with an asterisk (*) are required. All electronic correspondence will be sent to the point of contact e-mail address, so please make certain this address is correct. If you do not have a permanent e-mail address, you will be required to establish one.

If you need assistance registering, a PDF tutorial is available. This tutorial requires Adobe Reader, which can be downloaded from [Adobe's website](#). Once you have Adobe Reader installed, click [here](#) to access the tutorial.

User Information

Name Prefix	<input type="text" value="Select a Prefix"/>	*
First Name	<input type="text"/>	*
Last Name	<input type="text"/>	*
Address Line 1	<input type="text"/>	*
Address Line 2	<input type="text"/>	
City	<input type="text"/>	*
State	<input type="text" value="Select a State"/>	*
Zip Code	<input type="text"/>	*
Phone Number	<input type="text"/>	*
	Ext. <input type="text"/>	
Fax Number	<input type="text"/>	
E-mail address	<input type="text"/>	*

<input type="button" value="Clear"/>	<input type="button" value="Next"/>
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GRT Registration Form – Step 2

Registration Form - Step 2


Please fill out the following fields and press "Next" when complete. Please make sure this information is accurate.

Role and Organizational Assignment

Role

- Federal
- State/Direct Tribal Grantee (SAA/DTG) User
- Local (Local Jurisdictions, Other State Agencies/Non-SAAs)

Organizational Assignment

Florida 

Available Grantees/Subgrantees

Regional Planning Council - Apalachee
City of Alachua
City of Altamonte Springs
City of Altantic Beach
City of Alva
City of Apopka
City of Atlantis
City of Auburndale
City of Aventura
City of Avon Park



Requested Grantees/Subgrantees*

GRT Registration Form – Step 3

Registration Form - Step 3

Please fill out the following fields and press "Submit" when complete. Please make sure this information is correct and current. Fields marked with an asterisk (*) are required.

User ID, Password, and Hint

Please assign a User ID and Password to yourself.

Passwords must be between 8 and 15 characters in length and consist of a mix of the following: uppercase (A-Z), lowercase (a-z), numeric (0-9), and special characters (_#\$). Passwords cannot start with a number (0-9) or a special character (_#\$). Passwords must not include simple keyboard patterns (qwe, zxc), sequences (abc, 123), or consecutive letters in respect to case (aa, dd, GG), and cannot include the username or the username separated by special characters.

User ID

Password

Confirm Password

Secret Question

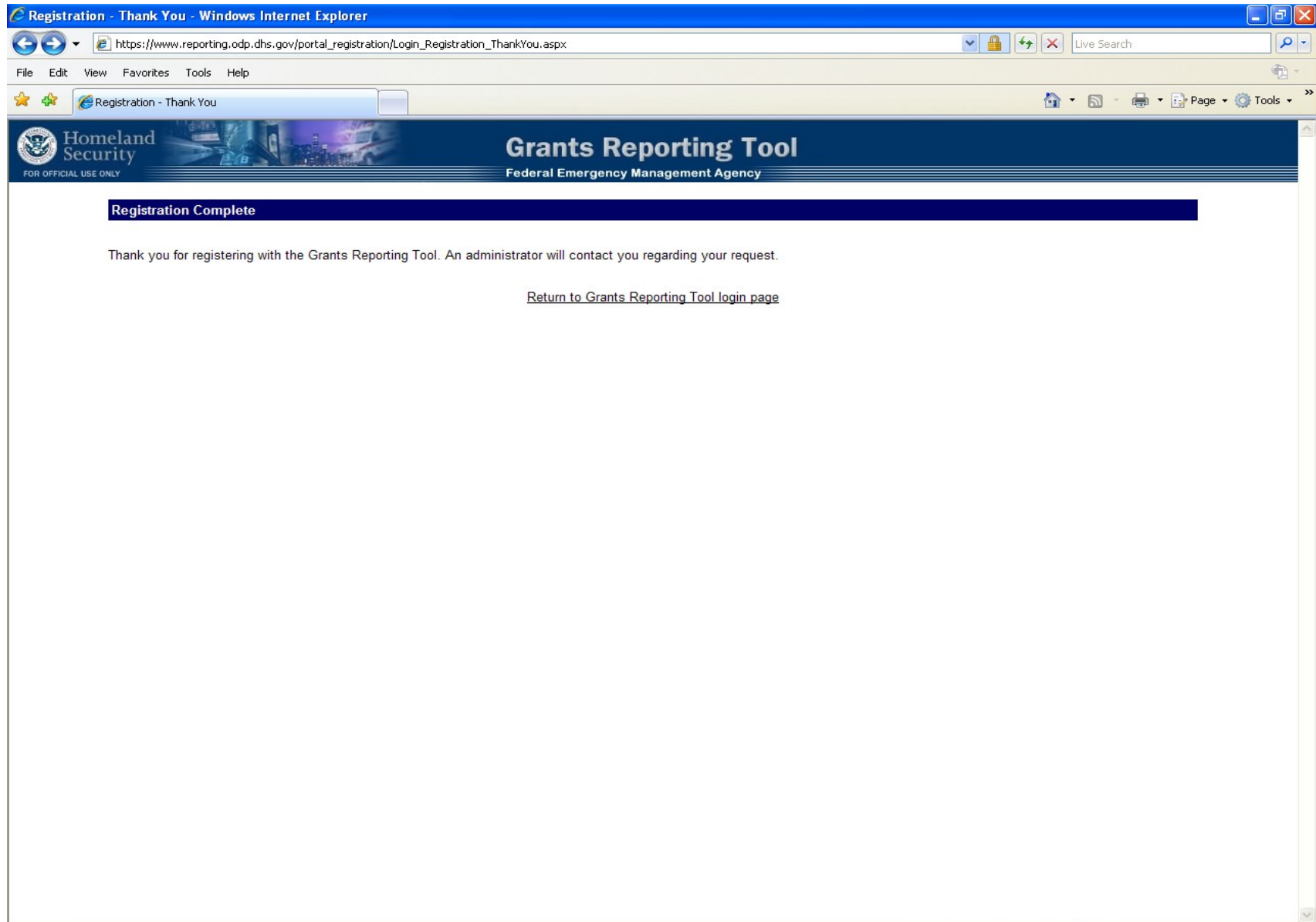
Secret Answer

Clear

Back

Submit

Registration Complete



GRT Rules of Behavior

file edit view favorites tools help

★ ☆ Login - Rules of Behavior

Home RSS Print Page Tools

Homeland Security
FOR OFFICIAL USE ONLY

Grants Reporting Tool

Federal Emergency Management Agency

General Rules of Behavior for Users of Grants Reporting Tool (GRT)

Persons with access and accounts on the Grants Reporting Tool (GRT) shall be held accountable for their actions related to the information resources entrusted to them. These personnel must comply with the following rules or risk losing their privileges and/or disciplinary action for failure to comply with these responsibilities. The Rules of Behavior apply to users at their primary workplace and at any alternative workplaces (e.g., telecommuting from home or from a satellite site). They also apply to users on official travel. These Rules of Behavior are consistent with IT security policy and procedures within DHS Management Directive 4300.1 (Information Technology Systems Security), DHS Sensitive Systems Policy Directive 4300A, and the DHS 4300A Sensitive Systems Handbook.

System Access

- I understand that I am given access to only those systems for which I require access to perform my official duties.
- I will not attempt to access data or systems I am not authorized to access.
- I will not engage in, encourage, or conceal any hacking or cracking, denial of service, unauthorized tampering, or unauthorized attempted use of (or deliberate disruption of) any data or system within the GRT.
- I agree to inform my management or that of GRT when access to a particular computer resource is no longer required, such as when I have completed a project or no longer support an information resource.
- I agree that I have completed Computer Security Awareness training prior to my initial access to GRT and that as long as I have continued access to GRT, I will complete Computer Security Awareness training on an annual basis.

Passwords and Other Access Control Measures

- I will choose passwords that are at least eight characters long and have a combination of letters (upper- and lower-case), numbers, and special characters.
- I will protect passwords and access numbers from disclosure. I will not share passwords. I will not provide my password to anyone, including system administrators. I will not record passwords or access control numbers on paper or in electronic form and store them on or with DHS or DHS contractor workstations, laptop computers, or PEDs. To prevent others from obtaining my password via "shoulder surfing," I will shield my keyboard from view as I enter my password.
- I will promptly change a password whenever the compromise of that password is known or suspected.
- I will not attempt to bypass access control measures.

Data Protection

- I will use only DHS or DHS contractor office equipment (e.g., workstations, laptops, PEDs) to access DHS systems and information; I will not use personally owned equipment.
- I will protect sensitive information from disclosure to unauthorized persons or groups and will maintain control over, protect and mark sensitive Government material and resources appropriately. I agree to destroy physical documents and electronic media that may contain GRT information, Sensitive but Unclassified (SBU) or For Official Use Only (FOUO) information by physical destruction (including pulping and shredding), and degaussing or media sanitization methods which meet DoD standards.
- To prevent and deter others from gaining unauthorized access to sensitive GRT resources, I will log off or lock my workstation or laptop computer, or I will use a password-protected screensaver, whenever I step away from my work area, even for a short time; I will log off when I leave for the day.
- I agree not to use wireless connections to transmit GRT information and data unless it is encrypted end-to-end using a FIPS-validated cryptographic module.
- I will not access, process, or store classified information on DHS office equipment that has not been authorized for such processing.

Software

- I agree to comply with all software copyrights and licenses.
- I will not install unauthorized software (this includes software available for downloading from the Internet, software available on DHS networks, and personally owned software) on DHS or DHS contractor equipment (e.g., servers, workstations, laptop computers, PEDs).

Internet and E-mail Use

- I understand that my access and use of GRT resources may be monitored, and I consent to this monitoring.
- I will not use peer-to-peer (P2P) file sharing to connect remotely to other systems for the purpose of sharing files. I understand that P2P can be a means of spreading viruses over DHS networks and may put sensitive government information at risk. I also understand that DHS Sensitive Systems Policy Directive 4300A prohibits the use of P2P software on any DHS controlled or operated equipment.

GRT Rules of Behavior Continued

- I will not provide personal or official DHS information solicited by e-mail. I will be on alert if I receive e-mail from any source requesting personal or organizational information. If I receive an e-mail message from any source requesting personal information or asking to verify accounts or security settings, I will send the questionable e-mail to the company for verification and report the incident to the GRT ISSO.

Telecommuting (Working at Home, at a Satellite Center/Office or Contractor Facility)

Employees approved for telecommuting must adhere to the following rules of behavior:

- I will physically protect any laptops or PEDs I use for telecommuting when they are not in use.
- I will protect sensitive data at my alternate workplace. This includes properly disposing of sensitive information (e.g., by shredding).
- I understand and will comply with the requirement that sensitive information stored on any laptop computer used in a residence or on travel shall be encrypted using FIPS 140-2 Security Requirements for Cryptographic Modules approved encryption.
- I understand and will comply with the requirement that sensitive information processed, stored, or transmitted on wireless devices must be encrypted using approved encryption methods.

Incident Reporting

- I will promptly report IT security incidents, or any incidents of suspected fraud, waste or misuse of systems to the appropriate officials.

Accountability

- I understand that I have no expectation of privacy while using any GRT equipment and while using services or programs provided by GRT.
- I understand that I will be held accountable for my actions while accessing and using DHS systems and IT resources.

GRT Rules of Behavior Statement of Acknowledgment

I have read and agree to comply with the requirements of the GRT Rules of Behavior. I understand that the terms of this agreement are a condition of my initial and continued access to the GRT and related services and that if I fail to abide by the terms of these Rules of Behavior, my access to any and all GRT information systems may be terminated and that action, up to and including legal action, may be instituted against me. I have read and presently understand the above conditions and restrictions concerning my access to the GRT.

Agree

IJ Submission Module – IJ Submissions Tab Screenshot – First Screen

(The public reporting burden notice at the bottom of this page will be placed into the system once this data collection effort has been approved by OMB)

Submissions | Investments | Baseline | Strategy | Target Capabilities | National Priorities | Funding | Accomplishments | Challenge Mitigation | Impact | Optional Attachments | Overall

FY 2009 IJ Submissions

IJ Submission	HSGP Funds	Status	Self-Check	Draft IJ	Final IJ
<input type="checkbox"/> CA - State Submission	\$0	Data Entry In Progress	ERROR	View	N/A
<input type="checkbox"/> CA - Anaheim/Santa Ana Urban Area	\$0	Data Entry In Progress	ERROR	View	N/A
<input type="checkbox"/> CA - Bay Urban Area	\$0	Data Entry In Progress	ERROR	View	N/A
<input type="checkbox"/> CA - Los Angeles/Long Beach Urban Area	\$0	Data Entry In Progress	ERROR	View	N/A
<input type="checkbox"/> CA - Oxnard Urban Area	\$0	Data Entry In Progress	ERROR	View	N/A
<input type="checkbox"/> CA - Riverside Urban Area	\$0	Data Entry In Progress	ERROR	View	N/A
<input type="checkbox"/> CA - Sacramento Urban Area	\$0	Data Entry In Progress	ERROR	View	N/A
<input type="checkbox"/> CA - San Diego Urban Area	\$0	Data Entry In Progress	ERROR	View	N/A
TOTAL:	\$0				

[Check All](#) - [Clear All](#)

By checking this box, I hereby certify that the data contained within this submission is complete, accurate, and adheres to all FY 2009 HSGP Investment Justification guidance issued by the Department of Homeland Security's Federal Emergency Management Agency.

Mark IJ Complete

Public reporting burden for this **Investment Justification** is estimated to average 1482 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 **Investment Justification**. You are not required to respond to this collection of information unless it displays a valid OMB control number near the title of the electronic collection instrument, or for on-line applications, on the first screen viewed by the respondents. 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, Paperwork Reduction Project (1660-XXXX) NOTE: Do not send your completed form to this address.

IJ Submission Module – Investments Tab Screenshot

Submissions Investments **Baseline** Strategy Target Capabilities National Priorities Funding Milestones Implementation Impact Optional Attachments Overall

Investments - TX - State Submission

View: ▼

#	Investment Name	Multi-Applicant	Submitting Partner	HSGP Funds	Status	Self-Check
<input type="checkbox"/>	<u>Overall</u>	N/A	N/A	N/A	Data Entry In Progress	ERROR
<input type="checkbox"/>	1 <u>Sample Investment A</u>	No	N/A	\$0.00	Data Entry In Progress	ERROR
<input type="checkbox"/>	2 <u>Sample Investment B</u>	Yes	Yes	\$0.00	Data Entry In Progress	ERROR
TOTAL:				\$0.00		

[Check All](#) - [Clear All](#)

IJ Submission Module – Baseline Tab Screenshot

Submissions | Investments | **Baseline** | Strategy | Target Capabilities | National Priorities | Funding | Milestones | Implementation | Impact | Optional Attachments

Investments - TX - State Submission

Investment Information

Investment Name:

Investment Phase:

Multi-Applicant Investment: No

Baseline

Note: Questions marked with a red asterisk (*) are required.

I.A. - Baseline - FY 2008 Request Name and Funding ▶

If the Investment was included in a previous HSGP request, please provide the name of the Investment and the total amount of HSGP funding that was dedicated to this Investment, if any. (100 Char. Max for Investment Name)

FY07 Investment name:

FY07 HSGP funding:

FY08 Investment name:

FY08 HSGP funding:

*** I.B. - Baseline - Purpose Statement ▶**

Describe, at a high-level, what activities will be implemented and what will be accomplished by this Investment. (1,000 Char. Max)

IJ Submission Module – Strategy Tab Screenshot

Submissions | Investments | Baseline | **Strategy** | Target Capabilities | National Priorities | Funding | Milestones | Implementation | Impact | Optional Attachments

Investments - TX - State Submission

Investment Information

Investment Name:	1 - Sample Investment A
Investment Phase:	New
Multi-Applicant Investment:	No

Strategy

Note: Questions marked with a red asterisk (*) are required.

*** II.A. - Strategy - State Preparedness Report ▶**

Explain how this Investment supports initiatives in the State Preparedness Report. Please reference relevant page numbers in the State Preparedness Report. (Part of overall Investment 15,000 Char. Max)

IJ Submission Module – National Priorities Tab Screenshot

Submissions | Investments | Baseline | Strategy | Target Capabilities | **National Priorities** | Funding | Milestones | Implementation | Impact | Optional Attachments

Investments - TX - State Submission

Investment Information

Investment Name: 1 - Sample Investment A
Investment Phase: New
Multi-Applicant Investment: No

Strategy - National Priorities

Note: Questions marked with a red asterisk (*) are required.

* II.D. - Strategy - National Priorities ▶
Select the National Priority(ies) that this Investment supports; up to four may be selected.

Expanded Regional Collaboration
Implement the NIMS and NRP
Implement the NIPP
Strengthen Information Sharing and Collaboration Capabilities
Strengthen Communications Capabilities
Strengthen CBRNE Detection, Response, & Decontamination Capabilities
Strengthen Medical Surge and Mass Prophylaxis Capabilities
Strengthen Planning and Citizen Preparedness Capabilities

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Revert to Saved

Save

Save and Continue

IJ Submission Module – Funding Tab Screenshot

Investments - TX - State Submission

Investment Information

Investment Name: 1 - Sample Investment A
 Investment Phase: New
 Multi-Applicant Investment: No

Funding & Implementation Plan

Note: Questions marked with a red asterisk (*) are required.

III.A. - Funding Plan ▶

Provide the total estimated cost for the FY09 HSGP period of performance for this Investment by completing the following table: - For each solution area that has an associated FY09 HSGP funds request, provide a brief summary of the planned expenditures (including personnel) - If this Investment uses other funding sources, identify the funding source and provide a brief summary of how those funds will be applied

	SHSP	UASI	MMRS	CCP	FY09 HSGP Request Total	Other Funding Source Applied			Grand Total
						Other 1	Other 2	Other 3	
Planning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>	<input type="text"/>	<input type="text"/>	---
Organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>	<input type="text"/>	<input type="text"/>	---
Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>	<input type="text"/>	<input type="text"/>	---
Training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>	<input type="text"/>	<input type="text"/>	---
Exercises	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>	<input type="text"/>	<input type="text"/>	---
Total	---	---	---	---	---	---	---	---	---

IJ Submission Module – Milestones Tab Screenshot

Submissions | Investments | Baseline | Strategy | Target Capabilities | National Priorities | Funding | Milestones | Implementation | Impact | Optional Attachments

Investments - TX - State Submission

Investment Information

Investment Name: 1 - Sample Investment A
Investment Phase: New
Multi-Applicant Investment: No

Milestones

Note: Questions marked with a red asterisk (*) are required.

* III.B. - Milestones ▶

Provide descriptions for up to 10 milestones and the associated key activities that lead to the milestone event over the FY09 HSGP 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. Sustainment Investments must identify at least one milestone to describe maintenance and sustainment activities associated with the Investment. (500 char. max per milestone)

Milestone Number	Milestone Description	FY09	Milestone Start Date (mm/dd/yyyy)	Milestone End Date (mm/dd/yyyy)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Revert to Saved

Save

Save and Continue

IJ Submission Module – Impact Tab Screenshot

Submissions | Investments | Baseline | Strategy | Target Capabilities | National Priorities | Funding | Milestones | Implementation | **Impact** | Optional Attachments

Investments - TX - State Submission

Investment Information


Investment Name:	1 - Sample Investment A
Investment Phase:	New
Multi-Applicant Investment:	No

Impact

Note: Questions marked with a red asterisk (*) are required.

* IV.A. - Impact ▶

What outputs and outcomes will indicate that this Investment is successful at the end of the FY09 HSGP period of performance? (Part of overall Investment 15,000 Char. Max)



IJ Submission Module – Optional Attachments Tab Screenshot

Submissions | Investments | Baseline | Strategy | Target Capabilities | National Priorities | Funding | Milestones | Implementation | Impact | **Optional Attachments**

Investments - TX - State Submission

Investment Information

Investment Name: 1 - Sample Investment A
Investment Phase: New
Multi-Applicant Investment: No

Optional Attachments

As part of the FY09 HSGP Investment Justification, applicants have the option of including graphic file attachments, such as organizational charts, with their application. Attachments supporting this application **MUST** be submitted through www.grants.gov as separate files when submitting the final Investment Justification grant application.

The following graphics file types are the only formats that will be recognized by the system: .jpg, .jpeg, .jiff, .jpe, .png, .gif.

If you choose to include an optional attachment that will be uploaded to www.grants.gov for this Investment, please provide the following information in the text box below (500 Char. Max):

- The file name
- The file extension (e.g., .jpg, gif)
- The relevancy this attachment has to this Investment

Please note the total number of attachments that will be submitted via grants.gov for this Investment (0-99):

IJ Submission Module – Overall Tab Screenshot

Submissions Investments Overall

Investments - TX - State Submission

Overall

Note: Questions marked with a red asterisk (*) are required.

* Overall Investment Justification: ▶

Describe your understanding of the spectrum of terrorism and natural hazards risks your State/Territory/Urban Area faces. Explain how this understanding influenced development of this Investment Justification. States applying for HSGP funding must also include a description of how they plan to allocate the grant funds to local units of government within 45 days of award. (4,000 Char. Max)

