## **IBSGP Investment Justification Template**

OMB Control Number: 1660-NEW FEMA Form Number: 089-8 Expiration Date: XX-XX-XXXX

### **Paperwork Burden Disclosure Notice**

Public reporting burden for this form is estimated to average 5 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. You are not required to respond to this collection of information unless it displays a valid OMB control number. 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-NEW) **NOTE: Do not send your completed form to this address.** 

| Investment Heading   |    |
|----------------------|----|
| State                |    |
| Bus System Name      |    |
| Urban Area(s) Served |    |
| Investment Name      |    |
| Investment Phase     |    |
| Requested Amount     | \$ |

#### I. Background

Note: This section only needs to be completed once per application, regardless of the number of investments proposed. The information in this section provides background/context for the investment(s) requested, but does not represent the evaluation criteria used by DHS for rating individual investment proposals. It will also be used to confirm eligibility.

|                       | tem and that system's point(s) of contact (POC) and Chief Executive the POC and CEO for additional bus systems/partners.   |
|-----------------------|--|
| Word Limit            | Not to exceed ½ page   |
| Response Instructions | Identify the following:  POC's name and title;  POC's full mailing address;  POC's telephone number;  POC's fax number;  POC's email address;  CEO's name;   |
|                       | <ul> <li>CEO's full mailing address;</li> <li>CEO's telephone number;</li> <li>CEO's email address;</li> <li>POC and CEO information (as above) for additional bus systems/partners; and,</li> <li>Include the corresponding information for the single authorizing official for your organization—i.e., the individual authorized to sign a grant award.</li> </ul> |

| I.B. Describe the extent of your operations in UASI jurisdictions. (Note – this response will help DHS determine your eligibility to participate in the FY 2009 IBSGP.) |   |  |
|---|---|--|
| Page Limit  | Not to exceed ¼ page  |  |
| Response Instructions   | Provide:  |  |
|   | A list of UASI jurisdictions serviced;  |  |
|   | For charter services only, the number of trips annually to each UASI  |  |
|   | jurisdiction (must be a minimum of 50 trips); and,  |  |
|   | <ul> <li>A source, such as a web site or brochure, which would allow DHS to<br/>verify service provided.</li> </ul> |  |

| I.C. Describe the size of your fleet. (Note – this response will determine the Tier in which you will compete for funding as part of the FY 2009 IBSGP.) |  |  |  |
|--|--|--|--|
| Page Limit   | Not to exceed ¼ page   |  |  |
| Response Instructions  | Provide:   |  |  |
|  | The number of over-the-road buses in your fleet; and,              |  |  |
|  | A source, such as a web site or brochure, which would allow DHS to |  |  |
|  | verify fleet size.   |  |  |

| I.D. Describe your systematics | em infrastructure and scope of operations for fixed-route services and/or                             |
|--------------------------------|---|
| charter services.              |   |
| Page Limit                     | Not to exceed 2 pages   |
| Response Instructions          | For fixed-route services, address each of the following factors:                                      |
|                                | o System Infrastructure;  |
|                                | o Area of Operations;   |
|                                | o Number of Passengers (Annually);  |
|                                | o Number of Miles Driven (Annually);  |
|                                | o Number of Employees (Specify categories, such as drivers,   |
|                                | administration, management, and mechanics);   |
|                                | o Description of Terminals/Bus Lots:  |
|                                | Number of Terminals/Bus Lots (Owned/Leased and Operated);   |
|                                | Location (street address and city) of each Terminal/Bus Lot   |
|                                | (within which UASI jurisdiction it is located);   |
|                                | o Passenger Traffic for Each Terminal; o Other tenants at Each Terminal (other bus companies);        |
|                                | o Any other important system features.  |
|                                | For charter services, address each of the following factors:  |
|                                | o Company Infrastructure;   |
|                                | o Area of Operations;   |
|                                | o Number of Passengers (Annually);  |
|                                | o Number of Employees (Specify categories, such as drivers,   |
|                                | administration, management, and mechanics);   |
|                                | o Description of Bus Lots:  |
|                                | <ul> <li>Description of Bus Lots.</li> <li>Number of Bus Lots (Owned/Leased and Operated);</li> </ul> |
|                                | Location of each Bus Lot (within which UASI jurisdiction it is  |
|                                | located); and,  |
|                                | o Any other important features of the charter service.  |

# II. Strategic and Program Priorities

| II.A. Provide an abstract for this investment. |   |  |
|--|---|--|
| Page Limit                                     | Not to exceed 1 page  |  |
| Response Instructions                          | Provide a statement summarizing this investment, addressing the following questions:  • What bus security risk will the project address?  • How will the investment address a transportation security need? |  |
|  | <ul> <li>How will the investment enhance overall system security?</li> </ul>  |  |

| Dogo Limit            | Not to evened 1 page   |
|-----------------------|--|
| Page Limit            | Not to exceed 1 page  • Describe how, and the extent to which, the proposed investment addresses   |
| Response Instructions | one or more of the following:  |
|                       | o Development of assessments or security plans   |
|                       | o Operating and capital costs associated with over-the-road bus security   |
|                       | awareness, preparedness, and response training, including training for   |
|                       | front-line employees for potential security threats and conditions as well   |
|                       | as training developed by institutions of higher education and by non-profi   |
|                       | employee labor organizations, for over-the-road bus employees  |
|                       | o Live or simulated exercises for the purpose of assessing and improving   |
|                       | the capabilities of entities to prevent, prepare for, mitigate, respond to,  |
|                       | and recover from acts of terrorism   |
|                       | o Public awareness campaigns for enhanced over-the-road bus security.  |
|                       | o Operational costs to hire, train, and employ police and security officers,   |
|                       | including canine units, assigned to full-time security or counterterrorism   |
|                       | duties related to over-the-road bus transportation, including  |
|                       | reimbursement of State, local, and tribal government costs for such  |
|                       | personnel  |
|                       | o Modifying over-the-road buses to increase their security   |
|                       | o Installing cameras and video surveillance equipment on over-the-road   |
|                       | buses and at terminals, garages, and over-the-road bus facilities  |
|                       | o Constructing and modifying terminals, garages, and facilities, including   |
|                       | terminals and other over-the-road bus facilities owned by State or local   |
|                       | governments, to increase their security o Establishing and improving an emergency communications system linking  |
|                       | <ul> <li>Establishing and improving an emergency communications system linking<br/>drivers and over-the-road buses to the recipient's operations center or</li> </ul>              |
|                       | linking the operations center to law enforcement and emergency   |
|                       | personnel.   |
|                       | o Implementing and operating passenger screening programs for weapons  |
|                       | and explosives   |
|                       | o Protecting or isolating the driver of an over-the-road bus   |
|                       | <ul> <li>Chemical, biological, radiological, or explosive detection, including canine</li> </ul>   |
|                       | patrols for such detection   |
|                       | o Acquiring, upgrading, installing, or operating equipment, software, or   |
|                       | accessorial services for collection, storage, or exchange of passenger an  |
|                       | driver information through ticketing systems or other means and for  |
|                       | information links with government agencies, for security purposes  |
|                       | <ul> <li>Overtime reimbursement, including reimbursement of State, local, and<br/>tribal governments for costs, for enhanced security personnel assigned to</li> </ul>             |
|                       | duties related to over-the-road bus security during periods of high or   |
|                       | severe threat levels, National Special Security Events, or other periods of  |
|                       | heightened security as determined by the Secretary of DHS  |
|                       | noightoned occarry do doternmou by the cost otally of 21.0   |
|                       | Note: If this investment is for a facility security enhancement, you must identify   |
|                       | the exact location of the facility.  |
|                       | • Departures which priority change is addressed through the investment, analyse  |
|                       | <ul> <li>Regardless which priority above is addressed through the investment, ensure<br/>that your response includes a justification for your approach to accomplishing</li> </ul> |
|                       | your goals and objectives. Provide an explanation that considers answering   |
|                       | such questions as:   |
|                       | o Has a security assessment been conducted? If so, identify who  |
|                       | conducted the assessment, when it was completed, and summarize the   |
|                       | results;   |
|                       | o How does the proposed approach achieve the best possible balance of  |
|                       | enhanced security and cost effectiveness available to your organization  |
|                       | o Other unique, organization-specific factors leading to this project  |
|                       | investment?  |
|                       |  |

II.B. Describe how the investment will address one or more of the Intercity Bus Security Fundamentals.

# III. Impact

| III.A. Describe how the project offers the highest risk reduction potential at the least cost. |  |  |
|--|--|--|
| Page Limit   | Not to exceed ½ page   |  |
| Response Instructions  | Discuss how the project will reduce risk in a cost effective manner.  Discuss how this investment will reduce risk (e.g., reduce vulnerabilities or mitigate the consequences of an event) by addressing the needs and priorities identified in earlier analysis and review; and,  Identify the nature of the risk, why you consider it a risk, and how the risk and need are related to show how addressing the need through this investment will also mitigate risk (e.g., reduce vulnerabilities or mitigate the consequences of an event). |  |

| III.B. Discuss the anticipated impacts of the investment in terms of outputs and outcomes. |  |  |
|--|--|--|
| Page Limit   | Not to exceed ½ page   |  |
| Response Instructions  | <ul> <li>Outline the expected, high-level impacts this investment is expected to attain/ achieve if implemented.</li> <li>Explain at a high level how IBSGP funding will help achieve these impacts -briefly define your metrics of success in either: <ul> <li>Outputs (i.e., X people will be trained as a result of this program), or</li> <li>Outcomes (i.e., This training has been shown to increase X standard of preparedness by Y% and therefore we estimate that we will increase our baseline preparedness by Z% after the implementation of this project)</li> </ul> </li> </ul> |  |

# IV. Funding & Implementation Plan

| IV.A. Investment Funding | IV.A. Investment Funding Plan.  |  |
|--------------------------|---|--|
| Page Limit               | Not to exceed 1 page  |  |
| Response Instructions    | <ul> <li>Complete the chart below to identify the amount of funding that is being requested for this investment only;</li> <li>Funds should be requested by allowable cost categories (as identified in the FY 2009 IBSGP Guidance and Application Kit);</li> <li>Applicants must make funding requests that are reasonable and justified by direct linkages to activities outlined in this particular investment; and, Applicants must indicate whether additional funding (non-FY 2009 IBSGP) will be leveraged for this investment.</li> </ul> |  |
|                          | Note: Investments will be evaluated on the expected impact on security relative to the amount of the investment (i.e., cost effectiveness). An itemized Budget Detail Worksheet and Budget Narrative must also be completed for this investment. See Page 20 of this document for a sample format.  |  |

|   | Federal IBSGP<br>Request | Total Match<br>(Cash or In-<br>Kind) | Grand Total |
|---|--------------------------|--------------------------------------|-------------|
| Facility Security Enhancements                          |                          |                                      |             |
| Enhanced Ticket Identification and Passenger Screening  |                          |                                      |             |
| Vehicle and Driver Security Enhancements                |                          |                                      |             |
| Emergency Communications                                |                          |                                      |             |
| Coordination with Local Police and Emergency Responders |                          |                                      |             |
| Training  |                          |                                      |             |
| Exercises   |                          |                                      |             |
| Development of Vulnerability Assessments/Security Plans |                          |                                      |             |
| M&A   | ·                        |                                      |             |
| Total   |                          |                                      |             |

| IV.B. Identify up to five (5) potential challenges to the effective implementation of this investment (e.g., stakeholder buy-in, sustainability, aggressive timelines). |   |  |
|---|---|--|
| Page Limit  | Not to exceed ½ page  |  |
| Response Instructions   | To identify potential challenges:  • Consider the necessary steps and stages that will be required for successful implementation of the investment;  • Identify areas of possible concern or potential pitfalls in terms of investment implementation; and,  • Explain why those areas present the greatest challenge to a successful investment implementation.  Identify the top challenges (up to 5):  • For each identified challenge, provide a brief description of how the |  |
|   | challenge will be addressed and mitigated, and indicate a probability of occurrence (high, medium, or low);  The response should focus on the implementation only.  |  |

| IV.C. Discuss funding resources beyond this fiscal year's funding that have been identified and will be leveraged to support the implementation and sustainment of this investment, including matching resources. |  |
|---|--|
| Page Limit  | Not to exceed ½ page   |
| Response Instructions   | <ul> <li>In addition to the required match discuss other funding sources (e.g., non-IBSGP grant programs, public or private agreements, future fiscal year grants) that you plan on utilizing for the implementation and/or continued sustainment of this investment;</li> <li>If no other funding resources have been identified beyond the required match, or if none are necessary, provide rationale as to why the requested FY 2009 IBSGP funding is sufficient for the implementation and sustainment of this investment.</li> </ul> |

| IV.D. Provide a high-level timeline, milestones and dates, for the implementation of this |   |  |
|---|---|--|
|   | estones may be provided.  |  |
| Page Limit  |   |  |
| Page Limit Response Instructions  | Not to exceed 1 page  Applicants should supply a timeline indicating the proposed milestones within the project keeping in mind the performance period on the grant is up to 36 months. The sample table below may aid the applicant.  Only include major milestones that are critical to the success of the investment;  While up to 10 milestones may be provided, applicants should only list as many milestones as necessary to sufficiently describe the project;  Milestones are for this discrete investment – those that are covered by the requested FY 2009 IBSGP funds and will be completed over the 36-month grant period;  Milestones should be kept to high-level, major tasks that will need to occur;  Identify the planned start date associated with the identified milestone. The start date should reflect the date at which the earliest action will be taken to start achieving the milestone;  Identify the planned completion date when all actions related to the milestone will be completed and overall milestone outcome is met; and,  List any relevant information that will be critical to the successful |  |
|   | completion of the milestone (such as those examples listed in the question text above).   |  |
|   | <ul><li>question text above).</li><li>Examples of possible milestones:</li></ul>  |  |
|   | Define kill switch implementation plan  |  |
|   | Complete installation   |  |
|   | Complete successful test of kill switches   |  |