

# Grant Reporting Tool (GRT) 2013 Registration and IJ Submission Module

**OMB Control# Control Number: 1660-0125**  
**FEMA Form Number: 089-1**  
**Expiration Date: 12/31/2013**

## Burden Disclosure Notice

Public reporting burden for this form is estimated to average 1488.5 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. This collection of information is required to obtain or retain benefits. 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 (1660-0125) NOTE: Do not send your completed form to this address.

## ▶ Grants Reporting Tool Screenshots

May 2013

# 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

Login

If you need to register for an account, please [click here](#). For technical assistance, please call 1-800-476-4827 (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: 11.13.0

# 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"/>
--------------------------------------	-------------------------------------

# 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

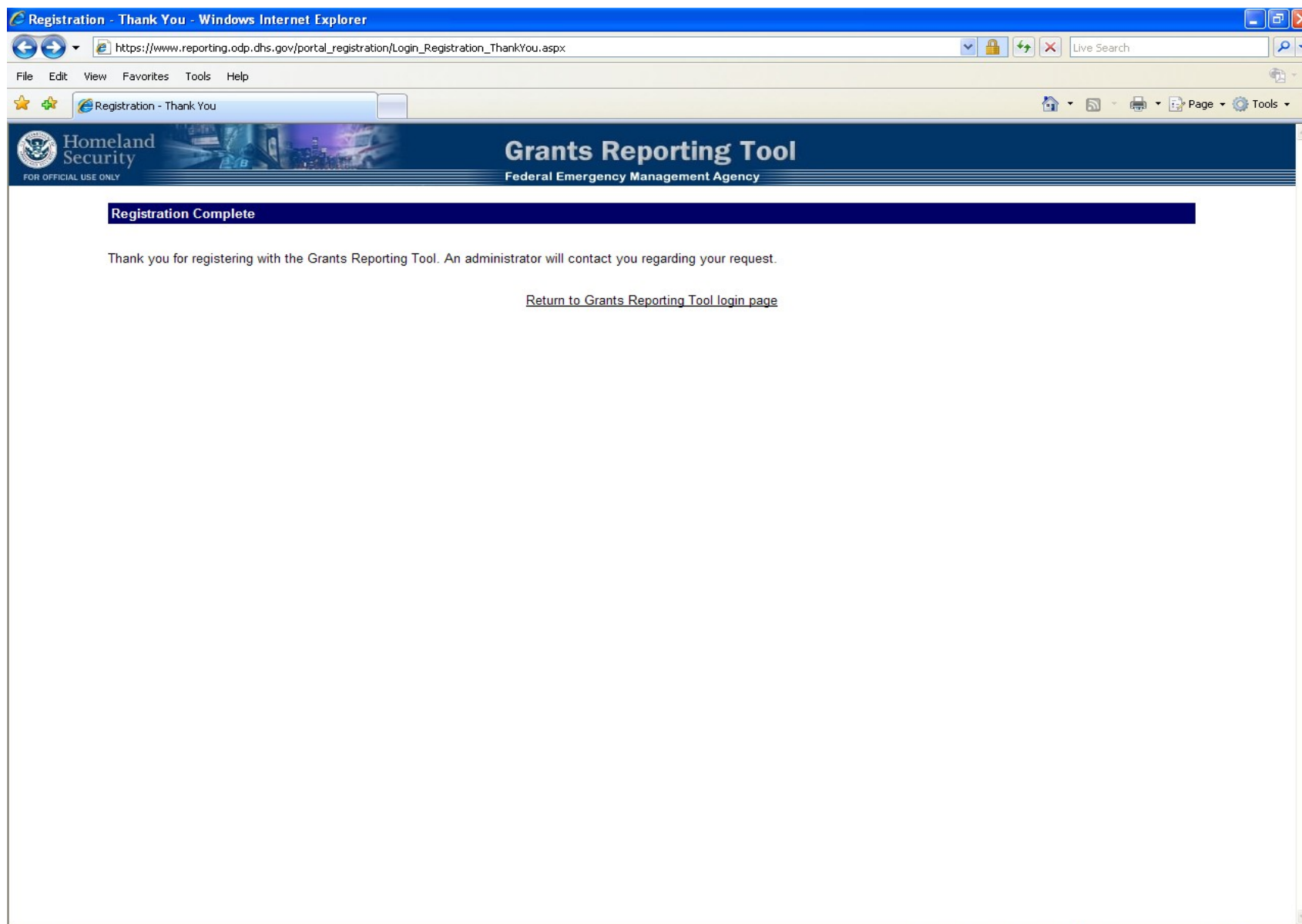
Secret Answer

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



**Homeland Security**  
FOR OFFICIAL USE ONLY

## Grants Reporting Tool

Federal Emergency Management Agency

[Submissions](#) | [Investments Portfolio Overview](#) | [Baseline](#) | [Core Capabilities](#) | [Project Management and Milestones](#) | [Accomplishments and Impact](#)

**FY 2013 IJ Submissions**

IJ Submission	HSGP Funds	Status	Self-Check	Draft IJ	Final IJ
<input type="checkbox"/> <a href="#">CA - State Submission</a>	\$10	Data Entry In Progress	ERROR	<a href="#">View</a>	N/A
<input type="checkbox"/> <a href="#">CA - Anaheim/Santa Ana Urban Area</a>	\$0	Data Entry In Progress	ERROR	N/A	N/A
<input type="checkbox"/> <a href="#">CA - Bay Urban Area</a>	\$0	Data Entry In Progress	ERROR	N/A	N/A
<input type="checkbox"/> <a href="#">CA - Los Angeles/Long Beach Urban Area</a>	\$0	Data Entry In Progress	ERROR	N/A	N/A
<input type="checkbox"/> <a href="#">CA - Riverside Urban Area</a>	\$0	Data Entry In Progress	ERROR	N/A	N/A
<input type="checkbox"/> <a href="#">CA - San Diego Urban Area</a>	\$0	Data Entry In Progress	ERROR	N/A	N/A
TOTAL:		\$10			

[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 2012 HSGP Investment Justification guidance issued by the Department of Homeland Security's Federal Emergency Management Agency.

Mark IJ Complete

**OMB No. 1660-0125**  
Expires: 12/31/2013

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 1488.5 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. 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, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0125). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

# IJ Submission Module – Investments Tab Screenshot

Submissions Investments Portfolio Overview Baseline Core Capabilities Project Management and Milestones Accomplishments and Impact

Investments - CA - State Submission

View: Investments List

#	Investment Name	Funding Program	Funding Amount	Status	Self-Check
-	Portfolio Investment	N/A		Data Entry In Progress	ERROR
<input type="checkbox"/>	1 test	Not Yet Selected	\$0	Data Entry In Progress	ERROR

Mark Complete Change Status Delete

# IJ Submission Module – Investments Tab Screenshot Multi-Applicant Investment View

[Submissions](#)
[Investments](#)
[Portfolio Overview](#)
[Baseline Core Capabilities](#)
[Project Management and Milestones](#)
[Accomplishments and Impact](#)

**Investments - CA - State Submission**

View:  ▾

**Create Investment**

Investment Name:

Investment Phase: >>>>>>>>>>>> SELECT <<<<<<<<<<<<<<<<<< ▾

Investment Type: >>>>>>>>>>>> SELECT <<<<<<<<<<<<<<<<<< ▾

# IJ Submission Module – Overview Tab Screenshot

Submissions | Investments Portfolio | Overview | Baseline | Core Capabilities | Project Management and Milestones | Accomplishments and Impact

**Investments - CA - State Submission**

**Investment Information**

Investment Name:

Investment Phase:

Investment Type:

Funding Program: Not Yet Selected

Proposed Funding: 50

**Investment Overview**

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

\*If the investment is ongoing, identify up to three investment(s) from prior year(s) to include (FY 2009 - FY 2012)  
 Note: Applicants may select up to three investments. Within the GRT, applicants will only have the ability to select previously funded investments from a drop-down menu.

Prior Year	Investment Name	HSGP Funding Amount	Remove
<input type="text" value="2011"/>	<input type="text" value="Enhance Medical and Public Health Preparedness"/>	\$10,749,921.00	<input type="text" value="X"/>
<input type="text" value="Not Yet Selected"/>	<input type="text" value="Not Yet Selected"/>		<input type="text" value="X"/>

\*I.C. - Funding Program

Funding Program	Funding Amount
<input type="text" value="HSGP"/>	<input type="text"/>

\*I.D. - Capabilities Building

\*I.E. - Investment description  
 Provide a description of this investment, including the planning, organization, equipment, training, and/or exercises that will be involved. (2,500 char. max)

# IJ Submission Module – Baseline Tab Screenshot

Submissions | Investments | Portfolio | Overview | **Baseline** | Core Capabilities | Project Management and Metrics | Accomplishments and Impact

**Investments - CA - State Submission**

**Investment Information**

Investment Name: 1 - test  
Investment Phase: Ongoing  
Investment Type: Non-Competitive  
Funding Program: Not Yet Selected  
Proposed Funding: \$0

**Investment Baseline**

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

**\*8.A - Goals and Objectives**  
Identify the goals and objectives in your State and/or Urban Area Homeland Security Strategy Supported by this Investment. (1,500 char. max)

**\*8.B - Existing capability levels**  
Describe existing capability levels that address the identified goals/objectives and what will be in place to support the investment going to the use of FY 2010 funds. (1,500 char. max)

**\*8.C - Capability gap(s)**  
Explain the capability gap(s) that this investment is intended to address. (1,500 char. max)

Return to Search Save Save and Continue

# IJ Submission Module – Core Capabilities Tab Screenshot

Submissions Investments Portfolio Overview Baseline Core Capabilities Project Management and Milestones Accomplishments and Impact

## Investments - CA - State Submission

### Investment Information

Investment Name: 1 - test  
Investment Phase: Ongoing  
Investment Type: Non-Competitive  
Funding Program: Not Yet Selected  
Proposed Funding: 50

### Core Capabilities

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

#### Available Core Capabilities

- Access Control and Identity Verification
- Environmental Response/Health and Safety
- Fatality Management Services
- Forensics and Attribution
- Health and Social Services
- Housing
- Infrastructure Systems
- Intelligence and Information Sharing
- Interdiction and Disruption
- Long-term Vulnerability Reduction
- Mass Care Services
- Mass Search and Rescue Operations
- Natural and Cultural Resources



#### Assigned Core Capabilities

- Community Resilience
- Critical Transportation
- Cybersecurity
- Economic Recovery

Revert to Saved Save Save and Continue

# IJ Submission Module – Project Management and Milestones Tab Screenshot

Submissions | Investments | Portfolio Overview | Baseline | Core Capabilities | **Project Management and Milestones** | Accomplishments and Impact

---

**Investments - CA - State Submission**

**Investment Information**

Investment Name: 1 - test  
 Investment Phase: Ongoing  
 Investment Type: Non-Competitive  
 Funding Program: SHSP  
 Proposed Funding: \$10

**Project Management and Milestones**

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

---

**F.C. - Funding Program**

Funding Program	Funding Amount
SHSP	\$10

**F.F. - Fusion Center:**  
 Please note that all fusion center-related funding requests must be consolidated into a single investment per funding source (e.g., SHSP, UASD) in which recognized fusion centers reside.  
 None Selected

**If applicable, how much of this investment will be obligated towards Law Enforcement Terrorism Prevention Activities (LETPA):** \_\_\_\_\_

**Core Capability**

Core Capability	Amount of Proposed Funding	Percent of Proposed Funding
Community Resilience		0%
Critical Transportation		0%
Cybersecurity		0%
Economic Recovery		0%
<b>Total</b>	\$0	0%

**Solution Area**

Solution Area	Amount of Proposed Funding	Percent of Proposed Funding
Planning		0%
Organization		0%
Equipment		0%
Training		0%
Exercises		0%
<b>Total</b>	\$0	0%

**Project List**

#	Project Name	Project Description	Project Step	Project Start (mm/yyyy)	Project End (mm/yyyy)	Project Funding Amount	Remove Project
1			None selected				

Add Project

**N.G. - Does this investment require new construction or renovation, retrofitting, or modification of existing structures?**  
 None Selected

# IJ Submission Module – Accomplishments and Impact Tab Screenshot

Submissions | Investments | Portfolio Overview | Baseline | Core Capabilities | Project Management and Milestones | **Accomplishments and Impact**

Investments - CA - State Submission

## Investment Information

Investment Name: 1 - test  
Investment Phase: Ongoing  
Investment Type: Non-Competitive  
Funding Program: SHSP  
Proposed Funding: \$10

## Accomplishments and Impact

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

### \*V.A - Outcomes to be achieved

Describe the outcomes that will be achieved as a result of this Investment. The outcomes should demonstrate improvement towards building capabilities described in Baseline tab. (1,500 char max)

Revert to Saved

Save

Save and Continue