

PORT SECURITY GRANT PROGRAM INVESTMENT JUSTIFICATION

**PAPERWORK BURDEN DISCLOSURE NOTICE
FEMA Form 089-5**

Public reporting burden for this data collection is estimated to average 15 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 this 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 on 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 (1660-0114) NOTE: Do not send your completed form to this address.

PRIVACY NOTICE

The collection of this information is authorized by Section 102 of the *Maritime Transportation Security Act of 2002*, as amended by 46 U.S.C. § 70107.

This information is being collected for the primary purpose of facilitating correspondence between the grant applicant and the Department of Homeland Security and for determining eligibility and administration of FEMA Preparedness Grant Programs, specifically, the Port Security Grant Program.

All information required to make award recommendations is provided to the United States Coast Guard (USCG), field reviewers which may include local partners and the Department of Transportation (DOT) Maritime Administration (MARAD). Information may also be provided to Federal partners including USCG, MARAD, and the Transportation Security Administration (TSA) for subsequent review. Non-disclosure agreements are required of reviewers.

The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the organization from receiving grant funding.

Warning: Please follow the Notice of Funding Opportunity Guidance while completing this form.

PART I - INVESTMENT HEADING

ORGANIZATION NAME (Legal Name Listed On The SF-424):		STATE OR TERRITORY IN WHICH THE PROJECT WILL BE IMPLEMENTED:	
<input type="text"/>		<input type="text"/>	
TYPE OF ORGANIZATION:	STATE OR LOCAL AGENCY:	OTHER:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
PROJECT'S CAPTAIN OF THE PORT ZONE:	<input type="text"/>	INVESTMENT JUSTIFICATIONS (Ex. 1 of 1):	<input type="text"/> of <input type="text"/>

PART II - BASIC PROJECT INFORMATION

PROJECT TITLE:	<input type="text"/>		
PROJECT SERVICE(S)/EQUIPMENT SUMMARY:	<input type="text"/>		
IS THIS PROJECT EXEMPT FROM THE REQUIRED COST SHARE OUTLINED IN 46 U.S.C. 70107?	<input type="text"/>		
IF YES, IDENTIFY THE COST SHARE EXEMPTION :	<input type="text"/>		
FEDERAL SHARE:	COST SHARE:	TOTAL PROJECT COST:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
(Total Project Cost x 0.75)	(Total Project Cost x 0.25)	(Fed Share/0.75; or Cost Share/0.25)	
PROJECT CATEGORY:	NEW CAPABILITY OR MANAGEMENT/SUSTAINMENT:		
<input type="text"/>	<input type="text"/>		

WARNING: This record contains Sensitive Security Information that is controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know", as defined in 49 CFR parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C. 552 and 49 CFR parts 15 and 1520.

PART III - ELIGIBILITY INFORMATION

PLEASE REVIEW THE NOTICE OF FUNDING OPPORTUNITY AND 46 U.S.C. 70107

WHICH PLAN(S) APPLIES TO YOUR ORGANIZATION?:	AREA MARITIME SECURITY PLAN: <input type="checkbox"/>	FACILITY SECURITY PLAN: <input type="checkbox"/>
	PORT-WIDE RISK MANAGEMENT PLAN: <input type="checkbox"/>	VESSEL SECURITY PLAN: <input type="checkbox"/>

IF NONE OF THE ABOVE ARE APPLICABLE, PLEASE LIST OTHER PORT RELATED SECURITY PLANS OR CIRCUMSTANCES THAT APPLY TO THIS PROJECT AND YOUR ORGANIZATION: N/A

ACTIVE PARTICIPANT OF AN AREA MARITIME SECURITY COMMITTEE? <input type="checkbox"/>	IS THIS APPLICATION ON BEHALF OF ANOTHER ENTITY OR SUBMITTED AS A CONSORTIUM? <input type="checkbox"/>
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IS THE PROJECT SITE OWNED BY YOUR ORGANIZATION? <input type="checkbox"/>	IF THE PROJECT SITE IS NOT OWNED OR OPERATED BY YOUR ORGANIZATION, PLEASE EXPLAIN YOUR ORGANIZATION'S RELATION TO THE PROJECT SITE: <input type="checkbox"/> N/A
IS THE PROJECT SITE OPERATED BY YOUR ORGANIZATION? <input type="checkbox"/>	

IS THE PROJECT SITE A FACILITY OR VESSEL THAT IS REGULATED UNDER THE MARITIME TRANSPORTATION SECURITY ACT (MTSA) OF 2002, AS AMENDED?

STATE AND LOCAL AGENCIES ONLY - IS YOUR AGENCY **REQUIRED** TO PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES?

STATE AND LOCAL AGENCIES ONLY - ARE YOU THE **PRIMARY** RESPONDING AGENCY TO MTSA REGULATED FACILITY?

PART IV - POINT(S) OF CONTACT FOR ORGANIZATION

SIGNATORY AUTHORITY FOR ENTERING INTO A GRANT AWARD AGREEMENT	AUTHORIZED REPRESENTATIVE FOR THE MANAGEMENT OF THE PROJECT
NAME:	NAME:
ORGANIZATION:	ORGANIZATION:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
E-MAIL:	E-MAIL:

PART V - PHYSICAL LOCATION OF PROJECT

The intent of this section is to verify the primary location the project is being implemented to address the PSGP and port area priorities. The applicant's primary area of responsibility for utilizing the project should be identified. This includes training, exercises, interoperable systems, vessel equipment and regionally beneficial projects. Secondary areas of responsibility are not considered the project location. Please identify the location from which the project will be implemented/deployed (the applicant facility address), such as fire or police departments or MTSA regulated facility.

PHYSICAL ADDRESS OF THE PROJECT LOCATION:	BRIEF DESCRIPTION OF THE PROJECT LOCATION:
Street Address:	<div style="border: 1px solid black; height: 150px;"></div>
City:	
State: Zip Code:	
LATITUDE & LONGITUDE:	

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SENSITIVE SECURITY INFORMATION

STATE AND LOCAL AGENCIES ONLY - ROLE IN PROVIDING LAYERED PROTECTION OF REGULATED ENTITIES

DESCRIBE YOUR ORGANIZATION'S SPECIFIC ROLES, RESPONSIBILITIES AND ACTIVITIES IN DELIVERING LAYERED PROTECTION.

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SENSITIVE SECURITY INFORMATION

PART VI - ALL AGENCIES/ORGANIZATION - IMPORTANT FEATURES

DESCRIBE ANY OPERATIONAL ISSUES YOU DEEM IMPORTANT TO THE CONSIDERATION OF YOUR APPLICATION (e.g., interrelationship of your operations with other eligible high-risk ports, Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), Etc.). **PLEASE LIST ALL AGENCIES WITH WHOM YOU HAVE A MARITIME SECURITY MOU OR MOA.**

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SENSITIVE SECURITY INFORMATION

PART VII - INVESTMENT JUSTIFICATION ABSTRACT

WHAT WILL THIS PROJECT INVESTMENT FUND (i.e. vessels, radios, cameras, construction, contracts, fencing, etc.)?

ARE ANY PROJECT ITEMS ON THE CONTROLLED EQUIPMENT LIST

(please reference **FEMA Information Bulletin 407**):

IF YES, PLEASE PROVIDE THE AUTHORIZED EQUIPMENT LIST (AEL) NUMBER(S) FOR

CONTROLLED EQUIPMENT:

SUMMARIZE THE PROPOSED INVESTMENT JUSTIFICATION.

THE FOLLOWING MUST BE INCLUDED:

- DESCRIBE HOW THIS INVESTMENT ADDRESSES THE CAPTAIN OF THE PORT'S PRIORITIES
- EXPLAIN HOW THIS INVESTMENT WILL ACHIEVE A MORE SECURE AND RESILIENT PORT AREA
- IDENTIFY ASSETS BEING REQUESTED
- IDENTIFY SIMILAR ASSETS THAT ALREADY EXIST

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SENSITIVE SECURITY INFORMATION

PART VIII - NATIONAL PRIORITIES

IDENTIFY ONE NATIONAL PRIORITY THIS INVESTMENT MOST CLOSELY SUPPORTS:

DESCRIBE HOW, AND THE EXTENT THIS INVESTMENT JUSTIFICATION MEETS ONE OR MORE OF THE NATIONAL PRIORITIES.

THE FOLLOWING MUST BE INCLUDED:

- HOW THIS INVESTMENT ADDRESSES VULNERABILITIES IDENTIFIED WITHIN AN AREA MARITIME SECURITY PLAN, FACILITY SECURITY PLAN, VESSEL SECURITY PLAN, OR OTHER IDENTIFIED PLAN(S).

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SENSITIVE SECURITY INFORMATION

PART IX - NATIONAL PREPAREDNESS GOAL

IDENTIFY ONE CORE CAPABILITY THIS INVESTMENT MOST CLOSELY SUPPORTS:

PART X - IMPLEMENTATION PLAN

PROVIDE A HIGH-LEVEL TIMELINE OF MILESTONES FOR THE IMPLEMENTATION OF THIS INVESTMENT, SUCH AS PLANNING, TRAINING, EXERCISES, AND MAJOR ACQUISITIONS OR PURCHASES. UP TO 10 MILESTONES MAY BE SUBMITTED.

THE FOLLOWING MUST BE INCLUDED:

- MAJOR MILESTONES OR RELEVANT INFORMATION THAT IS CRITICAL TO THE SUCCESS OF THE INVESTMENT
- MAJOR TASKS THAT WILL NEED TO OCCUR (E.G. DESIGN AND DEVELOPMENT, CONTRACTUAL AGREEMENTS, PROCUREMENT, DELIVERY, INSTALLATION AND PROJECT COMPLETION)

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