FY 2023 Shelter and Servi Application We Introduct

This application worksheet is available to SSP grant applicants w and other eligible services to noncitizen migrants who have bee will be submitted through FEMA's Grants Outcomes System (FEI

Applicants should use this worksheet to prepare their applicatio application process. All pre-application materials, including this an application in FEMA GO.

Tab 1: Certifications

This tab needs to be completed by the applicant and is a worksh certifications for the SSP application in FEMA GO. Each applicant marking an "X" in column B, next to each certification.

Tab 2: Budget Summary

This tab provides instructions for entering primary and secondal directly into FEMA GO, not in this tab. Due to system limitations FEMA GO that are different from the primary and secondary cos Opportunity (NOFO). This tab provides an explanation of the ter

Tab 3: Subapplicant Info

This tab needs to be completed by each subapplicant. Only thos this section. This worksheet collects the necessary Subapplicant

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to a includes the time for reviewing instructions, searching existing c needed, and completing and submitting this form. You are not rounless a valid OMB control number is displayed on this form. Se estimate and any suggestions for reducing the burden to: Inform Homeland Security, Federal Emergency Management Agency, 50 Paperwork Reduction Project (1660-0156) NOTE: Do not send yc

PRIVACY NOTICE

GENERAL: This information is being collected for the primary pu SSP and to ensure compliance with existing laws and regulations AUTHORITY: The collection of this information is authorized by t Part 200.

USES AND SHARING: FEMA will not share the information collec information, outside of the collecting agency. Further informatic can be found within the DHS/FEMA/PIA-013 Grant Managemen Department's list of Privacy Impact Assessments can be found o https://www.dhs.gov/privacy-impact-assessments.

EFFECTS OF NONDISCLOSURE: The disclosure of information on the information requested may delay or prevent the organizatio



ices Program (SSP) orksheet ion

^rho are seeking funding for costs to provide shelter n encountered and released by DHS. Applications MA GO).

n materials and as a reference guide throughout the worksheet, should be completed prior to beginning

neet to review and confirm the required t needs to sign the applicable certifications by

ry costs into FEMA GO. All information is entered , budget summary line items have field names in st terms that are defined in the Notice of Funding ms used in the FEMA GO system. e applicants with Subapplicants need to complete information.

verage 2 hours per response. The burden estimate lata sources, gathering and maintaining the data equired to respond to this collection of information nd comments regarding the accuracy of the burden nation Collections Management, Department of 00 C Street. SW, Washington, DC 20472-3100, our completed form to this address.

rpose of determining eligibility and administration of s regarding SSP. the Consolidated Appropriations Act, 2023 and 2 CFR

ted from POCs, including personally identifiable on regarding FEMA's use and sharing of information t Programs Privacy Impact Assessment. The n the Department's website at

this form is voluntary; however, failure to provide in from receiving grant funding.

SSP Application Certifications

1. I certify that all entities represented by this application have internal controls and processes in place to clearly identify migr processed and released from DHS apart from other populations served.

2. I certify that all entities represented by this application are only providing services funded by the SSP to noncitizen migrants their release from DHS custody.

3. For reimbursement funding: I certify that all entities represented by this application have actually seen the paperwork that migrant A numbers and release dates for any A numbers being submitted with this application.

4. For advanced funding: Specify the process by which all entities represented by this application will collect and track A numbrates for all noncitizen migrants served by SSP funding.



SSP Application Certifications

1. I certify that all entities represented by this application have internal controls and processes in place to clearly identify migrants who have been processed and released from DHS apart from other populations served.

2. I certify that all entities represented by this application are only providing services funded by the SSP to noncitizen migrants within 45 days of their release from DHS custody.

3. For reimbursement funding: I certify that all entities represented by this application have verified status and release dates of served noncitizen migrants by Alien Registration Number (A-number) or evidence of DHS processing (e.g., I-94, I-385, I-860, I-862) for any A-numbers being submitted with this application.

4. For advanced funding: Specify the process by which all entities represented by this application will collect and track A numbers or evidence of DHS processing (e.g., I-94, I-385, I-860, I-862) and release dates for all noncitizen migrants served by SSP funding.

| Enter "X" to verify | |
|------------------------|--|
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Primary and secondary costs must be entered into the FEMA GC defined in the Notice of Funding Opportunity (NOFO).

The following crosswalk and guidance are supplemental to the F normally according to FEMA GO guidance without any alteration

All secondary services will be grouped under "Other" and must

Step 1. Please select "No" in the "Grant request details" section pictu

Grant request details

| Are you requesting any funding to support c Yes No |
|--|
| + Add activity |
| Step 2. Once selected, click the blue box titled "Add activity." A new Add an activity Select activity: Project |
| Add this activity |
| Step 3. Please then specify which primary service cost in the "Project • Activity: Project • Delete this activity. |

| | Primary costs |
|----------|---|
| | Project description |
| | The following budget items are primary allowable costs. |
| | |
| | |
| | |
| | |
| Cost Ite | ms |

Step 4. Once completed, select the "+ Add an item" box and a new c costs = "Contractual").

Add an item

Select item:

| Select | | | |
|-------------|------|--|--|
| Select | | | |
| Contractual | | | |
| Equipment | | | |
| Fringe bene | fits | | |
| Other | | | |
| Personnel | | | |
| Supplies | | | |
| Travel | | | |
| | | | |

Step 5. Once selected, a new dialog box will open. Appropriately up

Add an item

Item

| Shelter | | | |
|-----------------------|------------|---------|------------|
| | | | |
| Select a budget class | | | |
| Contractual | | ~ | |
| Quantity | Unit price | | Unit total |
| 2 | | \$10.00 | \$20.00 |
| | | | |
| | | | |
| Add this item | | | |
| | | | |

Step 6. Please then verify that the line item is correct in the next sub

| Overall budget summary |
|-------------------------|
| Object class categories |
| Personnel |
| Fringe benefits |
| Travel |
| Equipment |
| Supplies |
| Contractual |
| Construction |
| Other |
| Total direct charges |
| Indirect charges |
| TOTAL |

Once verified, repeat steps **3–6** for the remaining primary costs refer

To enter secondary services costs into FEMA GO:

Step A. Go back to "Project activity narrative" under the "Activity: Prc

| Program | n area: Non construction |
|---------|----------------------------|
| • | Activity: Project |
| | M Delate this setlicity |
| | Delete this activity |
| | |
| | |
| | • |
| | Project activity narrative |
| | Project name |
| | |
| | Project description |
| | |
| | |
| | |
| | |
| | |
| | |
| | Cont Marine |
| | |
| | |

Step B. Click "Add an item," and select "Other" for all secondary sen appropriate. Select "Other" for "budget class" and fill in the quantity a

Add an item

Item

Other

Description

Renovations/Modifications - describe cost items

Select a budget class

Other

| | Quar | ntity | Unit price | | Unit total |
|--|-------------------|-----------------|---------------------------|-----------------|------------------|
| | 2 | | | \$10.0 q | \$20.00 |
| | | | | | |
| | | | | | |
| | A | dd this item | | | |
| | × <u>c</u> | ancel | | | |
| | | | | | |
| | Once | verified, repea | at steps A–B for t | he remaining se | condary costs, I |
| | | | | | |
| | | | | | |

FEMA GO Budget Summary Entry Inst I. Applicant Information

) system. However, due to system limitations, budget summary line items have fie

⁻EMA GO instructions and should be referred to only when an applicant is entering ns. The instructions below refer only to non-construction costs.

specify the relevant NOFO term in the "Project Name" and "Project Description" ir

Table 1: Crosswalk

| Primary Services (NOFO Definition) | Primary Services (FEMA GO |
|--------------------------------------|---------------------------|
| Shelter | Contractual |
| Food | Equipment |
| Transportation | Fringe Benefits |
| Acute Medical Care | Personnel |
| Personal Hygiene Supplies | Supplies |
| Labor for Primary Services | Travel |
| Secondary Services (NOFO Definition) | Secondary Services (FEMA |
| Renovations/Modifications | Other |
| Clothing | Other |
| Outreach Information | Other |
| Translation Services | Other |
| Labor for Secondary Services | Other |

II. How to Enter Primary Services Costs into F

ured below:





lialog box will open with the crosswalked terms from Table 1 in the drop-down menu. Ple

| ~ | | | |
|--|-----------------------|---------------------|----|
| | | | |
| | | | |
| date the "Quantity" and "Unit Price" fields. The tot | al will automatically | calculate in the "U | Jn |

| ~ | | |
|---|---|--|
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| | 1 | |
| | | |
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section titled "Overall Budget Summary".

 Total

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$0.00

 \$20.00

 \$20.00

 \$20.00

 \$20.00

ring to Table 1 to appropriately crosswalk the NOFO terms with FEMA GO.

III. How to Enter Secondary Services Costs into

oject" section.

| \$0.00 | |
|-------------|--|
| | |
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| | |
| 1. | |
| Add an item | |
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| | |

vices. In "Description", describe which secondary service you are adding. For example, s and unit price. Select "Add this item" to include it in your application.





tructions

Id names in FEMA GO that are different from the primary and secondary services co

; in their budget information into FEMA GO. Please note that construction costs shou

۱ Step 3.



EMA GO

ase select the appropriate primary service cost from the associated term in the drop-down

it total" field. Once completed, then select the blue "Add this item" box.

FEMA GO

elect "Other" and then list in the description "Renovations/modifications" and provide a sun





menu below (e.g., "Shelter"



nmary of the cost items as



| Subapplicant | Unique Entity Identifier (UEI): (12 digit numeric) |
|-----------------|---|
| Subapplicant 1 | |
| Subapplicant 2 | |
| Subapplicant 3 | |
| Subapplicant 4 | |
| Subapplicant 5 | |
| Subapplicant 6 | |
| Subapplicant 7 | |
| Subapplicant 8 | |
| Subapplicant 9 | |
| Subapplicant 10 | |
| Subapplicant 11 | |
| Subapplicant 12 | |
| Subapplicant 13 | |
| Subapplicant 14 | |
| Subapplicant 15 | |
| Subapplicant 16 | |
| Subapplicant 17 | |
| Subapplicant 18 | |
| Subapplicant 19 | |
| Subapplicant 20 | |

Legal Name of the Organization (e.g., A1 Nonprofit)

POC Name (e.g., John Doe)

| | | Subapplica |
|---|-----------------------------|---------------------------|
| Street (List facility address where services will be provided to noncitizen migrants) (e.g, 123 Main Street, suite 456) | City (e.g., Springfield) | State (e.g., Missouri) |

| nt Information | | | | | |
|---------------------------|------------------------|---|--|--|--|
| Zip Code (e.g., 12345) | County (e.g, Brown) | If Mailing Address is Different than Facility Address, Input to the right | | | |
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| Mailing Address (e.g., PO Box 12345) | City | State | Zip Code | County | |
|---|------|-------|----------|--------|--|

