

OMB. No: 1660-0114

Expiration:

## Instructions

Step 1- Proceed to IJ 1 and complete IJ 1 fully. Then proceed to Budget 1 and complete it fully. Be sure to not

Step 2- If you have any questions while filling it out stop and review the Help Tab.

Step 3- If you have multiple projects proceed to IJ 2 and recomplete Step 1.

Step 4- Once you have filled out the number of IJ's and Budgets that you are completing proceed to the review

Note 1- Like any other Excel workbook the tabs are still at the bottom of this spreadsheet. Please feel free to

Note 2- Please do not delete any tabs or add in any additional tabs. Please complete the IJ's and Budgets to t

Note 3- This is all that you need to complete. You don't need to add in any additional documents like letters f

[Click to proceed to IJ 1](#)

### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average \_\_ per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed to complete and submitting this form. You are not required to respond to this collection of information unless it displays the OMB control number. Send comments regarding the accuracy of the burden estimate, the quality of the data collection, 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.

te the buttons at the bottom. These will help to guide you throughout.

ew tab at the end. NOTE- Submit this document as an Excel file and DO NOT PASSWORD PROTECT the document

go forward or backward at any time by clicking on the IJ or Budget that you wish to be on.

he best of your ability.

from representatives or other things to enhance your project. We will only be reviewing the IJ's and Budgets

[Click to proceed to Review](#)

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## **Port Security Grant Program (PSGP) Investment Justification (IJ) and Detailed Budget Worksheet (budget)**

To streamline application submission and review processes, PSGP has revised and combined the IJ and budget worksheets. Failure to complete all sections of IJ and Budget for each project may result in disqualification of the project. Note that at the bottom of the form are tabs labeled to account for up to 5 IJs and budgets in this format. DO NOT password protect the document. Documents are submitted via a secured system. Password protect the document. DO NOT alter pre-populated cells (i.e., standardized questions) or formats within this document. Altering

### **Key Terms:**

AMSC: Area Maritime Security Committee  
AMSP: Area Maritime Security Plan  
COTP: Captain of the Port  
FSP: Facility Security Plan  
FEMA: Federal Emergency Management Agency  
MTSA: Maritime Transportation Security Act  
NOFO: Notice of Funding Opportunity  
PGM: Preparedness Grant Manual  
PSGP: Port Security Grant Program  
USCG: United States Coast Guard  
UEI: Unique Entity Identifier

## **Investment Justification**

### **Part I – Investment Heading**

1. Organization Name: Use your organization's legal name as identified on your SAM.gov record.
2. State or Territory in which the project will be **implemented**. This is not always the applicable state or territory.
3. Type of Organization: Select from dropdown list. Note that quasi-government organizations are included.
4. Classification of organization: Select from the dropdown list. Note that these classifications are for reporting purposes only.
5. Captain of the Port (COTP) Zone: COTP zone in which the project will be implemented. If the project is not in a COTP zone, select "None".

### **Part II – Basic Project Information**

6. Project Title: Project titles should be brief and coincide with the title used on the SF424.
7. Project Description: Provide a summary of the services and/or equipment for which funding is requested.
8. Has this project been funded by PSGP or another Federal assistance program in the last 5 years?
9. If so, when was the last time it was funded? Provide a year funding received.
10. Which program funded this capability? Note the program either from FEMA or other grant program.
11. Provide justification that supports funding this project again. This will help reviewers determine if the project is a high priority.
12. Project Category: Select from the dropdown list. This list is the DHS POETE structure of 'Port Security Grant Program'.
13. New Capability or Maintenance/Sustainment: Select from dropdown list. See PGM for details.
14. Is this project exempt from the required cost share outlined in 46 U.S.C. §70107: See NC 46 U.S.C. §70107.
15. If yes, identify exemption: Select from dropdown list, see NOFO and PGM for details. See NOFO and PGM for details.
16. Federal Share: This is the amount of funds being sought through PSGP. The Federal share is the amount of funds being sought through PSGP.
17. Cost Share: This is the recipient share of the total project cost. (see NOFO and PGM for details.)
18. Total Project Cost: This is the total cost required to complete the project and should be less than or equal to the total amount of funds available for the project.

### **Part III – Eligibility Information**

19. Which plan(s) applies to your organization:

- a. Area Maritime Security Plan (AMSP): Select "Yes" or "No" if applicable. Per 46 U.S.C.
- b. Facility Security Plan (FSP): Select "Yes" or "No" if applicable. Per 46 U.S.C.

20. State and Local Agencies Only: Mark Yes or No if your agency is required to provide Port

21. If "Yes", how many MTSA regulated facilities is your organization required to provide se

#### **Part IV – Organizational Information**

22. Active Participant of an Area Maritime Security Committee (AMSC): Yes or No. Participa

23. Is this application on behalf of another entity or submitted as a consortium: Yes or No (s

24. Is the project site owned by your organization: Yes or No. Projects that involve installati

25. Is the project site operated by your organization: Yes or No

26. If project site is not owned or operated by your organization, explain your organization'

27. Is the project site regulated under the MTSA of 2002 as amended: Yes or No

28. State/Local Agencies – Is your agency the Primary responder to MTSA regulated facilitie

#### **Part V – Point(s) of Contact for Organization**

29. Signatory Authority for entering into a grant: Required demographic information of the

30. Authorized Representative for Management of the Project: Required demographic infor

#### **Part VI – Physical Location of the Project**

31. The physical address of the project: Street Address, City, State and Zip Code. Typically ic  
59.12345 / 20.54321) **is used to accurately verify location within port area. This helps determine if projects fall within a port area's boundaries utilized within the risk**

32. Brief Description of the project location: Summarize the project location as it pertains to

#### **State and Local Agencies Only – Role in Providing Layered Protection of MTSA Regulated Entities**

33. Describe your organizations specific roles, responsibilities, and activities in delivering lay

#### **PART VII MARITIME SECURITY MOU, MOA AND/OR MUTUAL AID AGREEMENTS**

34. IF YOUR AGENCY PROVIDES SECURITY SERVICES TO MTSA REGULATED FACILITIES, IDENT

#### **Part VIII – All Agencies/Organizations –Important Features**

35. DESCRIBE ANY OPERATIONAL ISSUES YOU DEEM IMPORTANT TO THE CONSIDERATION C

#### **Part IX – Investment Justification Abstract/Detailed Budget with Narrative**

36. WHAT ASSET(S) OR SERVICE(S) WOULD THIS PROJECT INVESTMENT FUND (i.e. vessels, r

37. IDENTIFY SIMILAR ASSETS THAT ALREADY EXIST. For example, if you're seeking to purch

38. SPECIFY VULNERABILITIES IDENTIFIED WITHIN AN AREA MARITIME SECURITY PLAN, FAC

39. SUMMARIZE THE PROPOSED INVESTMENT JUSTIFICATION. The following **MUST** be inclu

- DESCRIBE HOW THE INVESTMENT ADDRESSES THE CAPTAIN OF THE PORT'
  - EXPLAIN HOW THIS INVESTMENT WILL ACHIEVE A MORE SECURE AND RES
- IF SIMILAR CAPABILITIES ALREADY EXIST, EXPLAIN WHY ADDITIONAL ASSETS/S

## PART X - NATIONAL PRIORITIES

40. IDENTIFY ONE PROGRAM PRIORITY THIS INVESTMENT MOST CLOSELY SUPPORTS (Program Priority)

Program Priority 1: Enhancing Cybersecurity (FY2022)

Program Priority 2: Enhancing the protection of soft targets/crowded places. (FY2022)

Program Priority 3: Effective Planning (FY2022)

Program Priority 4: Training and Awareness campaigns (FY2022)

Program Priority 5: Equipment & Capital Projects (FY2022)

Program Priority 6: Exercises (FY2022)

### Part X – Program Priorities (Program Priorities are identified in the NOFO)

41. Describe how and to what extent the investment justification meets one or more of the

### Part XI – Implementation Plan

42. Provide a high level timeline of milestones for the investment such as planning, training

The following must be included:

- Major Milestones or relevant information critical to investment success with
- Major tasks needed (e.g. Design/Development, Contractual Agreements, Funding)
- Estimated percentage of each milestone based on complexity and significance (Milestones)

### Detailed Budget with Narrative

A) Personnel Costs: List each position by title and name of employee, if available. If demonstrated

B) Fringe Benefits: Fringe benefits should be based on actual known costs or an established

C) Travel. Itemize travel expenses of project personnel by purpose (e.g., staff to training, field

D) Equipment. List non-expendable items that are to be purchased. Non-expendable equipment

E) Supplies. List items by type (office supplies, postage, training materials, copying paper, and

F) Consultants/Contracts. Indicate whether applicant's procurement policy follows standard

a. Consultant Expenses: List all expenses to be paid from the grant to the individual

b. Contracts: Provide a description of the product or services to be procured

G) Other Costs. List items (e.g., reproduction, janitorial or security services, and investigative

H) Indirect Costs. Indirect costs are allowable only as described in 2 C.F.R. § 200.414. With

**Management and Administration:** M&A are costs associated with administering the award

**Budget Summary** - When the budget detail worksheet has been completed, applicants should

**et) Instructions**

udget templates into Excel format. This eliminates the challenges experienced with submitting IJs in ect. Please use N/A (not applicable) for sections that do not specifically apply (i.e., Private entities sl : "IJ 1"; "Budget 1"; etc. Each IJ and corresponding budget must be completed for each project requ ected documents may prevent reviewers from accessing the document for review. the document could cause error in data exports and potentially interfere with adequate applicator

egistration aligned with your UEI (initial application submitted in Grants.gov), this will be used to as: ant headquarters location.

ions are usually considered local government.

ons coincide with those identified in 46 U.S.C. §70107(a).

f you're not familiar with your COTP zone, please contact the United States Coast Guard (USCG) for

. The project title is named at your discretion, however, should be consistent with the project descri ding is requested (i.e. Fencing, gates, lights and cameras at terminal A).

3 years? Yes or no based on the current year (i.e. for FY2022 PSGP, if the project was funded in FY2

ant programs (i.e. FEMA Urban Area Security Initiative (UASI))

etermine if a project is eligible, expanding, upgrading/enhancing or repairing/replacing an existing ca : "Planning; Organization; Equipment; Training; and Exercise." Most PSGP funded projects (~70%) fo details on maintenance and sustainment. Note that replacement of old equipment with new equipr )FO and PGM for details. Select "Yes" or "No" from the dropdown list.

lect applicable option from the dropdown list.

re cannot exceed 75% of the total project cost with exceptions as noted above. See the PSGP NOFO details). Include the cost share at the rate assuming that the project is not exempt, even if you beli the sum of the Federal Share and Cost Share.





am Priorities are identified in the NOFO): Select the corresponding priority to the dropdown list in c

: Program Priorities. For example, purchasing modern routers, switches and network systems for a c

; exercises and or major acquisitions/purchases. No more than 10 milestones should be required. T

ithin 3 to 6 months of award

Procurement, Delivery, Installation and Project Completion) within award period of performance (PC  
stones must collectively equal 100%)

strating time dedicated on an hourly bases, show the rate as \$XX/hour and the number of hours ant  
d formula. Fringe benefits are for the personnel listed in budget category (A) and only for the perce  
eld interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to thr  
oment is tangible property having a useful life of more than one year. (Note: Organization's own cap  
nd other expendable items such as books, hand held tape recorders) and show the basis for compu  
ds found in 2 C.F.R. § 200.318(a). Consultant Fees: For each consultant enter the name, if known, se  
ividual consultant in addition to their fees (i.e., travel, meals, lodging, etc.)

by contract and an estimate of the cost. Applicants are encouraged to promote free and open com  
/e or confidential funds) by major type and the basis of the computation. For example, provide the  
the exception of recipients who have never received a negotiated indirect cost rate as described in  
. This can include personnel costs (including fringe benefits) for time required to submit reports and  
uld transfer the total for each category to the budget summary. Compute the total direct costs and

PDF documents. Failing to provide required information may result in a denied request.  
ould use N/A to answer questions directed toward public agencies).  
ested. A project may contain multiple elements, however, should be themed to meet a specific ca  
n review.

sociate your organization within NDGrants. This should also be the name of the eligible applicant re

additional information. Note that funds will only be awarded to close USCG COTP identified vulnera  
ption (i.e. Terminal A Perimeter Security).

019 or more recently, select "Yes").

capability or a redundant capability.

ocus on equipment purchases such as vessels, fences, and cameras. Please see the PSGP section of tl  
nent, or annual on-going training is considered Maintenance/Sustainment of the capability.

for additional information. As noted under "Cost Share", FEMA will adjust the Federal share prior t  
eve the project to be exempt from cost share, or eligible for a reduced rate of cost share (i.e. 25% v:

Note: The AMSP is applicable to most applicants under PSGP. The FSP is applicable to most MTSA regulated facility projects funded under PSGP. Port zone enforcement as identified in 46 U.S.C. §70107. Note that responding agencies are typically 3 meetings.

agencies are typically those located within the port area and are among the first agencies to provide services to a 3rd party. Letter of understanding (MOU) or Memorandum of Agreement (MOA) to demonstrate that the project can assure reviewers that the project will provide a continuous maritime security benefit.

agencies are typically those located within the port area and are among the first agencies to provide frequent grant management activities. The award and project(s). Complete all fields. This is critical for subsequent grant management activities.

should identify a location central to the port area for which maritime security is being enhanced. For

services.: Summarize how your agency provides security to the port (e.g. provisions of current MOU/MOA)

PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES. (i.e. MOU/MOA or specified with

PORT AREA TO MITIGATE MARITIME SECURITY VULNERABILITIES BEING ADDRESSED BY THIS PROJECT

number and title are required: Write the project's description in detail, what how many assets/equipment (e.g. patrol vessel; or firefighting vessel).

LOSSES/MITIGATES. Contact your AMSC and USCG representative to discuss COTP identified vulnerabilities

information that you already own a vessel, explain why another vessel is needed (i.e. although we own a vessel

order as below: note that the national priorities may change annually. Check the NOFO for current p

cybersecurity project reduce vulnerabilities to cybersecurity attacks. A patrol vessel on the other h  
ypically the first milestones include accept award and begin procurement process. Final milestones

DP)

icipated for the project. If listing personnel costs for M&A, please denote the activities as "M&A" fo  
centage of time devoted to the project.

ee-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for t  
pitalization policy and threshold amount for classification of equipment may be used). Identify the ,  
itation. (Note: Organization's own capitalization policy and threshold amount for classification of su  
ervice to be provided, reasonable daily or hourly (8-hour day), and estimated time on the project to

petition in awarding contracts. Any sole source contracts must follow the requirements set forth in  
square footage and the cost per square foot for rent, and provide a monthly rental cost and how m  
2 C.F.R. § 200.414(f), recipients must have an approved indirect cost rate agreement with their cog  
d ensure that the project is completed as approved. M&A may fall within multiple cost categories, 1  
the total project costs. Indicate the amount of Federal funds requested and the amount of non-Fed

pability/activity (i.e., Maritime Security Patrols = purchase a vessel and associated equipment).

receiving the award.

ibilities per 46 U.S.C. §70107(b). See Notice of Funding Opportunity (NOFO) for further details.

he Preparedness Grants Manual (PGM) for further descriptions of the types of projects noted here.

to making the award if the cost share is deemed exempt during the application review. For example  
s. 50%). Cost share exemption will be determined during the application review. Federal share and c

first response agencies located within the port area in which the project is being implemented.

can be completed.

provide services during incidents within the port.

activities.

For example if a training project requires the training to be conducted outside of the port area, but is f

MOA) and specifically name the MTSA facilities to which you're required to provide security services (

in AMSP)

7. Describe operational issues important to the consideration of your application, such as open secu

ment or services. For example: "We want to purchase and install 25 Pan-tilt-zoom (PTZ) cameras, 4 ser

ilities as referenced in 46 USC 70107.

Because the port area is large and MTSA vessel traffic exceeds our current capability to be adequately p:

priority titles (i.e. Cybersecurity). Priorities are listed in order within the NOFO.

and does not close cybersecurity vulnerabilities, but would be considered equipment utilized for security. These items typically include delivery or installation of equipment. These are important help ensure that the project

for the award. See the PSGP section of the PGM for additional details of allowable personnel costs.

Trainees should be listed separately. Show the number of trainees and unit costs involved. Identify Authorized Equipment List number (AEL #) for items requested. Expendable items should be included (supplies may be used). Generally, supplies include any materials that are expendable or consumed and should include M&A.

Comply with applicable state and local laws and regulations, as well as applicable Federal regulations at 2 CFR 201.10. Do not rent for more than 12 months to rent. Important Note: If applicable to the project, construction costs should be included. Do not allow the originating Federal agency to charge indirect costs to this award. A copy of the approved rate (a fully executed agreement) must be provided. The sum of which may not exceed the maximum allowable M&A under the program. For example, if you are using Federal funds that will support the project. Remember to show the cost share even if you believe the

Therefore, a private entity funding a \$100,000 project (total cost) is required to demonstrate a 50/50 cost share. The cost share will be adjusted by FEMA prior to award if an exemption is approved. Items and services



for police officers who conduct maritime patrols within the port area, the location would be within 1

(i.e. provides security patrols and emergency response during incidents).

security vulnerabilities, security assessment results, or on-going security corrective actions: What are yo

curity displays/monitors, and 1 integrated network system/software“. This should correspond with

atrol and monitor transiting container ships. A second vessel will allow us to continue routine securi

security patrols to help reduce the risk of physical attacks.

Project can be completed within the approved period of performance of your award.

the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Policy. Travel costs should be budgeted either in the "Supplies" category or in the "Other" category. Applicants should analyze the cost of travel during the course of the project.

Part 200.

included in this section of the budget detail worksheet.

Executed, agreement negotiated with the applicant's cognizant Federal agency) must be attached.

Under FY2022 PSGP M&A is limited to 5% of the total project cost. Note: Requested grant writer fees for this project to be exempt of cost share in part or in full - FEMA will adjust share rates as determined during the project.

are rate (i.e. \$50,000 Fed share; \$50,000 Cost share). If the project funded under FY2022 PSGP is de  
paid via cost share must meet the same eligibility/allowability requirements as the Federal share.

the port area.

our maritime security challenges that will be mitigated by this project? Summarize your current cap:

your detailed budget on the subsequent tab.

ity patrols while also providing security for transiting container ships).

rel Regulations.

benefits of purchasing versus leasing equipment, especially high cost items and those subject to rap

are considered to be M&A expenses and are typically categorized under "contracts/consultants".  
ring application review prior to making awards.

seemed to provide a portwide benefit eligible for a reduced cost share rate, FEMA will adjust the rate

abilities and any assessment analysis demonstrating the nexus to the port's security vulnerabilities.

oid technical advances. Rented or leased equipment costs should be listed in the “Contractual” cate



es prior to making the award (i.e. \$75,000 Fed share; \$25,000 Cost share).

Ferry systems and cruise terminals should identify operational aspects pertinent to maritime securi

category. Explain how the equipment is necessary for the success of the project. Attach a narrative de:



ity, such as volume of ridership and protection of soft targets. MTSA facilities should identify knowr

scribing the procurement method to be used. For CBRNE Vessels or Vehicles, list the specific CBRN



1 or potential gaps in facility security being addressed. First response agencies should identify secu



IE equipment that will be installed on the vessel or vehicle, including equipment already owned by t



ity and response related challenges in enhancing maritime security for the port area.

the applicant.













































































































































































































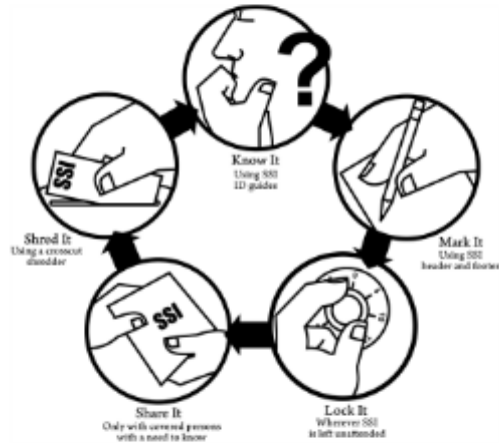




DEPARTMENT OF HOMELAND SECURITY

# SENSITIVE SECURITY INFORMATION

## Cover Sheet



For more information on handling SSI, contact [SSI@dhs.gov](mailto:SSI@dhs.gov).

**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.

DHS Form 11054 (8/10)

Reference: 49 CFR § 1520.13, Marking SSI

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 PORT SECURITY GRANT PROGRAM INVESTMENT JUSTIFICATION

Sensitive Security Information

OMB Control Number 1660-0114

Expiration: 11/30/2023

**Warning: Please follow the Notice of Funding Opportunity Guidance and Preparedness Grants Manual while completing this form.**

**PART I - INVESTMENT HEADING**

1) ORGANIZATION NAME (Legal Name Listed On The SF-424):		2) STATE OR TERRITORY IN WHICH THE PROJECT WILL BE IMPLEMENTED:	
3) TYPE OF ORGANIZATION:		4) CLASSIFICATION OF ORGANIZATION:	5) CAPTAIN OF THE PORT ZONE:

**PART II - BASIC PROJECT INFORMATION**

6) PROJECT TITLE:			
7) PROJECT DESCRIPTION (SERVICE(S)/EQUIPMENT SUMMARY):			
8) HAS THIS PROJECT BEEN FUNDED BY PSGR OR ANOTHER FEDERAL ASSISTANCE PROGRAM IN THE LAST 3 YEARS?			
9) IF SO, WHEN WAS THE LAST TIME IT WAS FUNDED?		10) WHICH PROGRAM FUNDED THIS CAPABILITY?	
11) PROVIDE JUSTIFICATION THAT SUPPORTS FUNDING THIS PROJECT AGAIN:			
12) PROJECT CATEGORY:		13) NEW CAPABILITY OR MAINTENANCE/SUSTAINMENT:	
14) IS THIS PROJECT EXEMPT FROM THE REQUIRED COST SHARE OUTLINED IN 46 U.S.C. 70107?			
15) IF YES, IDENTIFY COST SHARE EXEMPTION			
16) FEDERAL SHARE:	\$0	17) COST SHARE:	\$0
18) TOTAL PROJECT COST:		\$0	

**PART III - ELIGIBILITY INFORMATION**

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

19) WHICH PLAN(S) APPLIES TO YOUR ORGANIZATION?	AREA MARITIME SECURITY PLAN:	FACILITY SECURITY PLAN:
20) STATE AND LOCAL AGENCIES - IS YOUR AGENCY REQUIRED TO PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES?		
21) IF YES, HOW MANY MTSA REGULATED FACILITIES IS YOUR ORGANIZATION REQUIRED TO PROVIDE SERVICES?		

**PART IV - ORGANIZATIONAL INFORMATION**

22) IS YOUR ORGANIZATION AN ACTIVE PARTICIPANT OF AN AREA MARITIME SECURITY COMMITTEE?	23) IS THIS APPLICATION ON BEHALF OF ANOTHER ENTITY OR SUBMITTED AS A CONSORTIUM?
24) IS THE PROJECT SITE OWNED BY YOUR ORGANIZATION?	25) IS THE PROJECT SITE OPERATED BY YOUR ORGANIZATION?
26) IF THE PROJECT SITE IS NOT OWNED OR OPERATED BY YOUR ORGANIZATION, PLEASE EXPLAIN YOUR ORGANIZATION'S RELATION TO THE PROJECT SITE:	
27) IS THE PROJECT SITE A FACILITY OR VESSEL THAT IS REGULATED UNDER THE MARITIME TRANSPORTATION SECURITY ACT OF 2002, AS AMENDED?	
28) STATE AND LOCAL AGENCIES - IS YOUR AGENCY THE PRIMARY RESPONDER TO MTSA REGULATED FACILITIES?	

**PART V - POINT(S) OF CONTACT FOR ORGANIZATION**

29) SIGNATORY AUTHORITY FOR ENTERING INTO A GRANT AGREEMENT		30) AUTHORIZED REPRESENTATIVE FOR THE MANAGEMENT OF THE PROJECT	
NAME:		NAME:	
ORGANIZATION:		ORGANIZATION:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	

**PART VI - PHYSICAL LOCATION OF PROJECT**

31) PHYSICAL ADDRESS OF THE PROJECT LOCATION:		32) BRIEF DESCRIPTION OF THE PROJECT LOCATION:	
Street Address:			
City:			
State:	Zip:		
LATITUDE & LONGITUDE:			

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

33) DESCRIBE YOUR ORGANIZATION'S SPECIFIC ROLES, RESPONSIBILITIES AND ACTIVITIES IN DELIVERING LAYERED PROTECTION, AND IDENTIFY THE FACILITIES TO WHICH YOUR AGENCY IS REQUIRED TO PROVIDE SECURITY SERVICES.

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**PART VII MARITIME SECURITY MOU, MOA AND/OR MUTUAL AID AGREEMENTS**

34) IF YOUR AGENCY PROVIDES SECURITY SERVICES TO MTSA REGULATED FACILITIES, IDENTIFY AND DESCRIBE THE TYPE(S) OF AGREEMENT(S) THAT REQUIRES YOUR AGENCY TO DIRECTLY PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES.

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**PART VIII - ALL AGENCIES/ORGANIZATION - IMPORTANT FEATURES**

35) DESCRIBE ANY OPERATIONAL ISSUES YOU DEEM IMPORTANT TO THE CONSIDERATION OF YOUR APPLICATION, SUCH AS LACKING OR INADEQUATE CAPABILITIES OR ASSETS WITHIN THE PORT AREA TO MITIGATE MARITIME SECURITY VULNERABILITIES BEING ADDRESSED BY THIS PROJECT.

**PART IX - INVESTMENT JUSTIFICATION ABSTRACT**

36) WHAT ASSET(S) OR SERVICE(S) WOULD THIS PROJECT INVESTMENT FUND (i.e. vessels, radios, cameras, construction, service contracts, fencing etc.)? \* For training requests, a course number and title are required.

37) IDENTIFY SIMILAR ASSETS THAT ALREADY EXIST:

38) SPECIFY VULNERABILITIES IDENTIFIED WITHIN AN AREA MARITIME SECURITY PLAN, FACILITY SECURITY PLAN, VESSEL SECURITY PLAN, OR OTHER IDENTIFIED PLAN(S) THAT THIS PROJECT CLOSES/MITIGATES.

39) 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
- IF SIMILAR CAPABILITIES ALREADY EXIST, EXPLAIN WHY ADDITIONAL ASSETS/SERVICES ARE NEEDED.

**PART X - NATIONAL PRIORITIES**

40) IDENTIFY ONE PROGRAM PRIORITY THIS INVESTMENT MOST CLOSELY SUPPORTS (Program Priorities are identified in the NOFO):  
41) DESCRIBE HOW, AND THE EXTENT THIS INVESTMENT JUSTIFICATION MEETS ONE OR MORE OF THE NATIONAL PRIORITIES.

**PART XI - IMPLEMENTATION PLAN**

42) 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)
- ESTIMATED PERCENTAGE FOR EACH MILESTONE BASED ON COMPLEXITY AND SIGNIFICANCE (MILESTONES MUST COLLECTIVELY EQUAL 100%)

	Milestones	Start Date (mm/yyyy)	Completion Date (mm/yyyy)	Percentage of Project
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
			<b>Total Percentage of Project</b>	0%

[Click To Proceed to Budget 1](#)

**PSGP Budget Detail Worksheet**

**A. Personnel.** List each position by title and name of employee, if available. Show the ann devoted to the project. Compensation paid for employees engaged in grant activities must within the applicant organization.

Name/Position	Description of Project Work Activities
Name/Position for Management and Administration	Description of Management and Administration Activities

**B. Fringe Benefits.** Fringe benefits should be based on actual known costs or an establishe listed in budget category (A) and only for the percentage of time devoted to the project.

Name/Position	Description of Fringe Benefits
Name/Position for Management and Administration	Description of Fringe Benefits

**C. Travel.** Itemize travel expenses of project personnel by purpose (e.g., staff to training, field visits, etc.). Show the basis of computation (e.g., six people to three-day training at \$X airfare, \$X lodging, \$X meals for trainees should be listed separately. Show the number of trainees and unit costs. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location
Purpose of Travel for Management and Administration	Location

**D. Equipment.** List non-expendable items that are to be purchased. Non-expendable equipment is defined as equipment with a useful life of more than one year. (Note: Organization's own capitalization policy and threshold amount apply.)

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable items should be listed in the "Other" category. Applicants should analyze the cost benefits of purchasing items and those subject to rapid technical advances. Rented or leased equipment costs should be included. Explain how the equipment is necessary for the success of the project. Attach a narrative description of the equipment. For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on the equipment owned by the applicant.

Equipment (Type and AEL#)	Description and Purpose of Equipment
Equipment for Management and Administration (Type and AEL#)	Description and Purpose for Equipment

**E. Supplies.** List items by type (office supplies, postage, training materials, copying paper, etc.) and show the basis for computation. (Note: Organization's own capital assets classification of supplies may be used). Generally, supplies include any materials that are used for the project.

Supplies	Description and Purpose of Supplies
Supplies for Management and Administration	Description and Purpose for Supplies

**F. Consultants/Contracts.** Indicate whether applicant's procurement policy follows standard

Consultant Fees: For each consultant enter the name, if known, service to be provided, real estimated time on the project to include M&A.

Name of Consultant	Description of Services Provided
Name of Consultant for Management and Administration	Description of Services for Management and Administration

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant (travel, lodging, etc.)

Item	Location and/or Purpose
Item for Management and Administration	Location and/or Purpose

--

**Contracts:** Provide a description of the product or services to be procured by contract and encouraged to promote free and open competition in awarding contracts. Any sole source in applicable state and local laws and regulations, as well as applicable Federal regulation

Item	Description of Services Provided
Item for Management and Administration	Description of Services for Management and Administration


**G. Other Costs.** List items (e.g., reproduction, janitorial or security services, and investigation) on the basis of the computation. For example, provide the square footage and the cost per square foot and how many months to rent.

Item	Description and Purpose
Item for Management and Administration	Description and Purpose

--

**H. Indirect Costs.** Indirect costs are allowable only as described in 2 C.F.R. § 200.414. With the exception of a negotiated indirect cost rate as described in 2 C.F.R. § 200.414(f), recipients must negotiate with their cognizant Federal agency to charge indirect costs to this award. A copy of the agreement negotiated with the applicant's cognizant Federal agency must be attached.

Cognizant Federal Agency	Description and Purpose
--------------------------	-------------------------



<b>Cognizant Federal Agency for Management and Administration</b>	<b>Description and Purpose</b>

**I. Final Budget/Cost Share (Must display Federal a**

<b>Budget Category</b>	<b>Federal Amount</b>
A. Personnel	
B. Fringe Benefits	
C. Travel	
D. Equipment	
E. Supplies	
F. Consultants/Contracts	
G. Other	
H. Indirect Costs	
<b>Total</b>	<b>\$0</b>

<a href="#"><u>Click to Proceed to IJ 2</u></a>	<a href="#"><u>Only 1 Project? Click to proceed to the Review</u></a>
---	---

**Sensitive Security Information**

ual salary rate and the percentage of time to be consistent with that paid for similar work

Computation	Cost

Computation	Cost

**Total Personnel**

d formula. Fringe benefits are for the personnel

Computation	Cost

Computation	Cost

**Total Fringe Benefits**

field interviews, advisory group meeting, etc.).  
 (e.g., \$X subsistence). In training projects, travel and  
 involved. Identify the location of travel, if known.

Computation	Cost
Computation	Cost
<b>Total Travel</b>	

Equipment is tangible property having a useful life of  
 (for classification of equipment may be used).

Items should be included either in the "Supplies"  
 buying versus leasing equipment, especially high cost  
 should be listed in the "Contractual" category.  
 describing the procurement method to be used.  
 the vessel or vehicle, including equipment already

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
<b>Total Equipment</b>	

and other expendable items such as books, hand  
 alization policy and threshold amount for  
 expendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
<b>Total Supplies</b>	

ards found in 2 C.F.R. § 200.318(a).

sonable daily or hourly (8-hour day), and

Computation	Cost
Computation	Cost
<b>Subtotal - Consultant Fees</b>	

it in addition to their fees (i.e., travel, meals,

Computation	Cost
Computation	Cost

<b>Subtotal - Consultant Expenses</b>	
---------------------------------------	--

an estimate of the cost. Applicants are contracts must follow the requirements set forth is at 2 CFR Part 200.

Computation	Cost

Computation	Cost
<b>Subtotal - Contracts</b>	

<b>Total Consultants/Contracts</b>	
------------------------------------	--

ive or confidential funds) by major type and the e foot for rent, and provide a monthly rental cost

Computation	Cost

Computation	Cost

<b>Total Other Costs</b>	
--------------------------	--

n the exception of recipients who have never st have an approved indirect cost rate agreement proved rate (a fully executed, agreement

Computation	Cost
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<b>Computation</b>	<b>Cost</b>
<b>Total Indirect Costs</b>	
<b>and Non-Federal Amount)</b>	
<b>Non-Federal Amount</b>	<b>Total</b>
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
<b>\$0</b>	<b>\$0</b>

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 PORT SECURITY GRANT PROGRAM INVESTMENT JUSTIFICATION

Sensitive Security Information

OMB Control Number 1660-0114  
 Expiration: 11/30/2023

**Warning: Please follow the Notice of Funding Opportunity Guidance and Preparedness Grants Manual while completing this form.**

**PART I - INVESTMENT HEADING**

1) ORGANIZATION NAME (Legal Name Listed On The SF-424):		2) STATE OR TERRITORY IN WHICH THE PROJECT WILL BE IMPLEMENTED:	
3) TYPE OF ORGANIZATION:		4) CLASSIFICATION OF ORGANIZATION:	5) CAPTAIN OF THE PORT ZONE:

**PART II - BASIC PROJECT INFORMATION**

6) PROJECT TITLE:			
7) PROJECT DESCRIPTION (SERVICE(S)/EQUIPMENT SUMMARY):			
8) HAS THIS PROJECT BEEN FUNDED BY PSGR OR ANOTHER FEDERAL ASSISTANCE PROGRAM IN THE LAST 3 YEARS?			
9) IF SO, WHEN WAS THE LAST TIME IT WAS FUNDED?		10) WHICH PROGRAM FUNDED THIS CAPABILITY?	
11) PROVIDE JUSTIFICATION THAT SUPPORTS FUNDING THIS PROJECT AGAIN:			
12) PROJECT CATEGORY:		13) NEW CAPABILITY OR MAINTENANCE/SUSTAINMENT:	
14) IS THIS PROJECT EXEMPT FROM THE REQUIRED COST SHARE OUTLINED IN 46 U.S.C. 70107?			
15) IF YES, IDENTIFY COST SHARE EXEMPTION			
16) FEDERAL SHARE:	\$0	17) COST SHARE:	\$0
18) TOTAL PROJECT COST:		\$0	

**PART III - ELIGIBILITY INFORMATION**

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

19) WHICH PLAN(S) APPLIES TO YOUR ORGANIZATION?	AREA MARITIME SECURITY PLAN:	FACILITY SECURITY PLAN:
20) STATE AND LOCAL AGENCIES - IS YOUR AGENCY REQUIRED TO PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES?		
21) IF YES, HOW MANY MTSA REGULATED FACILITIES IS YOUR ORGANIZATION REQUIRED TO PROVIDE SERVICES?		

**PART IV - ORGANIZATIONAL INFORMATION**

22) IS YOUR ORGANIZATION AN ACTIVE PARTICIPANT OF AN AREA MARITIME SECURITY COMMITTEE?	23) IS THIS APPLICATION ON BEHALF OF ANOTHER ENTITY OR SUBMITTED AS A CONSORTIUM?
24) IS THE PROJECT SITE OWNED BY YOUR ORGANIZATION?	25) IS THE PROJECT SITE OPERATED BY YOUR ORGANIZATION?
26) IF THE PROJECT SITE IS NOT OWNED OR OPERATED BY YOUR ORGANIZATION, PLEASE EXPLAIN YOUR ORGANIZATION'S RELATION TO THE PROJECT SITE:	
27) IS THE PROJECT SITE A FACILITY OR VESSEL THAT IS REGULATED UNDER THE MARITIME TRANSPORTATION SECURITY ACT OF 2002, AS AMENDED?	
28) STATE AND LOCAL AGENCIES - IS YOUR AGENCY THE PRIMARY RESPONDER TO MTSA REGULATED FACILITIES?	

**PART V - POINT(S) OF CONTACT FOR ORGANIZATION**

29) SIGNATORY AUTHORITY FOR ENTERING INTO A GRANT AGREEMENT		30) AUTHORIZED REPRESENTATIVE FOR THE MANAGEMENT OF THE PROJECT	
NAME:		NAME:	
ORGANIZATION:		ORGANIZATION:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	

**PART VI - PHYSICAL LOCATION OF PROJECT**

31) PHYSICAL ADDRESS OF THE PROJECT LOCATION:		32) BRIEF DESCRIPTION OF THE PROJECT LOCATION:	
Street Address:			
City:			
State:	Zip:		
LATITUDE & LONGITUDE:			

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

33) DESCRIBE YOUR ORGANIZATION'S SPECIFIC ROLES, RESPONSIBILITIES AND ACTIVITIES IN DELIVERING LAYERED PROTECTION, AND IDENTIFY THE FACILITIES TO WHICH YOUR AGENCY IS REQUIRED TO PROVIDE SECURITY SERVICES.

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**PART VII MARITIME SECURITY MOU, MOA AND/OR MUTUAL AID AGREEMENTS**

34) IF YOUR AGENCY PROVIDES SECURITY SERVICES TO MTSA REGULATED FACILITIES, IDENTIFY AND DESCRIBE THE TYPE(S) OF AGREEMENT(S) THAT REQUIRES YOUR AGENCY TO DIRECTLY PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES.

--

**PART VIII - ALL AGENCIES/ORGANIZATION - IMPORTANT FEATURES**

35) DESCRIBE ANY OPERATIONAL ISSUES YOU DEEM IMPORTANT TO THE CONSIDERATION OF YOUR APPLICATION, SUCH AS LACKING OR INADEQUATE CAPABILITIES OR ASSETS WITHIN THE PORT AREA TO MITIGATE MARITIME SECURITY VULNERABILITIES BEING ADDRESSED BY THIS PROJECT.

**PART IX - INVESTMENT JUSTIFICATION ABSTRACT**

36) WHAT ASSET(S) OR SERVICE(S) WOULD THIS PROJECT INVESTMENT FUND (i.e. vessels, radios, cameras, construction, service contracts, fencing etc.)? \* For training requests, a course number and title are required.

37) IDENTIFY SIMILAR ASSETS THAT ALREADY EXIST:

38) SPECIFY VULNERABILITIES IDENTIFIED WITHIN AN AREA MARITIME SECURITY PLAN, FACILITY SECURITY PLAN, VESSEL SECURITY PLAN, OR OTHER IDENTIFIED PLAN(S) THAT THIS PROJECT CLOSSES/MITIGATES.

39) 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
- IF SIMILAR CAPABILITIES ALREADY EXIST, EXPLAIN WHY ADDITIONAL ASSETS/SERVICES ARE NEEDED.

**PART X - NATIONAL PRIORITIES**

40) IDENTIFY ONE PROGRAM PRIORITY THIS INVESTMENT MOST CLOSELY SUPPORTS (Program Priorities are identified in the NOFO):  
41) DESCRIBE HOW, AND THE EXTENT THIS INVESTMENT JUSTIFICATION MEETS ONE OR MORE OF THE NATIONAL PRIORITIES.

**PART XI - IMPLEMENTATION PLAN**



42) 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)
- ESTIMATED PERCENTAGE FOR EACH MILESTONE BASED ON COMPLEXITY AND SIGNIFICANCE (MILESTONES MUST COLLECTIVELY EQUAL 100%)

	Milestones	Start Date (mm/yyyy)	Completion Date (mm/yyyy)	Percentage of Project
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
			<b>Total Percentage of Project</b>	0%

[Click To Proceed to Budget 2](#)

**PSGP Budget Detail Worksheet**

**A. Personnel.** List each position by title and name of employee, if available. Show the ann devoted to the project. Compensation paid for employees engaged in grant activities must within the applicant organization.

Name/Position	Description of Project Work Activities
Name/Position for Management and Administration	Description of Management and Administration Activities

**B. Fringe Benefits.** Fringe benefits should be based on actual known costs or an establishe listed in budget category (A) and only for the percentage of time devoted to the project.

Name/Position	Description of Fringe Benefits
Name/Position for Management and Administration	Description of Fringe Benefits

**C. Travel.** Itemize travel expenses of project personnel by purpose (e.g., staff to training, field visits, etc.). Show the basis of computation (e.g., six people to three-day training at \$X airfare, \$X lodging, \$X meals for trainees should be listed separately. Show the number of trainees and unit costs. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location
Purpose of Travel for Management and Administration	Location

**D. Equipment.** List non-expendable items that are to be purchased. Non-expendable equipment is defined as equipment with a useful life of more than one year. (Note: Organization's own capitalization policy and threshold amount apply.)

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable items should be listed in the "Other" category. Applicants should analyze the cost benefits of purchasing items and those subject to rapid technical advances. Rented or leased equipment costs should be included. Explain how the equipment is necessary for the success of the project. Attach a narrative description of the equipment. For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on the equipment owned by the applicant.

Equipment (Type and AEL#)	Description and Purpose of Equipment
Equipment for Management and Administration (Type and AEL#)	Description and Purpose for Equipment

**E. Supplies.** List items by type (office supplies, postage, training materials, copying paper, etc.) and show the basis for computation. (Note: Organization's own capital assets classification of supplies may be used). Generally, supplies include any materials that are used for the project.

Supplies	Description and Purpose of Supplies
Supplies for Management and Administration	Description and Purpose for Supplies

**F. Consultants/Contracts.** Indicate whether applicant's procurement policy follows standard

Consultant Fees: For each consultant enter the name, if known, service to be provided, real estimated time on the project to include M&A.

Name of Consultant	Description of Services Provided
Name of Consultant for Management and Administration	Description of Services for Management and Administration

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant (travel, lodging, etc.)

Item	Location and/or Purpose
Item for Management and Administration	Location and/or Purpose

--

**Contracts:** Provide a description of the product or services to be procured by contract and encouraged to promote free and open competition in awarding contracts. Any sole source in applicable state and local laws and regulations, as well as applicable Federal regulation

Item	Description of Services Provided
Item for Management and Administration	Description of Services for Management and Administration


**G. Other Costs.** List items (e.g., reproduction, janitorial or security services, and investigation) on the basis of the computation. For example, provide the square footage and the cost per square foot and how many months to rent.

Item	Description and Purpose
Item for Management and Administration	Description and Purpose

--

**H. Indirect Costs.** Indirect costs are allowable only as described in 2 C.F.R. § 200.414. With the exception of a negotiated indirect cost rate as described in 2 C.F.R. § 200.414(f), recipients must negotiate with their cognizant Federal agency to charge indirect costs to this award. A copy of the agreement negotiated with the applicant's cognizant Federal agency must be attached.

Cognizant Federal Agency	Description and Purpose
--------------------------	-------------------------

<b>Cognizant Federal Agency for Management and Administration</b>	<b>Description and Purpose</b>

**I. Final Budget/Cost Share (Must display Federal a**

Budget Category	Federal Amount
A. Personnel	
B. Fringe Benefits	
C. Travel	
D. Equipment	
E. Supplies	
F. Consultants/Contracts	
G. Other	
H. Indirect Costs	
<b>Total</b>	<b>\$0</b>

<a href="#">Click to Proceed to IJ 3</a>	<a href="#">Only 2 Projects? Click to proceed to the Review</a>
--	---

**Sensitive Security Information**

ual salary rate and the percentage of time to be consistent with that paid for similar work

Computation	Cost

Computation	Cost

**Total Personnel**

d formula. Fringe benefits are for the personnel

Computation	Cost

Computation	Cost

**Total Fringe Benefits**

field interviews, advisory group meeting, etc.).  
 (e.g., \$X subsistence). In training projects, travel and  
 involved. Identify the location of travel, if known.

Computation	Cost
Computation	Cost
Total Travel	

Equipment is tangible property having a useful life of  
 (for classification of equipment may be used).

Items should be included either in the "Supplies"  
 buying versus leasing equipment, especially high cost  
 should be listed in the "Contractual" category.  
 describing the procurement method to be used.  
 the vessel or vehicle, including equipment already

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
Total Equipment	



and other expendable items such as books, hand  
 alization policy and threshold amount for  
 expendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
<b>Total Supplies</b>	

ards found in 2 C.F.R. § 200.318(a).

sonable daily or hourly (8-hour day), and

Computation	Cost
Computation	Cost
<b>Subtotal - Consultant Fees</b>	

it in addition to their fees (i.e., travel, meals,

Computation	Cost
Computation	Cost

<b>Subtotal - Consultant Expenses</b>	
---------------------------------------	--

an estimate of the cost. Applicants are contracts must follow the requirements set forth is at 2 CFR Part 200.

Computation	Cost

Computation	Cost
<b>Subtotal - Contracts</b>	

<b>Total Consultants/Contracts</b>	
------------------------------------	--

ive or confidential funds) by major type and the e foot for rent, and provide a monthly rental cost

Computation	Cost

Computation	Cost

<b>Total Other Costs</b>	
--------------------------	--

n the exception of recipients who have never st have an approved indirect cost rate agreement proved rate (a fully executed, agreement

Computation	Cost
-------------	------

<b>Computation</b>	<b>Cost</b>
<b>Total Indirect Costs</b>	
<b>and Non-Federal Amount)</b>	
<b>Non-Federal Amount</b>	<b>Total</b>
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
<b>\$0</b>	<b>\$0</b>

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 PORT SECURITY GRANT PROGRAM INVESTMENT JUSTIFICATION

Sensitive Security Information

OMB Control Number 1660-0114

Expiration: 11/30/2023

**Warning: Please follow the Notice of Funding Opportunity Guidance and Preparedness Grants Manual while completing this form.**

**PART I - INVESTMENT HEADING**

1) ORGANIZATION NAME (Legal Name Listed On The SF-424):		2) STATE OR TERRITORY IN WHICH THE PROJECT WILL BE IMPLEMENTED:	
3) TYPE OF ORGANIZATION:		4) CLASSIFICATION OF ORGANIZATION:	5) CAPTAIN OF THE PORT ZONE:

**PART II - BASIC PROJECT INFORMATION**

6) PROJECT TITLE:			
7) PROJECT DESCRIPTION (SERVICE(S)/EQUIPMENT SUMMARY):			
8) HAS THIS PROJECT BEEN FUNDED BY PSGR OR ANOTHER FEDERAL ASSISTANCE PROGRAM IN THE LAST 3 YEARS?			
9) IF SO, WHEN WAS THE LAST TIME IT WAS FUNDED?		10) WHICH PROGRAM FUNDED THIS CAPABILITY?	
11) PROVIDE JUSTIFICATION THAT SUPPORTS FUNDING THIS PROJECT AGAIN:			
12) PROJECT CATEGORY:		13) NEW CAPABILITY OR MAINTENANCE/SUSTAINMENT:	
14) IS THIS PROJECT EXEMPT FROM THE REQUIRED COST SHARE OUTLINED IN 46 U.S.C. 70107?			
15) IF YES, IDENTIFY COST SHARE EXEMPTION			
16) FEDERAL SHARE:	\$0	17) COST SHARE:	\$0
18) TOTAL PROJECT COST:		\$0	

**PART III - ELIGIBILITY INFORMATION**

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

19) WHICH PLAN(S) APPLIES TO YOUR ORGANIZATION?	AREA MARITIME SECURITY PLAN:	FACILITY SECURITY PLAN:
20) STATE AND LOCAL AGENCIES - IS YOUR AGENCY REQUIRED TO PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES?		
21) IF YES, HOW MANY MTSA REGULATED FACILITIES IS YOUR ORGANIZATION REQUIRED TO PROVIDE SERVICES?		

**PART IV - ORGANIZATIONAL INFORMATION**

22) IS YOUR ORGANIZATION AN ACTIVE PARTICIPANT OF AN AREA MARITIME SECURITY COMMITTEE?	23) IS THIS APPLICATION ON BEHALF OF ANOTHER ENTITY OR SUBMITTED AS A CONSORTIUM?
24) IS THE PROJECT SITE OWNED BY YOUR ORGANIZATION?	25) IS THE PROJECT SITE OPERATED BY YOUR ORGANIZATION?
26) IF THE PROJECT SITE IS NOT OWNED OR OPERATED BY YOUR ORGANIZATION, PLEASE EXPLAIN YOUR ORGANIZATION'S RELATION TO THE PROJECT SITE:	
27) IS THE PROJECT SITE A FACILITY OR VESSEL THAT IS REGULATED UNDER THE MARITIME TRANSPORTATION SECURITY ACT OF 2002, AS AMENDED?	
28) STATE AND LOCAL AGENCIES - IS YOUR AGENCY THE PRIMARY RESPONDER TO MTSA REGULATED FACILITIES?	

**PART V - POINT(S) OF CONTACT FOR ORGANIZATION**

29) SIGNATORY AUTHORITY FOR ENTERING INTO A GRANT AGREEMENT		30) AUTHORIZED REPRESENTATIVE FOR THE MANAGEMENT OF THE PROJECT	
NAME:		NAME:	
ORGANIZATION:		ORGANIZATION:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	

**PART VI - PHYSICAL LOCATION OF PROJECT**

31) PHYSICAL ADDRESS OF THE PROJECT LOCATION:		32) BRIEF DESCRIPTION OF THE PROJECT LOCATION:	
Street Address:			
City:			
State:	Zip:		
LATITUDE & LONGITUDE:			

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

33) DESCRIBE YOUR ORGANIZATION'S SPECIFIC ROLES, RESPONSIBILITIES AND ACTIVITIES IN DELIVERING LAYERED PROTECTION, AND IDENTIFY THE FACILITIES TO WHICH YOUR AGENCY IS REQUIRED TO PROVIDE SECURITY SERVICES.

--

**PART VII MARITIME SECURITY MOU, MOA AND/OR MUTUAL AID AGREEMENTS**

34) IF YOUR AGENCY PROVIDES SECURITY SERVICES TO MTSA REGULATED FACILITIES, IDENTIFY AND DESCRIBE THE TYPE(S) OF AGREEMENT(S) THAT REQUIRES YOUR AGENCY TO DIRECTLY PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES.

--

PART VIII - ALL AGENCIES/ORGANIZATION - IMPORTANT FEATURES

35) DESCRIBE ANY OPERATIONAL ISSUES YOU DEEM IMPORTANT TO THE CONSIDERATION OF YOUR APPLICATION, SUCH AS LACKING OR INADEQUATE CAPABILITIES OR ASSETS WITHIN THE PORT AREA TO MITIGATE MARITIME SECURITY VULNERABILITIES BEING ADDRESSED BY THIS PROJECT.

PART IX - INVESTMENT JUSTIFICATION ABSTRACT

36) WHAT ASSET(S) OR SERVICE(S) WOULD THIS PROJECT INVESTMENT FUND (i.e. vessels, radios, cameras, construction, service contracts, fencing etc.)? \* For training requests, a course number and title are required.

37) IDENTIFY SIMILAR ASSETS THAT ALREADY EXIST:

38) SPECIFY VULNERABILITIES IDENTIFIED WITHIN AN AREA MARITIME SECURITY PLAN, FACILITY SECURITY PLAN, VESSEL SECURITY PLAN, OR OTHER IDENTIFIED PLAN(S) THAT THIS PROJECT CLOSES/MITIGATES.

39) 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
- IF SIMILAR CAPABILITIES ALREADY EXIST, EXPLAIN WHY ADDITIONAL ASSETS/SERVICES ARE NEEDED.

PART X - NATIONAL PRIORITIES

40) IDENTIFY ONE PROGRAM PRIORITY THIS INVESTMENT MOST CLOSELY SUPPORTS (Program Priorities are identified in the NOFO):  
41) DESCRIBE HOW, AND THE EXTENT THIS INVESTMENT JUSTIFICATION MEETS ONE OR MORE OF THE NATIONAL PRIORITIES.

PART XI - IMPLEMENTATION PLAN

42) 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)
- ESTIMATED PERCENTAGE FOR EACH MILESTONE BASED ON COMPLEXITY AND SIGNIFICANCE (MILESTONES MUST COLLECTIVELY EQUAL 100%)

	Milestones	Start Date (mm/yyyy)	Completion Date (mm/yyyy)	Percentage of Project
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
			<b>Total Percentage of Project</b>	0%

[Click To Proceed to Budget 3](#)

**PSGP Budget Detail Worksheet**

**A. Personnel.** List each position by title and name of employee, if available. Show the ann devoted to the project. Compensation paid for employees engaged in grant activities must within the applicant organization.

Name/Position	Description of Project Work Activities
Name/Position for Management and Administration	Description of Management and Administration Activities

**B. Fringe Benefits.** Fringe benefits should be based on actual known costs or an establishe listed in budget category (A) and only for the percentage of time devoted to the project.

Name/Position	Description of Fringe Benefits
Name/Position for Management and Administration	Description of Fringe Benefits

**C. Travel.** Itemize travel expenses of project personnel by purpose (e.g., staff to training, field visits, etc.). Show the basis of computation (e.g., six people to three-day training at \$X airfare, \$X lodging, \$X meals for trainees should be listed separately. Show the number of trainees and unit costs. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location
Purpose of Travel for Management and Administration	Location

**D. Equipment.** List non-expendable items that are to be purchased. Non-expendable equipment is defined as equipment with a useful life of more than one year. (Note: Organization's own capitalization policy and threshold amount apply.)

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable items should be in the "Other" category. Applicants should analyze the cost benefits of purchasing items and those subject to rapid technical advances. Rented or leased equipment costs should be included. Explain how the equipment is necessary for the success of the project. Attach a narrative description of the equipment. For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on the equipment owned by the applicant.

Equipment (Type and AEL#)	Description and Purpose of Equipment
Equipment for Management and Administration (Type and AEL#)	Description and Purpose for Equipment



**E. Supplies.** List items by type (office supplies, postage, training materials, copying paper, etc.) and show the basis for computation. (Note: Organization's own capital assets classification of supplies may be used). Generally, supplies include any materials that are used for the project.

Supplies	Description and Purpose of Supplies
Supplies for Management and Administration	Description and Purpose for Supplies

**F. Consultants/Contracts.** Indicate whether applicant's procurement policy follows standard

Consultant Fees: For each consultant enter the name, if known, service to be provided, real estimated time on the project to include M&A.

Name of Consultant	Description of Services Provided
Name of Consultant for Management and Administration	Description of Services for Management and Administration

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant (e.g., travel, lodging, etc.)

Item	Location and/or Purpose
Item for Management and Administration	Location and/or Purpose

--

**Contracts:** Provide a description of the product or services to be procured by contract and encouraged to promote free and open competition in awarding contracts. Any sole source in applicable state and local laws and regulations, as well as applicable Federal regulation

Item	Description of Services Provided
Item for Management and Administration	Description of Services for Management and Administration


**G. Other Costs.** List items (e.g., reproduction, janitorial or security services, and investigation) on the basis of the computation. For example, provide the square footage and the cost per square foot and how many months to rent.

Item	Description and Purpose
Item for Management and Administration	Description and Purpose

--

**H. Indirect Costs.** Indirect costs are allowable only as described in 2 C.F.R. § 200.414. With the exception of a negotiated indirect cost rate as described in 2 C.F.R. § 200.414(f), recipients must negotiate with their cognizant Federal agency to charge indirect costs to this award. A copy of the agreement negotiated with the applicant's cognizant Federal agency must be attached.

Cognizant Federal Agency	Description and Purpose
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<b>Cognizant Federal Agency for Management and Administration</b>	<b>Description and Purpose</b>

**I. Final Budget/Cost Share (Must display Federal a**

<b>Budget Category</b>	<b>Federal Amount</b>
A. Personnel	
B. Fringe Benefits	
C. Travel	
D. Equipment	
E. Supplies	
F. Consultants/Contracts	
G. Other	
H. Indirect Costs	
<b>Total</b>	<b>\$0</b>

<a href="#">Click to Proceed to IJ 4</a>	<a href="#">Only 3 Projects? Click to proceed to the Review</a>
--	---

**Sensitive Security Information**

ual salary rate and the percentage of time to be consistent with that paid for similar work

Computation	Cost

Computation	Cost

**Total Personnel**

d formula. Fringe benefits are for the personnel

Computation	Cost

Computation	Cost

**Total Fringe Benefits**

field interviews, advisory group meeting, etc.).  
 (e.g., \$X subsistence). In training projects, travel and  
 involved. Identify the location of travel, if known.

Computation	Cost
Computation	Cost
Total Travel	

Equipment is tangible property having a useful life of  
 (for classification of equipment may be used).

Items should be included either in the "Supplies"  
 buying versus leasing equipment, especially high cost  
 should be listed in the "Contractual" category.  
 describing the procurement method to be used.  
 the vessel or vehicle, including equipment already

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
Total Equipment	

and other expendable items such as books, hand  
 alization policy and threshold amount for  
 expendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
<b>Total Supplies</b>	

ards found in 2 C.F.R. § 200.318(a).

sonable daily or hourly (8-hour day), and

Computation	Cost
Computation	Cost
<b>Subtotal - Consultant Fees</b>	

it in addition to their fees (i.e., travel, meals,

Computation	Cost
Computation	Cost

<b>Subtotal - Consultant Expenses</b>	
---------------------------------------	--

an estimate of the cost. Applicants are contracts must follow the requirements set forth is at 2 CFR Part 200.

Computation	Cost

Computation	Cost
<b>Subtotal - Contracts</b>	

<b>Total Consultants/Contracts</b>	
------------------------------------	--

ive or confidential funds) by major type and the e foot for rent, and provide a monthly rental cost

Computation	Cost

Computation	Cost

<b>Total Other Costs</b>	
--------------------------	--

n the exception of recipients who have never st have an approved indirect cost rate agreement proved rate (a fully executed, agreement

Computation	Cost
-------------	------

<b>Computation</b>	<b>Cost</b>
<b>Total Indirect Costs</b>	
<b>and Non-Federal Amount)</b>	
<b>Non-Federal Amount</b>	<b>Total</b>
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
<b>\$0</b>	<b>\$0</b>



DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 PORT SECURITY GRANT PROGRAM INVESTMENT JUSTIFICATION

Sensitive Security Information

OMB Control Number 1660-0114

Expiration: 11/30/2023

**Warning: Please follow the Notice of Funding Opportunity Guidance and Preparedness Grants Manual while completing this form.**

**PART I - INVESTMENT HEADING**

1) ORGANIZATION NAME (Legal Name Listed On The SF-424):		2) STATE OR TERRITORY IN WHICH THE PROJECT WILL BE IMPLEMENTED:	
3) TYPE OF ORGANIZATION:		4) CLASSIFICATION OF ORGANIZATION:	5) CAPTAIN OF THE PORT ZONE:

**PART II - BASIC PROJECT INFORMATION**

6) PROJECT TITLE:			
7) PROJECT DESCRIPTION (SERVICE(S)/EQUIPMENT SUMMARY):			
8) HAS THIS PROJECT BEEN FUNDED BY PSGR OR ANOTHER FEDERAL ASSISTANCE PROGRAM IN THE LAST 3 YEARS?			
9) IF SO, WHEN WAS THE LAST TIME IT WAS FUNDED?		10) WHICH PROGRAM FUNDED THIS CAPABILITY?	
11) PROVIDE JUSTIFICATION THAT SUPPORTS FUNDING THIS PROJECT AGAIN:			
12) PROJECT CATEGORY:		13) NEW CAPABILITY OR MAINTENANCE/SUSTAINMENT:	
14) IS THIS PROJECT EXEMPT FROM THE REQUIRED COST SHARE OUTLINED IN 46 U.S.C. 70107?			
15) IF YES, IDENTIFY COST SHARE EXEMPTION			
16) FEDERAL SHARE:	\$0	17) COST SHARE:	\$0
18) TOTAL PROJECT COST:		\$0	

**PART III - ELIGIBILITY INFORMATION**

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

19) WHICH PLAN(S) APPLIES TO YOUR ORGANIZATION?	AREA MARITIME SECURITY PLAN:	FACILITY SECURITY PLAN:
20) STATE AND LOCAL AGENCIES - IS YOUR AGENCY REQUIRED TO PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES?		
21) IF YES, HOW MANY MTSA REGULATED FACILITIES IS YOUR ORGANIZATION REQUIRED TO PROVIDE SERVICES?		

**PART IV - ORGANIZATIONAL INFORMATION**

22) IS YOUR ORGANIZATION AN ACTIVE PARTICIPANT OF AN AREA MARITIME SECURITY COMMITTEE?	23) IS THIS APPLICATION ON BEHALF OF ANOTHER ENTITY OR SUBMITTED AS A CONSORTIUM?
24) IS THE PROJECT SITE OWNED BY YOUR ORGANIZATION?	25) IS THE PROJECT SITE OPERATED BY YOUR ORGANIZATION?
26) IF THE PROJECT SITE IS NOT OWNED OR OPERATED BY YOUR ORGANIZATION, PLEASE EXPLAIN YOUR ORGANIZATION'S RELATION TO THE PROJECT SITE:	
27) IS THE PROJECT SITE A FACILITY OR VESSEL THAT IS REGULATED UNDER THE MARITIME TRANSPORTATION SECURITY ACT OF 2002, AS AMENDED?	
28) STATE AND LOCAL AGENCIES - IS YOUR AGENCY THE PRIMARY RESPONDER TO MTSA REGULATED FACILITIES?	

**PART V - POINT(S) OF CONTACT FOR ORGANIZATION**

29) SIGNATORY AUTHORITY FOR ENTERING INTO A GRANT AGREEMENT		30) AUTHORIZED REPRESENTATIVE FOR THE MANAGEMENT OF THE PROJECT	
NAME:		NAME:	
ORGANIZATION:		ORGANIZATION:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	

**PART VI - PHYSICAL LOCATION OF PROJECT**

31) PHYSICAL ADDRESS OF THE PROJECT LOCATION:		32) BRIEF DESCRIPTION OF THE PROJECT LOCATION:	
Street Address:			
City:			
State:	Zip:		
LATITUDE & LONGITUDE:			

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

33) DESCRIBE YOUR ORGANIZATION'S SPECIFIC ROLES, RESPONSIBILITIES AND ACTIVITIES IN DELIVERING LAYERED PROTECTION, AND IDENTIFY THE FACILITIES TO WHICH YOUR AGENCY IS REQUIRED TO PROVIDE SECURITY SERVICES.

--

**PART VII MARITIME SECURITY MOU, MOA AND/OR MUTUAL AID AGREEMENTS**

34) IF YOUR AGENCY PROVIDES SECURITY SERVICES TO MTSA REGULATED FACILITIES, IDENTIFY AND DESCRIBE THE TYPE(S) OF AGREEMENT(S) THAT REQUIRES YOUR AGENCY TO DIRECTLY PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES.

--

**PART VIII - ALL AGENCIES/ORGANIZATION - IMPORTANT FEATURES**

35) DESCRIBE ANY OPERATIONAL ISSUES YOU DEEM IMPORTANT TO THE CONSIDERATION OF YOUR APPLICATION, SUCH AS LACKING OR INADEQUATE CAPABILITIES OR ASSETS WITHIN THE PORT AREA TO MITIGATE MARITIME SECURITY VULNERABILITIES BEING ADDRESSED BY THIS PROJECT.

**PART IX - INVESTMENT JUSTIFICATION ABSTRACT**

36) WHAT ASSET(S) OR SERVICE(S) WOULD THIS PROJECT INVESTMENT FUND (i.e. vessels, radios, cameras, construction, service contracts, fencing etc.)? \* For training requests, a course number and title are required.

37) IDENTIFY SIMILAR ASSETS THAT ALREADY EXIST:

38) SPECIFY VULNERABILITIES IDENTIFIED WITHIN AN AREA MARITIME SECURITY PLAN, FACILITY SECURITY PLAN, VESSEL SECURITY PLAN, OR OTHER IDENTIFIED PLAN(S) THAT THIS PROJECT CLOSES/MITIGATES.

39) 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
- IF SIMILAR CAPABILITIES ALREADY EXIST, EXPLAIN WHY ADDITIONAL ASSETS/SERVICES ARE NEEDED.

**PART X - NATIONAL PRIORITIES**

40) IDENTIFY ONE PROGRAM PRIORITY THIS INVESTMENT MOST CLOSELY SUPPORTS (Program Priorities are identified in the NOFO):  
41) DESCRIBE HOW, AND THE EXTENT THIS INVESTMENT JUSTIFICATION MEETS ONE OR MORE OF THE NATIONAL PRIORITIES.

**PART XI - IMPLEMENTATION PLAN**

42) 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)
- ESTIMATED PERCENTAGE FOR EACH MILESTONE BASED ON COMPLEXITY AND SIGNIFICANCE (MILESTONES MUST COLLECTIVELY EQUAL 100%)

	Milestones	Start Date (mm/yyyy)	Completion Date (mm/yyyy)	Percentage of Project
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
			<b>Total Percentage of Project</b>	0%

[Click To Proceed to Budget 4](#)

**PSGP Budget Detail Worksheet**

**A. Personnel.** List each position by title and name of employee, if available. Show the ann devoted to the project. Compensation paid for employees engaged in grant activities must within the applicant organization.

Name/Position	Description of Project Work Activities
Name/Position for Management and Administration	Description of Management and Administration Activities

**B. Fringe Benefits.** Fringe benefits should be based on actual known costs or an establishe listed in budget category (A) and only for the percentage of time devoted to the project.

Name/Position	Description of Fringe Benefits
Name/Position for Management and Administration	Description of Fringe Benefits

**C. Travel.** Itemize travel expenses of project personnel by purpose (e.g., staff to training, field visits, etc.). Show the basis of computation (e.g., six people to three-day training at \$X airfare, \$X lodging, \$X meals for trainees should be listed separately. Show the number of trainees and unit costs. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location
Purpose of Travel for Management and Administration	Location

**D. Equipment.** List non-expendable items that are to be purchased. Non-expendable equipment is defined as equipment with a useful life of more than one year. (Note: Organization's own capitalization policy and threshold amount apply.)

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable items should be in the "Other" category. Applicants should analyze the cost benefits of purchasing items and those subject to rapid technical advances. Rented or leased equipment costs should be included. Explain how the equipment is necessary for the success of the project. Attach a narrative description of the equipment. For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on the equipment owned by the applicant.

Equipment (Type and AEL#)	Description and Purpose of Equipment
Equipment for Management and Administration (Type and AEL#)	Description and Purpose for Equipment

**E. Supplies.** List items by type (office supplies, postage, training materials, copying paper, etc.) and show the basis for computation. (Note: Organization's own capital assets classification of supplies may be used). Generally, supplies include any materials that are used for the project.

Supplies	Description and Purpose of Supplies
Supplies for Management and Administration	Description and Purpose for Supplies

**F. Consultants/Contracts.** Indicate whether applicant's procurement policy follows standard

Consultant Fees: For each consultant enter the name, if known, service to be provided, real estimated time on the project to include M&A.

Name of Consultant	Description of Services Provided
Name of Consultant for Management and Administration	Description of Services for Management and Administration

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant (travel, lodging, etc.)

Item	Location and/or Purpose
Item for Management and Administration	Location and/or Purpose

--

**Contracts:** Provide a description of the product or services to be procured by contract and encouraged to promote free and open competition in awarding contracts. Any sole source in applicable state and local laws and regulations, as well as applicable Federal regulation

Item	Description of Services Provided
Item for Management and Administration	Description of Services for Management and Administration


**G. Other Costs.** List items (e.g., reproduction, janitorial or security services, and investigation) on the basis of the computation. For example, provide the square footage and the cost per square foot and how many months to rent.

Item	Description and Purpose
Item for Management and Administration	Description and Purpose

--

**H. Indirect Costs.** Indirect costs are allowable only as described in 2 C.F.R. § 200.414. With the exception of recipients that have received a negotiated indirect cost rate as described in 2 C.F.R. § 200.414(f), recipients must negotiate with their cognizant Federal agency to charge indirect costs to this award. A copy of the agreement negotiated with the applicant's cognizant Federal agency must be attached.

Cognizant Federal Agency	Description and Purpose
--------------------------	-------------------------

<b>Cognizant Federal Agency for Management and Administration</b>	<b>Description and Purpose</b>

**I. Final Budget/Cost Share (Must display Federal a**

<b>Budget Category</b>	<b>Federal Amount</b>
A. Personnel	
B. Fringe Benefits	
C. Travel	
D. Equipment	
E. Supplies	
F. Consultants/Contracts	
G. Other	
H. Indirect Costs	
<b>Total</b>	<b>\$0</b>

<a href="#">Click to Proceed to IJ 5</a>	<a href="#">Only 4 Projects? Click to proceed to the Review</a>
--	---



**Sensitive Security Information**

ual salary rate and the percentage of time to be consistent with that paid for similar work

Computation	Cost

Computation	Cost

**Total Personnel**

d formula. Fringe benefits are for the personnel

Computation	Cost

Computation	Cost

**Total Fringe Benefits**

field interviews, advisory group meeting, etc.).  
 (e.g., \$X subsistence). In training projects, travel and  
 involved. Identify the location of travel, if known.

Computation	Cost
Computation	Cost
Total Travel	

Equipment is tangible property having a useful life of  
 (for classification of equipment may be used).

Items should be included either in the "Supplies"  
 buying versus leasing equipment, especially high cost  
 should be listed in the "Contractual" category.  
 describing the procurement method to be used.  
 the vessel or vehicle, including equipment already

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
Total Equipment	

and other expendable items such as books, hand  
 alization policy and threshold amount for  
 expendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
<b>Total Supplies</b>	

ards found in 2 C.F.R. § 200.318(a).

sonable daily or hourly (8-hour day), and

Computation	Cost
Computation	Cost
<b>Subtotal - Consultant Fees</b>	

it in addition to their fees (i.e., travel, meals,

Computation	Cost
Computation	Cost

<b>Subtotal - Consultant Expenses</b>	
---------------------------------------	--

an estimate of the cost. Applicants are contracts must follow the requirements set forth is at 2 CFR Part 200.

Computation	Cost

Computation	Cost
<b>Subtotal - Contracts</b>	

<b>Total Consultants/Contracts</b>	
------------------------------------	--

ive or confidential funds) by major type and the e foot for rent, and provide a monthly rental cost

Computation	Cost

Computation	Cost

<b>Total Other Costs</b>	
--------------------------	--

n the exception of recipients who have never st have an approved indirect cost rate agreement proved rate (a fully executed, agreement

Computation	Cost
-------------	------

<b>Computation</b>	<b>Cost</b>
<b>Total Indirect Costs</b>	
<b>and Non-Federal Amount)</b>	
<b>Non-Federal Amount</b>	<b>Total</b>
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
<b>\$0</b>	<b>\$0</b>

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 PORT SECURITY GRANT PROGRAM INVESTMENT JUSTIFICATION

Sensitive Security Information

OMB Control Number 1660-0114

Expiration: 11/30/2023

**Warning: Please follow the Notice of Funding Opportunity Guidance and Preparedness Grants Manual while completing this form.**

**PART I - INVESTMENT HEADING**

1) ORGANIZATION NAME (Legal Name Listed On The SF-424):		2) STATE OR TERRITORY IN WHICH THE PROJECT WILL BE IMPLEMENTED:	
3) TYPE OF ORGANIZATION:		4) CLASSIFICATION OF ORGANIZATION:	5) CAPTAIN OF THE PORT ZONE:

**PART II - BASIC PROJECT INFORMATION**

6) PROJECT TITLE:			
7) PROJECT DESCRIPTION (SERVICE(S)/EQUIPMENT SUMMARY):			
8) HAS THIS PROJECT BEEN FUNDED BY PSGR OR ANOTHER FEDERAL ASSISTANCE PROGRAM IN THE LAST 3 YEARS?			
9) IF SO, WHEN WAS THE LAST TIME IT WAS FUNDED?		10) WHICH PROGRAM FUNDED THIS CAPABILITY?	
11) PROVIDE JUSTIFICATION THAT SUPPORTS FUNDING THIS PROJECT AGAIN:			
12) PROJECT CATEGORY:		13) NEW CAPABILITY OR MAINTENANCE/SUSTAINMENT:	
14) IS THIS PROJECT EXEMPT FROM THE REQUIRED COST SHARE OUTLINED IN 46 U.S.C. 70107?			
15) IF YES, IDENTIFY COST SHARE EXEMPTION			
16) FEDERAL SHARE:	\$0	17) COST SHARE:	\$0
18) TOTAL PROJECT COST:		align="center">\$0	

**PART III - ELIGIBILITY INFORMATION**

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

19) WHICH PLAN(S) APPLIES TO YOUR ORGANIZATION?	AREA MARITIME SECURITY PLAN:	FACILITY SECURITY PLAN:
20) STATE AND LOCAL AGENCIES - IS YOUR AGENCY REQUIRED TO PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES?		
21) IF YES, HOW MANY MTSA REGULATED FACILITIES IS YOUR ORGANIZATION REQUIRED TO PROVIDE SERVICES?		

**PART IV - ORGANIZATIONAL INFORMATION**

22) IS YOUR ORGANIZATION AN ACTIVE PARTICIPANT OF AN AREA MARITIME SECURITY COMMITTEE?	23) IS THIS APPLICATION ON BEHALF OF ANOTHER ENTITY OR SUBMITTED AS A CONSORTIUM?
24) IS THE PROJECT SITE OWNED BY YOUR ORGANIZATION?	25) IS THE PROJECT SITE OPERATED BY YOUR ORGANIZATION?
26) IF THE PROJECT SITE IS NOT OWNED OR OPERATED BY YOUR ORGANIZATION, PLEASE EXPLAIN YOUR ORGANIZATION'S RELATION TO THE PROJECT SITE:	
27) IS THE PROJECT SITE A FACILITY OR VESSEL THAT IS REGULATED UNDER THE MARITIME TRANSPORTATION SECURITY ACT OF 2002, AS AMENDED?	
28) STATE AND LOCAL AGENCIES - IS YOUR AGENCY THE PRIMARY RESPONDER TO MTSA REGULATED FACILITIES?	

**PART V - POINT(S) OF CONTACT FOR ORGANIZATION**

29) SIGNATORY AUTHORITY FOR ENTERING INTO A GRANT AGREEMENT		30) AUTHORIZED REPRESENTATIVE FOR THE MANAGEMENT OF THE PROJECT	
NAME:		NAME:	
ORGANIZATION:		ORGANIZATION:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	

**PART VI - PHYSICAL LOCATION OF PROJECT**

31) PHYSICAL ADDRESS OF THE PROJECT LOCATION:		32) BRIEF DESCRIPTION OF THE PROJECT LOCATION:	
Street Address:			
City:			
State:	Zip:		
LATITUDE & LONGITUDE:			

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

33) DESCRIBE YOUR ORGANIZATION'S SPECIFIC ROLES, RESPONSIBILITIES AND ACTIVITIES IN DELIVERING LAYERED PROTECTION, AND IDENTIFY THE FACILITIES TO WHICH YOUR AGENCY IS REQUIRED TO PROVIDE SECURITY SERVICES.

**PART VII MARITIME SECURITY MOU, MOA AND/OR MUTUAL AID AGREEMENTS**

34) IF YOUR AGENCY PROVIDES SECURITY SERVICES TO MTSA REGULATED FACILITIES, IDENTIFY AND DESCRIBE THE TYPE(S) OF AGREEMENT(S) THAT REQUIRES YOUR AGENCY TO DIRECTLY PROVIDE PORT SECURITY SERVICES TO MTSA REGULATED FACILITIES.

**PART VIII - ALL AGENCIES/ORGANIZATION - IMPORTANT FEATURES**

35) DESCRIBE ANY OPERATIONAL ISSUES YOU DEEM IMPORTANT TO THE CONSIDERATION OF YOUR APPLICATION, SUCH AS LACKING OR INADEQUATE CAPABILITIES OR ASSETS WITHIN THE PORT AREA TO MITIGATE MARITIME SECURITY VULNERABILITIES BEING ADDRESSED BY THIS PROJECT.

**PART IX - INVESTMENT JUSTIFICATION ABSTRACT**

36) WHAT ASSET(S) OR SERVICE(S) WOULD THIS PROJECT INVESTMENT FUND (i.e. vessels, radios, cameras, construction, service contracts, fencing etc.)? \* For training requests, a course number and title are required.

37) IDENTIFY SIMILAR ASSETS THAT ALREADY EXIST:

38) SPECIFY VULNERABILITIES IDENTIFIED WITHIN AN AREA MARITIME SECURITY PLAN, FACILITY SECURITY PLAN, VESSEL SECURITY PLAN, OR OTHER IDENTIFIED PLAN(S) THAT THIS PROJECT CLOSSES/MITIGATES.

39) 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
- IF SIMILAR CAPABILITIES ALREADY EXIST, EXPLAIN WHY ADDITIONAL ASSETS/SERVICES ARE NEEDED.

**PART X - NATIONAL PRIORITIES**

40) IDENTIFY ONE PROGRAM PRIORITY THIS INVESTMENT MOST CLOSELY SUPPORTS (Program Priorities are identified in the NOFO):  
41) DESCRIBE HOW, AND THE EXTENT THIS INVESTMENT JUSTIFICATION MEETS ONE OR MORE OF THE NATIONAL PRIORITIES.

**PART XI - IMPLEMENTATION PLAN**

42) 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)
- ESTIMATED PERCENTAGE FOR EACH MILESTONE BASED ON COMPLEXITY AND SIGNIFICANCE (MILESTONES MUST COLLECTIVELY EQUAL 100%)

	Milestones	Start Date (mm/yyyy)	Completion Date (mm/yyyy)	Percentage of Project
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
			<b>Total Percentage of Project</b>	0%

[Click To Proceed to Budget 5](#)



**PSGP Budget Detail Worksheet**

**A. Personnel.** List each position by title and name of employee, if available. Show the ann devoted to the project. Compensation paid for employees engaged in grant activities must within the applicant organization.

Name/Position	Description of Project Work Activities
Name/Position for Management and Administration	Description of Management and Administration Activities

**B. Fringe Benefits.** Fringe benefits should be based on actual known costs or an establishe listed in budget category (A) and only for the percentage of time devoted to the project.

Name/Position	Description of Fringe Benefits
Name/Position for Management and Administration	Description of Fringe Benefits

**C. Travel.** Itemize travel expenses of project personnel by purpose (e.g., staff to training, field visits, etc.). Show the basis of computation (e.g., six people to three-day training at \$X airfare, \$X lodging, \$X meals for trainees should be listed separately. Show the number of trainees and unit costs. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location
Purpose of Travel for Management and Administration	Location

**D. Equipment.** List non-expendable items that are to be purchased. Non-expendable equipment is defined as equipment with a useful life of more than one year. (Note: Organization's own capitalization policy and threshold amount apply.)

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable items should be listed in the "Other" category. Applicants should analyze the cost benefits of purchasing items and those subject to rapid technical advances. Rented or leased equipment costs should be included. Explain how the equipment is necessary for the success of the project. Attach a narrative description of the equipment. For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on the equipment owned by the applicant.

Equipment (Type and AEL#)	Description and Purpose of Equipment
Equipment for Management and Administration (Type and AEL#)	Description and Purpose for Equipment

**E. Supplies.** List items by type (office supplies, postage, training materials, copying paper, ; held tape recorders) and show the basis for computation. (Note: Organization's own capital classification of supplies may be used). Generally, supplies include any materials that are e project.

Supplies	Description and Purpose of Supplies
Supplies for Management and Administration	Description and Purpose for Supplies

**F. Consultants/Contracts.** Indicate whether applicant's procurement policy follows standa

Consultant Fees: For each consultant enter the name, if known, service to be provided, rea estimated time on the project to include M&A.

Name of Consultant	Description of Services Provided
Name of Consultant for Management and Administration	Description of Services for Management and Administration

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultar lodging, etc.)

Item	Location and/or Purpose
Item for Management and Administration	Location and/or Purpose

--

**Contracts:** Provide a description of the product or services to be procured by contract and encouraged to promote free and open competition in awarding contracts. Any sole source in applicable state and local laws and regulations, as well as applicable Federal regulation

Item	Description of Services Provided
Item for Management and Administration	Description of Services for Management and Administration


**G. Other Costs.** List items (e.g., reproduction, janitorial or security services, and investigati basis of the computation. For example, provide the square footage and the cost per square and how many months to rent.

Item	Description and Purpose
Item for Management and Administration	Description and Purpose

--

**H. Indirect Costs.** Indirect costs are allowable only as described in 2 C.F.R. § 200.414. With received a negotiated indirect cost rate as described in 2 C.F.R. § 200.414(f), recipients mu with their cognizant Federal agency to charge indirect costs to this award. A copy of the ap negotiated with the applicant's cognizant Federal agency) must be attached.

Cognizant Federal Agency	Description and Purpose
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<b>Cognizant Federal Agency for Management and Administration</b>	<b>Description and Purpose</b>

**I. Final Budget/Cost Share (Must display Federal a**

<b>Budget Category</b>	<b>Federal Amount</b>
<b>A. Personnel</b>	
<b>B. Fringe Benefits</b>	
<b>C. Travel</b>	
<b>D. Equipment</b>	
<b>E. Supplies</b>	
<b>F. Consultants/Contracts</b>	
<b>G. Other</b>	
<b>H. Indirect Costs</b>	
<b>Total</b>	<b>\$0</b>

Only 5 Projects are allowed. Click to proceed to the Review Tab

**Sensitive Security Information**

ual salary rate and the percentage of time to be consistent with that paid for similar work

Computation	Cost

Computation	Cost

**Total Personnel**

d formula. Fringe benefits are for the personnel

Computation	Cost

Computation	Cost

**Total Fringe Benefits**

field interviews, advisory group meeting, etc.).  
 (e.g., \$X subsistence). In training projects, travel and  
 involved. Identify the location of travel, if known.

Computation	Cost
Computation	Cost
<b>Total Travel</b>	

Equipment is tangible property having a useful life of  
 (for classification of equipment may be used).

Items should be included either in the "Supplies"  
 buying versus leasing equipment, especially high cost  
 should be listed in the "Contractual" category.  
 describing the procurement method to be used.  
 the vessel or vehicle, including equipment already

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
<b>Total Equipment</b>	

and other expendable items such as books, hand  
 alization policy and threshold amount for  
 expendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	Cost
<b>Total Supplies</b>	

ards found in 2 C.F.R. § 200.318(a).

sonable daily or hourly (8-hour day), and

Computation	Cost
Computation	Cost
<b>Subtotal - Consultant Fees</b>	

it in addition to their fees (i.e., travel, meals,

Computation	Cost
Computation	Cost



<b>Subtotal - Consultant Expenses</b>	
---------------------------------------	--

an estimate of the cost. Applicants are contracts must follow the requirements set forth is at 2 CFR Part 200.

Computation	Cost

Computation	Cost
<b>Subtotal - Contracts</b>	

<b>Total Consultants/Contracts</b>	
------------------------------------	--

ive or confidential funds) by major type and the e foot for rent, and provide a monthly rental cost

Computation	Cost

Computation	Cost

<b>Total Other Costs</b>	
--------------------------	--

n the exception of recipients who have never st have an approved indirect cost rate agreement proved rate (a fully executed, agreement

Computation	Cost
-------------	------

<b>Computation</b>	<b>Cost</b>
<b>Total Indirect Costs</b>	
<b>and Non-Federal Amount)</b>	
<b>Non-Federal Amount</b>	<b>Total</b>
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
<b>\$0</b>	<b>\$0</b>

## Final Steps

Step 1- Review all of your IJ's and Budgets. Make sure that they are completely filled out and accurate.

Tips- Make sure that your total money on your IJ matches your total money on your budget. Be sure that you are Private (50%) or Public (25%)

Step 2- After reviewing select Y after you review it and concluded it is complete. If it is incomplete select N. If you didn't complete type in N/A as your answer

Step 3- DO NOT password protect the file. Save the file. Name it as follows: OrganizationName\_IJBudget this document

Step 4- Submit the Excel Spreadsheet the way it is. Do NOT make it a PDF. Submit it as 1 document no matter how many sheets it has

IJ 1 Complete	Y/N	IJ 2 Complete	Y/N/NA
Budget 1 Complete	Y/N	Budget 2 Complete	Y/N/NA

our bottom budget categories and totals are all filled out. Check to see if you included the correct co  
 and continue working on it until it is complete. Continue this for all of the IJ's that you completed. Fo  
 1-3 (If you have one project then just put IJBudget1. If 5 projects then IJBudget1-5. Etc. Etc.) DO NOT  
 er how many IJ's and Budgets you have.

IJ 3 Complete	Y/N/NA	IJ 4 Complete	Y/N/NA	IJ 5
Budget 3 Complete	Y/N/NA	Budget 4 Complete	Y/N/NA	B Cc

st share based on if

or the ones you

Γ Password protect

Complete

Y/N/NA

udget 5  
omplete

Y/N/NA

































































































































































































































