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 revie

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 estimat the time for reviewing instructions, searching existing data sources, gathering and maintaining the data nee completing and submitting this form. You are not required to respond to this collection of information unle OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estim any suggestions for reducing the burden to: Information Collections Management, Department of Homelanc Federal Emergency Management Agency, 500 C Street. SW, Washington, DC 20472-3100, Paperwork Rec Project (1660-0114) NOTE: Do not send your completed form to this address.

:e 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 docum

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 Revie

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ss a valid
nate and
d Security,
:duction

nent.

in this workbook

ew Tab

Port Security Grant Program (PSGP) Investment Justification (IJ) and Detailed Budget Worksheet (budg

To streamline application submission and review processes, PSGP has revised and combined the IJ and bu
Failure to complete all sections of IJ and Budget for each project may result in disqualification of the proj
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 prot
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 r
2. State or Territory in which the project will be ***implemented***. This is not always the applic
3. Type of Organization: Select from dropdown list. Note that quasi-government organizati
4. Classification of organization: Select from the dropdown list. Note that these classificati
5. Captain of the Port (COTP) Zone: COTP zone in which the project will be implemented. I

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 fun
8. Has this project been funded by PSGP or another Federal assistance program in the last
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 gr
11. Provide justification that supports funding this project again. This will help reviewers de
12. Project Category: Select from the dropdown list. This list is the DHS POETE structure of '
13. New Capability or Maintenance/Sustainment: Select from dropdown list. See PGM for d
14. Is this project exempt from the required cost share outlined in 46 U.S.C.§70107: See NC
15. If yes, identify exemption: Select from dropdown list, see NOFO and PGM for details. Se
16. Federal Share: This is the amount of funds being sought through PSGP. The Federal sha
17. Cost Share: This is the recipient share of the total project cost. (see NOFO and PGM for
18. Total Project Cost: This is the total cost required to complete the project and should be

Part III – Eligibility Information

19. Which plan(s) applies to your organization:
    a. Area Maritime Security Plan (AMSP): Select "Yes" or "No" if applicable. Pe
    b. Facility Security Plan (FSP): Select "Yes" or "No" if applicable. Per 46 U.S.(
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 (

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 (Progr

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 wi
- Major tasks needed (e.g. Design/Development, Contractual Agreements, P
- Estimated percentage of each milestone based on complexity and significance (Miles

Detailed Budget with Narrative

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

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

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

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

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

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

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

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 shou

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 sh
: "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 applicatior

egistration aligned with your UEI (initial application submitted in Grants.gov), this will be used to ass
cant 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))
termine 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%) foc
letails on maintenance and sustainment. Note that replacement of old equipment with new equipm
)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.

r 46 U.S.C. 70107, projects funded under PSGP are identified in the AMSP. Contact USCG for details
C. §70107, projects funded under PSGP are identified in the AMSP. Contact USCG for details. Note: T
t Security Services to Maritime Transportation Security Act of 2002 regulated facilities and/or securi
rvices? Contact your COTP for additional details. This information is typically discussed during AMSC

ation in the AMSC can help ensure that requested projects align with COTP, port area and program p
see NOFO and PGM for limitations). Note: Vendors cannot submit an application to provide their ser
on of equipment or activities conducted on partner owned property should include a memorandum

s relation to the project: Provide a detailed narrative with maritime security nexus. This will help as

s: Yes or No, this may help reviewers prioritize projects based on port area needs. Primary response

person responsible for signing and accepting the award. Complete all fields. This is critical for subse
rmation for the person listed as the point of contact POC for reporting and overall management of t

dentifies the eligible facility location for equipment purchases. Projects that are regional in nature sh

surroundings (e.g. at MTSA regulated facilities; along high vessel traffic areas; along the shoreline)

yered protection, and identify the facilities to which your agency is required to provide security serv

TIFY AND DESCRIBE THE TYPE(S) OF AGREEMENT(S) THAT REQUIRES YOUR AGENCY TO DIRECTLY PR

OF YOUR APPLICATION, SUCH AS LACKING OR INADEQUATE CAPABILITIES OR ASSETS WITHIN THE PO

adios, cameras, construction, service contracts, fencing etc.)? * For training requests, a course num
ase a vessel, identify how many vessels you and port area partners use for the same purpose (i.e. pa
ILITY SECURITY PLAN, VESSEL SECURITY PLAN, OR OTHER IDENTIFIED PLAN(S) THAT THIS PROJECT CI
ided:
S PRIORITIES – seek additional guidance from USCG.
ILIENT PORT AREA. How will this project close security gaps?
SERVICES ARE NEEDED. For example, if you're seeking a patrol vessel and noted in the previous secti

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
pment is tangible property having a useful life of more than one year. (Note: Organization's own ca
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
ve 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 an
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.
hould use N/A to answer questions directed toward public agencies).
uested. 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

iption (i.e. Terminal A Perimeter Security).

019 or more recently, select "Yes").

apability or a redundant capability.
cus 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.
ity zone enforcement as identified in 46 U.S.C. §70107. Note that responding agencies are typically
C meetings.

priorities.
rvices to a 3rd party.
n of understanding (MOU) or Memorandum of Agreement (MOA) to demonstrate that the project c

sure reviewers that the project will provide a continuous maritime security benefit.

e agencies are typically those located within the port area and are among the first agencies to provi

equent grant management activities.
he award and project(s). Complete all fields. This is critical for subsequent grant management activ

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

.

vices.: Summarize how your agency provides security to the port (e.g. provisions of current MOU/M

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

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

ber and title are required: Write the project's description in detail, what how many assets/equipme
atrol vessel; or firefighting vessel).
LOSES/MITIGATES. Contact your AMSC and USCG representative to discuss COTP identified vulnerab

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

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

cybersecurity project reduce vulnerabililities to cybersecurity attacks. A patrol vessel on the other h

ypically the first milestones include accept award and begin procurement process. Final milestones

OP)

icipated for the project. If listing personnel costs for M&A, please denote the activities as "M&A" fo
ntage 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 ir
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, t
the total project costs. Indicate the amount of Federal funds requested and the amount of non-Fe

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

eceiving the award.

abilities 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

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

an be completed.

de services during incidents within the port.

ities.

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

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

in AMSP)

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

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

bilities as referenced in 46 USC 70107.

sel, the port area is large and MTSA vessel traffic exceeds our current capability to be adequately pa

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

and does not close cybersecurity vulnerabilitieis, but would be considered equipment utilized for se

typically include delivery or installation of equipment. These are important help ensure that the pro

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

rainees 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 includ
upplies may be used). Generally, supplies include any materials that are expendable or consumed d
include M&A.

n in applicable state and local laws and regulations, as well as applicable Federal regulations at 2 CFR
any months to rent. Important Note: If applicable to the project, construction costs should be inclu
nizant Federal agency to charge indirect costs to this award. A copy of the approved rate (a fully ex
the sum of which may not exceed the maximum allowable M&A under the program. For example un
deral funds that will support the project. Remember to show the cost share even if you believe the

e, a private entity funding a $100,000 project (total cost) is required to demonstrate a 50/50 cost sha
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 t

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

urity 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

ecurity patrols to help reduce the risk of physical attacks.

oject 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 Trav
ed either in the “Supplies” category or in the “Other” category. Applicants should analyze the cost
uring the course of the project.

R Part 200.
ded in this section of the budget detail worksheet.
ecuted, agreement negotiated with the applicant’s cognizant Federal agency) must be attached.
nder FY2022 PSGP M&A is limited to 5% of the total project cost. Note: Requested grant writer fees
project to be exempt of cost share in part or in full - FEMA will adjust share rates as determined du

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).

vel 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.

eemed 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

egory. Explain how the equipment is necessary for the success of the project. Attach a narrative des

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

n 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

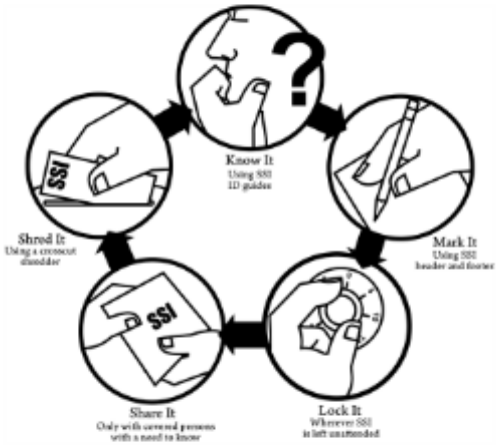
rity and response related challenges in enhancing maritime security for the port area.

the applicant.

DEPARTMENT OF HOMELAND SECURITY

SENSITIVE SECURITY INFORMATION

Cover Sheet



For more information on handling SSI, contact SSI@dhs.gov.

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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 PSGP 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 ORGANIZATON, 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.				
			Total Percentage of Project	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, fi
Show the basis of computation (e.g., six people to three-day training at $X airfare, $X lodgir
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 equi
more than one year. (Note: Organization's own capitalization policy and threshold amount

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable ite
category or in the "Other" category. Applicants should analyze the cost benefits of purchas
items and those subject to rapid technical advances. Rented or leased equipment costs sho
Explain how the equipment is necessary for the success of the project. Attach a narrative d
For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on th
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, a
held tape recorders) and show the basis for computation. (Note: Organization's own capita
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 a
encouraged to promote free and open competition in awarding contracts. Any sole source
in in applicable state and local laws and regulations, as well as applicable Federal regulatior

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

Cognizant Federal Agency for Management and Administration	**Description and Purpose**

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	
Total	**$0**

Click to Proceed to IJ 2	Only 1 Project? Click to proceed to the Review

ual salary rate and the percentage of time to be
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	

ield interviews, advisory group meeting, etc.).
ng, $X subsistence). In training projects, travel and
involved. Identify the location of travel, if known.

Computation	Cost
Computation	**Cost**
Total Travel	

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

ems should be included either in the "Supplies"
sing versus leasing equipment, especially high cost
ould be listed in the "Contractual" category.
escribing the procurement method to be used.
ne 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
xpendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	**Cost**
Total Supplies	

rds found in 2 C.F.R. § 200.318(a).

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

Computation	Cost
Computation	**Cost**
Subtotal – Consultant Fees	

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

Computation	Cost
Computation	**Cost**

Subtotal – Consultant Expenses	

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

Computation	Cost

Computation	Cost
Subtotal – Contracts	

Total Consultants/Contracts	

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

Computation	Cost

Computation	Cost
Total Other Costs	

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

Computation	Cost

Computation	**Cost**
Total Indirect Costs	

nd Non-Federal Amount)

Non-Federal Amount	Total
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
$0	$0

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 PSGP 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 ORGANIZATON, 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.

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● 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.				
			Total Percentage of Project	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, fi
Show the basis of computation (e.g., six people to three-day training at $X airfare, $X lodgir
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 equi
more than one year. (Note: Organization's own capitalization policy and threshold amount

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable ite
category or in the "Other" category. Applicants should analyze the cost benefits of purchas
items and those subject to rapid technical advances. Rented or leased equipment costs sho
Explain how the equipment is necessary for the success of the project. Attach a narrative d
For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on th
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, a
held tape recorders) and show the basis for computation. (Note: Organization's own capita
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 a
encouraged to promote free and open competition in awarding contracts. Any sole source
in in applicable state and local laws and regulations, as well as applicable Federal regulatior

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

Cognizant Federal Agency for Management and Administration	**Description and Purpose**

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	
Total	**$0**

Click to Proceed to IJ 3	Only 2 Projects? Click to proceed to the Review

ual salary rate and the percentage of time to be
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	

ield interviews, advisory group meeting, etc.).
ng, $X subsistence). In training projects, travel and
involved. Identify the location of travel, if known.

Computation	Cost
Computation	**Cost**
Total Travel	

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

ems should be included either in the "Supplies"
sing versus leasing equipment, especially high cost
ould be listed in the "Contractual" category.
escribing the procurement method to be used.
ne 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
xpendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	**Cost**
Total Supplies	

rds found in 2 C.F.R. § 200.318(a).

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

Computation	Cost
Computation	**Cost**
Subtotal – Consultant Fees	

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

Computation	Cost
Computation	**Cost**

Subtotal – Consultant Expenses	

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

Computation	Cost

Computation	Cost
Subtotal – Contracts	

Total Consultants/Contracts	

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

Computation	Cost

Computation	Cost
Total Other Costs	

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

Computation	Cost

Computation	**Cost**
Total Indirect Costs	

nd Non-Federal Amount)

Non-Federal Amount	Total
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
$0	$0

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 PSGP 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 ORGANIZATON, 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.				
			Total Percentage of Project	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, fi
Show the basis of computation (e.g., six people to three-day training at $X airfare, $X lodgir
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 equi
more than one year. (Note: Organization's own capitalization policy and threshold amount

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable ite
category or in the "Other" category. Applicants should analyze the cost benefits of purchas
items and those subject to rapid technical advances. Rented or leased equipment costs sho
Explain how the equipment is necessary for the success of the project. Attach a narrative d
For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on th
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, a
held tape recorders) and show the basis for computation. (Note: Organization's own capita
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 a
encouraged to promote free and open competition in awarding contracts. Any sole source
in in applicable state and local laws and regulations, as well as applicable Federal regulatior

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

Cognizant Federal Agency for Management and Administration	**Description and Purpose**

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	
Total	**$0**

Click to Proceed to IJ 4	Only 3 Projects? Click to proceed to the Review

ual salary rate and the percentage of time to be
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	

ield interviews, advisory group meeting, etc.).
ng, $X subsistence). In training projects, travel and
involved. Identify the location of travel, if known.

Computation	Cost
Computation	**Cost**
Total Travel	

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

ems should be included either in the "Supplies"
sing versus leasing equipment, especially high cost
ould be listed in the "Contractual" category.
escribing the procurement method to be used.
ne 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
xpendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	**Cost**
Total Supplies	

rds found in 2 C.F.R. § 200.318(a).

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

Computation	Cost
Computation	**Cost**
Subtotal – Consultant Fees	

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

Computation	Cost
Computation	**Cost**

Subtotal – Consultant Expenses	

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

Computation	Cost

Computation	Cost
Subtotal – Contracts	

Total Consultants/Contracts	

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

Computation	Cost

Computation	Cost
Total Other Costs	

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

Computation	Cost

Computation	**Cost**
Total Indirect Costs	

nd Non-Federal Amount)

Non-Federal Amount	Total
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
$0	$0

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 PSGP 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 ORGANIZATON, 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.				
			Total Percentage of Project	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, fi
Show the basis of computation (e.g., six people to three-day training at $X airfare, $X lodgir
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 equi
more than one year. (Note: Organization's own capitalization policy and threshold amount

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable ite
category or in the "Other" category. Applicants should analyze the cost benefits of purchas
items and those subject to rapid technical advances. Rented or leased equipment costs sho
Explain how the equipment is necessary for the success of the project. Attach a narrative d
For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on th
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, a
held tape recorders) and show the basis for computation. (Note: Organization's own capita
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 a
encouraged to promote free and open competition in awarding contracts. Any sole source
in in applicable state and local laws and regulations, as well as applicable Federal regulatior

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

Cognizant Federal Agency for Management and Administration	**Description and Purpose**

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	
Total	**$0**

Click to Proceed to IJ 5	Only 4 Projects? Click to proceed to the Review

ual salary rate and the percentage of time to be
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	

ield interviews, advisory group meeting, etc.).
ng, $X subsistence). In training projects, travel and
involved. Identify the location of travel, if known.

Computation	Cost
Computation	**Cost**
Total Travel	

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

ems should be included either in the "Supplies"
sing versus leasing equipment, especially high cost
ould be listed in the "Contractual" category.
escribing the procurement method to be used.
ne 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
xpendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	**Cost**
Total Supplies	

rds found in 2 C.F.R. § 200.318(a).

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

Computation	Cost
Computation	**Cost**
Subtotal – Consultant Fees	

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

Computation	Cost
Computation	**Cost**

Subtotal – Consultant Expenses	

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

Computation	Cost

Computation	Cost
Subtotal – Contracts	

Total Consultants/Contracts	

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

Computation	Cost

Computation	Cost
Total Other Costs	

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

Computation	Cost

Computation	**Cost**
Total Indirect Costs	

nd Non-Federal Amount)

Non-Federal Amount	Total
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
$0	$0

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 PSGP 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 ORGANIZATON, 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.				
			Total Percentage of Project	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, fi
Show the basis of computation (e.g., six people to three-day training at $X airfare, $X lodgir
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 equi
more than one year. (Note: Organization's own capitalization policy and threshold amount

Identify the Authorized Equipment List number (AEL #) for items requested. Expendable ite
category or in the "Other" category. Applicants should analyze the cost benefits of purchas
items and those subject to rapid technical advances. Rented or leased equipment costs sho
Explain how the equipment is necessary for the success of the project. Attach a narrative d
For CBRNE Vessels or Vehicles, list the specific CBRNE equipment that will be installed on th
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, a
held tape recorders) and show the basis for computation. (Note: Organization's own capita
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 a
encouraged to promote free and open competition in awarding contracts. Any sole source
in in applicable state and local laws and regulations, as well as applicable Federal regulatior

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

Cognizant Federal Agency for Management and Administration	**Description and Purpose**

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	
Total	**$0**

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

ual salary rate and the percentage of time to be
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	

ield interviews, advisory group meeting, etc.).
ng, $X subsistence). In training projects, travel and
involved. Identify the location of travel, if known.

Computation	Cost
Computation	**Cost**
Total Travel	

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

ems should be included either in the "Supplies"
sing versus leasing equipment, especially high cost
ould be listed in the "Contractual" category.
escribing the procurement method to be used.
ne 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
xpendable or consumed during the course of the

Computation (Quantity x per unit cost)	Cost
Computation (Quantity x per unit cost)	**Cost**
Total Supplies	

rds found in 2 C.F.R. § 200.318(a).

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

Computation	Cost
Computation	**Cost**
Subtotal – Consultant Fees	

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

Computation	Cost
Computation	**Cost**

Subtotal – Consultant Expenses	

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

Computation	Cost

Computation	Cost
Subtotal – Contracts	

Total Consultants/Contracts	

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

Computation	Cost

Computation	Cost
Total Other Costs	

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

Computation	Cost

Computation	**Cost**
Total Indirect Costs	

nd Non-Federal Amount)

Non-Federal Amount	Total
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
$0	$0

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 yo
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
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 matt

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 Co

st share based on if

or the ones you

Γ Password protect

Complete	Y/N/NA
udget 5 omplete	Y/N/NA