Major General
Diane L. Dunn
Commissioner

State of Maine
Department of Defense, Veterans and Emergency Management
Maine Emergency Management Agency

Peter J. Rogers
Director

State of Maine Investment Justification

NONPROFIT ORGANIZATION SUBAPPLICANT INFORMATION

* Denotes Required Field

Legal Name of the Organization *

Street *

City *

Zip Code +4 *

County *

Is the building owned, or are you leasing/renting *

- Owned
- Leasing/Renting

If leasing or renting, do you have the owner's permission to make the proposed security enhancements? *

- Yes
- No

At the time of application, is the organization actively occupying and functioning out of the location listed above? *

- Yes
- No

Are you the only nonprofit operating in/from this facility/building? *

- Yes
- No

If "No," please explain how the proposed security enhancements benefit both you and the other organization(s) If "Yes," type N/A

Based on your mission statement, please summarize your organization's mission, ideology, and/or beliefs. *

What is the primary organization type *

- Ideology-based/Spiritual/Religious (Houses of Worship, Religious Schools, etc.)
- Educational
- Medical
- Other

If “Other,” please describe the type of organization *

Please select the function that best describes the organization *

- ◯ House of Worship
- ◯ Community Center
- ◯ Pre-School
- ◯ Middle School
- ◯ High School
- ◯ Post-Secoundary Education
- ◯ Other Type of Educational Organization
- ◯ Social Services

Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the Internal Revenue Code (IRC) and tax-exempt under section 501(a) of the IRC. More information on tax-exempt organizations can be found at: https://www.irs.gov/charities-non-profits/charitable-organizations.
Is the organization eligible under the IRC to receive ME-NSGP funds? *

- ◯ Yes
- ◯ No

Does the organization have a Unique Entity ID (UEI) Number? *

- ◯ Yes
- ◯ No

If you answered "YES" please enter the UEI number for the organization, nonprofits do not need to have a valid UEI at the time of application; however, subrecipients must have a valid UEI in order to receive a subaward.

PART II. BACKGROUND INFORMATION

Please describe this location's symbolic value as an institution/landmark that renders the site as a possible target of terrorism or other extremist attack. *

Please select (if applicable) the current, ongoing, or recent (last 3 years) event(s) in which your organization has been involved in prevention, protection, response, and/or recovery *

- ◯ Terrorist Attack
- ◯ Man-made disaster (non-terrorist)
- ◯ Natural Disasters
- ◯ Other

Please describe the organization's role in prevention, protection, response, and/or recovery, specifically highlighting the efforts that demonstrate integration of nonprofit preparedness with broader state and local preparedness efforts *

PART III. RISK

Risk can be defined as the product of three principal variables: Threat, Vulnerability, and Consequence. In the space below, describe the risk(s) faced by your organization specifically in terms of the A) Threats, B) Vulnerabilities, and C)Potential Consequences of an attack

Threat: In considering a threat, please describe the identification and substantiation of specific threats or attacks against the nonprofit organization or a closely related organization, network, or cell. Description can include findings from a threat or risk assessment, police report(s), and/or insurance claims specific to the location being applied for including dates of specific threats. *

Vulnerabilities: Please describe the organization’s susceptibility to destruction, incapacitation, or exploitation by a terrorist or other extremist attack. *

Potential Consequences: Please describe the potential negative effects on the organization's assets, systems, and/or function if damaged, destroyed, or disrupted by a terrorist or other extremist attack. *

PART IV. FACILITY HARDENING

Section IV-A: In this section, describe each proposed activity or investment (as selected in Section IV-B), identify the vulnerability that it addresses, and detail the cost associated with the activity or investment. For each activity/investment,include the quantity, estimated hourly rate or estimated price per unit, and proposed usage. Note: This section should include narrative information about all costs listed in Section IV-B. The objective is for the information contained in this section to allow reviewers to validate the need of all costs in Section IV-B

Allowable costs include facility hardening activities, such as planning and exercise related costs, contracted security personnel, and security-related training courses and programs limited to the protection of critical infrastructure key resources. Funding can also be used for the acquisition and installation of security equipment on real property (including buildings and surrounding property) ownedor leased by the nonprofit organization, specifically in prevention of and/or in protection against the risk of terrorist or other extremist attack. *

Applicants must provide a detailed project budget identifying all anticipated expenditures associated with the proposed project. The budget narrative must clearly explain how each cost supports project implementation and aligns with the proposed investment or project activities. *

PART VI. PROJECT MANAGEMENT

Who will manage the project? Include the name, phone number, email address, and experience of the project manager(s). *

Please assess your project management plan/approach. Assessment could include challenges to the effective implementation of this project and the coordination of the project with state and local homeland security partners. *

PART VII. IMPACT

Please describe the measurable outputs and outcomes that will indicate that this Investment is successful at the end of the period of performance. *

FUNDING HISTORY

If the nonprofit organization has received NSGP funding in the past, provide the funding amount, funding year, and the investment type.

Has the organization received federal NSGP funding in the past? *

- ◯ Yes
- ◯ No

If “Yes,” please list the year(s), award amount(s), and Project(s)/Investment(s). (Example: FY20 / $150K / CCD Camera System and Lighting. If "No," type NA *

NONPROFIT SUBAPPLICANT CONTACT INFORMATION

This application was written by *

- (●) An employee of the aforementioned nonprofit organization
- ( ) Consultant on behalf of the nonprofit organization (at no-cost)
- ( ) Contractor/grant-writer on behalf of the nonprofit
- ( ) Affiliated volunteer on behalf of the nonprofit organization

By checking this box, I certify that I am an employee or affiliated volunteer on behalf of the nonprofit organization or have been hired by the nonprofit organization to apply on their behalf for the Nonprofit Security Grant Program. *

- (●) Yes I certify

Full Name

Position / Tile

Email

Work Phone