**2021 State Homeland Security**

**Grant Program**

**Combined Coversheet**

Combine all sub-applicant requests within our county or tribe on this coversheet

**Type of Grant Funding**:

County or Tribe:\_ Click here to enter text.

Address:\_\_\_Click here to enter text.

Primary Point of Contact Name:\_\_Click here to enter text.

Primary Phone Number: Click here to enter text. Secondary Phone Number Click here to enter text.

Email: \_ Click here to enter text.

Total Federal Funds Requested: $\_ Click here to enter text.

Amount Dedicated to (Federal Priorities):

Cybersecurity: $ Click here to enter text.

Soft Target Security: $\_ Click here to enter text.

Information Sharing and Cooperation: $ Click here to enter text.

Emerging Threats: $\_ Click here to enter text.

Domestic Violent Extremism: $ \_\_ Click here to enter text.

**Sub-Applicant Information:**

*Please provide agency name, total funds requested and a brief description of the project (20 words or less).*

***Example:***

Agency Name:\_\_\_*Anytown Fire Department\_\_\_\_\_\_\_\_* Total Funding Request*: $\_\_$30,000\_\_\_\_\_\_\_\_\_\_\_\_\_*

Project Description: (20 words or less)\_\_\_*Updating City Emergency Plans\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

2 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

3 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

4 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

5 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

6 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

7 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

8 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

9 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

10 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

11 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Project Description: (20 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Official:\_\_\_\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_ Click here to enter text. \_\_\_