**2022 State Homeland Security**

**Grant Program**

**Combined Coversheet**

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

**Type of Grant Funding**:

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

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

Mailing Address:\_\_\_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.

**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. \_\_\_\_\_\_\_\_\_\_\_

[Link to Sub-Applicant Coversheet {MS-Forms}](https://forms.office.com/g/xzjMzsGnBX)

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. \_\_\_\_\_\_\_\_\_\_\_

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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. \_\_\_\_\_\_\_\_\_\_\_

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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. \_\_\_\_\_\_\_\_\_\_\_

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

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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. \_\_\_\_\_\_\_\_\_\_\_

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

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

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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. \_\_\_\_\_\_\_\_\_\_\_

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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. \_\_\_\_\_\_\_\_\_\_\_

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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. \_\_\_\_\_\_\_\_\_\_\_

[Link to Sub-Applicant Coversheet {MS-Forms}](https://forms.office.com/g/xzjMzsGnBX)

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

This Document does not need to be signed. Please submit it as a word document, not a PDF.

If you have any questions, please Contact the SHSP grant Coordinator, Kevin Jeffries. Kevin.jeffries@state.or.us 503-378-3661