2026 State Homeland Security Grant Program

Combined Coversheet

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

Type of Grant Funding: Allocation Based

County or Tribe:

Name of Primary Point of Contact for this application packet:

Primary Phone Number: Secondary Phone Number:

Email:

Total Funds Requested:

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*_____
Name of Project: (5 words or less)___*EOP Update*_____

1 Agency Name: Total Funding Request: $
Name of Project: (5 words or less):

2 Agency Name: Total Funding Request: $
Name of Project: (5 words or less):

3 Agency Name: Total Funding Request: $
Name of Project: (5 words or less)

4 Agency Name: Total Funding Request: $
Name of Project: (5 words or less):

5 Agency Name: Total Funding Request: $
Name of Project: (5 words or less):

6 Agency Name: Total Funding Request: $
Name of Project: (5 words or less):

REGIONAL PROJECT:
Agency Name: Total Funding Request: $
Name of Project: (5 words or less):

***Denotes a regional project**

This Document does not need to be signed.

If you have any questions, please Contact the SHSP grant Coordinator, Kevin Jeffries.
Kevin.jeffries@oem.oregon.gov or call 971-719-0740