

HOMELAND SECURITY SAA AGENCY NAME HERE
MAILING ADDRESS
CITY, STATE ZIP

GRANT AWARD

Subgrantee: Agency Name

Project Title(s): Region Eight (8) HSGP Allocation

Grant Period: 08-01-06 – 7-31-06

Date of Award: 8-28-06

Total Amount of Award: \$ XXX,XXX

Grant No.: 06SHSP01

In accordance with the provisions of Federal Fiscal Year 2XXX State Homeland Security Grant Program, the SAA AGENCY NAME HERE (SAA AGENCY NAME HERE) hereby awards to the foregoing Subgrantee a grant in the federal amount shown above. The CFDA number is 97.004 and SAA AGENCY NAME HERE federal grant number is 2005-XX-XX-0000.

Payment of Funds: The original signed copy of this Award must be signed by the Official Authorized to Sign in the space below and returned to SAA AGENCY NAME HERE **no later than August 31, 2006. The grant shall be effective upon return of this form and final approval by SAA AGENCY NAME HERE of the grant budget and program narrative.** Grant funds will be disbursed to subgrantees (according to the approved project budget) upon receipt of evidence that funds have been invoiced and products received and/or that funds have been expended (i.e., invoices, contracts, itemized expenses, etc.).

Conditions: I certify that I understand and agree that funds will only be expended for those projects outlined in the funding amounts as individually listed above. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of the grant including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the applicant to these requirements; that costs incurred prior to grant application approval will result in the expenses being absorbed by the subgrantee; and that all agencies involved with this project understand that all federal funds are limited to a twelve-month period.

Supplantation: The Act requires that subgrantees provide assurance that subgrant funds will not be used to supplant or replace local or state funds or other resources that would otherwise have been available for homeland security activities. In compliance with that mandate, I certify that the receipt of federal funds through SAA AGENCY NAME HERE shall in no way supplant or replace state or local funds or other resources that would have been made available for homeland security activities.

ACCEPTANCE FOR THE SUBGRANTEE

Signature of Official Authorized to Sign for Region
Director

Signature of SAA AGENCY NAME HERE Agency

GRANT AWARD NOTICE: THIS AWARD IS SUBJECT TO THE GRANT SPECIAL CONDITIONS AND FINAL APPROVAL BY SAA AGENCY NAME HERE OF THE SUBGRANTEE'S GRANT PROGRAM BUDGET AND NARRATIVE.