



**STATE OF ARIZONA**  
**Department of Homeland Security**

**2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION**

PLEASE FILL OUT THE SUBGRANTEE AND PROJECT TITLE BLANKS ONLY

Grant #:

Applicant:

Project Title:

The following document(s) have been completed and submitted with the application.

**Check if Completed**

**Grant Workbook**

- Project Administrative Page (Questions 1-10)
- Project Narrative (Questions 11-13 )
- Project Justification (Questions 14 & 15)
- Target Capabilities (TCA, Questions 16 & 17)
- Milestones (Question 18)

**Please be sure to only complete the following worksheets that pertain to your project.**

- Equipment Budget Detail Worksheet
- Equipment Budget Narrative
- Training Budget Narrative & Detail Worksheet
- Exercise Budget Narrative & Detail Worksheet
- Planning Budget Narrative & Detail Worksheet
- M&A Budget Narrative & Detail Worksheet
- Organization Budget Narrative & Detail Worksheet
- Memorandum of Understanding (if applicable)

**Please check the following boxes if**

-Your agency is NIMSCAST Compliant

**For more information on NIMSCAST:**

<http://www.fema.gov/nimscast/index.jsp>

-Your agency is registered with and participating in E-Verification Program

**For more information on E-Verify**

[http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm)

**The following tabs MUST be completed**

- Standard Data Collection Form
- Financial System Survey
- Budget Summary
- Project Summary
- FFATA Summary

**The due date for this application is March 2, 2012 at 5:00PM. No late applications will be accepted. No incomplete applications will be accepted. There will be no opportunity for clarifications once the application has been submitted. To submit an application please click on the link below:**

<http://www.azdohs.gov/application2012.asp>

Central and North Regions, Phoenix and Tucson UASI		East and West Regions, State Agencies		South Region, Operation Stonegarden
Susan Dzbanko (602) 542-1777 <a href="mailto:sdzbanko@azdohs.gov">sdzbanko@azdohs.gov</a>		John Coughlin (602) 542-7012 <a href="mailto:jcoughlin@azdohs.gov">jcoughlin@azdohs.gov</a>		William Seltzer (602) 542-7044 <a href="mailto:wseltzer@azdohs.gov">wseltzer@azdohs.gov</a>

**Grant Timeline**

**March 2, 2012** no later than 5:00 PM (Arizona Time) - Application due to AZDOHS

**March 5 - March 9, 2012** AZDOHS reviews grant applications

**March 12 - March 30, 2012** Applicable applications will be reviewed by Working Groups as necessary. Regional Advisory Councils will provide recommendations to the Director of AZDOHS

**TBD** - AZDOHS Applications due to Federal DHS

**On or before September 2012** - Awards will be made to local jurisdictions and state agencies

**Grant Period** - Start date will be determined by the date on the official award notice to Arizona from U.S. DHS. The local jurisdictions grant award period will not exceed 12 months

**STATE OF ARIZONA**  
**Department of Homeland Security**  
**2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION**

FOR THIS SECTION BE SURE TO CHOOSE A PROGRAM

Grant #:  Applicant:

Project Title:

Grant Program:

**PROJECT ADMINISTRATIVE PAGE**

<p><b>1. Applicant</b></p> <p>Applicant Address:</p> <p>Mailing Address: <input type="text"/></p> <p>City/State/Zip: <input type="text"/> AZ <input type="text"/></p> <p style="text-align: center;">City                      State                      Zip Code</p> <p>Head of Agency</p> <p>Title      First Name      Last Name</p> <p>Phone #: <input type="text"/></p> <p>E-Mail Address: <input type="text"/></p> <p>Agency's Point of Contact Information</p> <p>Title      First Name      Last Name</p> <p>Phone #: <input type="text"/></p> <p>Cell Phone #: <input type="text"/></p> <p>E-Mail Address: <input type="text"/></p>	<p><b>2. Organization Type</b></p> <p>Select Agency Classification <input type="text"/></p> <p><b>3. Region or Entity:</b> <input type="text" value="Choose Region or Entity"/></p> <p style="text-align: center;"><b>Program Initiatives</b></p> <p>4a. SHSGP, MMRS, CCP: <input type="text" value="Choose Initiative"/></p> <p>4b. Phoenix UASI: <input type="text" value="Choose Initiative"/></p> <p>4c. Tucson UASI: <input type="text" value="Choose Initiative"/></p> <p>4d. Is this LETPA?: <input type="text" value="Select Yes/No"/></p> <p>5. Total Dollar Amount Requested: <span style="background-color: red; color: white; padding: 2px;">\$0</span></p>
---	---

**6. Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project. To learn more about the strategy visit this website:**  
<http://www.azdohs.gov/Grants/SHSS.asp>

**7. Identify the primary National Priority that is supported by this project from the drop down box below.**

National Priorities

**8. Is this project new or ongoing? If the project is ongoing, identify the corresponding projects and funding amounts for each year as applicable. Also, for the current grant cycle, please identify, if any, requests for funding from other funding sources i.e. EOC, EMPG etc..**

**9. Can partial funding be accepted for this project? If so, at what specific dollar amount(s), items, and quantities? Be sure to list the order of priority.**

**10. Please list the multiple jurisdictions and/or disciplines served by this project. Include POC information for each partnering agency.**

**APPROVAL PROCESS**

The signatures below verify the approval process. All parties signify that all aspects of this project are allowable, reasonable and justifiable in accordance with published federal grant guidelines.

Project Point of Contact or Agency's Authorized Individual	<input type="text"/>	<input type="text"/>
	<i>Typed Name</i>	<i>Signature</i>
AZDOHS Strategic Planner or Assistant Director Planning & Preparedness	<input type="text"/>	<input type="text"/>
	<i>Typed Name</i>	<i>Signature</i>

STATE OF ARIZONA  
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

**PROJECT NARRATIVE**

11. Provide a summary description (scope of work) for this project as well as a description of the need. Be sure to include how this project will support and enhance jurisdictional capabilities that are directly related to the Initiative identified on the previous tab under item 4. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

12. What is the sustainability plan for this project/equipment?

13. Provide a summary of the current state of this project, its objectives and any outcomes to be completed prior to this funding. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

STATE OF ARIZONA  
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

**PROJECT JUSTIFICATION**

14a. Explain how this project supports the State Homeland Security Strategy.

To learn more about the State Homeland Security Strategy, refer to the following website:

<http://www.azdohs.gov/Grants/SHSS.asp>

14b. Include how this project fits into one (or more) of the State Initiatives. Please refer to the "PROJECT ADMIN TAB" under Item 4. Provide any additional justification that supports this project. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

15. Describe in detail the goals and objectives of the proposed project. Be sure to address what your organization's current capabilities are, and how the current capabilities of your organization will be impacted or enhanced as a result of this grant. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

STATE OF ARIZONA  
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

**TARGET CAPABILITIES ASSESSMENT**

16. From the 37 Target Capabilities please identify, from the drop down menu, no more than three Target Capabilities supported by this project in priority order. Then enter the proposed amount of funding to be obligated for each Target Capability from this project. To access the Target Capabilities List click on the link below.

<http://www.fema.gov/pdf/government/training/tcl.pdf>

Choose Target Capabilities  Enter Amount:

Choose Target Capabilities  Enter Amount:

Choose Target Capabilities  Enter Amount:

This amount should equal the total amount being requested for this project.

17. How will the achieved goals and objectives of this project buy down the risk to your jurisdiction and region?

STATE OF ARIZONA  
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

**MILESTONES**

18. Provide specific milestones for the project during the course of the performance period. Each milestone (up to 4) should provide a clear description of the projected outcome. Note: If this grant is awarded, the milestones, as identified below, are required to be fulfilled as part of the grant requirement. The grant performance period is 12 months and the projected funding cycle is October 2012 - September 2013. Extensions will only be considered under extenuating circumstances, and additional supporting documentation will be required. Do not use any special characters such as a hyphen or apostrophe.

**Milestone 1**

Description:	Start Date	End Date
	10/01/2012	12/31/2012

**Milestone 2**

Description:	Start Date	End Date
	01/01/2013	03/31/2013

**Milestone 3**

Description:	Start Date	End Date
	04/01/2013	06/30/2013

**Milestone 4**

Description:	Start Date	End Date
	07/01/2013	09/30/2013





**STATE OF ARIZONA**  
Department of Homeland Security

**2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION**

Grant #:

Applicant:

Project Title:

**TRAINING - BUDGET NARRATIVE AND BUDGET DETAIL WORKSHEET**

All training must be in accordance with and approved by the State Training POC, prior to any contracted services with training provider. Any grant funds used for Communications Unit training must be in compliance with the Arizona Communications Unit Training Coordination Procedure.

More information on the Arizona Communications Unit Training Coordination Procedure can be found at: <http://azpsic.gov/library/standards/default.htm>

FEMA approved training class, course number, title and/or conference/training event:  
<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area:

Training Level:

Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
<input type="text" value="0"/>	<input type="text" value="\$0"/>					
<b>Total Cost for All Deliveries</b>	<input type="text" value="\$0"/>					

If requesting supplies, you must provide a list of all consummable supplies requested.

**Section 2**

FEMA approved training class, course number, title and/or conference/training event:  
<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area:

Training Level:

Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
<input type="text" value="0"/>	<input type="text" value="\$0"/>					
<b>Total Cost for All Deliveries</b>	<input type="text" value="\$0"/>					

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 3

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website. 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area

Training Level

	Trainers	Contractors	Supplies	Travel	
	Trainers	Contractors	Supplies	Travel	
Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Contractors Consultants	Supplies	Travel
<input type="text" value="0"/>	<input type="text" value="\$0"/>				
Total Cost for All Deliveries	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	Total <input type="text" value="\$0"/>

If requesting supplies, you must provide a list of all consumable supplies requested.

Section 4

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website. 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area

Training Level

	Trainers	Contractors	Supplies	Travel	
	Trainers	Contractors	Supplies	Travel	
Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Contractors Consultants	Supplies	Travel
<input type="text" value="0"/>	<input type="text" value="\$0"/>				
Total Cost for All Deliveries	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	Total <input type="text" value="\$0"/>

If requesting supplies, you must provide a list of all consumable supplies requested.

Section 5

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area

Training Level

Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
<input type="text" value="0"/>	<input type="text" value="\$0"/>					
Total Cost for All Deliveries	<input type="text" value="\$0"/>					

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 6

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area

Training Level

Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
<input type="text" value="0"/>	<input type="text" value="\$0"/>					
Total Cost for All Deliveries	<input type="text" value="\$0"/>					

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 7

FEMA approved training class, course number, title and/or conference/training event:  
<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area

Training Level

Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

If requesting supplies, you must provide a list of all consummable supplies requested.

Section 8

FEMA approved training class, course number, title and/or conference/training event:  
<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area

Training Level

Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	Total
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

If requesting supplies, you must provide a list of all consummable supplies requested.

TOTAL TRAINING COSTS \$0 \$0 \$0 \$0 \$0 \$0

**STATE OF ARIZONA**  
**Department of Homeland Security**

**2012 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION**

Grant #:

Applicant:

Project Title:

**EXERCISE - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET**

**Must be conducted in accordance with the Homeland Security Exercise Evaluation Program (HSEEP).**  
[https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx)  
 Each Exercise event must be explained in detail. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. **(Medicare is NOT a reimbursable cost for personnel Backfill/Overtime).** All Equipment associated with Exercise must be listed on the "Equipment Budget Narrative" page only. **The character limit for this section is 1,000.**  
 Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:  
<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

**EXERCISE LEVEL: (Table Top, Functional, Full Scale)**

**EXERCISE DESCRIPTION:** Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed. Personnel, Travel, and Supplies, etc. If requesting supplies, provide a list of all consummable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

**EXERCISE LEVEL: (Table Top, Functional, Full Scale)**

**EXERCISE DESCRIPTION:** Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed. Personnel, Travel, and Supplies, etc. If requesting supplies, provide a list of all consummable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

**EXERCISE LEVEL: (Table Top, Functional, Full Scale)**

**EXERCISE DESCRIPTION:** Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed. Personnel, Travel, and Supplies, etc. If requesting supplies, provide a list of all consummable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0



**STATE OF ARIZONA**  
**Department of Homeland Security**

**2012 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION**

Grant #:

Applicant:

Project Title:

**ORGANIZATION - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET**

Each Organization activity must be explained in detail. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. **(Medicare is NOT a reimbursable cost for personnel Backfill/Overtime)**. All Equipment associated with Organization must be listed on the "Equipment Budget Narrative" page only. The character limit for this section is 1,000.

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:  
<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.:

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information, Investigative and Intelligence Sharing Activities	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities
<input style="width: 90%;" type="text"/> \$0	<input style="width: 90%;" type="text"/> \$0	<input style="width: 90%;" type="text"/> \$0

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.:

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information, Investigative and Intelligence Sharing Activities	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities
<input style="width: 90%;" type="text"/> \$0	<input style="width: 90%;" type="text"/> \$0	<input style="width: 90%;" type="text"/> \$0

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.:

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information, Investigative and Intelligence Sharing Activities	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities
<input style="width: 90%;" type="text"/> \$0	<input style="width: 90%;" type="text"/> \$0	<input style="width: 90%;" type="text"/> \$0

**TOTAL ORGANIZATION COSTS**  \$0  \$0  \$0

**TOTAL COSTS**  \$0



STATE OF ARIZONA  
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

Project Title:

**APPLICATION - SUMMARY**

**FUNDING CATEGORIES**

**TOTAL**

**APPLICATION TOTAL**

Grant Number:  
Application Number:

Arizona Department of Homeland Security  
1700 West Washington Street, Suite 210  
Phoenix, AZ 85007

### Project Summary

Local Unit of Government:	
Award Amount:	\$0
Project Title:	
Project Description:	
Project Type:	Choose Project Type
Primary Target Capability:	Choose Primary Target Capability
HSGP Investment Supported:	Choose Primary Investment Supported
HSGP Primary Goal:	Choose an HSGP Primary Goal
HSGP Objective:	Choose an HSGP Objective
Phoenix UASI Investment Supported:	Choose Primary Investment Supported
Phoenix UASI Primary Goal:	Choose a Phoenix UASI Goal
Phoenix UASI Objective:	Choose a Phoenix UASI Objective
Tucson UASI Investment Supported:	Choose Primary Investment Supported
Tucson UASI Primary Goal:	Choose a Tucson UASI Goal
Tucson UASI Objective:	Choose a Tucson UASI Objective
Funding Source:	Cp - Choose Program



**Arizona Department of Homeland Security  
Financial Systems Survey**

Name of Organization:

Person completing survey: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BOX. ATTACH MATERIALS AND DOCUMENT Comments AS REQUIRED.**

As stewards of federal and state funds, the Arizona Department of Homeland Security (AZDOHS) prefers to award funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

**A. GENERAL INFORMATION**

1. Has your organization received a Federal or State Grant within the last two years?

Yes  No

2. Has your organization received funding from the Arizona Department of Homeland Security within the past two years? If yes, specify the grant contract numbers (for OSGP awards prior to FFY08 simply state "Stonegarden" in the blank provided): SHSGP 444403-03

Yes  No

3. Has your organization been audited by an independent Certified Public Accountant within the past two years?

Yes  No

4. Has your organization completed an A-133 Single Audit within the past two years?

Yes  No

5. Has your organization been granted tax-exempt status by the Internal Revenue Service?

Yes  No

6. If you answered YES to question #5 under what section of the IRS code?

501 C (3)  501 C (4)  501 C (5)  501 C (6)  Other

7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?

Yes  No

**B. FUNDS MANAGEMENT**

8. Which of the following describes your organization's accounting system?

Manual  Automated  Combination

9. How frequently do you post to the General Ledger?

Daily  Weekly  Monthly  Other

10. Does the accounting system completely and accurately track the receipt and disbursements of funds by each

Yes  No

11. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?

Yes  No

12. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time?

Yes  No

13. Is your organization familiar with Federal Cost Principles (i.e. OMB Circular A-87, A-122 or A-21)?

Yes  No

### **C. INTERNAL CONTROLS**

14. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?

Yes  No

15. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?

Yes  No

16. Are all accounting entries and payments supported by source documentation?

Yes  No

17. Are cash or in-kind matching funds supported by source documentation?

Yes  No

18. Are employee time sheets supported by appropriately approved/signed documents?

Yes  No

19. Does the organization maintain policies which include procedures for assuring compliance with applicable Code of Federal Regulations and terms of each grant award?

Yes  No

### **D. PROCUREMENT**

20. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?

Yes  No

21. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?

Yes  No

22. Does the organization complete some level of cost or price analysis for every purchase?

Yes  No

23. Does the organization maintain files and other source documentation sufficient to detail the history of each purchase?

Yes  No

24. Does the organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract?

Yes  No

25. Does the organization maintain written procurement policies and procedures?

Yes  No

Application Number: (AZDOHS Use Only):

Grant Number:

### Arizona Department of Homeland Security

### Standard Data Collection Form

#### A. Agency Information

Project Title *(if applicable)*:

Agency:

Amount Requested:

Project Description:

Address:

County:

**Authorized Individual:**

Name:

Position / Title:

Email:

Phone:  Ext.

Fax:

Employer Identification Number:

Agency Classification *(This is based on your selection on the Project Administrative Page)*:

Have you previously conducted business with the State using this Employer Identification Number?

If No, Please go to the following website to download and complete the State of Arizona Substitute W-9 form. Please be sure to submit this form with your application.

<http://www.ica.state.az.us/forms/selfinsured/AZ-SubstituteW9.pdf>

In which Congressional (Federal) District is your agency headquartered? Enter District #:

<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency headquartered? Enter District #:

<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding will your organization expend in your current fiscal year?

What is your organization's fiscal year-end date? MM  DD

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133?

Please provide contact information of the audit firm conducting your audit:

Agency:

Address:

Phone Number:

Fax:

# Arizona Department of Homeland Security

## Standard Data Collection Form

### B. Contact Information (Please copy this portion as many times as needed.)

Program Agency - Indicates person with primary contact with the Arizona Department of Homeland Security and is directly responsible for ensuring that the program plan is implemented. All future program correspondence will be sent to this person.

Fiscal Agency - Indicates person responsible for financial matters pertaining to this grant.

Collaborator - Indicates all persons/agencies that have been identified as a collaborator, partner, or host site as a requirement of this grant.

Agency Contact Type :

Agency:

Address:   
(Address Line 1)

(Address Line 2) (City) (State) (Zip code)

County:

Contact Person:    
(First Name) (Last Name)

Position/Title:

Email:

Phone Number:  Ext.

Fax:

Agency Contact Type :

Agency:

Address:   
(Address Line 1)

(Address Line 2) (City) (State) (Zip code)

County:

Contact Person:    
(First Name) (Last Name)

Position/Title:

Email:

Phone Number:  Ext.

Fax:

Agency Contact Type :

Agency:

Address:   
(Address Line 1)

(Address Line 2) (City) (State) (Zip code)

County:

Contact Person:    
(First Name) (Last Name)

Position/Title:

Email:

Phone Number:  Ext.

Fax:

Grant Number:

## Arizona Department of Homeland Security

### FFATA (Federal Funding Accountability and Transparency Act) Reporting Requirements

This section must be completed for any application greater than or equal to \$25,000

Name of Entity Receiving Award:

Requested Amount:  Awarded Amount:  (AZDOHS use only)

Funding Agency:

CFDA Number:

Project Title:

Location: City:  State:  Congressional District:   
<http://www.azredistricting.org>

DUNS Number:

1) Is 80% or more of your annual gross revenues from Federal Awards?

2) Do you receive \$25 Million or more annually from Federal Awards?

If you answered YES to BOTH questions, you MUST provide the following:

Names and Total Compensation of Top Five paid executives:

1:	Name	<input type="text"/>	Total Compensation	<input type="text"/>
2:	Name	<input type="text"/>	Total Compensation	<input type="text"/>
3:	Name	<input type="text"/>	Total Compensation	<input type="text"/>
4:	Name	<input type="text"/>	Total Compensation	<input type="text"/>
5:	Name	<input type="text"/>	Total Compensation	<input type="text"/>

STATE OF ARIZONA  
Department of Homeland Security

2012 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Points of Contact

Address Your State Homeland Security Grant Program Management Questions to the Individuals Listed Below

AZDOHS

**Assistant Director of Planning and Preparedness**

Lisa Hansen  
(602) 542-7014  
[Lhansen@azdohs.gov](mailto:Lhansen@azdohs.gov)

**Assistant Director of Finance and Administration**

Terry Riordan  
(602) 542-7056  
[Triordan@azdohs.gov](mailto:Triordan@azdohs.gov)

**Assistant Director of Community Preparedness**

Cheryl Bowen  
(602) 542-7077  
[Cbowen@azdohs.gov](mailto:Cbowen@azdohs.gov)

**Equipment Specialist**

Michael Stidham  
(602) 542-7041  
[Mstidham@azdohs.gov](mailto:Mstidham@azdohs.gov)

**NIMCAST COMPLIANCE (ADEM)**

Mariano Gonzalez  
[Mariano.gonzalez@azdema.gov](mailto:Mariano.gonzalez@azdema.gov)

**REGIONAL STRATEGIC PLANNERS AND FINANCE SPECIALISTS**

**Central & North Regions,  
Phoenix & Tucson UASI**

Susan Dzbanko  
Senior Strategic Planner  
Office: (602) 542-1777  
Cell: (602) 319-8837  
[Sdzbanko@azdohs.gov](mailto:Sdzbanko@azdohs.gov)

Lois George  
Grant & Finance Specialist  
(602) 542-7047  
[Lgeorge@azdohs.gov](mailto:Lgeorge@azdohs.gov)

**East & West Regions,  
State Agencies**

John Coughlin  
Strategic Planner  
Office: (602) 542-7012  
Cell: (602) 568-2973  
[Jcoughlin@azdohs.gov](mailto:Jcoughlin@azdohs.gov)

Kevin Guimond  
Budget Manager  
(602) 542-1716  
[Kguimond@azdohs.gov](mailto:Kguimond@azdohs.gov)

**South Region,  
Operation Stonegarden**

William Seltzer  
Strategic Planner  
Office: (602) 542-7044  
Cell: (602) 568-5806  
[Wseltzer@azdohs.gov](mailto:Wseltzer@azdohs.gov)

Christina Ambroult  
Project Specialist  
(602) 542-7036  
[Cambroult@azdohs.gov](mailto:Cambroult@azdohs.gov)

**ADEM (Training & Exercise)**

**Homeland Security Training  
Coordinator**

Kathy Walker  
Office: (602) 464-6264  
[katherine.walker@azdema.gov](mailto:katherine.walker@azdema.gov)

**Exercise Coordinator**

Jan Lindner  
Office: (602) 464-6218  
[jan.lindner@azdema.gov](mailto:jan.lindner@azdema.gov)

**Exercise Coordinator**

Nichole Fortson  
Office: (602) 464-6514  
[Nichole.fortson@azdema.gov](mailto:Nichole.fortson@azdema.gov)

