Nonprofit Security Grant Program
-Awardee Orientation-

DHS/FEMA Preparedness Grant Overview

The Nonprofit Security Grant Program (NSGP) is funded through the U.S. Department of Homeland Security (DHS) / Federal Emergency Management Agency (FEMA) and is administered by the Kansas Highway Patrol (KHP).

The State of Kansas' designated State Administrative Agency (SAA) is the Kansas Highway Patrol (KHP). The entity within the KHP responsible for pass-through and oversight of the NSGP is the Homeland Security Operations Section (HSO).

The Kansas Adjutant General, Director of Emergency Management is the appointed Authorized Representative (AR) responsible to sign grant applications and award acceptance documents for the DHS/FEMA grant programs to the State of Kansas.

Non-Profit Security Grant Program (NSGP) - provides funding support for physical security enhancements and other security activities to nonprofit organizations that are at substantial risk of a terrorist attack.

NSGP Overview

- The NSGP plays a significant role in the implementation of the National Preparedness System by supporting the development and sustainment of core capabilities. The core capabilities, outlined in the Goal are essential for the execution of the five mission areas—Prevention, Protection, Mitigation, Response, and Recovery—and the realization of a secure and resilient Nation. The development and sustainment of these core capabilities are not exclusive to any single organization, but rather require the combined effort of the whole community. The NSGP's allowable costs support efforts to build and sustain core capabilities across mission areas.

- NSGP seeks to integrate the preparedness activities of nonprofit organizations that are at substantial risk of a terrorist attack with broader state and local preparedness efforts. Multiple funding allocations have been appropriated for nonprofit organizations located inside or outside of Urban Area Security Initiative (UASI) designated urban areas. As in previous fiscal years, the Nonprofit Security Grant Program - Urban Area (NSGP-UA) will be a competitive grant program that funds nonprofits located in UASI-designated urban areas. Under the Nonprofit Security Grant Program - State (NSGP-S), each state will receive an allocation for nonprofit organizations located outside of Urban Area Security Initiative (UASI)-designated urban areas.

NSGP Objectives

- Build and sustain core capabilities
- Strengthen governance integration between private nonprofit entities and Federal, state, and local governments
- Encourage a whole community approach to security and emergency management

Congratulations on your award!

You have been selected by the Department of Homeland Security (DHS) for funding.

The performance period for the FY20 NSGP Award is September 1, 2020 and ends August 31, 2023.

Your Award Agreement may have a shorter performance period.

- Award Agreements will be sent out shortly, usually within 30 days of receiving your award announcement from KHP.

- The Award Agreements contain standard language required Federally to include mutual agreement, fiscal agent agreements, required articles and special conditions.

You can review a sample agreement ahead of time at http://www.datacounts.net/nsgp

Congratulations on your award- What next?

- Now that you have received notification- there are a few steps to complete before spending can begin.
- First- you should have received notification and your original Investment Justification(Application) you submitted with some forms needed for signature which include;
  - W9- which is the first step on our end to set up accounts for tracking and reimbursement
  - Sexual Harassment form- State of Kansas requirement before funds will be released
  - Israeli Boycott form- State of Kansas requirement
  - If your award amount is different than the original application amount, you will need to revise and return the updated Investment Justification (application) to reflect the awarded allocation.

All these forms and updates must be signed and returned to KHP before any funds can be requested.

What next- Continued

Once you have signed and returned all forms and agreements;
KHP Accounting will create a Reimbursement Form specific to your nonprofit which will be sent out with additional instructions.
- don't worry- we can walk you through it.- we still have another step.

If your project was identified as requiring an Environment Historic Preservation Assessment approval (EHP) there is one more step to complete before ANY work on your facility can begin.

Environmental Historic Preservation assessment (EHP)

- Recipients and Subrecipients are required to obtain an EHP review by submitting a screening form to determine whether the proposed project has the potential to affect the environmental and/or historic properties. FEMA Policy #108-023-1

- The form https://www.fema.gov/media-library/assets/documents/90195 can be completed, forwarded to edna.cordner@ks.gov and I will submit it to GPDEHPinfo@dhs.gov . EHP reference is also located at http://www.datacounts.net/nsgp .

Our team is here to help walk you through EHP steps. Do not hesitate to reach out to us directly.

Now your set- Lets get to work!

Now you have a green light to begin work, lets start thinking ahead to approval, documentation and submitting reimbursement requests.

- Review your project to ensure what you are about to do is preapproved.
- If there are any modifications needed, seek pre-approval from the SAA.

Procurement

When selecting a vendor, choosing Equipment, Training, Exercise or Planning activities, its imperative you follow the State of Kansas Procurement Policy and can justify the expense with back-up documentation when submitting a Reimbursement Request.

Considerations should also include but not limited to;

- License, bonding, insurance, warranties, maintenance agreements and the ability to deliver within the performance period.

The following checklists will help you make the right choices and think ahead to reimbursement submission.

Planning- Reimbursement Checklist

Planning Reimbursement Review

Grant Year: _____

Project Name: _____

Reimbursement Number: _____

Region/Agency: _____

Documentation Review

☐ Identified in Project Workbook

☐ Travel Documentation

☐ Contractor

☐ Additonal Expenses

Reimbursement Amount: $ _____

Voucher Number _____

Voucher Date _____

Vendor Check Date _____

Reviewer: _____

Date: _____

Additional Comments:

Organization/Salary- Reimbursement Checklist

Salaried Employee/Contracter Reimbursement Review

Grant Year: _____

Project Name: _____

Reimbursement Number: _____

Region/Agency: _____

Documentation Review

☐ Contract/Position Description on file

☐ Payoll information attached

☐ Bill for contracted services attached

Indirect Cost Review

☐ Indirect Cost Approval on file

☐ Indirect cost fees calculated

Reimbursement Amount: $ _____

Voucher Number _____

Voucher Date _____

Reviewer: _____

Date: _____

Reviewer: _____

Date: _____

Additional Comments:

Equipment- Reimbursement Checklist

Equipment Reimbursement Review

Grant Year: _____

Project Name: _____

Reimbursement Number: _____

Region/Agency: _____

Documentation Review	**Equipment Review**

☐ Item(s) are listed in the Project Workbook

☐ Equipment is authorized in the AEL

(https://www.fema.gov/authorized-equipment-list)

Reimbursement Amount: $ _____

Procurement Method

☐ **State Contract Used**

☐ AEL number has been entered

on inventory

Voucher Number _____

☐ **Expense at or less than $4,999.99**

No competitive bidding

☐ Equipment has been added to inventory

Voucher Date _____

☐ Contact information has been entered

Vendor Check Date _____

☐ **Expense between $5,000 to $24,999.99**

Minimum of three (3) quotes received

SAM Verificaiton _____

☐ **$5,000 Tag**

☐ **Expense is between $25,000 to $49,999.99**

Sealed bid process used

No

Invitation to Bid

Yes & Number:

Public Bulletin Board - 3 day minimum

TOPA _____

☐ Tag letter mailed or delivered

☐ **Expense is at or greater than $50,000**

Sealed bid process used

Invitation to Bid

Kansas Register - 10 day minimum

Reviewer: _____

Reviewer: _____

Date: _____

Date: _____

Additional Comments:

Training- Reimbursement Checklist

Training Reimbursement Review and Checklist

Grant Year: _____

Project Name: _____

Reimbursement Number: _____

Region/Agency: _____

Expense Review

☐ Item(s) are listed in the Project Workbook

Expense Type(s)

☐ Trainer / Contractor

☐ Attendee Reimbursement
(Milege, Per Diem, Lodging)

☐ Lodging / Direct Bill (Group)

☐ Food / Meal Reimbursment

☐ Backfill/Overtime

☐ Additional Training Expenses

Documentation Review

☐ SAA has pre-approved course

☐ Course Description / Agenda Provided

☐ Participant List Provided

☐ If meal provided - pre-approval received

Reimbursement Amount: $ _____

Voucher Number _____

Voucher Date _____

Vendor Check Date _____

Reviewer: _____

Date: _____

Reviewer: _____

Date: _____

Additional Comments:

Exercise- Reimbursement Checklist

Exercise Reimbursement Review

Grant Year: _____

Project Name: _____

Reimbursement Number: _____

Region/Agency: _____

Expense Review

☐ Item(s) are listed in the Project Workbook

Expense Type(s)

☐ Contractor

☐ Attendee Reimbursement
(Milege, Per Diem, Lodging)

☐ Lodging / Direct Bill (Group)

☐ Food / Meal Reimbursment

☐ Backfill/Overtime

☐ Additional Exercise Expenses

Exercise Review

☐ Exercise has been pre-approved

☐ Participant List has been provided

☐ Exercise materials have been provided

☐ If food provided - pre-approval received

☐ If not received AAR / IP discussion with
Project Manager has occurred

Reimbursement Amount: $ _____

Voucher Number _____

Voucher Date _____

Vendor Check Date _____

Reviewer: _____

Date: _____

Reviewer: _____

Date: _____

Reimbursement Request / Cover Sheet

KANSAS HOMELAND SECURITY GRANT PROGRAM
REIMBURSEMENT REQUEST / REQUEST FOR FUNDS

Subrecipient Name: _____

Reimbursement Request Number: _____

SMART Vendor Name: _____

Project:

SMART Vendor Number: _____

Account: Prefilled   **Grant:** _____   **Fund-BU:** _____

Contact Person: _____ Pre-filled _____

Organization: _____ Pre-filled _____

Phone: _____ Pre-filled _____

E-mail: _____ Pre-filled _____

I certify that to the best of my knowledge and belief that the data below is correct, that all outlays were made and costs incurred in accordance with the grant conditions and other agreements, that payment is due and has not been previously requested, and that source documents are on file for review upon KHP request.

Submitted By: _____
Printed Name   Signature   Date

Authorized By: _____
Printed Name   Signature   Date

Same individual may complete and sign both signature blocks based on approval/delegation by subrecipient organization.

Reimbursement Request / Cover Sheet

PROJECT FINANCIAL SUMMARY

Category	Expenditures This Month	Expenditures Previous Months	Total Expenditures To Date
Planning Exp or Salary			
	$ -	$ -	$ -
Equipment			
	$ -	$ -	$ -
Training			
	$ -	$ -	$ -
Exercises			
	$ -	$ -	$ -
Management & Administration (M&A)			
	$ -	$ -	$ -
Indirect Costs:			
	$ -	$ -	$ -
TOTALS:	$ -	$ -	$ -

APPROVED FOR PAYMENT:

KHP HSO: _____   DATE: _____

Reimbursement Process

To encourage a consistent, fixed, and timely approach to processing reimbursement requests from sub-recipients, KHP HSO and Accounting staff will process reimbursement requests as soon as possible after receipt.

KHP Accounting intends to conduct a drawdown of federal funds for processed reimbursements at least by the 1st and 15th every month. If there is a holiday or other reason KHP Accounting cannot complete a drawdown they may alter the drawdown date or hold until the next Friday.

While KHP HSO will try to ensure all reimbursements received during the week will be in the drawdown those received later in the week may be delayed until the next drawdown.

Sub-recipients should submit reimbursement requests as they incur. However, at a minimum, reimbursement requests will be submitted on at least a *monthly* basis to ensure better processing of requests.

Reimbursement requests are usually submitted electronically and is readable with signatures being present.

Reference: 2 CFR 200.305 Payment

SUBMITTAL OF REIMBURSEMENT REQUEST

Electronic reimbursement requests will be sent to the grant manager(s) attention Lt. Edna Cordner edna.cordner@ks.gov , Melanie Lawrence melanie.lawrence@ks.gov and carbon copy khp.grants@ks.gov .
The reimbursement request cover sheet must be accompanied by the following:
Completed Kansas Homeland Security Grant Program Reimbursement Request/Request for Funds coversheet with attached invoice(s)
Supporting Source documentation related to reimbursement requests based on activity (Equipment, Exercises, Planning, Salary or Training). Source documentation requirements for the appropriate reimbursement should include:

Time and attendance records	Payroll registers
Fringe benefit rate	Receipts
Invoices and purchase orders	Quote(s) or bid process documentation
Executed contracts	Travel authorization forms/travel vouchers
Training/Exercise attendance records	Course materials
Meal sign-in sheets	Cancelled checks / External source (e.g. financial institution)

Pass-through billing will not be accepted without meeting administrative and procurement requirements.

FY 2021 NSGP Quarterly Work Plan Report (Example)

Agency	Project Title	Project Manager
Nonprofit Name here	Same as Agency	Please put primary project manager for this report. You can include a secondary contact

Report for Quarter Ending	December 31 (September 1 through December 31)
State Administrative Agency Current Drawdown Balance as of December 10, 2019:	KHP will fill this in prior to sending it out to you. Please add Melanie Lawrence melanie.lawrence@ks.gov to your email, so it does not go to spam. She will email this out, prior to quarter ending

Milestone 1:		
Date	Percentage Complete (If 100% Complete Date of Completion)	Notes, Changes to Milestone, Justification for Not Completing Milestone Deadline

Milestone 2:		
Date	Percentage Complete (If 100% Complete Date of Completion)	Notes, Changes to Milestone, Justification for Not Completing Milestone Deadline

QUARTERLY REPORTING

Project Status: Please select one that best describes the status of your entire project.	• Not Started • On Schedule • Behind Schedule • Ahead of Schedule • Complete
Project Management Step: Please select one that best describes the status of your entire project.	• **Initiate**: The authorization to begin work or resume work on any particular activity. Involves preparing for, assembling resources and getting work started. May apply to any level, e.g. program, project, phase, activity, task. • **Plan**: The purposes of establish, at an early date, the parameters of the project that is going to be worked on as well as to try to delineate any specifics and/or peculiarities to the project as a whole and/or any specific phases of the project. Involves working out and extending the theoretical, practical, and/or useful application of an idea, concept, or preliminary design. This also involves a plan for moving a project concept to a viable project. • **Execute**: The period within the project lifecycle during which the actual work of creating the project's deliverables is carried out. Involves directing, accomplishing, managing and completing all phase and aspects of work for a given project. • **Control**: A mechanism which reacts to the current project status in order to ensure accomplishment of project objectives. This involves planning, measuring, monitoring, and taking corrective action based on the results of the monitoring. Involves exercising corrective action as necessary to yield a required outcome consequent upon monitoring performance. Or, the process of comparing actual performance with planned performance, analyzing variances, evaluating possible alternatives, and taking appropriate correction action as needed. • **Close-Out**: The completion of all work on a project. Can also refer to completion of a phase of the project. Involves formally terminating and concluding all tasks, activities, and component parts of a particular project, or phase of a project. **All remaining funds will be moved to another project upon Regional Council vote. If you hope to be the recipient of other project remaining funds then you are in the Control step.**

END USER RESPONSIBILITIES

- An inventory is required to be maintained by the End User for the life of equipment and reconciled semi-annually. The SAA will work with the End User to reconcile annual inventory no later than **September 30th. Next Annual Inventory due September 30, 2022.**

- **Equipment is to be maintained in good working order for the life of equipment**

- **Training should be included in the cost of training and we encourage cross-training**

- **Planning, Training, Exercise and Equipment should consider ADA compliance**

- **Obtain pre-approval for any reasonable modifications to the project.**

RESOURCES

Nonprofit Security Grant Program resources website
http://datacounts.net/nsgp

FEMA-NSGP Guidance
https://www.fema.gov/grants/preparedness/nonprofit-security

Preparedness Grants Manual
https://www.fema.gov/grants/preparedness

Kansas Procurement
https://www.admin.ks.gov/offices/procurement-and-contracts

Code of Federal Regulations
https://www.ecfr.gov/cgi-bin/ECFR?page=browse

Kansas Homeland Security Preparedness Grant Programs Policy Manual
http://datcounts.net/nsgp

Contacts

Lieutenant Edna Cordner K-299
Kansas Highway Patrol
Homeland Security / Emergency Management Operations
122 SW 7th Street W Topeka, KS 66603-3847
785-296-2444 (Office)
785-207-0423 (Cell)
Edna.cordner@ks.gov

Melanie Lawrence
Homeland Security/Emergency Operations
Program Consultant II
122 SW 7th Street
Topeka, KS 66603-3847
785-296-6654 (Office)
785-256-5191 (Cell)
Melanie.Lawrence@ks.gov

Connie Satzler
EnVisage Consulting
6847 Anderson Ave. Manhattan, KS 66503
Phone: (785) 410-0410
csatzler@kansas.net

Lieutenant Josh Weber K-255
Emergency Operations & Homeland Security
Kansas Highway Patrol
122 SW 7th Topeka, KS 66603
(785) 296-6800 (Office)
(913) 568-0463 (Cell)
Email: Josh.Weber@KS.GOV

Questions?