

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**NONPROFIT SECURITY GRANT PROGRAM  
INVESTMENT JUSTIFICATION**

As part of the Nonprofit Security Grant Program (NSGP) application, eligible 501(c)(3) organizations must develop a formal Investment Justification (IJ) that addresses each initiative proposed for funding. These IJs must demonstrate how proposed projects address gaps and deficiencies in current programs and capabilities. Additionally, the IJ must demonstrate the ability to provide enhancements consistent with the purpose of the program and guidance provided by the Federal Emergency Management Agency (FEMA). Nonprofit subapplicants must ensure that the IJ is consistent with all applicable requirements outlined below. Each IJ must be for one facility/location.

FEMA has developed guidelines that establish the required IJ content and helps ensure that submissions are organized in a consistent manner while addressing key data requirements. This form (Office of Management and [OMB] Number: 1660-011/FEMA Form Number: 089-25) may be used by nonprofit subapplicants to complete and submit their IJ. Failure to address these data elements in the prescribed format could potentially result in the rejection of the IJ from review consideration.

Nonprofit subapplicants must use the following naming convention when submitting required documents for the NSGP-UA: "FY2022\_NS GP\_UA\_<State Abbreviation>\_<Urban Area>\_<Nonprofit Name>"; and NSGP-S: "FY2022\_NS GP\_S\_<State Abbreviation>\_<Nonprofit Name>".

Applications should be submitted by the nonprofit organization to the State Administrative Agency (SAA). Nonprofit subapplicants should contact their respective SAA to get information on the application deadline and other SAA requirements. If an extension to the deadline is required, nonprofit organizations must consult with their respective SAA.

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this form is estimated to average 84 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0110) NOTE: Do not send your completed form to this address.

**PART I. NONPROFIT ORGANIZATION SUBAPPLICANT INFORMATION**

Identify the following:

LEGAL NAME OF THE ORGANIZATION

Please list the physical address of the facility.

STREET

*One investment justification per facility.*

CITY

STATE

ZIP CODE

COUNTY

Please enter the year the facility listed above was constructed:

Is the building owned, or are you leasing/renting?

*If leasing or renting, do you have the owner's permission to make the proposed security enhancements?*  Yes  No

What year did you begin operating in/from this facility/building?

Are you the only nonprofit operating in/from this facility/building?  Yes  No

If "No," please explain how the proposed security enhancements benefit both you and the other organization(s).

-is the building used by other groups for training classes, counseling, youth programs, special life stage classes, marriage encounters, reintegration programs, physical fitness or hobbies gatherings, outreach programs, etc.?

(Max Characters: 400)

Note: Only one nonprofit can apply per building/facility/physical structure/address. However, the request and subsequent security enhancements may benefit nonprofits who cohabitate/operate in/from the same location. Multiple requests for federal assistance from the same physical address/building/facility/structure will all be deemed ineligible.

Based on your mission statement, please summarize your organization's mission, ideology, and/or beliefs.

-If you previously used las years IJ, you can bring the information on your mission statement over to this box.

(Max Characters: 400)

What is the primary organization type? Other

If "Other," please describe the type of organization.

(Max Characters: 400)

Please select the organization's primary affiliation:

If "Other," please describe affiliation.

(Max Characters: 400)

Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the Internal Revenue Code (IRC) and tax-exempt under section 501(a) of the IRC. More information on tax-exempt organizations can be found at: <https://www.irs.gov/charities-non-profits/charitable-organizations>.

Is the organization eligible under the IRC to receive NSGP funds?  Yes  No

Does the organization have a Unique Entity ID (UEI) Number?  Yes  No

If "Yes," please enter the UEI Number for the organization:

Applications can only be submitted with a current and valid UEI number; pending UEI numbers will not be accepted.

Are you physically located in a current Urban Area Security Initiative designated urban area?  Yes  No

If "Yes," select the designated urban area from the list

Total federal funding requested under the NSGP (will automatically populate based on entries in Section IV-B):

**PART II. BACKGROUND INFORMATION (5 POSSIBLE POINTS OUT OF 40)**

Please describe (if applicable) this location's symbolic value as a highly recognized national or historic institution/landmark that renders the site as a possible target of terrorism.

- symbolic
  - highly recognized
  - national or historic institution/landmark
  - Population specific- if it is a known group that have been targeted or represented in some way
- Something significant that this facility has traditionally served.  
(Max Characters: 500)

Please select (if applicable) the current, ongoing, or recent (last 3 years) event(s) in which your organization has been involved in prevention, protection, response, and/or recovery:

Natural disasters

- Please describe the organization's role in prevention, protection, response, and/or recovery, specifically highlighting the efforts that demonstrate integration of nonprofit preparedness with broader state and local preparedness efforts.*
- organizations role could be at your facility, in your community, across the state/nation or even another country
  - integration of nonprofit preparedness with broader state and local preparedness efforts- had you integrated first responders or other community organizations or private partners in your plans, joined in campaigns, training or exercises?
  - Disaster- could be COVID or other pandemic related

(Max Characters: 500)

**PART III. RISK (15 POSSIBLE POINTS OUT OF 40)**

Department of Homeland Security defines risk as the product of three principal variables: Threat, Vulnerability, and Consequence. In the space below, describe the risk(s) faced by your organization specifically in terms of the A) Threats, B) Vulnerabilities, and C) Potential Consequences of an attack.

- A) Threat: In considering a threat, please describe the identification and substantiation of specific threats or attacks against the nonprofit organization or a closely related organization, network, or cell.  
*Description can include findings from a threat or risk assessment, police report(s), and/or insurance claims specific to the location being applied for including dates of specific threats.*
- describe the identification and substantiation of specific threats
  - or attacks against your nonprofit or others closely related
  - you should be able to use your Risk Assessment here

(Max Characters: 2200)

B) Vulnerabilities: Please describe the organization's susceptibility to destruction, incapacitation, or exploitation by a terrorist attack.

- location-
- low income
- lacking key services
- long response times due to location
- vulnerable surrounding population such as elderly, special needs, significant language barriers, troubled youth
- location is easily accessible to frequent foot or vehicle traffic with lack of monitoring capabilities
- staff, participants, clients, members, volunteers lack training & exercise or even plans

(Max Characters: 2200)

C) Potential Consequences: Please describe the potential negative effects on the organization's assets, systems, and/or function if damaged, destroyed, or disrupted by a terrorist attack.

-if you do provide services beyond worship or other community services, what happens then? Does the terrorist action affect beyond your nonprofit?

(Max Characters: 2200)

#### PART IV. FACILITY HARDENING (9 POSSIBLE POINTS OUT OF 40)

**Section IV-A: In this section, describe each proposed activity or investment (as selected in Section IV-B), identify the vulnerability that it addresses, and detail the cost associated with the activity or investment. For each activity/investment, include the quantity, estimated hourly rate or estimated price per unit, and proposed usage.**

Allowable costs include facility hardening activities, such as planning and exercise related costs, contracted security personnel, and security-related training courses and programs limited to the protection of critical infrastructure key resources. Funding can also be used for the acquisition and installation of security equipment on real property (including buildings and surrounding property) owned or leased by the nonprofit organization, specifically in prevention of and/or in protection against the risk of terrorist attack.

-what will the funds do

-what vulnerabilities does it address

-what are the costs and activities to close your security enhancement gap

-provide your estimates breakout of quantity, hourly rates, prices per units and usage.

(Max Characters: 2200)

**Section IV-B: In this section, list all proposed facility hardening equipment, projects, or activities as allowable per the Authorized Equipment List (AEL), NSGP Notice of Funding Opportunity (NOFO), and Preparedness Grants Manual (PGM). Select the AEL number and title, list the vulnerability the equipment/project/activity addresses, and enter the estimated funding requested (round up to the nearest dollar).**

AEL NUMBER & TITLE – EQUIPMENT, PROJECT, OR ACTIVITY	VULNERABILITY TO BE ADDRESSED	ESTIMATED FUNDING REQUESTED (Round to nearest dollar)
04AP-05-CRED: System, Credentialing	Max Characters: 50	
<b>Total Funding Requested:</b>		

**PART V. MILESTONE (5 POSSIBLE POINTS OUT OF 40)**

**Provide descriptions and associated key activities that lead to the milestone event over the NSGP period of performance.**

Start dates should reflect the start of the associated key activities and end dates should reflect when the milestone event will occur. Milestones should reflect considerations to Environmental Planning and Historic Preservation reviews when applicable.  
(10 milestones maximum)

KEY ACTIVITIES & CORRESPONDING MILESTONES	START DATE	COMPLETION DATE
Complete Administrative requirements to include obtain EHP approval	10/01/2022	01/31/2023
Max Characters: 169		

**PART VI. PROJECT MANAGEMENT (2 POSSIBLE POINTS OUT OF 40)**

Who will manage the project? *Include the name, phone number, email address, and experience of the project manager(s).*

(Max Characters: 1,000)

Please assess your project management plan/approach. Assessment could include challenges to the effective implementation of this project and the coordination of the project with State and local homeland security partners.

- increases in costs due to inflation
- increased completion time due to available vendors (booked up a year in advance)
- increased delivery times
- maybe your a first time manager- learning the processes as a volunteer

(Max Characters 1,000)

**PART VII. IMPACT (4 POSSIBLE POINTS OUT OF 40)**

Please describe the measurable outputs and outcomes that will indicate that this Investment is successful at the end of the period of performance.

(Max Characters: 2,200)

**FUNDING HISTORY**

**If the nonprofit organization has received NSGP funding in the past, provide the funding amount, funding year, and the investment type.**

Has the organization received NSGP funding in the past?  Yes  No

*If "Yes," please list the year(s), amount(s), and Project(s)/Investment(s). (Example: FY20 / \$150K / CCD Camera System and Lighting.)*

**NONPROFIT SUBAPPLICANT CONTACT INFORMATION**

This application was written by:

By clicking this box, I certify that I am an employee or affiliated volunteer on behalf of the nonprofit organization or have been hired by the nonprofit organization to apply on their behalf for the Nonprofit Security Grant Program.

FULL NAME

Max Characters: 14

POSITION/TITLE

Max Characters: at least 1,000

EMAIL

Max Characters: 14

WORK PHONE