Nonprofit Security Grant Program
-FY23 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

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

The performance period for the FY2023 NSGP Award is September 1, 2023, and ends May 31, 2026.

Your Agreement date begins upon signing and ends May 31, 2026, which will allow the SAA time for close-out activities.

• 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

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. We also provide webinars and one-on-one tutorials where possible.

Once 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. In most modification cases, FEMA must be involved, and approval can take more time.
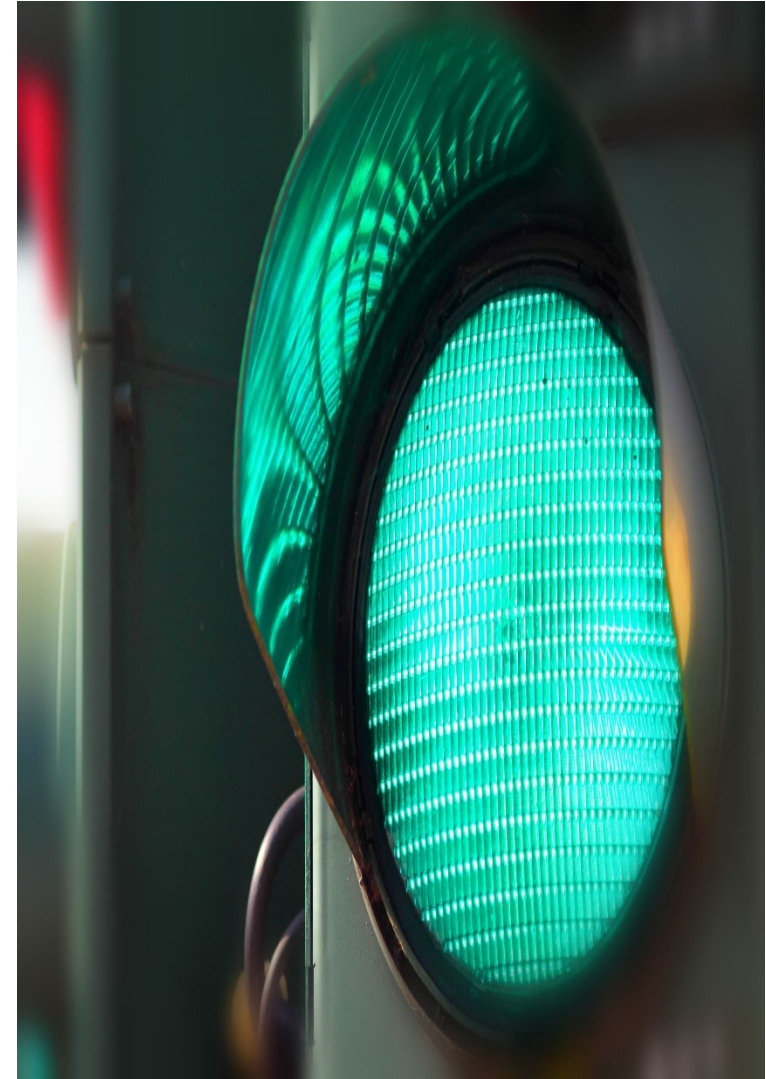
Procurement

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.

- Refer to your Award Agreement for any Special Conditions.

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

Procurement- Thresholds

State Contract Used – No further action for procurement is required

Expense at or less than $4,999.99
- No competitive bidding

Expense between $5,000 to $24,999.99
- Minimum of three (3) quotes received

Expense is between $25,000 to $49,999.99
- Sealed bid process used
- Invitation to Bid
- Public Bulletin Board (can be your nonprofits website)- 3 day minimum

Expense is at or greater than $50,000
- Sealed bid process used
- Invitation to Bid
- Kansas Register https://sos.ks.gov/publications/kansas-register.html   - 10 day minimum

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: _____

Reimbursement Number: _____

Project Name: _____

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

☐ Item(s) are listed in the Project Workbook

Procurement Method

☐ **State Contract Used**

☐ **Expense at or less than $4,999.99**
No competitive bidding

☐ **Expense between $5,000 to $24,999.99**
Minimum of three (3) quotes received

☐ **Expense is between $25,000 to $49,999.99**
Sealed bid process used
Invitation to Bid
Public Bulletin Board - 3 day minimum

☐ **Expense is at or greater than $50,000**
Sealed bid process used
Invitation to Bid
Kansas Register - 10 day minimum

Equipment Review

☐ Equipment is authorized in the AEL

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

☐ AEL number has been entered
on inventory

☐ Equipment has been added to inventory

☐ Contact information has been entered

☐ **$5,000 Tag**
No
Yes & Number:

☐ Tag letter mailed or delivered

Reimbursement Amount: $ _____

Voucher Number _____

Voucher Date _____

Vendor Check Date _____

SAM Verificaiton _____

TOPA _____

Reviewer: _____

Date: _____

Reviewer: _____

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

How to Fill Out Your Reimbursement Form

By submitting your request for reimbursement you are stating that the services have been received and/or are completed, and that you are satisfied.

This provided reimbursement form is designed to capture the information we need while making the process simple for you to complete to get your reimbursement funding.

Please note you can only submit five (5) invoices per reimbursement. When attaching procurement information and proof of payment these reimbursements can get very large and complex.

Your responsibility is in the highlighted areas of this form.

Orange boxes contain drop down boxes

Yellow boxes is where you enter the vendor and the request amount of funding

Reimbursement Number: This is a drop down box. Please keep your reimbursements in numerical order (1, 2, 3...) This helps us catch if we have not received or overlooked a reimbursement when they are out of order.

AEL and Short Description: This was provided in your application and is customized for your FY21 grant funding. You are limited to only receiving grant funds for items in these categories. Select the appropriate category for the invoice(s) being reimbursed for this payment request. AEL numbers should be listed on your approved IJ in the Target Hardening section. Do not submit unapproved AEL's or unapproved activities in your reimbursement.

Vendor: Put the name of the vendor in this section.

Requested Amount: If the amount is different from the invoice please explain in the email the reason for this difference. Maybe you didn't have enough funds near the end of the project and your non-profit is covering the remaining amount. Maybe the vendor provided extra services not covered by the FY21 Non-Profit Security Grant. By providing an explanation

Submitted by: This has been prepopulated by information on the application. You can change this. If one person is submitting and authorizing please fill out both sections.

Please include **PROCUREMENT DOCUMENTS**. Depending on the amount of your request this could include quotes, bids, and request for proposals.

Please include **PAYMENT INFORMATION**. If you need the reimbursement to pay the vendor please let us know in the email, and that you will **send proof in 30 days**. Proof of payment could include: cancelled check, bank or credit card statement highlighting vendor payment (you are welcome to black out other information if you desire), receipt, or letter from vendor stating specific item or service in the amount of request has been paid.

Kansas Non-Profit Security Grant
FY22 Reimbursement Form
Legal Nonprofit Name here

Lead Contact:	pre-populated		Reimbursement Number:		
	XXX-XXX-XXXX		Grant	Account	Fund
	email address		2022 NP	550600	3101
	SMART Vendor Number: XXXXXXX				

Only five (5) invoices per reimbursement request. Additional invoices require additional reimbursement request form(s).

AEL and Short Description	Vendor	Requested Funds

Total Requested Amount: $ -

I certify that to the best of my knowledge and belief that the data above 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.

Submitted by:		
	Printed Name	Signature	Date

SAA Authorization:

Subimit to: KHP Homeland Security and Accounting

Melanie Lawrence	**and**	LT Edna Cordner	**and**	Accounting
melanie.lawrence@ks.gov		edna.cordner@ks.gov		khphomeland@ks.gov

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 NSGP.KHP@KS.GOV and carbon copy KHP Homeland KHP.Homeland@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)

QUARTERLY REPORTING

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, 2025.**

- **The SAA is required to conduct two on-sight visits to monitor equipment requirements.**

- **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

Captain Justin Bramlett K-425
KHP- Homeland Security/Emergency Operations
122 SW 7th Street, Topeka, KS 66603-3847
(785)220—0350
Justin.Bramlett@ks.gov

Lieutenant Edna Cordner K-299
KHP- Homeland Security / Emergency Operations
122 SW 7th Street, Topeka, KS 66603-3847
(785)-207-0423 (Cell)
Edna.cordner@ks.gov

Lieutenant Cory Beard K-18
KHP- Homeland Security/Emergency Operations
122 SW 7th Street, Topeka, KS 66603-3847
(913)-461-0302
Cory.beard@ks.gov

Melanie Lawrence
KHP- 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
Web portal and IJ assistance
6847 Anderson Ave. Manhattan, KS 66503
Phone: (785) 410-0410
csatzler@kansas.net
Http://www.datacounts.net/nsgp

Questions?