**Kansas Nonprofit Security Grant Program**

**Planning / Training / Exercise (PTE) Notification**

|  |  |
| --- | --- |
| Requesting nonprofit Organization |  |
| Grant / Fiscal Year |  |
| Lead Contact, Email, and Phone Number |  |

Select what applies to the activity you are conducting

**Training**

Active shooter training, including integrating the needs of persons with disabilities

Security training for employees

Public awareness/preparedness campaigns

Other FEMA initiatives

**Planning**

Meeting- record minutes

Summit

Symposium (can use Training funds)

Other (Explain in Description/Objectives)

**Exercise**

Seminar

Workshop

Tabletop

Drill

Functional

Full-Scale

|  |  |
| --- | --- |
| Planning Activity / Course Title / Exercise Name |  |
| Date(s) |  |
| Location(s) |  |
| Number of Participants (each day) |  |
| If Non-DHS/State Course or FEMA initiative, please explain necessity of course: |  |
| Capabilities Addressed: | Soft Targets/Crowded Places |
| Description / Objectives |  |
| Campaign initiative if utilized |  |

**All expenses must be allowable and reasonable.**

**Expected Expenses**

Contractor/Instructor/Mentors/Evaluator(s)

reference materials

Supplies/Consumables to Conduct

Registration Fee- to attend outside approved activity

Mileage- state travel rates apply

Other Expenses Not Listed (Explain in Description/Objectives)

Mileage- state travel rates apply

Other Expenses Not Listed (Explain in Description/Objectives)

**Attachments**

Course Description/Agenda

Exercise Materials

Quote/Bid Documentation

Attendance Records

After Action Report/Improvement Plan

**Email this PTE request form to the SAA for pre-approval at** [**nsgp.khp@ks.gov**](mailto:nsgp.khp@ks.gov) **.**

**State Administrative Approval**

|  |  |
| --- | --- |
|  |  |

Signature Date

This form was created to help ensure that all Planning, Training and Exercise related expenses are pre-approved, allowable, and all required documentation is obtained/submitted for a seamless reimbursement process.

**Directions for Reimbursement and record retention**

When sending in your reimbursement form and itemized invoice please include any supporting source documentation. Submit your reimbursement request and supporting documentation to [NSGP.KHP@KS.GOV](mailto:NSGP.KHP@KS.GOV) and carbon copy [KHP.Homeland@KS.GOV](mailto:KHP.Homeland@KS.GOV) . Retain copies for your record at least three years after the successful close of a grant performance period, which is normally 90 days after the end of the Award Agreement.

**Attachments**

Course Description/Agenda

Reference Materials

Quote/Bid Documentation

Attendance Records- such as a sign in sheet

After Action Report/Surveys/Improvement Plan

Additional references for Planning/Training/Exercise activities and campaign initiatives

<https://www.cisa.gov/active-shooter-preparedness>

Active Shooter Guidance

<https://www.dhs.gov/cveas-portal>

Free web-based training

<https://training.fema.gov/is/courseoverview.aspx?code=is-907>

Hometown Security

<https://www.cisa.gov/hometown-security>