

2025 & 2026 SHSGP Application Cover Sheet

Project # _____ E-Clearinghouse SAI# _____
KWIEC Tracking # _____ UEI # _____

Lead Applicant: _____
County Name: _____
Partnering Cities/Counties/Agencies _____

Organization: ☐ City ☐ County ☐ ADD ☐ Taxing District

☐ School District

Discipline: ☐ Law Enforcement ☐ Fire

☐ HAZMAT Team ☐ EMA ☐ School District

State House District

State Senate District

Congressional District

Area Development District

Please choose the priority area your application will address:

NATIONAL & STATE PRIORITY AREAS

SOFT TARGET/CROWEDED PLACES SUBCATEGORIES

☐ Supporting Border Crisis Response & Enforcement

☐ Election Security

☐ Soft Target/Crowded Places

☐ Enhancing Cybersecurity

☐ Emergency Communications

Funding Request:

- Requested funding should be in-line with attached vendor quotes.
- Do not include cents in the total requested. Please round up to the nearest \$100.

\$ _____ Total Funding Requested

Who prepared this application?

Name _____

Email _____

How many months will it take to complete this project?

Authorizing Official

Project Manager

Financial Officer

Name _____

Title _____

Email _____



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Gap Identification – Threat, Vulnerability, & Consequences

DHS/FEMA requires states, territories, and Urban Areas to complete a Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) (formerly known as the State Preparedness Report) and prioritize grant funding to support closing capability gaps or sustaining capabilities identified in this process.

Threat: In considering threat, the applicant should discuss the potential for terroristic activity, domestic or international, faced by the community.

Vulnerabilities: In considering vulnerabilities, the applicant should discuss the community's susceptibility to destruction, incapacitation, or exploitation by a terroristic threat/attack.

Consequences: In considering potential consequences, the applicant should discuss potential negative effects on the community.

Threat/Hazard Selection

Select any Threat/Hazard from Kentucky's Strategic Preparedness Report that your proposed project could address:

☐ Active Shooter ☐ Cyber Attack ☐ CBRNE

Core Capability Selection

Select any primary Core Capability from FEMA's National Preparedness Goals that could be enhanced through your project's proposed solution:

- | | |
|--|---|
| ☐ Access Control and Identity Verification | ☐ Intelligence and Information Sharing |
| ☐ Long Term Vulnerability Reduction | ☐ Screening, Search and Detection |
| ☐ Cybersecurity | ☐ Situational Assessment |
| ☐ Mass Search and Rescue Operations | ☐ Risk Management for Protection Programs and Activities |
| ☐ Infrastructure Systems | ☐ Community Resilience |
| ☐ Interdiction and Disruption | ☐ Risk and Disaster Resilience Assessment |
| ☐ Threats and Hazards Identification | ☐ Environmental Response/Health and Safety |
| ☐ On-Scene Security, Protection and Law Enforcement | ☐ Logistics and Supply Chain Management |
| ☐ Operational Communications | |
| ☐ Operational Coordination | |
| ☐ Physical Protective Measures | |
| ☐ Public Information and Warning | |



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Application Budget Table

AEL #	AEL Category	Equipment or Training Requested	Total Cost Per Unit	Number of Units Requested	Total Cost
				TOTAL	\$



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(E) Budget Table
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Project Narrative

Describe the details of your project using the provided section headers. Please refer to the required proposal elements on the previous page. Add additional typed pages as needed. Recommended 1 - 3 pages.

1. Investment Justification
2. Budget Narrative
3. Collaboration
4. Impact/Outcomes



Project Narrative (Continued)



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(C) Project Narrative
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Certification by Authorizing Official

I understand, and agree to comply with, the general and fiscal provisions of this grant application, including the DHS 2025 and 2026 terms and conditions; the provisions and regulations governing these funds and all other federal and state laws; that all information presented in this application is true and correct; that there has been appropriate coordination with all affected agencies; that costs incurred prior to grant approval may result in those costs being absorbed by the Sub-grantee, and that the receipt of these grant funds will not supplant state or local funds.

Name of Authorizing Official:

Title of Authorizing Official:

Agency/Organization:

Mailing Address:

City, State, Zip Code:

Phone:

Fax:

Email Address:

Signature:



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