

2023 HSGP Application Cover Sheet

Project # Homeland security E-Clearinghouse SAI# _____

KWIEC Tracking # _____ UEI # _____

Lead applicant agency LFUCG Emergency Management

County Name: Fayette

Partnering Cities/Countries/Agencies Will be a regional resource

Organization: City County ADD Taxing District
 School District

Please provide:

Discipline: Law Enforcement Fire EMS
 HAZMAT Team EMA School District

State House District

39,45,73,75,76,77,79,88,93

State Senate District

12,13,17,22,27,28,34

Congressional District

6th

Area Development District

#15, Bluegrass

Please choose the category and sub category below for which you are applying:

CATEGORY	SUB CATEGORIES
<input type="radio"/> Combating Domestic Violent Extremism	
<input checked="" type="radio"/> Community Preparedness & Resilience	
<input type="radio"/> Election Security	
<input checked="" type="radio"/> Emergency Medical Equipment	
<input type="radio"/> Emergency Communications	▶ Select One (if applicable) <input type="text" value="Mass Care Services"/>
<input type="radio"/> Soft Target/Crowded Places	▶ Select One (if applicable) <input type="text"/>
<input type="radio"/> Enhancing Cybersecurity	▶ Select One (if applicable) <input type="text"/>
<input type="radio"/> Exercises & Training	▶ Select One (if applicable) <input type="text"/>

Funding Request: (Costs should match any requested vendor quotes. Local match must be subtracted from the subtotal and not included in the total amount of funding requested)

Who prepared this application?

\$ 237,000.00 Total Funding Requested

Name Mark Samuelson

Email msamuelson@lexingtonky.gov

	Authorizing Official	Project Manager	Financial Officer
Name	<u>Linda Gorton</u>	<u>Mark Samuelson</u>	<u>Theresa Reynolds</u>
Title	<u>Mayor</u>	<u>CSEPP Planner</u>	<u>Director Grants & Special Programs</u>
Email	<u>mayor@lexingtonky.gov</u>	<u>msamuelson@lexingtonky.gov</u>	<u>teresar2@lexingtonky.gov</u>



Include this Page in your Application

(B) Cover Sheet
Page: 10

Certification by Authorizing Official

I understand, and agree to comply with, the general and fiscal provisions of this grant application, including the 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: Linda Gorton

Title of Authorizing Official: Mayor

Agency/Organization: Lexington-Fayette Urban County Government

Mailing Address: 200 East Main Street

City, State, ZIP: Lexington, KY 40507

Phone: (859) 258-3100

Fax: (859) 258-3194

Email Address: mayor@lexingtonky.gov

Signature: *Linda Gorton*



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**(F) Certification
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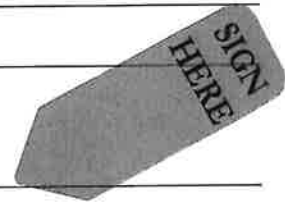
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Signature:

Linda Gorton



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SIGN
HERE



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