

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 Budget [OMB] Number 1660-011/ FEMA Form Number FF-207-FY-21-115) 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: "FY2025_NS_G_P_UA_<State Abbreviation>_<Urban Area>_<Nonprofit Name>; and NSGP-S: "FY2025_NS_G_P_S_<State Abbreviation>_<Nonprofit Name>".

Applications should be submitted by the nonprofit organization to the State Administrative Agency (SAA) as a completed fillable Adobe file. Scanned copies will not be accepted. 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.

PRIVACY ACT STATEMENT

AUTHORITY: The Homeland Security Act of 2002, as amended by Title I of the Implementing Recommendations of the 9/11 Commission Act of 2007, 6 U.S.C. §§ 605 and 606.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of facilitating correspondence between the grant applicant and the Department of Homeland Security and for determining eligibility and administration of FEMA Preparedness Grant Programs, specifically, the Nonprofit Security Grant Program.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA – 004 Grants Management Information Files System of Records, 74 FR 39,705 (August 7, 2009), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the organization from receiving grant funding.

PART I. NONPROFIT ORGANIZATION SUBAPPLICANT INFORMATION

Identify the following:

LEGAL NAME OF THE ORGANIZATION

Please list the physical address of the facility.	STREET			
	CITY	STATE	ZIP CODE	COUNTY

Is the building owned, or are you leasing/renting?	<i>If leasing or renting, do you have the owner's permission to make the proposed security enhancements?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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At the time of application, is the organization actively occupying and functioning out of the location listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you the only nonprofit operating in/from this facility/building? Yes No

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.

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

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

What is the primary organization type?

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

Please select the function that best describes the organization:

Please select the organization's primary affiliation:

Note: Please select the main religious affiliation that describes your organization. If the organization is a denomination of an affiliation, please select the corresponding affiliation from the drop down menu instead of "Other." If your organization has NO religious affiliation, please select "None/Unaffiliated."

If "Other," please describe affiliation.

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:

Nonprofits do not need to have a valid UEI at the time of application; however, subrecipients must have a valid UEI in order to receive a subaward.

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 or other extremist attack.

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:

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.

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.

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

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 or other extremist attack.

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.

Note: This section should include narrative information about all costs listed in Section IV-B. The objective is for the information contained in this section to allow reviewers to validate the need of all costs in Section IV-B.

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 or other extremist attack.

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).*

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.

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.

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 federal NSGP funding in the past? Yes No

NOTE: Please only include federal NSGP funding. If the organization has received state-funded NSGP awards, or any other federal awards, please do NOT include those here.

Please select the MOST RECENT fiscal year in which the nonprofit received federal NSGP funding:

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

POSITION/TITLE

EMAIL

WORK PHONE