

**Massachusetts Emergency Management Agency
FFY2023 HSGP Citizen Corp Program /CERT application**

NAME of CERT			
Primary Community / Fiduciary Agent			
UEI #		SAM.gov Registration Expiration Date	

*You must submit a copy of your current full SAM.gov registration with your application.
Applications submitted without will be considered incomplete and not scored or considered for funded.*

PROJECT Point of Contact	
Name	
Phone #	
Email	

CERT INFORMATION – List all Communities within your CERT

PROJECT DESCRIPTION INFORMATION	YES / NO
Trainings and Exercises for CERT Members	
If yes, explain / describe below	
Mass Care Capabilities/Sheltering	
If yes, explain / describe below	
CPOD, S& R, Rehab	
If yes, explain / describe below	

CERT Member Safety Gear	
If yes, explain / describe below	
Community Preparedness, Resilience and Public Education	
If yes, explain / describe below	
Enhancing the protection of soft target/crowded places	
If yes, explain / describe below	
Enhancing election security	
If yes, explain / describe below	
Attended MEMA CERT workshop, training, rodeo and/or meeting within last 12 months	
If yes, explain / describe below	

Collaboration with other CERTs on training, exercises, or events within the last 12 months	
If yes, explain / describe below	
Youth program integration	
If yes, explain/ describe below	

EJ Population/Community - Additional points will be awarded to those applications that demonstrate community-wide benefit and identify the proportion of the population that will be impacted. The application must also describe how the project was selected and designed to maximize positive impacts and minimize negative impacts to any disadvantaged populations.	
What quantity/percentage of the population will directly benefit from this project?	
Who are the disadvantaged groups that will benefit from this project?	
Provide clear examples of how the project will increase resiliency for your EJ population	

BUDGET INFORMATION				
Description of Each Proposed Expenditure	AEL #	Fixed/Portable	Quantity	Total Costs
TOTAL				

If awarded, do you want your Contract and CASL emailed via adobe sign? (YES or NO)		
If so, please provide an email address for the person who has the authority to delegate signatures.		
Name		
Title		
Email Address		

If you do not wish to receive contract and CASL via adobe sign, EM Grants Unit will email them to the person listed at the top of the application as the POC for this project. You will be responsible for securing proper original/wet signatures and mailing originals back to the EM Grants Unit.