



Will anything be installed? (yes / no)	
Are you purchasing any communication equipment? (yes / no)	
Are you purchasing a SUAS (drone) or SUAS accessories? (yes / no)	
Are you purchasing sonar equipment? (yes / no)	

**BUDGET**

What is your Total Award (single award or total regional award)				
Is this a Regional Project? If YES, list all communities and awards				
Town/City/Tribe Name	Award Amount	Town/City/Tribe Name	Award Amount	

**PROJECT COSTS**

List Expenditures	AEL	Portable or Installed	Quantity	Estimated Total Costs
<b>TOTAL</b>				

**MATCH**

Your match amount must be equal to your award amount and must be allowable activities and/or expenses. List what you will use for match (R911, CAD, Code Red, EM salary/stipend, EM volunteer hours, etc.)	

**MISSION AREAS** (check the one that best fits your project)

Prevention		Protection		Mitigation		Response		Recovery	
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**CORE CAPABILITIES** (check the one that best fits your project)

Planning		Situational Assessment	
Operational Coordination		Economic Recovery	
Screening, Search & Detection		Housing	
Cybersecurity		Public information & Warning	
Community Resilience		Forensics & Attribution	
Critical Transportation		Access Control & Identity Verification	
Physical Protective Measures		Supply Chain Integrity & Security	
Risk & Disaster Resilience Assessment		Environmental Response/Health & Safety	
Fire Management & Suppression		Mass Care Services	
On-scene Security		Protection & Lawa	
Public Health		Healthcare	
Emergency Medical		Infrastructure Systems	
Health & Social Services		Natural & Cultural Resources	
Fatality Management Services		Mass Search & Rescue Operations	
Risk Management for Protection Programs		Logistics & Supply Chain Management	

**NATIONAL GOALS / PRIORITIES** (check the one that best fits your project)

#1 – Install Equity as a Foundation of Emergency Management	
#2 – Lead Whole of Community in Climate Resilience	
#3 – Promote and Sustain a Ready FEMA and Prepared Nation	

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		