

Massachusetts Emergency Management Agency
FFY 2024 EMPG Subgrant Application

APPLICANT INFORMATION

TOWN/CITY/TRIBE:			
UEI # <i>(required)</i>		SAM Registration Expiration Date <i>(required)</i>	

EMERGENCY MANAGEMENT DIRECTOR

NAME:			
TITLE:		Full time EMD? (yes / no)	
EMAIL:		PHONE:	

PROJECT POINT OF CONTACT (if different than the EMD listed above)

NAME:			
TITLE:			
EMAIL:		PHONE:	

STATEMENT OF WORK

Description of your project <i>(who, what, when, where, why and how)</i>

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		