



U.S. DEPARTMENT OF HOMELAND SECURITY

FISCAL YEAR 2012

HOMELAND SECURITY GRANT PROGRAM

**INVESTMENT JUSTIFICATION
PLANNING WORKSHEET**

MMRS

FEBRUARY 2012



U.S. DEPARTMENT OF HOMELAND SECURITY

FY 2012 HSGP INVESTMENT JUSTIFICATION PLANNING WORKSHEET

OVERALL INVESTMENT JUSTIFICATION INFORMATION

Describe how the spectrum of terrorism and natural hazard risks that the State/territory/Urban Area faces influenced the development of this Investment Justification to include all Investments.

A maximum of 1500 character limit is allowed for this response.

Guidance for Completing this Section: Applicants should describe the spectrum of all-hazard risks the applicant faces. Description should provide the framework for all Investments provided within the IJ. Applicants are encouraged to align their IJ with their State and Urban Area homeland security strategies and priorities. Per the 9/11 Act, applicants must demonstrate how the IJ will contribute to building and/or sustaining capabilities and assist in preventing, preparing for, protecting against, and responding to acts of terrorism.

Nebraska MMRS (Lincoln and Omaha) investments support the enhancement of capabilities to detect, identify, verify, respond to, and recover from a health related community emergency, including acts of terrorism and natural disasters. MMRS will continue to enhance and/or support interoperable communications, information sharing, behavioral health, and MRC activities. MMRS will work closely with public health and other stakeholders for providing and enhancing medical surge capacity, mass prophylaxis capabilities, and assisting with mass fatality planning.

The state priority to enhance capabilities to detect, identify, verify, respond to, and recover from a health related terrorism incident (Goal G) is the primary purpose of MMRS. Nebraska MMRS will achieve this through investments in equipment and supplies (Obj. G5); expanding medical surge capacity; and training to increase the skills of EMS, Public Health, Medical Care and Behavioral Health providers in responding to a CBRNE/WMD incident (Obj G6).

Nebraska MMRS will continue to invest in personnel to coordinate Medical Surge PET with regional PET activities as part of a regional comprehensive, progressive planning, exercise and training program (Goal B), to identify medical surge inventory efforts and regional equipment needs associated with the regional PET process (Obj B3), and to coordinate collaborative readiness activities for medical surge, alternate care sites, shelter-in-place, and medical evacuation (Goal G).

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Identify the amount and percentage of funding that will be dedicated to Management and Administration (M&A) expenditures.

Note: The Total M&A Amount and Total M&A Percentage **will not** be automatically calculated in the table below. The total M&A percentage should not exceed five percent (5%) of the allocated funding. Please note that M&A should be calculated at the overall IJ level per funding source (e.g., SHSP, UASI) and not at the individual Investment level.

Program	Request Amount	M&A Amount	M&A Percentage	Subtotal (Request Amount + M&A)
SHSP	\$150,000	\$	5%	\$

I. OVERVIEW

I.A Is this Investment New or Ongoing: (Double click to place an "X" in the corresponding box. Within the GRT, this will be a drop-down menu.)

☐ New ☒ Ongoing

If the Investment is Ongoing, identify the Investment(s) from prior year(s) to include:
(FY 2008 – FY 2011)

Note: Applicants may select up to **three** prior years' Investments. Within the GRT, applicants will *only* have the ability to select previously funded Investments from a drop-down menu.

FY 2008 Investment Name: (100 characters max)

Omaha and Lincoln MMRS Enhanced all hazard response evacuation and pandemic planning

FY 2008 Funding Amount:

\$642,442

FY 2009 Investment Name: (100 characters max)

Nebraska MMRS (Omaha-Lincoln)

FY 2009 Funding Amount:

\$642,442

FY 2010 Investment Name: (100 characters max)

Nebraska MMRS (Omaha-Lincoln)

FY 2010 Funding Amount:

\$634,838

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FY 2011 Investment Name: (100 characters max)

Metropolitan Medical Response System (MMRS) Enhanced all hazard response

FY 2011 Funding Amount:

\$563,386

I.B Provide the FY 2012 Investment name: (100 character max)

Nebraska Metropolitan Medical Response System (MMRS) – Omaha and Lincoln

I.C Provide the applicant name: (State/territory or Urban Area) (100 character max)

Nebraska

I.C Identify if this Investment focuses on building new capabilities or sustaining existing capabilities. (Double click to place an “X” in the corresponding box. Within the GRT, this will be a drop-down menu.)

☒ **Building New Capabilities** ☒ **Sustaining Existing Capabilities**

Applicants must ensure that requested funds maintain current capabilities that were funded by past HSGP funding cycles. New capabilities should not be built at the expense of maintaining current, essential capabilities. If new capabilities are being built utilizing HSGP funding, applicants must ensure that the new capabilities are able to be deployable outside of their community, through the Emergency Management Assistance Compact (EMAC), to support regional and national efforts.

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I.D Provide a description of this Investment, including the planning, organization, equipment, training, and/or exercises that will be involved.

A maximum of 2500 character limit is allowed for this response.

Guidance for Completing this Section: Describe how the planning, organization, equipment, training, or exercises activities within this Investment support State and/or Urban Area as well as HSGP priorities. As the FY 2012 HSGP plays an important role in the implementation of PPD-8, applicants must demonstrate how proposed planning, organization, equipment, training, and/or exercises-related activities support the development and sustainment of core capabilities outlined in the NPG.

The Nebraska MMRS seeks to coordinate and increase skills for personnel participating in medical response activities. This is done by identifying equipment in the MMRS jurisdictions needed to prevent, protect, respond to, and recover from an event of national significance. MMRS coordinators lead community-wide groups to assure that mass prophylaxis and medical surge capabilities are incorporated into Public Health Emergency Response Plans; ensure interoperable communications are available for the medical community; and plans are exercised within the medical community utilizing HSEEP (e.g., medical surge, mass prophylaxis, evacuation, CBRNE, and mass fatality). The Nebraska MMRS creates the medical component of the regional five-year comprehensive, progressive planning, exercise and training plan that involves local/regional public health agencies, hospitals, EMS and mental health providers in the implementation of exercises. This investment supports planning collaborations among responders, medical providers, and behavioral health, Citizens Corps, ESAR-VHP and MRC. MMRS personnel also purchase equipment and supplies needed to implement medical related target capabilities; maintain inventories for homeland security funded assets; and provide training to ensure appropriate use of these assets.

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II. BASELINE

II.A Identify the goals and objectives in your State and/or Urban Area Homeland Security Strategy supported by this Investment.

A maximum of 1500 character limit is allowed for this response.

Guidance for Completing this Section: Applicants should demonstrate linkages between specific projects undertaken with SHSP and UASI funds with strategic goals and objectives identified in the State and/or Urban Area Homeland Security Strategy. Please note that State and Urban Area Homeland Security Strategies should be updated every two years at a minimum, to ensure that strategies continue to address all homeland security mission areas (prevention, protection, mitigation, response, and recovery) and reflect how goals and objectives align to PPD-8 and the Whole Community approach. Reviewers will reference State and Urban Area Homeland Security Strategies to ensure proposed Investments align with goals and objectives. As such, as part of the FY 2012 HSGP application submission, applicants should consider uploading the most up-to-date strategies.

Nebraska MMRS activities support State Homeland Security Goal B (comprehensive regional PET planning). The Lincoln and Omaha MMRS participate in regional PET processes (Obj B2) including equipment needs assessment (Obj B3) exercise and training calendar development (Obj B1). MMRS activities also support Goal G (enhance capabilities to detect, identify, verify, respond to, and recover from a health related terrorism incident). MMRS collaborative groups ensure local/regional Public Health Emergency Response Plans are reviewed (Obj G3); identify equipment needs for prevention, protection, response to and recovery from a public health and medical consequences (Obj G5); increase the skills of EMS, Public Health, Medical Care and Behavioral Health providers in responding to a CBRNE/WMD incident (Obj G6) and utilize the NEMA exercise planning committee and the DHHS Exercise Planning Committee to create, implement, and incorporate exercises for public health agencies, hospitals, EMS, and behavioral health providers (Obj G7).

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II.B Describe existing capability levels that address the identified goals/objectives and what will be in place to support the Investment prior to the use of FY 2012 funds.

A maximum of 1500 character limit is allowed for this response.

Guidance for Completing this Section: Applicants should provide a clear description of existing capability levels that will support identified goals and objectives in Section II.A. Applicants should describe the current state (baseline or starting point) of the Investment at the beginning of the FY 2012 HSGP period of performance. Applicants may discuss major milestones, purchases, training activities, or other implementation steps that have been or will have been started and/or completed before the application of FY 2012 HSGP funds.

Omaha MMRS funding since 2000 and the Lincoln MMRS funding since 2001 has been used to support the efforts to prevent, protect against, respond to and recover from all-hazards incidents. This has helped to achieve the national preparedness goals and the target capabilities. The Nebraska MMRS program has helped us achieve expanded operational capabilities, interoperable communications, triage and pre-hospital treatment, mass evacuation, mass fatality management, emergency public information, mass prophylaxis and CBRNE response. In the last few years the Nebraska MMRS has expanded regional collaboration, strengthened emergency operations planning and citizen protection capabilities, strengthened Information sharing and collaboration capabilities, identified local jurisdictions with existing capabilities and has demonstrated a willingness to contribute to regional and state response planning.

The Nebraska MMRS has worked to improve medical emergency operations plans and to identify training needs and has helped to improve local capabilities to provide comprehensive and progressive planning, training and exercise programs. The MMRS collaborative structures have become integral planning partners with first response agencies. Future activities build on these relationships and past equipment/supply purchases. MMRS is an active participant with Regional PET processes and the recognized link between first response groups and the medical community.

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II.C Explain the capability gap(s) that this Investment is intended to address.

A maximum of 1500 character limit is allowed for this response.

Guidance for Completing this Section: Applicants should describe gaps between existing capabilities, as identified in Section II.B, and desired capability as outlined in Section II.A. Applicants should also demonstrate how this Investment will enable the whole community to maintain a baseline understanding of the risks they face, facilitating efforts to identify capability and resource gaps, focus capability improvements, and inform the community of actions they can take to manage risks. Where appropriate, applicants should quantify where capability gaps exist that may hinder their ability to successfully improve and play a critical role in helping communities in all stages of a disaster preparation, response, and long-term recovery. Applicants should also specify what they would require to building safe, secure, and resilient communities.

This investment will help maintain capabilities started with previous years federal funding including:

- Triage and pre-hospital treatment
- Medical surge and mass prophylaxis
- Interoperable communications
- Intelligence and information sharing and dissemination
- CBRNE detection
- Critical resource logistics and distribution
- Volunteer management and donations
- Responder safety and health
- Fire incident response support
- WMD and hazardous material response and decontamination
- Medical supplies management and distribution
- Fatality management

This IJ will also assist with the assessment of new facilities in the MMRS jurisdiction and allow for the purchase of needed supplies and equipment. The primary gap to be addressed is CBRNE decontamination capabilities, which will be addressed through the purchase of decontamination tents and training. This is required due in part to a new policy that expands the evacuation and decontamination ring around nuclear facilities.

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III. Project Management and Milestones

Guidance for Completing this Section: Applicants should demonstrate a comprehensive understanding of how the Investment supports identified Law Enforcement Terrorism Prevention Activities (LETPA), Core Capabilities, and primary Planning, Organization, Equipment, Training, and Exercises (POETE) Solution Area.

III.A Provide the FY 2012 Funding Source and Amount:

Funding Source		Funding Amount
Proposed Funding Source (<i>Select One</i>)	SHSP	\$150,000

Applicants may choose to fund projects from multiple funding sources (e.g., SHSP, UASI); however, dedicated funding toward such projects must be accounted for separately within the respective State and Urban Area IJ.

Identify if this Investment supports a fusion center. (Double click to place an "X" in the corresponding box. Within the GRT, this will be a drop-down menu.)

☐ Yes ☒ No

Please note that all fusion center-related funding requests **must be consolidated into a single Investment per funding source** (e.g., SHSP, UASI) in which recognized fusion centers reside. The consolidated fusion center Investment per funding source must address funding support for the recognized fusion center (For a list of recognized fusion centers, please see http://www.dhs.gov/files/programs/gc_1301685827335.shtm).

III.B How much of this Investment will be obligated towards Law Enforcement Terrorism Prevention Activities (LETPA):

\$0

Per the *Homeland Security Act of 2002* (Public Law 107–296), Title XX, § 2006, as amended by the 9/11 Act, Title I, §101, August 3, 2007, 121 Stat. 280, 6 U.S.C. § 607, States are required to ensure that at least 25 percent (25%) of the combined HSGP funds allocated under SHSP and UASI are dedicated towards law enforcement terrorism prevention activities. The LETPA allocation can be from SHSP, UASI or both.

III.C Identify the Core Capabilities supported by this Investment and for each of the selected Core Capabilities, provide the proposed funding amount to be obligated from this Investment.

Guidance for Completing this Section: Core Capabilities selected should be relevant to the capability gap(s) described in Question II.C. Responses should be comprehensive for the Investment.

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The table below **will not** automatically calculate the Total Amount of Proposed Funding; however, the GRT will automatically calculate the Total Amount as you enter funding amounts. The GRT will also automatically calculate the percent of proposed funding per core capability as you enter the amount across core capabilities. Applicants must ensure that the total percentage of proposed funding must equal to 100 percent (100%). The Total Amount of Proposed Funding should match the amount you entered in section III.A above.

Core Capabilities (As Identified Above)	Amount of Proposed Funding (\$)	Percent of Proposed Funding (%)
Access Control and Identity Verification	\$	Percent of Proposed Funding will be automatically calculated by the GRT as you enter the amount across the core capability categories.
Community Resilience	\$ 5,000	
Critical Transportation	\$	
Cyber Security	\$	
Economic Recovery	\$	
Environmental Response/Health and Safety	\$105,000	
Fatality Management Services	\$ 5,000	
Forensics and Attribution	\$	
Health and Social Services	\$ 3,000	
Housing	\$	
Infrastructure Systems	\$	
Intelligence and Information Sharing	\$	
Interdiction and Disruption	\$	
Long-term Vulnerability Reduction	\$	
Mass Care Services	\$	
Mass Search and Rescue Operations	\$	
Natural and Cultural Resources	\$	
On-scene Security and Protection	\$	
Operational Communications	\$ 2,000	
Operational Coordination	\$ 27,000	
Physical Protective Measures	\$ 3,000	
Planning	\$	
Public and Private Services and Resources	\$	
Public Health and Medical Services	\$	
Public Information and Warning	\$	
Risk and Disaster Resilience Assessment	\$	
Risk Management for Protection Programs and Activities	\$	
Screening, Search, and Detection	\$	
Situational Assessment	\$	
Supply Chain Integrity and Security	\$	
Threat and Hazard Identification	\$	
Total:	\$150,000	100%

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For additional information on the NPG and core capabilities, please visit <http://www.fema.gov/pdf/prepared/npg.pdf>. A crosswalk of target capabilities within the TCL to core capabilities within the NPG can also be accessed at <http://www.fema.gov/pdf/prepared/crosswalk.pdf>.

III.D Provide the proposed funding amount to be obligated from this Investment towards the primary Planning, Organization, Equipment, Training, and Exercises (POETE) Solution Area. (Please provide amounts for all that apply)

Note: The table below **will not** automatically calculate the Total Amount of Proposed Funding. The GRT will automatically calculate the total as you transfer your answers. The Total Amount of Proposed Funding should match the amount you entered in question III.A above.

Guidance for Completing this Section: Planned expenditures should be appropriate for the Solution Area and grant program in which they are described; however, the list of planned expenditures does not have to be exhaustive.

Solution Area	Amount of Proposed Funding (\$)	Percent of Proposed Funding (%)
Planning	\$ 0	<i>Percent of Proposed Funding will be automatically calculated by the GRT as you enter the amount across the POETE categories</i>
Organization	\$ 32,000	
Equipment	\$112,000	
Training	\$ 3,000	
Exercises	\$ 3,000	
Total:	\$150,000	100%

III.E Identify up to ten projects within this Investment, with start and end dates, which will be implemented over the 24 month period of performance. Provide the following information:

Guidance for Completing this Section: Please reference Appendix A for a detailed description of the Project Management Lifecycle. The projects/activities should demonstrate progress towards achieving the Investment within the FY 2012 HSGP period of performance.

For any additional projects, please copy and paste a blank copy of the above table to complete the required fields.

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Current Total: \$150,000 (\$10,000 LMMRS; \$140,000 OMMRS)

Project/Activity One	Amount of Proposed Funding (\$)
Project Name	CBRNE Decontamination Enhancement
Funding Amount	\$105,000 (\$100,000 OMMRS; \$5,000 LMMRS)
Project Management Step (Select the <u>most</u> applicable step)	Execute
Start Month/Year	10/1/12
End Month/Year	8/31/14

Project/Activity Two	Amount of Proposed Funding (\$)
Project Name	MRC/BH Coordination/Collaboration
Funding Amount	\$32,000 (\$30,000 OMMRS; \$2,000 LMMRS)
Project Management Step (Select the <u>most</u> applicable step)	Execute
Start Month/Year	10/1/12
End Month/Year	8/31/14

Project/Activity Three	Amount of Proposed Funding (\$)
Project Name	Training and Exercise
Funding Amount	\$6,000 (\$5,000 OMMRS; \$1000 LMMRS)
Project Management Step (Select the <u>most</u> applicable step)	Execute
Start Month/Year	10/1/12
End Month/Year	8/31/14

Project/Activity Four	Amount of Proposed Funding (\$)
Project Name	Mass Fatality Enhancement / Maintenance
Funding Amount	\$5,000 (\$4,000 OMMRS; \$1000 LMMRS)
Project Management Step (Select the <u>most</u> applicable step)	Execute
Start Month/Year	10/1/12
End Month/Year	8/31/14

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Project/Activity Five	Amount of Proposed Funding (\$)
Project Name	Hospital Radio Stations Upgrade
Funding Amount	\$2,000 (\$1000 each OMMRS and LMMRS)
Project Management Step (Select the <u>most</u> applicable step)	Initiate
Start Month/Year	10/1/12
End Month/Year	8/31/14

Project/Activity Six	Amount of Proposed Funding (\$)
Project Name	MMRS Planning
Funding Amount	\$0 (LMMRS)
Project Management Step (Select the <u>most</u> applicable step)	Plan
Start Month/Year	10/1/12
End Month/Year	8/31/14

Project/Activity Seven	Amount of Proposed Funding (\$)
Project Name	Grant Management Support
Funding Amount	\$0 (LMMRS)
Project Management Step (Select the <u>most</u> applicable step)	Execute
Start Month/Year	10/1/12
End Month/Year	8/31/14

III.F Does this Investment require new construction or renovation, retrofitting, or modification of existing structures? (Double click to place an "X" in the corresponding box)

☐ Yes ☒ No

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IV. ACCOMPLISHMENTS AND IMPACT

IV.A Describe the outcomes that will be achieved as a result of this Investment. The outcomes should demonstrate improvement towards building capabilities described in Section II, Baseline.

A maximum of 1500 character limit is allowed for this response.

Guidance for Completing this Section: Applicants should:

- *Provide a description of the anticipated outcomes that will be achieved during the FY 2012 HSGP period of performance;*
- *Indicate how the implementation of the Investment will continue to fill capability gaps beyond the period of performance;*
- *Demonstrate how accomplishments will demonstrate progress toward the overall objective of the Investment and bridge capability gap(s) as outlined in Section II.A; and*
- *Describe how successful maintenance and sustainment of the capabilities identified within the Investment will be supported to achieve long-term continuity.*

This investment will enhance capabilities through a regional comprehensive, progressive PET program and implement the HSEEP by providing disaster preparedness and response assets, and promoting enhancement of the MMRS program planning activities.

This investment will implement the National Preparedness Goal and the State Preparedness System to allocate and prioritize resources that allow jurisdictions to protect first responders and save lives until mutual/state/federal aid arrives by purchasing equipment and supplies for decontamination; supporting the continued enhancement of local and regional medical surge supplies and equipment; supporting the efforts of Emergency Management and Public Health in managing mass fatalities and the creation of regional mass fatality plans; and funding continued management and updating of DHS-funded inventories.

This investment will continue to develop, implement, and improve interoperable communication systems by supporting the upgrade of MMRS Hospital emergency communications.

This investment will continue to build the state's capability to detect, prevent, respond to, and recover from a terrorism event, natural disaster, or major emergency by providing funding for hospital exercise events compliant with HSEEP, NIMS based local HVAs; promoting enhancement of the MMRS program planning activities, including BH, outreach and education, and MRC support.

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APPENDIX A. PROJECT MANAGEMENT LIFECYCLE

The main steps and processes of the Project Management Lifecycle are summarized in the below table:

Steps	Description	Process
Initiate	The authorization to begin work or resume work on any particular activity.	Involves preparing for, assembling resources and getting work started. May apply to any level, e.g. program, project, phase, activity, task.
Plan	The purposes of establishing, at an early date, the parameters of the project that is going to be worked on as well as to try to delineate any specifics and/or any peculiarities to the project as a whole and/or any specific phases of the project.	Involves working out and extending the theoretical, practical, and/or useful application of an idea, concept, or preliminary design. This also involves a plan for moving a project concept to a viable project.
Execute	The period within the project lifecycle during which the actual work of creating the project's deliverables is carried out.	Involves directing, accomplishing, managing, and completing all phases and aspects of work for a given project.
Control	A mechanism which reacts to the current project status in order to ensure accomplishment of project objectives. This involves planning, measuring, monitoring, and taking corrective action based on the results of the monitoring.	Involves exercising corrective action as necessary to yield a required outcome consequent upon monitoring performance. Or, the process of comparing actual performance with planned performance, analyzing variances, evaluating possible alternatives, and taking appropriate correct action as needed.
Close Out	The completion of all work on a project. Can also refer to completion of a phase of the project.	Involves formally terminating and concluding all tasks, activities, and component parts of a particular project, or phase of a project.

For additional information on the Project Management Lifecycle, please visit Project Management Institute's (PMI) *A Guide to the Project Management Body of Knowledge* (PMBOK Guide) at <http://www.pmi.org/PMBOK-Guide-and-Standards.aspx>. Specifically, applicants are encouraged to reference Chapter three of the PMBOK Guide, *the Standard for Project Management of a Project*.

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