

EHP Screening Form Instructions

Section A. PROJECT INFORMATION

DHS Grant Award Number: This will be filled in by the State Administrative Agency (IEMA)

Grant Program: Include the name of the federal grant program you are utilizing funds from for this project AND the funding year.

Grantee: The Illinois Emergency Management Agency is the State Administrative Agency. IEMA will complete this section.

Sub-Grantee: This is where you should put your point of contact's information

Project Title: Please include the subrecipient name and a brief description of the project
Example: Memorial Hospital Camera Installation Project

Project Location: address or latitude-longitude

Project Description: Complete description of proposed project and how it will be implemented.

Section B. PROJECT TYPE

Please select the box or boxes that best fit the scope of the project.

After checking the box or boxes that best correspond to your project, go to the part of Section C associated with that project.

Section C. PROJECT TYPE DETAILS

Find and complete the section that corresponds with the project type you selected in Section B. You can ignore all other project types that you did not select.

Example: If you selected Physical Security Enhancements as your project type, you do not need to fill out anything under the Training and Exercise Project Detail.

After completing Section C, proceed to Section D.

Section D. PROJECT DETAILS

Provide all requested information. Please be specific about any ground disturbance that will occur. The section describing required photographs is very important—see Appendix A for guidance.

Please submit the screening form through the IEMA Grants Portal.

If FEMA requires additional information, they will coordinate through IEMA. IEMA will notify subrecipients when EHP is approved.

EHP approval must be received prior to project implementation.