



## FFY 2023 Homeland Security Grant Program Application User Guide

The FFY 2023 Homeland Security Grant Program (HSGP) Grant Program application is a cloud-based form within the AmpliFund grant management system. The application can be accessed from this link:

<https://il.amplifund.com/Public/Opportunities/Details/99249221-479f-40f1-aead-d80c36f77bcf>

### **GATA**

The Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 et seq., increases accountability and transparency in the use of grant funds while reducing the administrative burden on both state agencies and grantees through adoption of the federal grant guidance and regulations codified at 2 CFR Part 200 (Uniform Requirements). IEMA has adopted the uniform data field requirements on grant applications to comply with GATA.

In addition to the IEMA program guidance and application form, sub-award recipients also need to comply with GATA requirements for grant eligibility. More information regarding GATA can be found at <http://www.illinois.gov/sites/gata>.

## Accessing the Application

Internet access and an AmpliFund logon are needed to submit your completed grant application.

1. The FFY 2023 HSGP Grant Application is located here: Click the <https://il.amplifund.com/Public/Opportunities/Details/99249221-479f-40f1-aead-d80c36f77bcf> to open the grant application in your Internet browser.
2. Review 'Opportunity Information'. Click 'Apply' to begin the application

### FFY 23 Homeland Security Grant Program

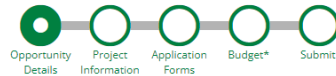
[Print](#) [Help](#) [Download](#) [Apply](#)

#### Opportunity Information

CSFA Number	588-40-0455
CSFA Popular Name	HSGP
Title	FFY 23 Homeland Security Grant Program
Description	The purpose of the Homeland Security Grant Program (HSGP) is to support state and local efforts to prevent terrorism and other catastrophic events and to prepare the Nation for the threats and hazards that pose the greatest risk to the security of the United States. The FY 2023 HSGP provides funding to implement investments that build, sustain, and deliver the 32 core capabilities essential to achieving the National Preparedness Goal (the Goal) of a secure and resilient Nation. The building, sustainment, and delivery of these core capabilities are not exclusive to any single level of government, organization, or community, but rather, require the combined effort of the whole community, inclusive of children, individuals with disabilities and others with access and functional needs, diverse communities, and people with limited English proficiency. The FY 2023 HSGP supports the core capabilities across the five mission areas of Prevention, Protection, Mitigation, Response, and Recovery based on allowable costs. The HSGP supports the Quadrennial Homeland Security Review Mission to Strengthen National Preparedness and Resilience. HSGP is comprised of two grant programs specific to Illinois: State Homeland Security Program (SHSP): The SHSP assists state, tribal, territorial, and local preparedness activities that address high-priority preparedness gaps across all core capabilities where a nexus to terrorism exists. All supported investments are based on capability targets and gaps identified during the Threat and Hazard Identification and Risk Assessment (THIRA) process, and assessed in the State Preparedness Report (SPR). Urban Area Security Initiative (UASI): The UASI Program assists high-threat, high-density Urban Areas in efforts to build, sustain, and deliver the capabilities necessary to prevent, protect against, mitigate, respond to, and recover from acts of terrorism. In Illinois, the defined Urban Area is Chicago to include the County of Cook.
Awarding Agency Name	Illinois Emergency Mgt Agency-Office of Homeland Security
Agency Contact Name	Robert Evans
Agency Contact Phone	217.557.4788

## Completing the Application

3. Opportunity Details: No information is needed you will just simply save and continue on this page. (No Data is needed)



### Opportunity Details ✓

[Print](#) [Help](#) [Download](#) [Save & Continue](#)

#### Opportunity Information

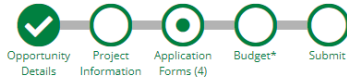
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Awarding Agency Name	Illinois Emergency Mgt Agency-Office of Homeland Security
Agency Contact Name	Robert Evans
Agency Contact Phone	217.557.4788
Agency Contact Email	Bob.P.Evans@Illinois.gov
Opportunity Manager	Bob Evans

4. Complete the 'Project Information' page when done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

### Project Information

Application Information	
Application Name*	Illinois State Police/STIC ✓
Pre-Qualification Status	Qualified
<b>How much are you requesting from the funder?</b>	
Award Requested*	\$1,030,381.53
<b>How much are you planning to contribute to the budget?</b>	
Cash Match Requirement	\$0.00 ⓘ
Cash Match Contributions*	\$0.00
In-Kind Match Requirement	\$0.00 ⓘ
In-Kind Match Contributions*	\$0.00
Other Funding Contributions*	\$0.00
Total Award Budget	\$1,030,381.53
Primary Contact Information	
Name*	Nichole Strayer
Email Address*	Nichole.Strayer@Illinois.gov
Address Line 1*	2200 S Dirksen PKWY
Address Line 2	
City*	Springfield
State/Province*	IL
Postal Code*	62703
Phone Number	217/524-7890

5. Forms- 4 forms are contained on this page each must be completed.



Forms

Help Download Save & Continue

Name	Status	Print
Uniform Grant Application - Applicant Completed Section	New	
Narrative	New	
Travel	New	
Project Outcomes and Milestones	New	

Navigation: [K] [Left Arrow] [1] [Right Arrow] [X] 25 items per page 1 - 4 of 4 items

Save & Continue

- a. Click on Uniform Grant Application (**NOTE:** you will need the jurisdictions GATA ID number found in the GATA Grantee Portal.)

## Uniform Grant Application - Applicant Completed Section

1 of 4

### Applicant Information

Legal Name (Name used for DUNS registration and grantee pre-qualification) \*

Illinois State Police/STIC

Common Name (DBA)

STIC

Employer/Taxpayer Identification Number (EIN,TIN) \*

806810164

Unique Entity Identifier (UEI) \*

JMGNE5Q3NWC5

GATA ID (assigned through the grantee portal) \*

672853

SAM Cage Code \*

1XQF5

### Applicant's Organizational Unit

Department Name \*

Illinois State Police/STIC

Division Name

STIC

Applicant's Name and Contact Information for Person to be Contacted for Program Matters involving this Application

First Name \*  
Ashley

Last Name \*  
(Reichert) Oglesby

Suffix

Title \*  
Public Service Administrator

Organizational Affiliation \*  
ISP

Telephone Number \*  
217/782-7938

Fax Number

Email Address \*  
ashley.reichert@illinois.gov

Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters

First Name \*  
Brendan

Last Name \*  
Kelly

Suffix

Title \*  
Director

Organizational Affiliation \*  
ISP

Telephone Number \*  
217/782-7263

Fax Number

Email Address \*  
brendan.kelly@illinois.gov

Areas Affected

Are areas affected by the project? \*

Yes

No

(NOTE: For the Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application we need you to list who has **signing authority** for your organization.)

The project is 23SHXXXXXX (Project start date is 09/01/2023 end date is 8/31/2026. Mark the I agree box under Application certification.

Applicant Certification

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(\*)The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

Applicant Certification \*  
 I agree

When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

b. Narrative: Type in the program narrative. When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

Narrative  
2 of 4

Download Save Save & Continue

Program Narrative: Please provide a brief description and time line of the proposed project that summarizes the use of the grant award.

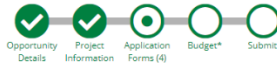
Program Narrative \*

Subrecipient Illinois State Police/STIC will utilize the Homeland Security Grant Program funding from a period of July 1, 2023 to June 30, 2024 to fund the salaries of two (2) Terrorism Research Specialists within STIC. These analysts will distribute information throughout the state to include all homeland security and public safety partners. The STIC shares threat-related information to these partners as it relates to physical and cyber critical infrastructure and provides information and resources on how to prevent, detect, deter, mitigate, and respond to these threats. Funding is also used to support the overall operation of the center and equipment acquisition to ensure that communication and coordination needs are met. Please see the attached Word document that further explains the project executive summary.

When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

Save ✓ Mark as Complete Save & Continue

c. Travel: Does your organization have travel regulations or do you the state travel regulations? Will there be any out of state travel? When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page. (If your county has its own travel regs you will have to upload them at this time in order to continue



Travel  
3 of 4

Download Save Save & Continue

Local Government \*  
 Does NOT have Travel Regulations  
 Does have Travel Regulations

If the Local Government does NOT have Travel Regulations, you will be covered by current State of Illinois travel regulations.  
[State Travel Board site link](#)

Is any of the travel requested out of the State of Illinois? \*  
 Yes  
 No

When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

Save ✓ Mark as Complete Save & Continue

- d. Project Outcomes and Milestones: This is where you will list your 3 to 4 outcomes and the milestones. Same information as your Project Implementation Worksheet.

Project Outcomes and Milestones

4 of 4

Please enter the Outcome and Milestone information in the spaces provided.

Outcome 1 Name and Description

Formats **B** *I*       

**Create and disseminate 12 intelligence notes.**

h1

Outcome 1 - Milestone 1 Description

Through daily Threat Identification Group meetings, identify topics.

Outcome 1 - Milestone 1 Expected Completion Date

6/30/2024 

Outcome 1 - Milestone 2 Description

Send to Privacy Officer for review.

Outcome 1 - Milestone 2 Expected Completion Date

6/30/2024 

Outcome 1 - Milestone 3 Description

Upload to the Homeland Security Information Network.

Outcome 1 - Milestone 3 Expected Completion Date

6/30/2024 

Outcome 2 Name and Description

6. Budget: The Grant Funding and Non-Grant Funding amount are auto populated from the 'Project Information' page. (NOTE: This grant does NOT use Non-Grant funding information.)

Budget View Settings

Options

Line Items  Non-Grant Funded

Proposed Budget

Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)	\$0.00	\$0.00	\$0.00
+ 2. Fringe Benefits (2 CFR 200.431)	\$0.00	\$0.00	\$0.00
+ 3. Travel (2 CFR 200.474)	\$0.00	\$0.00	\$0.00
+ 4. Equipment (2 CFR 200.439)	\$0.00	\$0.00	\$0.00
+ 6. Contractual Services & Subawards (2 CFR 200.318 & 200.92)	\$0.00	\$0.00	\$0.00
+ Indirect Cost (2 CFR 200.414)	\$0.00	\$0.00	\$0.00
<b>Total Expense Budget Cost</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Revenue Budget

Grant Funding		
Award Requested	\$40,000.00	\$40,000.00
<b>Subtotal</b>	<b>\$40,000.00</b>	<b>\$40,000.00</b>
Non-Grant Funding		
Cash Match	\$0.00	\$0.00
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Revenue Budget Cost</b>		<b>(\$40,000.00)</b>
<b>Total Overall Budget Cost</b>		<b>(\$40,000.00)</b>

The Total Overall Budget Cost must be \$0.00

Click the **green '+'** on the category to enter details of an expense item. Enter Grant Funded for the 'Expense Budget' items. The 'total Overall Budget Cost' must be \$0.00 after entering all the proposed budget details.

- a. When entering the amount, you will want to use the total amount. Select create when finished.

Budget Item Information

Category: **1. Personnel (Salaries and Wages) (2 CFR 200.430)**

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Personnel cannot exceed 100% of their time on all active projects.

Item Type: Personnel

Name\*:

Position\*:

Salary Amount\*:

Basis: **Yearly**

% of Time\*:

Length of Time\*:

Direct Cost: \$171,022.27

Non-Grant Funded: **No**

Total Budgeted: \$171,022.27

Narrative: Describe the responsibilities and duties of the position in relationship to fulfilling the project goals and objectives.



## New Line Item

### Budget Item Information

Category **3. Travel (2 CFR 200.474)** ▼

For training projects, show the number of trainees and unit cost involved. Travel and meals for trainees should be listed separately. NOTE: Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the Consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the Miscellaneous category.

Item Type Non-Personnel

Name\* Enhance Fusion Center Activities ⓘ

Description\* Travel ⓘ

Cost Rate\* \$37,853.00

Basis

Quantity\* 1

Number of Trips\* 1

Direct Cost \$37,853.00

Non-Grant Funded **No** ▼

Total Budgeted \$37,853.00

Narrative Include travel origin and destination, estimated costs and type of transportation,

Create

Cancel

## New Line Item

### Budget Item Information

Category **4. Equipment (2 CFR 200.439)**

Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the Contractual Services category.

Item Type Non-Personnel

Name\* GIS-04AP-03-GISS

Cost Rate\* \$31,560.00

Quantity\* 1

Direct Cost \$31,560.00

Non-Grant Funded **No**

Total Budgeted \$31,560.00

Narrative Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment.

- ESRI-ArcGIS Desktop Basic Concurrent  
Use Primary Maintenance - \$1,000  
- ESRI-ArcGIS Desktop Basic Concurrent  
Use Secondary Maintenance - \$2,500

Create

Cancel

## New Line Item

### Budget Item Information

Category **5. Supplies (2 CFR 200.94)**

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Item Type Non-Personnel

Name\* Commodities/Office Supplies

Cost Rate\* \$6,489.00

Quantity\* 1

Direct Cost \$6,489.00

Non-Grant Funded **No**

Total Budgeted \$6,489.00

Narrative Commodities/Office Supplies for Fusion Center

Create

Cancel

## New Line Item

Category: **Telecommunications**

List items and descriptions by major type and the basis of the computation.  
NOTE: This budgetary line item is to be used for direct program telecommunications, all other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

Item Type: Non-Personnel

Name\*:

Cost Rate\*:

Basis:

Quantity\*:

Length of Time\*:

Direct Cost: \$115,538.00

Non-Grant Funded:

Total Budgeted: \$115,538.00

Narrative: Explain how telecommunication expenses are allocated for distribution as an expense to the program/service.

- Teleconferencing Video Wall Charges 06CP-05-VCON \$595
- Web Meetings/Internet Calls 06CC-05-PRTY \$4,056
- Satellite Mobile 06CC-03-SATM \$13,845
- Phone Cellular 06CC-01-CELL \$27,578

The Budget is complete when the **'total Overall Budget Cost' is \$0.00** and the expense details match the grant funded amount auto populated from the project information page. When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.











## Budget View Settings

### Options

Line Items  Non-Grant Funded

## Proposed Budget

### Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
<b>+ 1. Personnel (Salaries and Wages)</b> (2 CFR 200.430)	\$21,000.00	\$0.00	\$21,000.00
Jane Doe  	\$21,000.00	\$0.00	\$21,000.00
<b>+ 2. Fringe Benefits</b> (2 CFR 200.431)	\$0.00	\$0.00	\$0.00
<b>+ 3. Travel</b> (2 CFR 200.474)	\$200.00	\$0.00	\$200.00
Lodging/per diem  	\$200.00	\$0.00	\$200.00
<b>+ 4. Equipment</b> (2 CFR 200.439)	\$9,600.00	\$0.00	\$9,600.00
Computers 04HW-01-INHW  	\$6,000.00	\$0.00	\$6,000.00
Database 13IT-00-DACQ  	\$3,600.00	\$0.00	\$3,600.00
<b>+ 6. Contractual Services &amp; Subawards</b> (2 CFR 200.318 & 200.92)	\$9,200.00	\$0.00	\$9,200.00
Software maintenance- Info technology  	\$9,200.00	\$0.00	\$9,200.00
<b>+ Indirect Cost</b> (2 CFR 200.414)	\$0.00	\$0.00	\$0.00
<b>Total Expense Budget Cost</b>	<b>\$40,000.00</b>	<b>\$0.00</b>	<b>\$40,000.00</b>

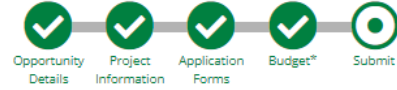
### Revenue Budget

Grant Funding		
Award Requested	\$40,000.00	\$40,000.00
<b>Subtotal</b>	<b>\$40,000.00</b>	<b>\$40,000.00</b>
Non-Grant Funding		
Cash Match	\$0.00	\$0.00
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Revenue Budget Cost</b>		<b>(\$40,000.00)</b>
<b>Total Overall Budget Cost</b>		<b>\$0.00</b>

Mark as Complete

Save & Continue

7. If all the circles at the top are Green with white checks, you have completed all the sections of the application. You are ready to submit.



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You are about to submit your application, **Illinois State Police/STIC**, to **Emergency Management Agency**.

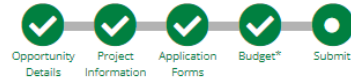
Take the time to review your application by using the timeline above. You can select any section and jump to that page.

When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.

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8. You can now download a copy of your finished application if you would like.



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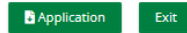
### Success!

You have submitted your application.

Download your completed application by selecting the "Application" button below.

To return to the main screen with all of your applications, select the "Exit" button.

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**Congrats you are done!!!!**