IEMA
Illinois Emergency Management Agency

FFY 2020 NSGP Grant Program
Application User Guide

The FFY 2020 NSGP Grant Program application is an Adobe PDF fillable form and requires Adobe Reader to open it. For best results, it is recommended that you have the most recent version of Adobe Reader, *Adobe Reader DC*, installed on your computer. For more information, go to:

https://get.adobe.com/reader/

The application will be used to capture all grant programmatic and financial changes that occur over the life cycle of the grant program similar to what the Attachment A documents did for previous FFY's. The application user guide was put together in conjunction with the Department of Innovation and Technology (DOIT) in order to help guide grantees through the application submission process.

This user guide is divided into four main sections:

Downloading the Application

Internet access is needed to download the application form and to submit your completed application. However, once you download the form you will be able to work on it and save it offline.

Contact IEMA.grants@illinois.gov with any technical questions about this form. Use these steps to download and save a copy of the application.

1. The FFY 2020 NSGP Grant Application Form is located at this web
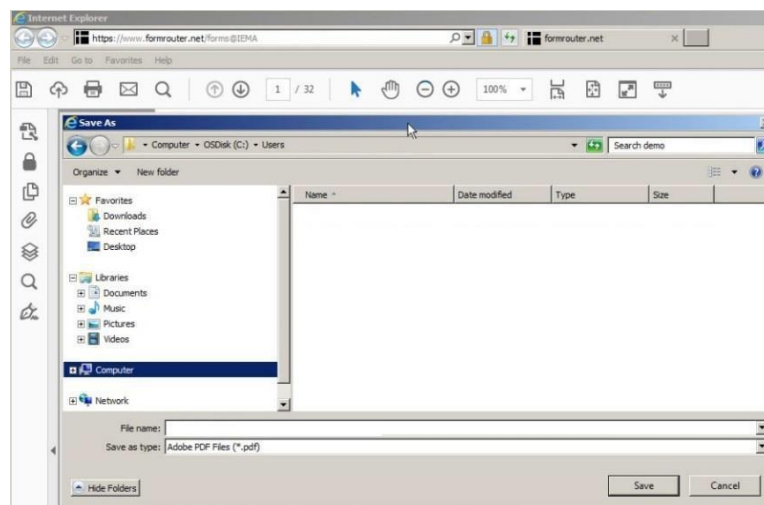
   link:

   https://www.formrouter.net/forms%40IEMA/20NSGP_APP.pdf

   Click on the link to open the grant application in your Internet browser.

2. Once the application opens, click on *File*, then *Save As*, to save a PDF copy of the form to your computer.
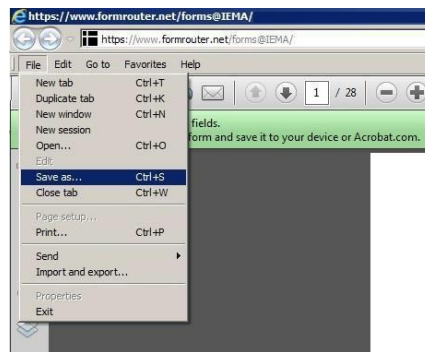
3. Choose the *Save in* location and modify the *File name* as needed, and click *Save*.

4. Close your Internet browser.

   Do not fill out the application in your Internet browser.

Application Overview

When filling out this application, be sure to press the Tab key after each field you complete. Pressing Tab will move the cursor into the next data field and save the changes made. The roll up calculations will not work properly if the changes to a budget line are not tabbed through.

The FFY 20 NSGP application is divided into 10 sections:

- [Cover Sheet](#)
- [Sub-Award recipient Information](#)
- [Equipment](#)
- [Contractual/Sub-Awards](#)
- [Training](#)
- [Project Implementation](#)
- [FFATA](#)
- [Budget Summary](#)
- [Risk Assessment](#)
- [Certification](#)

Cover Sheet

Purpose

The purpose of the Cover Sheet section is to provide a quick overview of the application. The Application Summary section will display the sub-award recipient name, and the project 100 percent amount.

Instructions

The cover page consists of data fields identifying the grant program. All of this data will be pre-populated or will roll up as the form is filled out.

Review this information prior to submission to ensure that it is correct.

Required Fields

There are no required fields on this page. All information will automatically roll up from other pages.

Sample:

FFY 20 Nonprofit Security Grant Program (NSGP)		Save Forms
Contact IEMA.grants@illinois.gov for programmatic and technical support.		
Name of the Awarding State Agency:	Illinois Emergency Management Agency	Print Forms
Catalog of State Financial Assistance (CSFA) Number:	588-00-0445	
CSFA Title:	Non-Profit Security Grant Program	
CFDA Number:	97.008	
CFDA Title:	Non-Profit Security Program	
Funding Opportunity Number:	DHS-20-GPD-008-00-01	
Funding Opportunity Title:	Fiscal Year 2020 Nonprofit Security Grant Program (NSGP)	
Funding Opportunity Program Field:	n/a	
Competition Identification Number:	n/a	
Competition Identification Title:	n/a	
Grant Program Match Percentage:	n/a	
APPLICATION SUMMARY		
Sub-Award Recipient:	Evans Non-Profit	
Project 100% Amount:	$ 100,000.00	

Sub-award recipient Information

Purpose

The purpose of the Sub-award recipient Information section is to gather basic information about the sub-award recipient and to establish the grant point of contact.

Instructions

Complete all the fields on the form. The Cage Code and SAM Expiration Date can be found by searching records using DUNS at https://www.sam.gov/. The Grant Point of Contact data fields drive the approval workflow. Please ensure that these are correct.

Required Fields

The Sub-award recipient Information section has 29 required fields.

1	SUB-AWARD RECIPIENT	This is the applicant, or the jurisdiction name
2	Employer/Taxpayer Identification Number (EIN, TIN):	This is a nine digit unique identifier
3	Data Universal Number System (DUNS) Number:	This is a nine digit unique identifier
4	CAGE CODE:	This is a five digit unique identifier. Sub-award recipients that do not know their cage code can look it up at https://www.sam.gov
5	SAM EXPIRATION DATE:	Click on the date picker to select the SAM expiration date. Sub-award recipients must keep their SAM account current, and if the SAM expiration date is prior to the date of application completion an error will appear.
7	BUSINESS ADDRESS Street	Street address of business. Open text field.
8	BUSINESS ADDRESS City	City of business. Open text field
9	BUSINESS ADDRESS State	State of business. The field is limited to two characters.
10	BUSINESS ADDRESS County	County of business. Open text field.
11	BUSINESS ADDRESS ZIP+4	A nine digit zip code is required for federal reporting.
12	GRANT POINT OF CONTACT First Name	First name of the individual responsible for the sub-award recipient's grant application.
13	GRANT POINT OF CONTACT Last Name	Last name of the individual responsible for the sub-award recipient's grant application.
14	GRANT POINT OF CONTACT Street Address	Street address for grant contact. Open text field.
15	GRANT POINT OF CONTACT City	City of the grant contact. Open text field.
16	GRANT POINT OF CONTACT County	County of the grant contact. Open text field.
19	GRANT POINT OF CONTACT State	State of the grant contact. Limited to two characters.
19	GRANT POINT OF CONTACT Zip	Zip code of the grant contact. Field must contain five numbers.
19	GRANT POINT OF CONTACT Email	Sub-award recipients may only put one email address in this field. This email address will be used in the approval workflow.
20	GRANT POINT OF CONTACT Phone	Phone of the grant contact. Field must contain 10 numbers.
21	LEGAL AUTHORIZED OFFICIAL / ADMINISTRATOR First Name	First name of the Legal Authorized Official. Open text field.
22	LEGAL AUTHORIZED OFFICAL / ADMINISTRATOR	Last name of the Legal Authorized Official. Open text field.

	Last Name	
23	LEGAL AUTHORIZED OFFICAL / ADMINISTRATOR Street Address	Street address of the Legal Authorized Official. Open text field.
24	LEGAL AUTHORIZED OFFICAL / ADMINISTRATOR City	City of the Legal Authorized Official. Open text field.
25	LEGAL AUTHORIZED OFFICAL / ADMINISTRATOR County	County of the Legal Authorized Official. Open text field.
26	LEGAL AUTHORIZED OFFICAL / ADMINISTRATOR State	State of the Legal Authorized Official. Limited to two characters.
27	LEGAL AUTHORIZED OFFICAL / ADMINISTRATOR Zip	Zip code of the Legal Authorized Official. Field must contain five numbers.
28	LEGAL AUTHORIZED OFFICAL / ADMINISTRATOR Email	Email address of the Legal Authorized Official.
29	LEGAL AUTHORIZED OFFICAL / ADMINISTRATOR Phone	Phone number of the Legal Authorized Official. Field must contain 10 numbers.

Example:

SUB-AWARD RECIPIENT INFORMATION

Sub-Award Recipient:	Evans Non-Profit
Employer/Taxpayer Identification Number (EIN, TIN):	999999999
Data Universal Number System (DUNS) Number:	999999999
Cage Code:	55555
SAM Expiration Date:	09/01/2021 MM/DD/YYYY (Must be older than today)

BUSINESS ADDRESS	
Street:	1 Main Street
City:	Chicago
State:	IL
County:	Cook
ZIP+4:	11111-2222

GRANT POINT OF CONTACT			
First Name:	Robert	Last Name:	Evans
Street Address:	1 Main Street		
City:	Chicago		
County:	Cook	State: IL	ZIP: 11111-2222
Email:	Bob.P.Evans@illinois.gov	Phone:	(217) 333-4444

LEGAL AUTHORIZED OFFICIAL (SIGNATORY AUTHORITY)			
First Name:	Colin	Last Name:	Evans
Street Address:	1 Main Street		
City:	Chicago		
County:	Cook	State: IL	ZIP: 11111-2222
Email:	Bob.P.Evans@illinois.gov	Phone:	(217) 444-5555

COVER PAGE

Equipment

Purpose

The purpose of the Equipment section is to list non-expendable items that are to be purchased. For each equipment item please provide the corresponding Approved Equipment List Number (AEL#), description of the item, along with the quantity and unit price. Each equipment item purchased for the Non-Profit Security Grant Program (NSGP) will require an Environmental Historic Preservation (EHP) form to be submitted so that box has been *permanently* marked as "YES" on the application.

Example:

EQUIPMENT

Equipment is limited to select items in the following two categories of items on the Authorized Equipment List (AEL):
Category 14—Physical Security Enhancement Equipment
Category 15—Inspection and Screening Systems

LINE #	AEL	DESCRIPTION	QTY	UNIT PRICE	TOTAL	EHP
1.	14SW-01-ALRM	Alarm System	1	$ 7,000.00	$ 7,000.00	Yes
2.	14SW-01-DOOR	Impact Resistant Doors	4	$ 16,000.00	$ 64,000.00	Yes
3.					$ 0.00	Yes
4.					$ 0.00	Yes
5.					$ 0.00	Yes
6.					$ 0.00	Yes
7.					$ 0.00	Yes
8.					$ 0.00	Yes
9.					$ 0.00	Yes
10.					$ 0.00	Yes
11.					$ 0.00	Yes
12.					$ 0.00	Yes
13.					$ 0.00	Yes
14.					$ 0.00	Yes
15.					$ 0.00	Yes
Total Equipment					$ 71,000.00	

COVER PAGE

Contractual/Sub-awards

Purpose

        The purpose of the Contractual/Sub-awards section is to identify contractual services, such as contractual security personnel, that will be made under the grant program.

        Example:

CONTRACTUAL / SUBWARDS

LINE #	DESCRIPTION	CONTRACTUAL SERVICES AMOUNT
1.	Security Personnel Company	$ 24,000.00
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
	TOTAL CONTRACTUAL COSTS	$ 24,000.00

Training

Purpose

The purpose of the Training section is to list all approved training classes that will be conducted during the grant performance period. The approved training class dates, and amounts must be completed when the application is submitted.

Example:

TRAINING

LINE #	TRAINING DESCRIPTION	DATES	COST
1.	Active Shooter Training	October 1-4, 2021	$ 5,000.00
2.			
3.			
4.			
	Total Training Costs		$ 5,000.00

<u>Project Implementation</u>

Purpose

The purpose of the Project Implementation page is to have applicants describe in detail what they plan to accomplish during the grant performance period.

Required Fields

Outcomes: The applicant describes the specific approved projects to be completed during the grant performance period.

Milestones: The applicant describes specific actions that will be taken to complete the approved projects during the grant performance period, as well as, the expected completion dates for each of those actions.

Example:

PROJECT IMPLEMENTATION

Outcome 1	Alarm System	
	Description	Expected Completion Date
Milestone 1	Submit EHP to IEMA	6/30/21
Milestone 2	Choose vendor after EHP approval by FEMA	9/30/21
Milestone 3	Install System and train staff	3/31/22

Outcome 2	Impact Resistant Doors	
	Description	Expected Completion Date
Milestone 1	Submit EHP to IEMA	6/30/21
Milestone 2	Choose vendor after EHP approval by FEMA	9/30/21
Milestone 3	Door Installation	6/30/22

COVER PAGE

SUBRECIPIENT INFORMATION	EQUIPMENT		TRAINING	FFATA
	BUDGET SUMMARY		CERTIFICATION	

FFATA

Purpose

The purpose of the FFATA section is to capture data for federal reporting requirements.

The Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Public Law 109-282) requires for each Federal award of $25,000 or more that OMB create a searchable, no-cost, publicly accessible website (http://usaspending.gov/) that includes basic information about the recipient and the project being funded.

Instructions

Read both questions and answer yes or no. If the answer to question 1 is Yes and the answer to question 2 is No, then the applicant must provide the names and total compensation of its top five officials.

Required Fields

The FFATA section has two required fields.   Example:

FFATA

The "Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website, which is www.USASpending.gov."

Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) $25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? If Yes, must answer Q2 below. If No, you are not required to provide data.	No
Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? If No, you must provide the data. Please fill out the rest of this form.	Yes

Please provide names and total compensation of the top five officials:		
	NAME	**AMOUNT**
1.		
2.		
3.		
4.		
5.		

COVER PAGE

<u>Budget Summary</u>

Purpose

The purpose of the Budget Summary section is to show how the application budget is broken down by category for the entire application.

Instructions

Once the application is completed, review this page to make sure that the total is correct.

Required Fields

There are no required fields on this page. All information will automatically roll up from other pages.

Example:

BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL / STATE PASSTHROUGH
Equipment (200.439)	$ 71,000.00
Contractual/Subawards (200.318 and .92)	$ 24,000.00
Training and Education (200.472)	$ 5,000.00
TOTAL PROJECT COSTS	$ 100,000.00

Programmatic Risk Assessment Questionnaire

Purpose

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant's degree of risk but will not prohibit the applicant from becoming a grantee.

Instructions

Applicants should answer completely each question on the programmatic risk assessment to the best of their knowledge.

Example:

1. Quality of Management Systems

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

a.	Program outcome tracking and reporting mechanisms	Yes
b.	Relevant documentation of services/goods delivered	Yes
c.	Staff management policies and procedures	Yes
d.	Standards of conduct re: selection, award, or administration of grants	Yes
e.	Real or perceived conflict of interest re: selection, award, or administration of grants	Yes
f.	Complaint/grievance resolution policies and procedures	Yes
g.	Safeguarding funds, property and other assets against loss from unauthorized use of disposition.	Yes
h.	Management of grant terms	Yes
i.	Written approval from funding agency when key personnel change	Yes
j.	Written approval from funding agency when program scope changes	Yes

1.2 Do you have internal controls that govern program delivery on the topics of:

a.	Quality assurance reporting	Yes
b.	Unit costs, expense analysis/management	Yes

1.3 How many years of experience does the project leader have managing the scope of services required under this program?

One to five years

1.4 Does the organization have a time and effort system to track program-specific work performed?

		N/A
a.	Does the system record all time worked, including time not charged to awards?	N/A
b.	Does the system include sign-off by the employee and supervisor?	N/A

1.5 Does the program have match or related requirements?

		N/A
a.	Does the organization have written procedures for match reporting?	N/A
b.	Does a second person sign-off on match reporting?	N/A

1.6 Is the organization prepared to utilize periodic performance reports to communicate program outcomes?

Performance reports are an established part of grant management procedures.

<u>Certification</u>

Purpose

The purpose of the Certification section is to collect data on the financial point of contact and the authorized signatory.

Instructions

Complete the information for the Chief Financial Officer and the Executive Director. The Remittance Address is where the reimbursement checks will be sent.

Required Fields

The Certification section has 14 required fields.

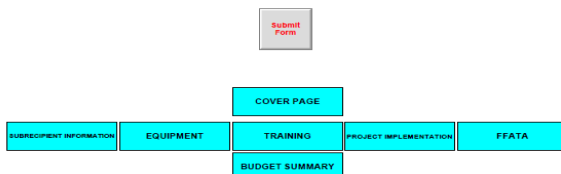| 1	First Name (Executive Director/President)	First name
2	Last Name (Executive Director/President)	Last name
3	Title (Executive Director/President)	Title
4	Email (Executive Director/President)	Email
5	Phone (Executive Director/President)	Phone of the Executive Director/President. Field must contain 10 numbers
6	First Name (Chief Financial Officer)	First name
7	Last Name (Chief Financial Officer)	Last name
8	Title (Chief Financial Officer)	Title
9	Email (Chief Financial Officer)	Email
10	Phone (Chief Financial Officer)	Phone of the Chief Financial Officer. Field must contain 10 numbers
11	Street	Street of remittance address. Text field.
12	City	City of remittance address. Text field.
13	State	State of remittance address. The field is limited to two characters.
14	Zip	Zip of remittance address. 5 digits only in this field.

Example:

CERTIFICATION

By submitting this application, I certify to the best of my knowledge and belief that the information is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

Executive Director/President			
First Name:	Kristen	Last Name:	Evans
Title:	President		
Email:	Bob.P.Evans@illinois.gov	Phone	(217) 111-5555

Chief Financial Officer			
First Name:	Bryce	Last Name:	Evans
Title	CFO		
Email:	Bob.P.Evans@illinois.gov	Phone:	(217) 111-7777

Remittance Address	
Street:	1 Main Street
City:	Chicago
State	IL
ZIP	11111-2222

Submit Form

COVER PAGE

SUBRECIPIENT INFORMATION | EQUIPMENT | TRAINING | PROJECT IMPLEMENTATION | FFATA

BUDGET SUMMARY

Submitting the Application

Use these steps to submit the application.

1. Save your application

2. Navigate to the Cover Page and review the Application Summary Section.

    The Project 100% amount should match the Total Project Costs line on the Budget Summary page.

3. To submit your completed application to IEMA, click the "Submit" button. This button is located at the top right of cover page.

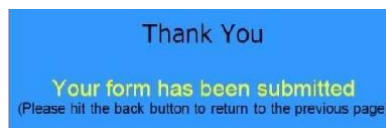
4. Incomplete Form or Form Errors

    a. If there are required fields without any data, the form will focus on them to alert the applicant

5. A download status window will appear. It may take 30 seconds for the application form to be transmitted.
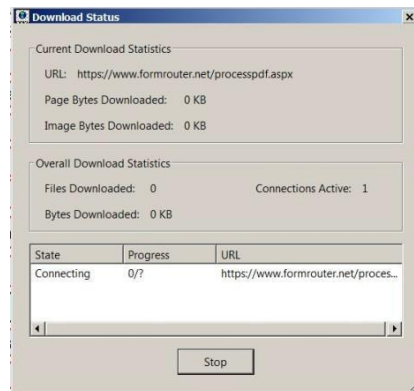
6. Once the application has been sent, a Success screen will appear.

7. Close the Success screen by clicking the X in the upper right corner and clicking NO to the dialog box to save changes.

Adobe Acrobat
⚠ Do you want to save changes to 'Success' before closing?

[Yes]   [No]   [Cancel]

8.   Close Adobe.

Troubleshooting

Contact IEMA.grants@illinois.gov with any questions regarding form errors or with any problems downloading, saving or submitting the form.

Required Fields
> If you try to submit the application with a required field left blank, you will get the follow error:

Adobe Acrobat
❌ At least one required field was empty on export. Please fill in the required fields (highlighted) before continuing.

[OK]

Incorrect Totals
> If the totals in the Budget Summary section look to be incorrect for a particular Budget Category, then it is possible that changes were not saved on the form. To resolve this, navigate to that Budget Category and tab through the values on the page.