

**STATE OF ILLINOIS
NOT-FOR-PROFIT SECURITY GRANT PROGRAM
(NSGP-IL)
APPLICATION**

NOT-FOR-PROFIT ORGANIZATION APPLICANT INFORMATION

Identify the following:

LEGAL NAME OF THE ORGANIZATION

Please list the physical address of the facility.

STREET

One application per facility address.

CITY

STATE

ZIP CODE

COUNTY

Please enter the year the facility listed above was constructed:

Is the building owned by your organization, or are you leasing?

Owned

Leased

If leasing, do you have the owner's permission to make the proposed security enhancements? If leasing, please attach a copy of the lease in accordance with 29 Ill. Adm. Code 120.30(c)(14)

Yes

No

What year did you begin operating in/from this facility/building?

Are you the only not-for-profit operating in/from this facility/building?

Yes

No

If "No," please explain how the proposed security enhancements benefit both you and the other organization(s).

Note: Only one not-for-profit can apply per building/facility/physical structure/address. However, the request and subsequent security enhancements may benefit not-for-profits who cohabitate/operate in/from the same location. Multiple requests for state assistance from the same physical address/building/facility/structure will all be deemed ineligible.

Please provide, on official letterhead of the legal entity identified at the top of the application, a specific description of the applicant's profile, ideology, mission, and beliefs. In addition, please attach any brochures or literature that would help provide this information. See 29 Ill. Adm. Code 120.30(c)(4). LINK: <https://www.ilga.gov/commission/jcar/admincode/029/02900120sections.html>

Does your entity provide medical or mental health services? What percentage of your business is providing these services?

Is the organization exempt under Section 501(c)(3) of the Federal Internal Revenue Code and eligible pursuant to 29 Ill. Adm. Code 120.20(a)? Yes No

Documentation to support this answer should be attached to the application package and emailed to EMA.ITTF.grants@illinois.gov

Does the organization have a Unique Entity ID (UEI) Number? Yes No
If "Yes," please enter the UEI Number for the organization:

Total state funding requested under the NSGP (will automatically populate based on entries in Facility Hardening Part B):

Provide specific explanation, evidence, and information identifying and substantiating a high risk designation, including prior or current threats, attacks, or acts of terrorism against the not-for-profit organization. See 29 Ill. Adm. Code 120.30(c)(4) and (6).

Provide documentation or a narrative indicating compliance with 29 Ill. Adm. Code 120.30(d).

Provide a specific explanation of the symbolic or strategic value of the applicant's project site that renders it a high risk for the target of a threat, attack or act of terrorism. See 29 Ill. Adm. Code 120.30(c)(7).

Describe the proposed project and discuss potential consequences to the organization if the project site is damaged, destroyed, or disrupted by a threat, attack, or act of terrorism. See 29 Ill. Adm. Code 120.30(c)(8).

Provide a specific description and evidence that the project site is located within a disadvantaged community and/or that the entity serves a disadvantaged community or population. See 29 Ill. Adm. Code 120.40(i)(7).

Describe how the grant funds will be used to integrate organizational preparedness with broader State and local preparedness efforts as described by the Agency in the State of Illinois Homeland Security Strategy 2024-2028. See 29 Ill. Adm. Code 120.30(c)(9).

Describe how the entity will coordinate with State and local preparedness and response agencies.

Submit a vulnerability assessment conducted by experienced security, law enforcement, or military personnel, or an agency-approved or federal Nonprofit Security Grant Program self-assessment tool within the last three years, or since the most recent security improvements if they occurred within the last three years. See 29 Ill. Adm. Code 120.30(c)(10).

If a self-assessment tool is used:

- a) Provide a list of law enforcement officials or other subject matter experts consulted, if applicable.
- b) Include a narrative summary of mitigation efforts already undertaken to remedy the vulnerabilities.

Describe how the grant award and proposed project will be used to address the vulnerabilities identified pursuant to 29 Ill. Adm. Code 120.30(c)(10). See 29 Ill. Adm. Code 120.30(c)(11).

Describe any equipment compatibility considerations. See 29 Ill. Adm. Code 120.30(c)(12).

FACILITY HARDENING PART A

In this section, describe each proposed activity as selected in Facility Hardening Part B, identify the vulnerability that it addresses, and detail the cost associated with the activity. For each activity, include the quantity, estimated hourly rate or estimated cost per unit and proposed usage. Allowable costs may include facility hardening activities. Funding may also be used for the acquisition and installation of security equipment on real property (including buildings and surrounding property) owned or leased by the not-for-profit organization specifically in prevention and/or in protection against the risk of terrorist attack. See 29 Ill. Adm. Code 120.30(c)(13).

FACILITY HARDENING PART B

In this section, list all proposed facility hardening equipment, projects, or activities as allowable per the [Authorized Equipment List \(AEL\)](#), and State funded NSGP-IL Notice of Funding Opportunity (NOFO). Select the AEL number and title, list the vulnerability the equipment/project/activity addresses, and enter the estimated funding requested. See 29 Ill. Adm. Code 120.30(c)(13).

AEL NUMBER & TITLE – EQUIPMENT, PROJECT, OR ACTIVITY	VULNERABILITY TO BE ADDRESSED	ESTIMATED FUNDING REQUESTED (Round to nearest dollar)
	Total Funding Requested:	

NOT-FOR-PROFIT TIMELINE

Provide descriptions and associated key activities that lead to the milestone event over the NSGP-IL period of performance.

Start dates should reflect the start of the associated key activities and end dates should reflect when the milestone event will occur. Milestones should reflect considerations to State Historic Preservation Office reviews when applicable. See 29 Ill. Adm. Code 120.30(c)(13).

KEY ACTIVITIES & CORRESPONDING MILESTONES	START DATE	COMPLETION DATE

NOT-FOR-PROFIT APPLICANT FUNDING HISTORY

Has this project site been the recipient of previous federal or State program funding? Please provide the program type(s), funding amount(s), and funding year(s).

Are any of the requested items in this application for funding on a current or pending federal application? If yes, how will this request supplement the request on the federal application?

NOT-FOR-PROFIT APPLICANT CONTACT INFORMATION

This application was written by:

By clicking this box, I certify that I am an employee or affiliated volunteer authorized to apply on behalf of the not-for-profit organization, or have been hired by the not-for-profit organization to apply on their behalf for the Illinois Not-for-Profit Security Grant Program. In addition, I certify that all of the information contained within or submitted with this application is true and accurate to the best of my knowledge and the funding requests made in this application are not included in a current or pending federal application, except as otherwise noted above.

FULL NAME	POSITION/TITLE
EMAIL	WORK PHONE