

# SFY 2019 SCHOOL ACCESS FOR EMERGENCY RESPONSE (SAFER) GRANT PROGRAM APPLICATION for <u>Schools</u>

### **General Instructions**

# Application Submission Deadline: December 3, 2018, 5:00 PM MST

### **Grant Requirements**

- 1. Annual performance and financial reports are due on or before 01/15/20 and each year thereafter for the duration of the grant.
- 2. Further grant requirements and clarifications will be provided in the grant agreement.
- 3. Forms for the reports will be provided.

#### **Instructions**

- 1. Enter applicant information in the Applicant Info Signatures section.
- 2. Enter project narrative information in the Project Narrative section.
- 3. Attach any required documents, and attach any additional answer text that could not fit in the form. (include Question number reference on each attached page)
- 4. Enter project budget information in the Project Budget section.
- 5. Print out Applicant Info-Signatures and obtain hard signatures.
- 6. Submitting the signed application:
  - a. Please submit one signed electronic copy of the application to:

CDPS\_DHSEM\_SER@state.co.us

- ~ Or ~
- b. Mail one signed hard copy to:

Division of Homeland Security and Emergency Management Attn: School Emergency Response Program 9195 E. Mineral Avenue, Suite 200 Centennial, CO 80112-3549



#### SIGNATURE PAGE

The Recipient and responsible signatories certify by signing that they have read the Application including the Grant Requirements, and are fully cognizant of their duties and responsibilities for this grant and will comply with, and follow, all requirements. The Recipient understands and agrees that any subgrant award received as a result of this application shall incorporate by reference the information contained herein.

	APPLICANT INFORMATION		
Applicant School (District) Name			
Applicant Agency Type			
	Primary Point of Contact (POC)		
Primary POC Name			
Title			
School (District)			
Mailing Address		State	Zip Code
Physical Address		State	Zip Code
Primary Phone Number			
Secondary Phone Number			
Email Address			
		_	
Signature (on Hard Copy Only)		Date	
	Secondary Point of Contact (POC2)		
Secondary POC Name			
Title			
School (District)			
Mailing Address		State	Zip Code
Physical Address		State	Zip Code
Primary Phone Number			
Secondary Phone Number			
Email Address			
Signature (on Hard Copy Only)		Date	
	OFFICIAL AUTHORIZED TO SIGN THE APPLICATION and GRANT A	GREEMENT	
Official Authorized POC Name			
Title			
School (District)			
Mailing Address		State	Zip Code
Physical Address		State	Zip Code
Primary Phone Number			
Secondary Phone Number			
Email Address			
Signature (on Hard Conv. Only)		Date	
Signature (on Hard Copy Only)	Fiscal Agent / Officer	Date	
Fiscal Agent / Officer Name	Tistem Tigette / Officer		
Title			
School (District)			
Mailing Address		State	Zip Code
Physical Address		State	Zip Code
Primary Phone Number		State	Zip Code
Secondary Phone Number			
Email Address			
Signature (on Hard Cony Only)		Data	

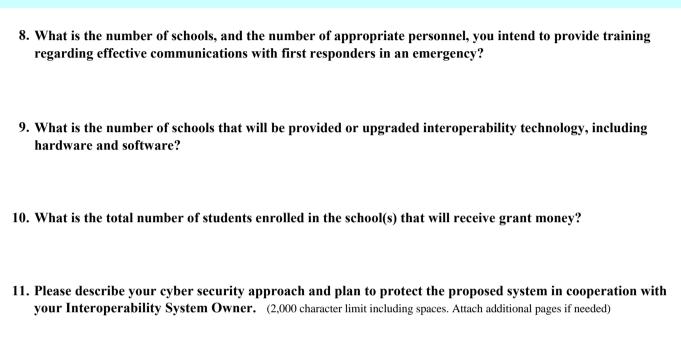


1. A school/school district is required to have a memorando 911 answering point or the local law enforcement agency interoperability to be eligible to apply for a grant.		• ,	• •
Does your school have a current MOU? (Attach Copy)	Yes	No	
2. Please describe in detail the school's current interoperable (1,000 character limit including spaces)	ole communi	cation technology, if an	y.
3. Please provide a summary of compliance with the Color Section 22-32-109.1 (4) or 22-30.5-503.5 (1,000 character lim		-	oursuant to



		forts that the school has taken to coordinate emergency communication with law tem administrators, and other schools. (1,000 character limit including spaces)
	-	iled description of the plan for which the school would use the grant money, including
	roposed training character limit inclu	g program, joint exercise plan, and interoperability technology solution.  Iding spaces)
		a crisis management plan (Emergency Operations Plan) in place with safety team for communications with first responders? (Attach Copy)
	Yes	No
-	ou understand thoperations?	nat the requested interoperable technology is not to be used by the applicant for day-to-
	Yes	No







12. Has t	he applicant	received an app	proval to access all necessary public safety networks?
	Yes	No	
softw	are updates,	channel and tal	e equipment purchased with grant funds (including inventory controls, lk group programming, equipment maintenance, etc.)?  ttach additional pages if needed)
14. For s	chool distric	ts: How many so	chools are in the district, how many students and staff?
		-	natch. Please describe any amount of match, and how you will use any ng your proposal. (1,000 character limit including spaces. Attach additional pages if needed)



# Grant Application - Project Narrative (Schools and School Districts)

**16. Please provide a budget narrative.** (2,000 character limit including spaces. Attach additional pages if needed)

17. Please enter the total requested amount:		



#### PROJECT BUDGET

D : .				FROJECI BUDGEI					
Project Number	Category	Activity/Item Description	Quantity	Unit Cost	Subtotal				
			COTAL						