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| Vermont Department of Public SafetySubaward Application (VTHSU) | | | | | | | | | | | | | |
| Moon over the mountain 1 | | | Submit complete application to:  Financial Administrator Contact:  Richard Deschamps ([Richard.Deschamps@vermont.gov](mailto:Richard.Deschamps@vermont.gov))  Department of Public Safety  Financial Office  45 State Drive  Waterbury, VT 05671-1300 | | | | | | | | | | |
| **Application Guidelines:**  Departments that wish to apply for Homeland Security Grant Program (HSGP) funding must complete the application contained herein. Additionally, application packages must include and/or meet all of the requirements outlined in the Grant Application Checklist, included in the RFP in order to be considered eligible for HSGP funding. Incomplete applications may not be considered. | | | | | | | | | | | | |  |
| **1. Applicant Information and Identification:** | | | | | | | | | | | | |  |
| Applicant Agency: |  | | | | | | | | | | | |  |
| Address: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Authorizing Official Name: |  | | | | | | | | | | | |
| Authorizing Official Title: |  | | | | | | | | | | | |
| Authorizing Official Signature: |  | | | | | | | | | | | |
| Project Director Name: |  | | | | | | | | | | | |  |
| Project Director Title: |  | | | | | | | | | | | |
| Telephone: |  | | | | | | Fax: |  | | | | |
| Email: |  | | | | | | | | | | | |
| Federal Tax Id #: |  | | | | DUNS#: |  | | | Expiration: | |  | |  |
| Vermont Business Account Number |  | | | | | | | | | | | |
| Fiscal Entity: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Fiscal Year: |  | Start: | |  | | | | End: | |  | |  |
| Fiscal Contact Name: |  | | | | | | | | | | | |
| Fiscal Contact Title: |  | | | | | | | | | | | |
| Fiscal Contact Signature: |  | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | |

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| **Proposed Budget Summary** |  | **TOTAL** |  |
| Salaries And Benefits | $ |  |  |
| Contractual | $ |  |
| Supplies | $ |  |
| Travel And Mileage | $ |  |
| Equipment | $ |  |
| Other Direct Costs | $ |  |
| Indirect Costs | $ |  |
| Required Match (If Applicable) | $ |  |
| Total Expenses | $ |  |
|  | | | |
| This Application is in response to the following RFP (Please check only **one** box):  Communications Working Group – Lifeline Maintenance  Law Enforcement Working Group – Cybersecurity Task Force  Law Enforcement Working Group – Preventative Radiological/Nuclear Detection Equipment  Law Enforcement Working Group – Vermont Intelligence Center  Operation Stonegarden – Equipment  Operation Stonegarden – Operational Details  Special Operations Working Group – Equipment ( Search and Rescue and PPE)  Special Operations Working Group – Small Unmanned Aerial Systems (SUAS) Equipment  Special Operations Working Group – USAR Training Coordinator  Training and Exercise Working Group – Local Training and Exercise Program | | | |

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| **2. Project Title**: | | |
| **3. Problem Statement:** (*Please explain the current problem that this project and funding would improve*): | | |
| **4. Project Description:** (*Please explain what these funds will be used for and how they will improve issues identified in the Problem Statement section*): | | |
| **5. Please identify the following qualities of the proposed project:**  **Capability Build/Sustain:**  Building  Sustaining  *(Building refers to activities that start a new core capability or increase a core capability. Sustaining refers to activities that maintain a core capability at its current level. This will assist DHS/FEMA in measuring progress towards National Preparedness Goal.)*  **Deployable:**  Yes  No  *(Deployable refers to the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. A deployable asset is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.* *When applicable, funding should support deployable assets that can be used anywhere in the Nation through automatic assistance and mutual aid agreements, including but not limited to the Emergency Management Assistance Compact (EMAC).)*    **Shareable:**  Yes  No  *(Sharable refers to the utility of a non-deployable shared asset in a region; it identifies the asset's ability to augment and sustain a reinforced response within a region. A sharable asset can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).*  **Project Management Step:**  *(Please identify the project management step that best describes your project’s status)*  Initiate *(The authorization to begin work or resume work on any particular activity.)*  Plan *(The purposes of establishing, at an early date, the parameters of the project that is going to be worked on as well as to try to delineate any specifics and/or any peculiarities to the project as a whole and/or any specific phases of the project.)*  Execute *(The period within the project lifecycle during which the actual work of creating the project’s deliverables is carried out.)*  Control *(The period within the project lifecycle during which the the recipient reacts to the current project status in order to ensure accomplishment of project objectives. This involves planning, measuring, monitoring, and taking corrective action based on the results of the monitoring.)*  Close Out *(All work on a project is complete. Can also refer to completion of a phase of the project.)* | | |
| **6. Project Schedules and Milestones**:  *(Milestones should be specific, measurable, actionable, realistic, and time-bound, and should reflect the steps to complete this project. Anticipated completion dates should be in a MM/YY format. If milestones are not adequate, your application may be denied, or you may be contacted by VTHSU to improve them.):* | | |
| Milestone | Comments | Anticipated Completion Date (MM/YY) |
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| **7. Project Evaluation Plan**: *(Explain how your agency will evaluate the success of the project and the improvement of the problem identified in the #3):* | | |
| **8. Resources Needed:** (*List the resources you will need to accomplish your goal (i.e: equipment, trainers, educational kits) The applicant must indicate in the AEL# of any requested equipment)*:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Resource Requested** | **Quantity** | **Price (each)** | **Total Cost** | **AEL#** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| **8a.  Request for “Limited Cash Advance”**:  *(If requesting a cash advance, your Agency’s cash advance policy must be included in your application and meet the following requirement):*  Cash Advance: A subrecipient must have procedures in place to be compliant with 2 CFR 200.305 as well as 15 USC 1601 Electronic Fund Transfer Act. They must deposit cash advance in an interest bearing account (with some regulatory exceptions) and report any federal grant interest annually to the US Department of Human Services, Payment Management Division.  **8b. Justification**: | | |
| **9. Maintenance and Sustainment Plan:** (*Explain how your organization will continue to fund this project and maintain its operations over the long term, without dependence on Homeland Security Funds. Indicate funding sources, resources, etc.*): | | |
| **10. Environmental Planning And Historic Preservation (EHP) Checklist: (***Recipients or subrecipients proposing projects that involve changes to the natural or built environment, including but not limited to construction of communication towers; modification or renovation of existing buildings, structures, facilities, and infrastructure; or that involve new construction, including replacement or relocation of facilities, must participate in the EHP review process. Additionally, recipients contemplating training and exercises that fall into the categories of drills or full-scale exercises (i.e., activities not exempted by the PEA), will need to submit the EHP Screening Form. The EHP review process involves submission of a detailed project description, the proposed project’s purpose and need (goals and/or objectives), and supporting documentation to GPD for their evaluation to determine if the proposed project may impact environmental resources and/or historic properties. Additional information can be found here:* [*https://www.fema.gov/media-library/assets/documents/85376*](https://www.fema.gov/media-library/assets/documents/85376)*):*  **Yes, an EHP review may be needed**  **No, an EHP review does not apply** | | |

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| **11. Cost Narrative/Detail:** |
| 1. Personnel Costs: (*Use the Salary Report attached to detail FICA, Workers comp, etc. Summarize anticipated personnel activity hours and costs here*) |
| 1. Contract Services: |
| 1. Supplies: |
| 1. Mileage/Travel (*in-state and out-of state*): |
| 1. Equipment: (*3) quotes are required for all items over $100. If (3) quotes are not provided, the applicant must explain the reason why three quotes were not submitted. The applicant must indicate in their application the AEL# of any requested equipment.* |
| 1. Other Operating Expenses: |
| 1. Indirect Costs (If allowed): (*Submit Federal form with % allowed*) |
| 1. Required Match (If Applicable): (*May be hard or soft match*) |
| 1. Other Program Income: (*List sources and amounts anticipated*) |

# Grant Application Guidelines for Subaward of Federal Funds

Department of Public Safety Grants Management Unit in Waterbury must receive applications by the close of business on the due date in the solicitation posting or letter. Applications may be sent via email or may be sent by postal mail. Financial Administrators or Program Managers may elect to allow for an electronic format (email attachments) copies, a specified number of paper copies or other forms of multiple copies as long as the additional copy requirements are in the solicitation letter.

1. **Complete Vermont Sub-grant Application :** Make sure all fields are complete. Your fiscal agent should have the DUNS number, expiration date and Vermont Business Account Number. If your agency or nonprofit does not have a DUNS (Data Universal Numbering System) number, go to Dun and Bradstreet’s website and obtain a DUNS <https://www.dandb.com/free-duns-number/> after your DUNS is activated then you need to register your DUNS in the System for Award Management website at <https://www.sam.gov/portal/SAM/#1>. There are tabs on the site you may find helpful. There is no cost to register at D&B and SAM. If your business is not required to have a Vermont Business Account Number place “Not Required” in the line provided.
2. **Project Title:** Create a short phrase (3-8 words) to indicate the overall nature of the project.
3. **Problem Statement:** The first thing you must do to apply for a grant is to identify, using data, what problem(s) you are proposing to diminish or correct, how severe the issue(s) is/are and the who, what and where of the issue(s). Only applicants that demonstrate a problem, supported by relevant data, can receive funding. Ideally, use data relevant to your locality. National data is not normally sufficient to justify a local subgrant. Include as much pertinent data as you have about the problem in your community (i.e. injuries, response time delays, demographics, etc). Also, provide trend data over several years where trend data is relevant and available.

NOTE: Remember, you must support the problem you have identified with relevant data.

1. **Project Description:** Describe what services, programs or activities you propose to implement. This is, what your agency proposes to do to solve or lessen the problem (i.e., form a coalition of community leaders, sponsor training, conduct a public media event or campaign, develop a community program, provide training, purchase equipment, etc.) along with the projected number of events, services or activities you hope to provide. Describe your agency’s capability to implement the proposed project and experience the agency has with similar projects.

Project proposals should detail the frequency and number of events and their timing. For example, if your objective is to reduce the incidence of teen driving fatalities, then one of the activities for this objective might be to conduct at least one impaired driving educational event at each of the area high schools during the next school year. Tie your project description back to the data in your problem statement wherever possible.

Identify how you will implement these services, programs or activities. Describe the steps you will take to start and maintain the project. Estimate the number of people you intend to reach via your proposed project. Address how your services, programs or activities will affect your target population (as identified in your problem statement).

Describe the degree of community support or commitment that exists for your proposed program. Attach letters of support from community leaders, community members and intended partners as appropriate. Include a list existing sources of support, cash and other community contributions, that will support your project.

Describe how you will announce or promote the project. A media component is required for all grants. In most cases, this would consist of an agency press release to local media outlets announcing the award of the grant and the project goals. Another media activity might be a press conference to announce a purchase, training or event.

1. **Project Schedule and Milestones:** In this section, develop a schedule of events for implementation of your proposed project. Specific dates are best, where you lay out by date when key events will occur. However, the most effectual way to develop a project schedule may be an award-plus method. In this method, you estimate when events will occur after the official date of award. Other acceptable methods are by month, before or during a specific event (i.e. winter, prom, Election Day or other annual occurrence). Plan carefully as DPS will use the schedule you submit to evaluate the progress and effectiveness of your project.
   1. The information included in this section will become a part of your agencies’ progress report, where you will need to report on progress, delays, and anticipated completion dates. This information is also federally reported on a bi-annual basis.
2. **Project Evaluation Plan**: In your application, you must show how you will demonstrate effective implementation and how you will measure its progress/success. The most desirable evaluation is an Impact Evaluation that shows a change that resulted from the project. A secondary method is an Activity Evaluation that simply shows what you did as compared to what you said you would do. Often both types of evaluation are appropriate.
   1. For the Impact Evaluation, identify what measurable data or information you will use to demonstrate that change occurred during the project. This should include a data point just before your project starts and another at the end of the project period. The ideal data would reflect a measurement of the same data you used to identify your problem and severity.
   2. For the Activity Evaluation, use project documents to show what the project is accomplishing. A count of events or persons contacted, trained or certified may be the best method.
3. **Resources Required**: List the resources you will need to accomplish your goal. Funding, trainers, educational kits, projector, may be some of resources on your list.
   1. If requesting a cash advance, your Agency’s cash advance policy must be included in your application and meet the following requirement:

Cash Advance: A subrecipient must have procedures in place to be compliant with 2 CFR 200.305 as well as 15 USC 1601 Electronic Fund Transfer Act. They must deposit cash advance in an interest bearing account (with some regulatory exceptions) and report any federal grant interest annually to the US Department of Human Services, Payment Management Division.

* 1. If your project is too large for your agency to accomplish in a Reimbursement (after-the-fact) in arrears of expenses, you may request pre-payment on a “Limited Cash Advance” basis. Check the box in 8a and provide justification for consideration. A possible justification may be a large required purchase by a low-budget agency or organization. Large purchases as the sole justification will not be approved. Approved requests will be reflected in the Subgrant agreement.

1. **Maintenance and Sustainment Plan**: Provide a narrative describing how your Agency plans on maintaining and sustaining the project supported through this application.
2. **Budget Narrative**: Each subgrant proposal must include a detailed budget. Your proposed budget will include all allowable expenses needed to effectively implement your project. It must also include a narrative justification listing the type and quantities of equipment planned for purchase, as well as types of travel expected, and supplies needed. Your budget detail must show detailed personnel costs for each employee who will charge time to the grant funds. It is important to remember that each person paid with grant funds must submit a time and activity sheet outlining the work completed with each DPS Financial Report Form. Also, include proposed travel expenses, contract service expense, equipment, other direct costs, indirect costs (when allowed) and any program income that you anticipate to receive.

Your budget should also indicate any matching funds or anticipated costs for which you do not propose to seek reimbursement and your agency would be providing in support of the project.

**For questions or information, please contact your DPS Financial Office Administrator.**

**Federal Agency Specific Requirements**

The following references are for Federal Agency specific requirements which subgrants of the agency’s funds must comply:

CFR 28 – Justice:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-dx?c=ecfr&sid=979af7e262cbe8d2d1f85e2c1d3b0d0c&rgn=div5&view=text&node=28:1.0.1.1.32&idno=28>

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=979af7e262cbe8d2d1f85e2c1d3b0d0c&rgn=div5&view=text&node=28:1.0.1.1.34&idno=28>

CFR 29 – Labor:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=3dbd326e38ff7bacf4d60d581f8c24ef&tpl=/ecfrbrowse/Title29/29cfr97_main_02.tpl>

CFR 44 – Emergency Management Assistance:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr;sid=1c469db093c5f86e3e7cf10c768b92d3;rgn=div5;view=text;node=44%3A1.0.1.1.13;idno=44;cc=ecfr>

CFR 49 – Transportation:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=24f8e3f1b31d28b37764b06a0ee6a6f3&rgn=div5&view=text&node=49:1.0.1.1.12&idno=49>

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| **PROJECT PARTICIPANT SALARY STRAIGHT TIME Normally Available from Payroll Division/Payroll summary report acceptable substitute** | | | | | | | | |
| **Agency:** | | | | | | **Date:** | | |
| **Name** | **Full Time** | **Straight Hourly Rate** | **FICA** | **Workers Comp.** | **Unemp Ins** | **Retire- ment** | **Health Ins.** | **TOTAL HOURLY COST** |
|  |  |  | **7.65%** | **0.00%** |  | **0.00%** |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |
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| **PROJECT PARTICIPANT SALARY OVERTIME Normally Available from Payroll Division/Payroll summary report acceptable substitute** | | | | | | | |
| **Agency:** | | | | | **Date:** | | |
| **Name** | **Full Time** | **Hourly Rate OT** | **FICA** | **Workers Comp.** | **Unemp. Ins.** | **Retire- ment** | **TOTAL HOURLY COST** |
|  |  |  | **7.65%** | **0.00%** |  | **0.00%** |  |
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Agency:

Date:

DEPARTMENT OF EMERGENCY MANAGEMENT AND HOMELAND SECURITY PROPERTY RECORD LIST \*

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| Item Description | Serial Number or Other Identification Number |  | Source of Property (Vendor) | Who Holds the Title | Acquisition Date | Cost of Property | % of Federal  Participation in Cost of the Property | Location | Use & Condition of Property | Grant Year | CFDA # | Date of Disposal | Sale Price of Property | Location of Disposal | Date of Last Physical Inventory |
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\*In Addition to this property record required by DEMHS as a condition of the award, organizations shall follow their own asset capitalization policies and procedures. Please note that 2 CFR 200 defines *Equipment* as tangible personal property purchased with an acquisition cost of $5,000 or more unit cost (or the non-federal entity's capitalization threshold used for computing their financial statements if it is less than $5,000) and a useful life of more than one year. Equipment is further subject to the requirements set forth by 2 CFR §200.313.

\*\* It may be noted that although this form meets all of the federal compliance requirements for a property record for any equipment meeting the federal or Subrecipients threshold, it does not define additional property on this form as equipment.