**2022 Vermont Homeland Security Grant Program Reallocation – November 2024 Release**

**Application Signature Page**

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| **Signature Page Instructions:** |

1. All required fields (**\***) are to be completed.
2. The signature page must be signed by both the Official Grantee Authorized Representative and the Fiscal Agent, if the Fiscal Agent is not the same person as the Official Grantee Authorized Representative.
3. The signature must be a physical or a digital signature. A typed name will not be accepted.
4. The signature page must be signed and submitted with application materials as a PDF.

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| **\*The following MUST be submitted with your signature page (Check all boxes to attest that the required materials have been submitted)** |

[ ]  Submit 2022 Homeland Security Grant Program Reallocation Application – November 2024 Release as Excel Workbook

[ ]  Submit Certificate of Insurance with Current Coverage (Please reference the Vermont Department of Public Safety as the certificate holder)

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| **If applicable, the following must be submitted with your signature page (Check any that apply):** |

[ ]  Submit a Department of Public Safety Financial Risk Assessment Survey if your agency has not done so in the last 12 months.

[ ]  Submit Cash Advance Policy if applying for Limited Cash Advance. Applicant’s Cash Advice Policy must meet all Cash Advance requirements as listed in the Explanation of Application Requirements and RFP documentation.

[ ]  Submit price quotations from three (3) qualified Vendors for **ALL** single items valued at more than $100.00 per unit. Price quotations may be obtained through: telephone or verbal quotes, facsimile quotations, e-mail quotes or written bids. All communications with the Vendors to obtain price quotes must be documented (emails, fax, notes from phone calls, etc.).

[ ]  Submit Quote Request Overview Form if requesting equipment with single items valued at more than $100.00 per unit. An entry should be made for each piece of equipment requested.

[ ]  Submit current pay chart identifying base and overtime rates for all personnel if requesting overtime and backfill costs (in accordance with operation cost guidance).

[ ]  Submit course description or syllabus and (3) quotes for each course when applying for Vendor offered Training.

[ ]  Submit Quote Request Overview Form when applying for Vendor offered training.

[ ]  Submit a copy of your valid narrowband FCC License or application for FCC License if applying for telecommunications related projects.

[ ]  Submit proof of coordination with the Statewide Interoperability Coordinator if requesting communications equipment.

[ ]  Submit Completed Homeland Security Grant Program (HSGP) Property Records List if requesting an increase in the quantity or replacement of HSGP-funded equipment already owned by the applicant. The Property Records List should include all items you are seeking replacement for, regardless of whether or not they were purchased with grant funds.

[ ]  Submit completed Personnel Roster if your organization is applying for items to be assigned or used by individual members of the department. A complete department roster must be provided including name, rank, and call number.

[ ]  Submit completed Vehicle Roster if your organization is applying for items to be assigned to a vehicle. A complete department vehicle roster must be provided, including vehicle plate number and use.

[ ]  Submit detailed justification letter when requesting special equipment.

[ ]  Submit a completed sUAS Signature Page and all required justification documents (as outlined in the Explanation of Application Requirements) when requesting small unmanned aircraft system equipment or services.

[ ]  Submit current Local or Regional Multi-year Training and Exercise Plan when your local agency is requesting exercised funding

[ ]  Submit completed FFATA Executive Compensation Reporting Form when requesting an award in excess of $30,000.

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| **\*Our organization agrees to the following (check all boxes):** |

[ ]  Our organization is not on the Suspended and Debarred List

[ ]  Our organization is not on the DPS Restricted Parties List

[ ]  Our organization has adopted and continues to implement the National Incident Management System (NIMS).

[ ]  Our organization has a valid UEI number.

[ ]  Our organization has completed a DPS Pre-Award Financial Risk Assessment within the last 12 months.

[ ]  Our organization has read and understands the “Explanation of Application Requirements”,

[ ]  Applicants meets eligibility requirements under the “What Can I Apply For?” section of the RFP.

[ ]  Applicant demonstrates through the application that the organization is at high risk of a terrorist attack. Applicant must read and comply with 2 CFR 200.318 to 2 CFR 200.327 regulations.

[ ]  Applicant has written procurement standards per 2 CFR 200.318(a).

[ ]  Applicant has written conflict of interest standards per 2 CFR 200.318(c).

[ ]  Applicant read and understands that certain telecommunications and video surveillance services or equipment are prohibited from being purchased using grant funds. See 2 CFR 200.216 and 2 CFR 200.471.

[ ]  Applicant has taken the necessary steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used, when possible, per 2 CFR 200.321.

[ ]  Applicant agrees that this federal funding does not supplant (replace) state, local, and agency monies in their organization's budget for the requested items in this application.

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| **\*Agency Information** |

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| **\***Official Grantee: *(Name of organization legally responsible for award and the vendor to whom payments will be made)* |  |
| **\***Official Grantee Address: *(Street Address, City, State, & Zip Code)* |  |
| **\***Official Grantee Authorized Representative Title: *(Person with authority to authorize application for funds)* |  |
| **\***Official Grantee Authorized Representative Name: *(e.g., John Smith)* |  |
| **\***Official Grantee Authorized Representative Email: |  |
| **\*Certification:**  | [ ]  By signing this Signature Page, I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the Working Group considering this application to use the information provided herein for the purpose of grant consideration.  |
| **\*Official Grantee Authorized Representative Signature:** |  | Date: Click or tap to enter a date. |
| **\***Is the Fiscal Agent the same as the Official Grantee? **(*If no, complete Fiscal Agent section below)*** | Choose an item.  |
| Fiscal Agent Title: *(Person responsible for the financial management of grant project if different than Official Grantee Authorized Representative)*  |  |
| Fiscal Agent Name: |  |
| Fiscal Agent Email:  |  |
| **Fiscal Agent Signature:** |  | Date: Click or tap to enter a date. |
| **\*Total Amount of Application Request:** | **$** |