

**Vermont Department of Public Safety**

**2024 NSGP Supplemental Funding Application Signature Page**

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| **Signature Page Instructions:** |
| 1. The signature page must be signed by the Official Grantee Authorized Representative |
| 1. The signature must be a physical or a digital signature. A typed name will not be accepted. |
| 1. The signature page must be signed and submitted as a PDF 2. All items containing (\*) are required. |
| |  | | --- | | \***My organization is (Check the one that applies):** | | An Ideology-based/Spiritual/Religious organization | | Not an Ideology-based/Spiritual/Religious organization  A Consortium of organizations | |
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| \***The following must be submitted with your signature page (Check all boxes):** |
| Submit Investment Justification as PDF |
| Submit Certificate of Insurance with Current Coverage *(Referencing Vermont Department of Public Safety as the Certificate Holder)* |
| Submit Vulnerability Risk Assessment |
| Submit Organization’s Mission Statement and any mission implementation policies or practices that may elevate the organization’s risk. |
| **If applicable, the following must be submitted with your signature page (Check all that apply):** |
| Submit documentation from the IRS demonstrating status as a 501c3 if your organization is not an Ideology-based/Spiritual/Religious organization.  Submit Consortium Workbook if applying as a consortium. |
| Submit Cash Advance Policy - You may request pre-payment on a “Limited Cash Advance” basis if the project is too large for your agency to accomplish in a reimbursement (after-the-fact) in arrears of expenses. |
| 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.).  ***\*NOTE: Quotes are required, even when applying for equipment to add to an existing Nonprofit Security Grant Program project.*** |
| 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 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 Completed Homeland Security Unit Property Records List if requesting an increase in the quantity or replacement of NSGP-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. |
| Complete the Department of Public Safety Pre-Award Risk Assessment, if your entity has not completed this assessment in the last 12-months. |
| 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):** |
| Applicant must be described under section 501(c)(3) of the Internal Revenue Code of 1986 (IRC) and exempt from tax under section 501(a) of such code or be a House of Worship. |
| Our organization is not on the Suspended and Debarred List |
| Our organization is not on the DPS Restricted Parties List |
| Our organization has completed a DPS Pre-Award Financial Risk Assessment within the last 12 months. |
| Applicants must meet eligibility requirements under the “What Can I Apply For?” section of the RFP. |
| Applicant must demonstrate 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 must have written procurement standards per 2 CFR 200.318(a). |
| Applicant must have 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 must take 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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| \***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: |