**2024 State Homeland Security**

**Grant Program**

**Combined Coversheet**

Combine all sub-applicant requests within your county or tribe on this coversheet

**Type of Grant Funding**:

County or Tribe: \_ Click here to enter text.

Name of Primary Point of Contact for this application packet: \_\_Click here to enter text.

Primary Phone Number: Click here to enter text. Secondary Phone Number Click here to enter text.

Email: \_ Click here to enter text.

Total Funds Requested: $\_ Click here to enter text.

**Sub-Applicant Information:**

*Please provide agency name, total funds requested and a brief description of the project (20 words or less).*

***Example:***

Agency Name:\_\_\_*Anytown Fire Department\_\_\_\_\_\_\_\_* Total Funding Request*: $\_\_$30,000\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name of Project: (5 words or less)\_\_\_*EOP Update\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Name of Project: (5 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

2 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Name of Project: (5 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

3 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Name of Project: (5 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

4 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Name of Project: (5 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

5 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Name of Project: (5 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

6 Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Name of Project: (5 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

REGIONAL PROJECT:

Agency Name:\_ Click here to enter text. Total Funding Request: $\_\_ Click here to enter text. \_

Name of Project: (5 words or less)\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_

**\*Denotes a regional project**

This Document does not need to be signed. Please submit it as a word document, not a PDF.

If you have any questions, please Contact the SHSP grant Coordinator, Kevin Jeffries. Kevin.jeffries@oem.oregon.gov or call 971-719-0740