NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT
EMPG-ARPA Sub-grant Application

Application Cover Sheet

Jurisdiction	

Contact Information

Point of Contact (Program)			
Office Phone		Cell Phone	
Email			
Physical Address			
Mailing Address			
Point of Contact (Financial)			
Office Phone		Cell Phone	
Email			
Physical Address			
Mailing Address			
SHARE Vendor Number:		DUNS Number:	
Employer Identification Number (EIN):			

Required Supporting Documentation

Item	Date
National Incident Management System (NIMS) Approval	
NIMS Adoption Resolution	
Fully Promulgated All Hazards Emergency Operations Plan (EOP)	
Threat Hazard Identification and Risk Assessment (THIRA)	
Integrated Preparedness Plan (IPP)	

Budget for All Activities Requested

Federal Share Requested	
Match to be Provided	
Total Cost for all Activities	

My jurisdiction has a property/equipment tracking and monitoring system in place that complies with the requirements set forth in 2 CFR 200.313. Federal funds cannot be matched with other Federal funds. The subrecipient's contribution must be specifically identified. These non-Federal contributions have the same eligibility requirements as the Federal share.

Typed Name and Title Agency Authorized Official	
Signature and Date Agency Authorized Official	

Application Checklist

Signed Application Cover Sheet Narrative for each Activity (questions 1-5)

Supporting Documentation (EHP, if applicable) Budget for each Activity (Excel workbook)

Name of Jurisdiction: _____

Department/Unit/Division: _____

Name of Activity (and priority number if submitting more than one activity)**:**

_____

All questions must be answered for each activity being requested

The five questions below must be answered to be eligible for consideration of EMPG-ARPA funding.
If requesting more than one activity, answer the questions for each activity on a separate sheet.
If additional sheets are attached, clearly label and number each sheet.

1. **Project, Scope of Work, and Timeline Description**
    Describe the proposed activity. Include a description of the Scope of Work for implementation. Describe each task. For each task, include the timeline and responsible party (job title).

2. **Describe the Gap or Need for Sustainment**
    Describe the specific gaps that will be addressed by implementing the activity being proposed. Supporting data will strengthen the ranking.

3. **Detailed Budget**
    Complete a Budget Worksheet that details the requested activity.

4. **Matching Funds**
    EMPG-ARPA is a 50% cost match program; participating jurisdictions are required to provide at least 50% in matching funds. Cash ('hard' match), non-cash ('soft' match), or a combination is acceptable. Back-up documentation is required for all expenses, including match. Describe in detail how the jurisdiction will meet the match requirement.

5. **Scalable Description**
    Identify if the activity or funding can be scaled. If yes, describe the amount of federal funding that can be allocated and still complete a scalable version of the activity. Include a description of how the jurisdiction will modify the Scope of Work and budget (including match) and still accomplish a complete activity.

6. **Department/Unit/Division:**
    If the contact information for the activity is different than the Program and Financial contact on the cover sheet of the application, please fill out the information below.

Point of Contact (Program)			
Office Phone		Cell Phone	
Email			
Physical Address			
Mailing Address			