

NEBRASKA HMEP SUB-GRANT APPLICATION

Organization (Individual) Name:

Fiscal Agent if other than the organization above:

Address:

City:

Zip Code:

Telephone (with area code):

Email Address:

Project Description/Statement of Work:

Briefly describe the project this grant will address. Include the need identified and how this project will the identified gap. (A sample timeline is attached at the end of this application.)

Program Information:

State your proposal's goals, objectives (who, what, when and where of the project), define the need and benefit of this project.

Indicate how you will measure the success of this project (how will you monitor the success?)

HMEP APPLICATION BUDGET

The following can be used as a budget spreadsheet:

| Item(s) | Projected Costs | Funding Requested |
|---------|-----------------|-------------------|
| | | |
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| | | |

TIME LINE

The following can be used as a timeline:

Briefly indicate the major activities of your proposal in a timeline. If this is a long term project, include steps of phases, the amount of time spent on each phase, and the responsible party.

| Activity | Expected Outcome | Estimated Date of Completion |
|----------|------------------|------------------------------|
| | | |
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| | | |

Certification

I, _____, do hereby certify that I have been authorized by the organization herein identified to submit this application for funds, and I further certify that the information contained herein is accurate and correct to the best of my knowledge.

Signed:

Date:

Title:

Organization:

Completed applications should be sent to:

Alyssa Sanders
State Emergency Response Commission Coordinator
alyssa.sanders@nebraska.gov
(402) 471-7176