



# ***Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program***

*Program Guidelines  
and  
Application Kit*

*Cities 106 - 120*

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## Foreword

The Office of the Assistant Attorney General, Office of Justice Programs (OJP), U.S. Department of Justice (DOJ) is providing funds for the purchase of specialized training equipment for fire, emergency medical, hazardous materials response services, and law enforcement agencies, as part of the Nunn-Lugar-Domenici (NLD) Domestic Preparedness Program (DPP). These funds represent the equipment component of a broader initiative designed to enhance the response capability of designated cities to respond to acts of terrorism involving the use of weapons of mass destruction (WMD). Administrative funds are also being provided to assist cities with the planning and administrative costs associated with the execution of the NLD DPP program.

The Nunn-Lugar-Domenici Domestic Preparedness Program was created under Title XIV of the National Defense Authorization Act of 1996 (Public Law 104-201, September 23, 1996), which authorized funding for the Department of Defense (DoD) to develop a domestic preparedness training and equipment program. The law directed that the Secretary of Defense act as the interagency lead to develop this program. However, under Sec. 1412(a)(2) and 1415(d)(1) of the legislation, the President was given authority to designate the head of another agency to assume responsibility for carrying out the program on or after October 1, 1999. On April 6, 2000, the President designated the Attorney General to assume programmatic responsibilities for several elements of the Nunn-Lugar-Domenici Domestic Preparedness Program as of October 1, 2000. Funding was subsequently appropriated for this purpose under the Fiscal Year 2001 Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act (Public Law 106-553).

As part of this transfer, grant awards are being provided for the procurement of personal protection, detection, and decontamination training equipment, and for administrative and planning costs associated with implementation of the Nunn-Lugar-Domenici Domestic Preparedness Program. As noted, OJP, under the auspices of the Office for State and Local Domestic Preparedness Support (OSLDPS), will administer these grants.

I look forward to building on the positive relationships that currently exist between OJP and the state and local emergency response community in the implementation of this program.

Sincerely,

Mary Lou Leary  
Acting Assistant Attorney General  
Office of Justice Programs

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## **I. Background**

The Office of the Assistant Attorney General, Office of Justice Programs (OJP) is providing funds to cities participating in the Nunn-Lugar-Domenici (NLD) Domestic Preparedness Program (DPP) for the purchase of specialized training equipment for fire, emergency medical, hazardous materials response services, and law enforcement agencies. These funds represent the equipment component of the NLD DPP, and will be used to build the training capacity of these cities, and by extension, their capability to respond to acts of terrorism involving chemical and biological agents, as well as radiological, nuclear, and explosive devices. Administrative funds are also being provided to assist cities with the planning and administrative costs associated with the execution of the NLD DPP program.

## **II. The Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program**

### **A. Authorized Program Purpose**

Public Law 104-201, the National Defense Authorization Act of 1996, authorized funding for the Department of Defense to develop a domestic preparedness program to enhance the capability of federal, state and local emergency responders in incidents involving nuclear, biological and chemical terrorism. The law directed that the Secretary of Defense act as the interagency lead to develop this program; however, under Sec. 1412(a)(2) and 1415(d)(1) of the legislation, the President may designate the head of an agency other than the Department of Defense, to assume responsibility for carrying out the program on or after October 1, 1999. On April 6, 2000, the President designated the Attorney General to assume programmatic and funding responsibilities for several elements of the NLD DPP as of October 1, 2000. Funding was appropriated on December 21, 2000, under the Fiscal Year 2001 Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act (Public Law 106-553) to the Office of Justice Programs to administer the NLD DPP.

The NLD DPP provides eligible jurisdictions with a tailored suite of training, exercises and equipment support to enhance their capacity to respond to an incident of terrorism involving the use of a WMD device. As part of this program, grant awards are being provided for the procurement of personal protection, detection, and decontamination training equipment, and for administrative and planning costs associated with implementation of all three elements of the Nunn-Lugar-Domenici Domestic Preparedness Program. As noted, OJP, under the auspices of the Office for State and Local Domestic Preparedness Support (OSLDPS), will administer these grants.

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## B. Program Requirements

Concurrently with the NLD DPP, OSLDPS is administering the State Domestic Preparedness Equipment Program. Coordination of this program is being carried out by a state administrative agency (SAA) designated by the governor of each state (See Appendix F). As part of this effort, each SAA is tasked with coordinating a statewide assessment that will support the development of a state strategic plan for first responder training, exercises, and equipment purchases. Because the NLD DPP and the OSLDPS State Domestic Preparedness Equipment Program address similar equipment needs, it is important that recipients of NLD DPP funding coordinate with their state's SAA when developing their equipment requests. Consequently, the following programmatic requirements will apply to all NLD DPP participants applying under this solicitation:

- NLD DPP participants may begin the grant application process immediately following receipt of the Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program Application Kit from OSLDPS.
- Administrative funds will be released for use immediately following approval of the grant application by OSLDPS.
- If an NLD DPP applicant has already identified equipment needs through the statewide assessment process, NLD DPP equipment funds will be released based on this assessment for use immediately following the approval of the grant application by OSLDPS.
- If an NLD DPP applicant has not completed an assessment of risks, capabilities and needs, NLD DPP equipment funds will be withheld until this requirement is fulfilled.

Note: To assist states in developing and implementing their strategic plans, OSLDPS will provide each NLD DPP applicant's approved equipment budget to their state's SAA. In addition, participation in the NLD DPP does not preclude applicants from simultaneously receiving equipment funds through the OSLDPS State Domestic Preparedness Equipment Program.

## C. Authorized Program Expenditures

**1. Administrative Funds:** Grant funding may only be used to pay for activities involved in the administration of the NLD DPP. Allowable expenditures include: 1) hiring of full or part-time staff or contractors to assist in data collection, coordination activities, planning meetings and/or scheduling; 2) authorized office equipment and consumable office supplies; and, 3) other meeting related expenses. (Note: For a complete list of allowable meeting-related expenses, please review the OJP Office of the Comptroller (OC) *Financial Guide*. A copy of the *Financial Guide* may be found on-line at: <http://www.ojp.usdoj.gov/FinGuide/>)

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**2. Equipment Funds:** Funds for this program may be used to enhance the capabilities of state and local first responders through the acquisition of personal protective, chemical, biological, and radiological detection, and decontamination training equipment in accordance with the Fiscal Year 2001 Authorized Equipment Purchase List (See Appendix E). These funds are available only for first responder basic defensive training equipment.

**D. Unauthorized Program Expenditures**

**1. Administrative Funds:** Administrative funds may not be used for activities unrelated to the administration of the NLD program. This includes: 1) unauthorized equipment purchases; 2) emergency management activities not related to the implementation of the NLD DPP; and, 3) overtime related to support of NLD DPP-related exercises.

**2. Equipment Funds:** Expenditures for equipment such as vehicles and trailers, communications equipment, general-use laptop computers, computer monitors and printers, robotics, thermal imaging cameras, and video-monitoring equipment, as well as arms and ammunition, are not allowable under this grant.

### **III. Funding Availability and Eligible Applicants**

Eligible applicants are the chief executive officers (CEOs) in the cities listed below. However, if the municipal government is not responsible for the fire services, emergency medical services, hazardous materials response units, and/or law enforcement agencies in its jurisdiction, then the appropriate state or local agency that provides that service must be consulted in the development of the application.

All eligible applicants will receive awards totaling \$310,000. Of this amount, \$280,000 is for the procurement of first responder basic defensive training equipment. The remaining \$30,000 may be used for planning and administrative costs associated with the execution of the NLD DPP program.

**Fiscal Year 2001 Nunn-Lugar-Domenici  
Domestic Preparedness Equipment Program  
Eligible Applicants**

*(Cities 106 - 120)*

Amarillo, TX  
Chattanooga, TN  
Ft. Lauderdale, FL  
Glendale, AZ  
Huntsville, AL

Irving, TX  
Kansas City, KS  
Knoxville, TN  
Metairie, LA  
Modesto, CA

Orlando, FL  
San Bernadino, CA  
Springfield, MA  
Worcester, MA  
Warren, MI

### **IV. Application Guidance**

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Applications need to be prepared according to the directions contained in Section V and Section VI of this booklet.

The Office of Justice Programs now only accepts applications electronically through the Grant Management System (GMS) located on the OJP Web site. Instructions regarding electronic submissions through GMS are provided in Appendix A and on the OJP Web site at [www.ojp.usdoj.gov/fundopps.htm](http://www.ojp.usdoj.gov/fundopps.htm). Assistance with GMS may also be obtained by using the following toll-free telephone number: 1-888-549-9901.

Notice of the availability of funds under the Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program will be published in the *Federal Register*. This program is eligible for coverage under Executive Order 12372, Intergovernmental Review of Federal Programs. Additional application guidelines and forms are available by contacting the National Criminal Justice Reference Service (NCJRS) at 1-800-851-3420 or the DOJ Response Center at 1-800-421-6770.

Questions regarding the application process, equipment procurement issues, and programmatic questions involving application submission requirements, application content requirements, and other administrative inquiries relating to the Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program can be directed to the Office of Justice Programs, Office for State and Local Domestic Preparedness Support at 202-305-9887.

Additional information on this program and related weapons of mass destruction initiatives may be obtained from the Office of Justice Programs, Office for State and Local Domestic Preparedness Support at 202-305-9887, or the National Domestic Preparedness Office at 202-324-8186. Additional information regarding this program or related weapons of mass destruction initiatives, can also be obtained from your local Federal Bureau of Investigation (FBI) Field Office Weapons of Mass Destruction (WMD) coordinator (See Appendix G).

## V. Application Requirements

**A. On-Line Application:** The on-line application (See Appendix A) must be completed and submitted by the applicant using the OJP GMS system described above. This on-line application replaces the following previously required paper forms:

- Standard Form 424, Application for Federal Assistance
- Standard Form LLL, Disclosure of Lobbying Activities
- OJP Form 4000/3, Assurances
- OJP Form 4061/6, Certifications
- Equipment Coordination Certification
- Non-Supplanting Certification

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When completing the on-line application, applicants should identify their submissions as new, nonconstruction applications. These grants are offered by the U.S. Department of Justice, Office of Justice Programs. The program title listed in the Catalog of Federal Domestic Assistance (CFDA) is "Office of Justice Programs Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program." When referring to this title, please use the following CFDA number: 16.006. The project period will be for a period not to exceed 36 months.

**B. Supplemental Documents:** The following documents must be completed and attached to the on-line application as file attachments:

- **Program Narrative:** Applicants must provide a Program Narrative (See Appendix B). The Program Narrative should contain a brief discussion of the information outlined in Section VI of this booklet. Information that may adversely impact the jurisdiction's response plans should be clearly identified and marked "Sensitive Information." This document should be attached under "Program Narrative".
- **Equipment Purchase Budget Detail Worksheet:** Applicants must provide an Equipment Purchase Budget Detail Worksheet. This worksheet should detail both the equipment to be purchased and the disciplines that will use it (See Appendix C). This document should be attached under "Budget Detail Worksheet". For applicants that have not completed the assessment process, the Equipment Purchase Budget Detail Worksheet is not required initially. However, once the assessment process has been completed, applicants must submit this document before OSLDPS will release the equipment funds associated with this grant.

## VI. Program Narrative

The program narrative should be no longer than 3 pages. Applications must include a description of how they were developed in consultation with representatives from fire, emergency medical, hazardous materials response services, and law enforcement agencies, including all jurisdictions with which mutual aid agreements are in place.

In addition, program narratives must include the following:

**1. Overview of Impact:** The applicant must provide a short description of how resources received through the Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program will enhance the municipality's capability to respond to a terrorist incident.

**2. Fiscal Year 2001 Administrative Budget Summary:** The applicant must provide a description of the \$30,000 will be used to assist cities in administering and executing the NLD program.





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**3. Fiscal Year 2001 Equipment Procurement Plan:** Jurisdictions receiving funding must demonstrate a need for training equipment in the following categories: personal protective equipment, chemical and biological detection, and decontamination equipment. The request for training equipment to be purchased must be based on the assessment results and a review of the equipment already on hand. The equipment assessment should reflect the needs of the fire, emergency medical, hazardous materials response services, and law enforcement disciplines. These funds are available only for first responder basic defensive training equipment.

For applicants that have not completed the assessment process, the Fiscal Year 2001 Equipment Procurement Plan is not required initially. However, once the assessment process has been completed, applicants must submit a revised program narrative that includes the information described above before OSLDPS will release the equipment funds associated with this grant.

**4. Project Management Structure:** The applicant should describe how the project will be structured, organized, and managed within the recipient organization. The applicant must provide an organizational chart of the agency and describe how the project fits into the organizational structure.

## VII. Reporting Requirements

The following reports are required of all program participants:

- **Financial Status Reports (Standard Form 269A):** Financial Status Reports are due within 45 days of the end of each calendar quarter. A report must be submitted for every quarter the award is active (including partial calendar quarters, as well as for periods where no grant activity occurs). The OJP Office of the Comptroller will provide a copy of this form in the initial award package. Future awards and fund drawdowns may be withheld if these reports are delinquent. The final financial report is due 120 days after the end date of the award period.
- **Categorical Assistance Progress Reports (OJP Form 4587/1):** Categorical Assistance Progress Reports are due within 30 days after the end of the reporting periods, which are June 30 and December 31, for the life of the award. The OJP Office of the Comptroller will provide a copy of this form in the initial award package. Future awards and fund drawdowns may be withheld if these reports are delinquent. The final programmatic progress report is due 120 days after the end date of the award period.

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## VIII. Administrative Requirements

### A. General Requirements

**1. Single Point of Contact (SPOC) Review:** Executive Order 12372 requires applicants from state and local units of government or other organizations providing services within a state to submit a copy of the application to the state SPOC, if one exists and if this program has been selected for review by the state. Applicants must contact their state SPOC to determine if the program has been selected for state review. The date that the application was sent to the SPOC or the reason such submission is not required should be provided.

**2. Civil Rights:** All recipients of federal grant funds are required to comply with nondiscrimination requirements contained in various federal laws. All applicants should consult the assurances to review the applicable legal and administrative requirements of the statute that governs OJP-funded programs or activities. Section 809(c)(1), Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 U.S.C. 3789(d) of the Act provides that “no person in any state shall on the grounds of race, color, religion, national origin, or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under or denied employment in connection with any programs or activity” in which federal law enforcement assistance is provided under this chapter. Recipients of assistance under the OJP Office for State and Local Domestic Preparedness Support are subject to the provisions of Section 809(c) of the Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; and the U.S. Department of Justice Non-Discrimination Regulations, 28 CFR part 42, subparts C, D, E, and G.

If any court or administrative agency makes a finding of discrimination on the grounds of race, color, religion, national origin, gender, disability, or age against a recipient of funds after a due process hearing, the recipient must agree to forward a copy of the finding to the OJP Office of Civil Rights. If the applicant is applying for a grant of \$500,000 or more, U.S. Department of Justice regulations (28 CFR 42.301) require an Equal Employment Opportunity Plan. The plan should be included with the application submission if it is not already on file.

**3. Administrative Provisions:** For the purposes of the Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program, the limitations cited in this section and all other administrative provisions authorized under sections 801–809 of the of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (hereafter referred to as the Act), shall apply.

**a. Land acquisition.** No funds shall be used for land acquisition.

**b. Civil justice.** No funds or other assistance shall be used with respect to civil justice matters except to the extent that such civil justice matters bear directly and substantially on criminal justice matters or are inextricably

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intertwined with criminal justice matters.

**c. Federal law enforcement personnel.** Nothing in the enabling legislation authorizes the use of federal law enforcement personnel to investigate violations of criminal law other than violations with respect to which investigation is authorized by other provisions of the law.

**d. Direction, supervision, and control.** Nothing in the enabling legislation shall be construed to authorize the Attorney General or the federal law enforcement community to exercise any direction, supervision, or control over any police force or other criminal justice agency of an applicant for federal law enforcement assistance.

## **B. Financial Requirements**

**1. Non-Supplanting Certification:** This certification, which is a required component of the on-line application, affirms that federal funds will be used to supplement existing funds for equipment purchases and will not replace (supplant) funds that have been appropriated for the same purpose. Potential supplanting will be addressed in the application review as well as in the preaward review, postaward monitoring, and the audit. Applicants or grantees may be required to supply documentation certifying that a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.

**2. Match Requirement:** None

**3. Audit Requirement:** Jurisdictions must comply with the organizational audit requirements of OMB Circular A-133, which states that a recipient that receives more than \$100,000 in federal funds during its fiscal year is required to submit an audit report to its cognizant federal agency. Recipients that receive less than \$100,000 in federal funds are exempt from audit requirements. The Attorney General and the Comptroller General of the United States shall have access, for audit and examination, to any books, documents, and records of recipients of the Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program assistance provided under this subdivision that, in the opinion of the Attorney General or the Comptroller General, are related to the receipt or use of such assistance. The grantee will give the sponsoring agency or the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.

**4. Certifications Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirement:** This certification, which is a required component of the on-line application, commits the applicant to compliance with the certification requirements under 28 CFR part 69, New Restrictions on Lobbying, and 28 CFR part 67, Governmentwide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants). The certification will be treated as a material representation of the fact upon which reliance will be

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placed by the U.S. Department of Justice in awarding grants.

**5. Suspension or Termination of Funding:** The Office of Justice Programs may suspend or terminate funding, in whole or in part, or other measures may be imposed for any of the following reasons:

- Failing to comply substantially with the requirements or statutory objectives of the Violent Crime Control and Law Enforcement Act of 1994, program guidelines issued thereunder, or other provisions of federal law.
- Failing to make satisfactory progress toward the goals or strategies set forth in this application.
- Failing to follow grant agreement requirements or standard or special conditions.
- Proposing or implementing substantial plan changes to the extent that, if originally submitted, the application would not have been selected for funding.
- Failing to submit required reports.
- Filing a false certification in this application or other report or document.

Before taking action, OJP will provide the grantee reasonable notice of intent to impose measures and will make efforts to resolve the problem informally. Hearing and appeal procedures must comport with U.S. Department of Justice regulations in 28 CFR part 18.


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# **Appendix A**


## **On-Line Application Instructions and Job Aid**

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**GMS – Applicant Procedures**  
**Applicant - OJP Grants Management System Welcome Page (AP-1)**

Description	Screen
<p>Welcome to the “<b>Applicant Procedures (AP)</b>” for the “<b>OJP Grants Management System.</b>” These Job Aids will guide you through the procedures for using the on-line grant system. If you have additional questions, please contact the Help Desk at 1-888-549-9901 or send an email to: <a href="mailto:ojp@ojp.usdoj.gov">ojp@ojp.usdoj.gov</a></p> <p>OJP Welcome Page</p> <p>1) Click on “<b>New Applicants click here first</b>” to view instructions to better assist you in navigating through the system.</p> <p>2) Click on “<b>GMS Sign-In</b>” to go to the “<b>Applicant Sign In</b>” page of the GMS, if you already have an account on the “<b>Grants Management System.</b>”</p> <p>3) Click on “<b>New User? Register Here</b>” to go to the “<b>Registration Information</b>” page. On this page you will create a user profile and open an account in the system. You can also reach the “<b>Registration Information</b>” page by clicking on the “<b>First Time User</b>” link on the “<b>Applicant Sign In</b>” page. See Job Aid AP-3 for help on the “<b>Registration Information</b>” page.</p> <p>4) Click on “<b>LLEBG Sign-In</b>” to sign in for the Local Law Enforcement Block Grants Program.</p> <p>5) Click on “<b>Home</b>” to load the OJP main home page.</p>	

**GMS – Applicant Procedures**  
**Applicant - Sign In Screen (AP-2)**

Description	Screen
<p>Applicant Sign In page: use this screen to sign in to GMS if you are a returning user or use this screen to begin the process of applying for access to the system.</p> <ol style="list-style-type: none"><li>1) Enter your <b>“User ID.”</b> The <b>“User ID”</b> is case sensitive.</li><li>2) Enter your <b>“Password.”</b> The <b>“Password”</b> is case sensitive.</li><li>3) Click on <b>“Sign In”</b> after entering your <b>“User ID”</b> and <b>“Password.”</b></li><li>4) Click on the <b>“First Time User”</b> link if you are a first time user. This link will help you create an account for the GMS system. You will also create a <b>“User ID”</b> and <b>“Password.”</b></li><li>5) Click on <b>“Forgotten your password”</b> to retrieve a lost password. Or, call the GMS Hotline at 1-888-549-9901 option 4 to create a new password. See Job Aid AP-20 for additional information.</li></ol>	



## GMS – Applicant Procedures

### Applicant - First Time User Registration Information (AP-3)

Description	Screen																																																
<p>First Time User Registration Information: use this page to create a user profile and open an account in the Grants Management System.</p> <p>1) Enter the applicant’s <b>“Employer ID Number (EIN).”</b> Each employer received an <b>“EIN”</b> from the Internal Revenue Service. Your organization should provide you with the <b>“EIN.”</b> Generally, this number can be obtained from your organization’s accountant or comptroller.</p> <p>2) Enter the <b>“Legal Name”</b> of your organization. The <b>“Legal Name”</b> is the name of the parent organization. For example, if you work for the City of Seattle in the Human Services Division, your <b>“Legal Name”</b> would be the City of Seattle. This will be the name used to generate an award document.</p> <p>3) Enter the <b>“Organizational Unit.”</b> The <b>“Organizational Unit”</b> is a subset of the <b>“Legal Name.”</b> For example, if you work for the City of Seattle in the Human Services Division, your <b>“Organizational Unit”</b> is the Human Services Division.</p> <p>4) Enter the <b>“Address”</b> to where official correspondence and notification should be sent. This will be the address of record. This address should be the business address of the authorized signing authority for your grant. Then enter the <b>“City”</b> and use the drop down list to select the <b>“State.”</b></p> <p>5) Enter the <b>“Zip Code.”</b> You must enter the full 9 digit zip code. Enter the normal 5 digit zip code in the first field and the last 4 digits in the second field. If you do not know your full 9 digit zip code click on the link <b>“Need help for Zip+4?”</b></p> <p>6) Use the drop down list and select the <b>“Type of Applicant.”</b> If the drop down list does not have an adequate description of your organization, select <b>“Other.”</b> (Note: If you select other you will be required to enter a description for type of other.)</p> <p>7) Use the drop down list to select the <b>“Prefix”</b> to be used before your name (i.e., Dr., Mrs., etc.). If the appropriate <b>“Prefix”</b> is not listed, select <b>“Other.”</b> If <b>“Other”</b> is selected, type in your preferred prefix in the <b>“Prefix: (Other)”</b> field. If you did not choose <b>“Other”</b> skip the <b>“Prefix: (Other)”</b> field.</p>	<p style="text-align: center;"><b>Registration Information</b> *Mandatory fields:</p> <table border="1"> <tr> <td>* Employer ID Number (EIN):</td> <td>1</td> <td><input type="text"/> - <input type="text"/></td> </tr> <tr> <td>* Legal Name: (Legal Jurisdiction Name)</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>* Organizational Unit:</td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>* Address Line 1:</td> <td>4</td> <td><input type="text"/></td> </tr> <tr> <td>Address Line 2:</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>* City:</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>County:</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>* State:</td> <td></td> <td>Select a State <input type="text"/></td> </tr> <tr> <td>* Zip Code:</td> <td>5</td> <td><input type="text"/> - <input type="text"/> <a href="#">Need help for ZIP+4?</a></td> </tr> <tr> <td>* Type of Applicant:</td> <td>6</td> <td>Select a Type of Applicant <input type="text"/></td> </tr> <tr> <td>Type of Applicant (other):</td> <td>7</td> <td><input type="text"/></td> </tr> <tr> <td>* Name Prefix:</td> <td></td> <td>Prefix <input type="text"/></td> </tr> <tr> <td>Prefix: (Other):</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>* User First Name:</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>* User Last Name:</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>* Title:</td> <td></td> <td><input type="text"/></td> </tr> </table>	* Employer ID Number (EIN):	1	<input type="text"/> - <input type="text"/>	* Legal Name: (Legal Jurisdiction Name)	2	<input type="text"/>	* Organizational Unit:	3	<input type="text"/>	* Address Line 1:	4	<input type="text"/>	Address Line 2:		<input type="text"/>	* City:		<input type="text"/>	County:		<input type="text"/>	* State:		Select a State <input type="text"/>	* Zip Code:	5	<input type="text"/> - <input type="text"/> <a href="#">Need help for ZIP+4?</a>	* Type of Applicant:	6	Select a Type of Applicant <input type="text"/>	Type of Applicant (other):	7	<input type="text"/>	* Name Prefix:		Prefix <input type="text"/>	Prefix: (Other):		<input type="text"/>	* User First Name:		<input type="text"/>	* User Last Name:		<input type="text"/>	* Title:		<input type="text"/>
* Employer ID Number (EIN):	1	<input type="text"/> - <input type="text"/>																																															
* Legal Name: (Legal Jurisdiction Name)	2	<input type="text"/>																																															
* Organizational Unit:	3	<input type="text"/>																																															
* Address Line 1:	4	<input type="text"/>																																															
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* Type of Applicant:	6	Select a Type of Applicant <input type="text"/>																																															
Type of Applicant (other):	7	<input type="text"/>																																															
* Name Prefix:		Prefix <input type="text"/>																																															
Prefix: (Other):		<input type="text"/>																																															
* User First Name:		<input type="text"/>																																															
* User Last Name:		<input type="text"/>																																															
* Title:		<input type="text"/>																																															

First Time User Registration Information continued: use this page to create a user profile and open an account in the Grants Management System.

8) Enter your first name. Then enter your last name in the next field. Then, enter your job title in the “**Title**” field.

9) Enter your “**Phone Number**” phone number, beginning with your area code. Enter your phone extension if appropriate. If you have a fax number, then please enter it in the next field. Next, enter the “**User E-Mail Address.**”

10) Create and enter a “**User ID.**” This ID must be a minimum of 6 characters and must not begin with a number. You will use this ID to access the system. The “**User ID**” is case sensitive.

11) Create and enter a “**Password.**” The password must be a minimum of 8 characters and must not begin with a number. To confirm your password, type the password again in the “**Password (confirmation)**” field. Keep records of your “**User ID**” and “**Password**” and remember that they are case sensitive.

12) Check “**Yes**” if you are the Signing Authority. The Signing Authority is the Authorized Representative of your organization who is empowered to receive funds on behalf of the organization. In addition, the Authorized Representative must be legally authorized to enter into agreements on the organization’s behalf. Check “**No**” if you are not the Signing Authority. If you check “**No**,” a new window will appear titled “**Authorized Representative Information.**” Enter the name and contact information for the Authorized Representative in this window. If you check “**Yes**,” a new window titled “**Alternate Contact Information**” will appear asking you for contact information for a person to contact if you are not available. This person will be the alternate point of contact for the application.

13) Click “**Create**” once you have filled in the contact information. After clicking “**Create**,” a new window will appear stating that “**Your information has been saved.**” If you want to check or change this information, click “**Go Back.**” Otherwise, click “**Close Window**” and you will return to the original “**Registration Information**” page.

14) Click “**Create Account**” if you are satisfied with the information you have entered and wish to continue. Click “**Go Back**” if you wish to delete all of the information you have entered and return to the original “**Registration Information**” page without saving your work from this window.

* Name Prefix:	Prefix
Prefix:(Other)	
*User First Name:	8
*User Last Name:	
* Title:	
* Phone Number:	9
Fax Number:	
* User E-Mail Address:	
* User ID (min. 6 characters):	10
* Password (min. 8 characters):	11
* Password (confirmation):	
* Are you the Signing Authority?	12 Yes <input type="radio"/> No <input type="radio"/>

Please make sure that all of the above information is correct before proceeding. Pressing Create Account will establish an account that will allow access to the on-line OJP Grant Management System.

Create Account **14**

Alternate Contact Information - Netscape

File Edit View Go Communicator Help

**Alternate Contact Information**

\*Mandatory fields:

\* Name Prefix: Prefix

Name Prefix:(Other)

\*User First Name:

\* User Last Name:

\* Title: Select Title

Title:(Other)

\*Phone Number: - - - Ext.:

Fax Number: - - -

\* User E-Mail Address:

Please make sure all values are correct before proceeding.

Create **13**      Go Back **13**

Go Back **14**

Authorized Representative Information - Netscape

File Edit View Go Communicator Help

**Authorized Representative Information**

\*Mandatory fields:

\* Name Prefix: Prefix

Name Prefix:(Other)

\*User First Name:

\* User Last Name:

\* Title: Select Title

Title:(Other)

\*Phone Number: - - - Ext.:

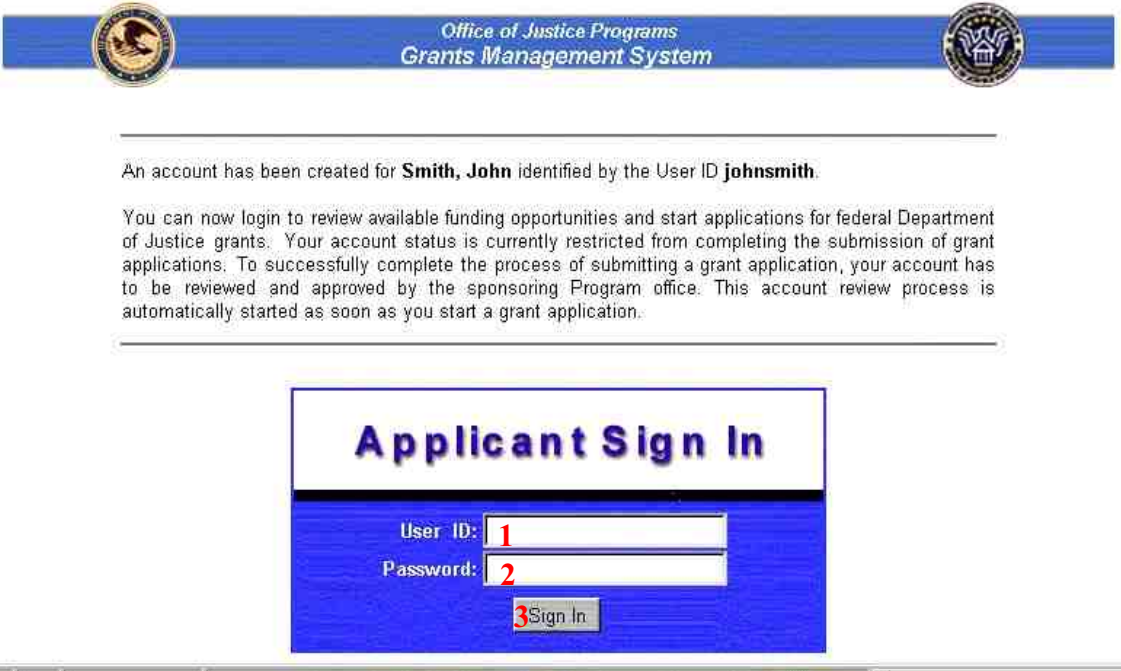
Fax Number: - - -

\* User E-Mail Address:

Please make sure all values are correct before proceeding.


Create **13**      Go Back **13**

**GMS – Applicant Procedures**  
**Applicant - First Time Applicant Sign In (AP-4)**

Description	Screen
<p>Applicant Sign In: use this page to sign in after you have entered the registration information.</p> <p>1) Enter your <b>“User ID”</b> in the field marked <b>“User ID.”</b> In this example, the <b>“User ID”</b> is <b>“johnsmith.”</b> Remember that the <b>“User ID”</b> is case sensitive. For example, if you type in <b>“JOHNSMITH”</b> you will receive an error message. In this example, the proper <b>“User ID”</b> is <b>“johnsmith”</b> in all lower case letters.</p> <p>2) Enter your <b>“Password”</b> in the field marked <b>“Password.”</b> This is the same <b>“Password”</b> you selected earlier, as referenced in Job Aid AP-3. Remember that the <b>“Password”</b> is case sensitive.</p> <p>3) Click <b>“Sign In”</b> to access your account. You can now begin the process of applying for an OJP grant. Your <b>“User ID”</b> and <b>“Password”</b> are immediately active on the system. You can fill out your application completely; <u>however</u>, you may not submit your application to the Program Office until the Program Office has approved your <b>“User ID”</b> and <b>“Password”</b> for use in the system.</p>	 <p>The screenshot shows the 'Applicant Sign In' interface. At the top, there is a blue header with the text 'Office of Justice Programs Grants Management System' and two circular logos. Below the header, a message states: 'An account has been created for Smith, John identified by the User ID johnsmith. You can now login to review available funding opportunities and start applications for federal Department of Justice grants. Your account status is currently restricted from completing the submission of grant applications. To successfully complete the process of submitting a grant application, your account has to be reviewed and approved by the sponsoring Program office. This account review process is automatically started as soon as you start a grant application.' Below this message is a sign-in form with a blue background. The form has the title 'Applicant Sign In' and three input fields: 'User ID:' with a red '1' next to it, 'Password:' with a red '2' next to it, and a '3 Sign In' button.</p>

## GMS – Applicant Procedures

### Applicant - First Time Applicant Sign In - Main Applicant Screen (AP-5)

Description	Screen
<p>Main Applicant Screen: after your “<b>User Id</b>” and “<b>Password</b>” have been successfully entered, you are logged into the system and will be taken to the “<b>Grants Management System Homepage.</b>”</p> <p>1) Click on “<b>Status</b>” to view the status of any pending applications that you have submitted. If you have pending applications that were submitted under the “<b>User Id</b>” and “<b>Password</b>” that you entered at “<b>Sign In,</b>” each application will be listed for you. If you have no applications pending, you will see the message “<b>Currently, there are no applications in GMS for you.</b>” If you do have applications pending, see Job Aid AP-17.</p> <p>2) Click on “<b>Funding Opportunities</b>” to view any available funding opportunities. Use this link to review available funding. See Job Aid AP-6.</p> <p>3) Click on “<b>Profile</b>” to view or update an existing registration information. See Job Aid AP-18.</p> <p>4) Click on “<b>Change Password</b>” to change the password associated with the “<b>User Id</b>” you used at sign in. See Job Aid AP-19.</p> <p>5) Click on “<b>Log Off</b>” to log out of the “<b>Grants Management System</b>” and exit the program.</p>	 <p>1 <a href="#">Status</a>      Currently, there are no applications in GMS for you.</p> <p>2 <a href="#">Funding Opportunities</a>      Office of Justice Programs has many other funding opportunities that you may be eligible for. To review these opportunities or to start a new application click on <a href="#">Funding Opportunities</a>.</p> <p>3 <a href="#">Profile</a></p> <p>4 <a href="#">Change Password</a></p> <p>5 <a href="#">Log Off</a></p> <p><a href="#">Help/Frequently Asked Questions</a></p>



## GMS – Applicant Procedures

### Applicant - Funding Opportunities (AP-6)

Description	Screen																					
<p>Funding Opportunities: utilize the following screens to search for funding opportunities for which you may be eligible to apply for. Click on <b>“Funding Opportunities”</b> at the upper left of the screen to begin.</p> <ol style="list-style-type: none"> <li>1) Select the OJP <b>“Program Office”</b> whose funding opportunities you wish to review. The system defaults to search all program offices.</li> <li>2) Select the <b>“Program Name”</b> that you want to search. The system defaults to search all program names.</li> <li>3) Choose the <b>“Source”</b> of the solicitation you wish to review. The system will default to review <b>“Active”</b> solicitations (those solicitations for which the OJP is currently accepting applications).</li> <li>4) Click on the <b>“Search”</b> button to begin the search according to the options you selected above.</li> <li>5) Searches can be done utilizing key words. Enter the keyword in the field entitled <b>“Keyword Search”</b> and click the <b>“Search”</b> button.</li> <li>6) The results for this search (<b>“All Program Offices, All Program Names, Active Solicitations”</b>) are displayed.</li> <li>7) Click on the <b>“Apply on line”</b> link next to the solicitation that you wish to apply for to begin an application.</li> <li>8) Notice the <b>“Deadline”</b> date for submitting applications for each solicitation.</li> </ol>	<p>The screenshot shows the 'Grant Management System Homepage' with a navigation menu on the left and a search interface. The search form includes dropdown menus for 'Program Office' (set to 'All'), 'Program Name' (set to 'All'), and 'Source' (set to 'Active'). A 'Search' button is highlighted with a red '4'. Below the search form, a 'Keyword Search' field is highlighted with a red '5'. The search results table below shows the following data:</p> <table border="1"> <thead> <tr> <th data-bbox="1121 1114 1629 1138">6 Corrections Program Office</th> <th data-bbox="1629 1114 1789 1138">7 Action</th> <th data-bbox="1789 1114 1948 1138">8 Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 1138 1629 1187">FY 2000 Comprehensive Indian Resources for Community and Law Enforcement (CIRCLE) Project - Phase I</td> <td data-bbox="1629 1138 1789 1187">Program Update <a href="#">Apply online</a></td> <td data-bbox="1789 1138 1948 1187">January 18, 2001</td> </tr> <tr> <td data-bbox="1121 1187 1629 1235">CIRCLE Phase 2</td> <td data-bbox="1629 1187 1789 1235">Program Update <a href="#">Apply online</a></td> <td data-bbox="1789 1187 1948 1235">January 18, 2001</td> </tr> <tr> <td data-bbox="1121 1235 1629 1284">Drug Courts Program Office</td> <td data-bbox="1629 1235 1789 1284"></td> <td data-bbox="1789 1235 1948 1284"></td> </tr> <tr> <td data-bbox="1121 1284 1629 1333">Tribal Drug Court Grant Program Fiscal Year 2000</td> <td data-bbox="1629 1284 1789 1333">Program Update <a href="#">Apply online</a></td> <td data-bbox="1789 1284 1948 1333">January 18, 2001</td> </tr> <tr> <td data-bbox="1121 1333 1629 1382">Executive Office for Weed and Seed</td> <td data-bbox="1629 1333 1789 1382"></td> <td data-bbox="1789 1333 1948 1382"></td> </tr> <tr> <td data-bbox="1121 1382 1629 1430">Weed and Seed</td> <td data-bbox="1629 1382 1789 1430">Program Update <a href="#">Apply online</a></td> <td data-bbox="1789 1382 1948 1430">January 18, 2001</td> </tr> </tbody> </table>	6 Corrections Program Office	7 Action	8 Deadline	FY 2000 Comprehensive Indian Resources for Community and Law Enforcement (CIRCLE) Project - Phase I	Program Update <a href="#">Apply online</a>	January 18, 2001	CIRCLE Phase 2	Program Update <a href="#">Apply online</a>	January 18, 2001	Drug Courts Program Office			Tribal Drug Court Grant Program Fiscal Year 2000	Program Update <a href="#">Apply online</a>	January 18, 2001	Executive Office for Weed and Seed			Weed and Seed	Program Update <a href="#">Apply online</a>	January 18, 2001
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Drug Courts Program Office																						
Tribal Drug Court Grant Program Fiscal Year 2000	Program Update <a href="#">Apply online</a>	January 18, 2001																				
Executive Office for Weed and Seed																						
Weed and Seed	Program Update <a href="#">Apply online</a>	January 18, 2001																				

Funding Opportunities continued: utilize the following screens to search for funding opportunities for which you may be eligible to apply for.

9) Select the name of the “**Program Office**” whose funding solicitations you wish to review. To select multiple program offices, press and hold the CTRL key on the keyboard while clicking on the names of the “**Program Offices.**”

10) Select the “**Program Name**” of the solicitation you wish to review. To select multiple program names, press and hold the CTRL key on the keyboard while clicking on the “**Program Names**” you wish to review.

11) Click the “**Search**” button to begin the search according to the criteria you selected above.

12) Read the displayed results for the search. In this situation, we selected to view only the solicitations for proposal from the “**Drug Courts Program Office.**”

13) Click on the “**Apply online**” link next to the solicitation that you wish to apply for to begin an application.

14) Notice the “**Deadline**” date for submitting applications for each solicitation.

Grant Management System Homepage

[Status](#)

[Funding Opportunities](#)

[Profile](#)

[Change Password](#)

[Log Off](#)

[Help/Frequently Asked Questions](#)

### Funding Opportunities

Office of Justice Programs has many other funding opportunities that you may be eligible for. Search for available solicitations by choosing from the following criteria. Press the Ctrl button on your keyboard to select multiple selections from the Program Office and Program Name Menu boxes.

Program Office	9	<div style="border: 1px solid gray; padding: 2px;"> <span style="font-size: 0.8em;">Corrections Program Office</span>  <span style="font-size: 0.8em;">Drug Courts Program Office</span> </div>
Program Name	10	<div style="border: 1px solid gray; padding: 2px;"> <span style="font-size: 0.8em;">All</span>  <span style="font-size: 0.8em;">Rural Domestic Violence and Child Victimization Enforcement Grant Program Continuation Application</span> </div>
Source (Active/Archives)		<div style="border: 1px solid gray; padding: 2px;"> <span style="font-size: 0.8em;">Active</span> </div>

[Help/Frequently Asked Questions](#) 11 Search

You may also search by keyword for funding opportunities.

Keyword Search

Search

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Grant Management System Homepage

[Status](#)

[Funding Opportunities](#)

[Profile](#)

[Change Password](#)

[Log Off](#)

[Help/Frequently Asked Questions](#)

### Funding Opportunities

Organize List by	Search Criteria
<a href="#">Nearest Deadline</a>	<b>Program Office:</b> Drug Courts Program Office
<a href="#">Solicitation Name</a>	<b>Solicitation Name :</b> All
<a href="#">Program Office</a>	<b>Source:</b> Active
	<b>KeyWord:</b> None
	<a href="#">[Change Search]</a>

Click on Program Update for the solicitation that you are interested in before applying online

2 Solicitations found. Results 1 through 2 are shown here.

	13 Action	14 Deadline
Drug Courts Program Office		
Drug Court Grant Program Fiscal Year 2000	<a href="#">Program Update</a> <span style="font-size: 0.7em;">October 17, 2000</span>	<a href="#">Apply online</a> <span style="font-size: 0.7em;">January 18, 2001</span>
Tribal Drug Court Grant Program Fiscal Year 2000	<a href="#">Program Update</a> <span style="font-size: 0.7em;">October 16, 2000</span>	<a href="#">Apply online</a> <span style="font-size: 0.7em;">January 18, 2001</span>

## GMS – Applicant Procedures

### Applicant - Applicant Handbook Main Screen Introduction (AP-7)

Description	Screen
<p>Main Screen Introduction: use the tabs across the top of the screen will allow you to access information about the status of your application(s).</p> <p>1) Click on the “<b>Application</b>” tab to access the “<b>Applicant Handbook</b>” to input all applicant information and to submit the application.</p> <p>2) This tab is not currently active. However in the future, once your application has been approved for funding by OJP, the “<b>Award</b>” screen will step you through the process of accepting your award.</p> <p>3) This tab is not currently active.</p> <p>4) This tab is not currently active.</p> <p>5) Click here to send and receive email with the Program Office. All email sent or received can also be viewed.</p> <p>6) Use the pull down menu to select and then access other applications that you have submitted or are currently working on.</p>	



Main Screen Introduction continued: use the tabs across the top of the screen will allow you to access information about the status of your application(s).

7) Click **“Overview”** to begin the **“Application Handbook.”** Initial information about your application will be gathered. See Job Aid AP-09.

8) Click **“Applicant Information”** to review or modify the contact information for your organization. See Job Aid AP-09.

9) Click **“Project Information”** to input the project information (descriptive title of project, geographic areas affected by the project, project dates, all affected congressional districts & estimated funding amounts). See Job Aid AP-10.

10) Click **“Budget and Program Attachment”** to attach the **“Budget Narrative”**, the **“Budget Details,”** and the **“Program Narrative.”** See Job Aid AP-11.

11) Click **“Assurances & Certifications”** to review the contact information for the Authorized Representative and to read and accept the assurances and certifications. See Job Aid AP-12.

12) Click **“Review SF 424”** to review the entire application package. See Job Aid AP-13.

13) Click **“Submit Application”** to review the status of the application and/or to submit the application. See Job Aid AP-14.

14) Click here for additional help and to view Job Aids for the Grants Management System.

**Drug Court Grant Program Fiscal Year 2000 2000-Z166-MD-DC**

Application | Award | Reporting | Payments | Correspondence | Switch to ...

**Application Handbook Overview**

7 [Overview](#)

8 [Applicant Information](#)

9 [Project Information](#)

10 [Budget and Program Attachments](#)

11 [Assurances and Certifications](#)

12 [Review SF 424](#)

13 [Submit Application](#)

14 [Help/Frequently Asked Questions](#)

[GMS Home](#)

This handbook allows you to complete the application process for applying to the Rural Domestic Violence and Child Victimization Enforcement Grant Program Continuation Application. At the end of the application process you will have the opportunity to view and print the SF-424 form.

Type of Submission	Application <input type="radio"/> Construction <input type="radio"/> Non-Construction	Preapplication <input type="radio"/> Construction <input type="radio"/> Non-Construction
Type of Application	Type of Application [v] Type of Revision [v]	
If Revision, select appropriate option	[v]	
If Other, specify:	[v]	
Is application subject to review by state executive order 12372 process?	a. Yes <input type="radio"/> This preapplication/application was made available to the state executive order 12372 process for review on [v] [v] [v]	
	b. No <input type="radio"/> Program is not covered by E.O. 12372	
	c. N/A <input type="radio"/> Program has not been selected by state for review	

Save and Continue



## GMS – Applicant Procedures

### Applicant - Application Handbook Overview (AP-8)

Description	Screen
<p>Application Handbook Overview: use this screen to enter initial information about your application.</p> <p>1) Check <b>“Construction”</b> if this application requests funding to be used entirely or partially for a <b>“Construction”</b> project. If not, check <b>“Non-Construction.”</b></p> <p>2) Check <b>“Construction”</b> if this pre-application will request funding to be used entirely or partially for a <b>“Construction”</b> project. If this is another type of pre-application check <b>“Non-Construction.”</b></p> <p>3) Use the drop down list to select the application type.</p> <p>4) Skip this field unless the <b>“Type of Application”</b> is a <b>“Revision”</b> grant. If the application is for a <b>“Revision”</b> grant use the drop down list to select the type of revision. If the revision is not for an award amount or a project duration change, select <b>“Other”</b> from the list.</p> <p>5) Skip this field unless <b>“Other”</b> is selected from the <b>“Type of Revision”</b> drop down menu. If <b>“Other”</b> is selected, enter the type of revision.</p> <p>6) Check <b>“Yes”</b> if the applicant is subject to review by the <b>“State Executive Order 12372”</b>. If you are subject to review, check <b>“Yes”</b> and use the drop down menu to select the date on which the application was made available to the state for review.</p> <p>7) Check <b>“No”</b> if the program is not covered by the <b>“executive order 12372.”</b> Check <b>“N/A”</b> if the program has not been selected for review.</p> <p>8) Click <b>“Save and Continue”</b> when finished.</p>	<p>The screenshot shows the 'Application Handbook Overview' screen. At the top, there is a navigation bar with tabs for 'Application', 'Award', 'Reporting', 'Payments', and 'Correspondence'. Below this, the 'Application Handbook Overview' section is displayed. It includes a sidebar with links for 'Overview', 'Applicant Information', 'Project Information', 'Budget and Program Attachments', 'Assurances and Certifications', 'Review SF-424', and 'Submit Application'. The main content area contains the following form fields:</p> <ul style="list-style-type: none"> <li><b>Type of Submission:</b> Radio buttons for 'Construction' (1) and 'Non-Construction'.</li> <li><b>Type of Application:</b> Radio buttons for 'Application' (2) and 'Preapplication'.</li> <li><b>If Revision, select appropriate option:</b> A dropdown menu for 'Type of Application' (3) and another for 'Type of Revision' (4).</li> <li><b>If Other, specify:</b> A text input field (5).</li> <li><b>Is application subject to review by state executive order 12372 process?:</b> Radio buttons for 'a. Yes' (6), 'b. No' (7), and 'c. N/A'.</li> </ul> <p>At the bottom of the form, there is a 'Save and Continue' button (8).</p>

## GMS – Applicant Procedures

### Applicant - Application Handbook Applicant Information (AP-9)

Description	Screen																																																
<p>Applicant Information Screen: use this screen to enter information about the applicant.</p> <p>1) Check <b>“Yes”</b> if the applicant is delinquent on any federal debt. Categories of debt include delinquent audit allowances, loans, and taxes. Otherwise, check <b>“No.”</b></p> <p>2) Review the following fields and make revisions if required: <b>“Employer Identification Number, Type of Applicant, Type of Applicant (other) Organizational Unit, Legal Name, Address 1, Address 2, City, County/Parish, State, and ZIP.”</b> See Job Aid AP-3 for descriptions of each field.</p> <p>3) Review the following fields. These fields should list the name and phone number of the person to be contacted on matters involving this application. The information will automatically transfer from the registration information you previously entered. If the information is incorrect, click on the <b>“GMS Home”</b>, followed by the <b>“Profile”</b> button. See Job Aid AP-18.</p> <p>4) Click <b>“Save and Continue”</b> when you have completed this screen.</p>	<p style="text-align: center;"><b>Application Handbook</b></p> <p style="text-align: center;"><b>Applicant Information</b></p> <p>Verify that the following information filled is correct and fill out any missing information. To save changes, click on the "Save and Continue" button.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>*Is the applicant delinquent on any federal debt</td> <td>1</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>*Employer Identification Number (EIN)</td> <td>2</td> <td>75 - 3750105</td> </tr> <tr> <td>*Type of Applicant</td> <td></td> <td>State</td> </tr> <tr> <td>Type of Applicant (other)</td> <td></td> <td></td> </tr> <tr> <td>*Organizational Unit</td> <td></td> <td>Justice Programs</td> </tr> <tr> <td>*Legal Name (Legal Jurisdiction Name)</td> <td></td> <td>State of Maryland</td> </tr> <tr> <td>*Address 1</td> <td></td> <td>4600 Chase Ave</td> </tr> <tr> <td>Address 2</td> <td></td> <td>Suite 1000</td> </tr> <tr> <td>*City</td> <td></td> <td>Bethesda</td> </tr> <tr> <td>County/Parish</td> <td></td> <td></td> </tr> <tr> <td>*State</td> <td></td> <td>Maryland</td> </tr> <tr> <td>*ZIP</td> <td></td> <td>20814 1000 <a href="#">Need help for ZIP+4?</a></td> </tr> <tr> <td>Name and telephone number of the person to be contacted on matters involving this application:</td> <td>3</td> <td></td> </tr> <tr> <td>First Name</td> <td></td> <td>Tom</td> </tr> <tr> <td>Last Name</td> <td></td> <td>Jones</td> </tr> <tr> <td>Phone Number</td> <td></td> <td>301-555-1000</td> </tr> </table> <p style="text-align: center;"><b>4</b></p> <p style="text-align: center;">Save and Continue</p>	*Is the applicant delinquent on any federal debt	1	<input checked="" type="radio"/> Yes <input type="radio"/> No	*Employer Identification Number (EIN)	2	75 - 3750105	*Type of Applicant		State	Type of Applicant (other)			*Organizational Unit		Justice Programs	*Legal Name (Legal Jurisdiction Name)		State of Maryland	*Address 1		4600 Chase Ave	Address 2		Suite 1000	*City		Bethesda	County/Parish			*State		Maryland	*ZIP		20814 1000 <a href="#">Need help for ZIP+4?</a>	Name and telephone number of the person to be contacted on matters involving this application:	3		First Name		Tom	Last Name		Jones	Phone Number		301-555-1000
*Is the applicant delinquent on any federal debt	1	<input checked="" type="radio"/> Yes <input type="radio"/> No																																															
*Employer Identification Number (EIN)	2	75 - 3750105																																															
*Type of Applicant		State																																															
Type of Applicant (other)																																																	
*Organizational Unit		Justice Programs																																															
*Legal Name (Legal Jurisdiction Name)		State of Maryland																																															
*Address 1		4600 Chase Ave																																															
Address 2		Suite 1000																																															
*City		Bethesda																																															
County/Parish																																																	
*State		Maryland																																															
*ZIP		20814 1000 <a href="#">Need help for ZIP+4?</a>																																															
Name and telephone number of the person to be contacted on matters involving this application:	3																																																
First Name		Tom																																															
Last Name		Jones																																															
Phone Number		301-555-1000																																															

**GMS – Applicant Procedures**  
**Applicant - Application Handbook Project Information (AP-10)**

Description	Screen
<p>Project Information Screen: use this screen to enter information about the proposed project.</p> <p>1) Enter the <b>“Descriptive Title of Applicant’s Project.”</b> The title describes the project, it should include: the title of the program as it appears in the solicitation, the name of the Federal agency responsible for the grant, your organization’s fiscal year, i.e. twelve month audit period.</p> <p>2) Enter the <b>“Areas Affected by Project.”</b> These include the geographic area(s) that will be impacted by the project. Indicated <b>“Statewide”</b> or <b>“National”</b> if applicable.</p> <p>3) Use the drop down lists to select the <b>“Start Date”</b> of the project. Use the drop down lists to select the <b>“End Date”</b> of the project.</p> <p>4) Use the drop down list to select the <b>“Congressional District(s)”</b> where the project will be located as well as the <b>“Congressional Districts”</b> that will be impacted by the project. To select multiple Districts hold down the control key on your keyboard while clicking on the Districts.</p> <p>5) Enter the amount of <b>“Federal”</b> funding you are requesting, the amount of <b>“Applicant”</b> Funding being supplied (if any), the amount of <b>“State”</b> Funding being received (if any), the amount of <b>“Local”</b> Funding being received (if any), the amount of funding from <b>“Other”</b> sources being received (if any), as well as any anticipated income from the program (if any) in the blocks provided.</p> <p>6) Click on <b>“Save and Continue”</b> when finished.</p>	<p>The screenshot displays the 'Project Information' screen for the Drug Court Grant Program. It features a navigation sidebar on the left and a main form area. The form includes several key sections: a text input for the 'Descriptive Title of Applicant's Project' (marked 1), a text input for 'Areas Affected by Project' (marked 2), a section for 'Proposed Project' with dropdown menus for 'Start Date' and 'End Date' (marked 3), a section for 'Congressional Districts of Project' with a dropdown menu (marked 4), and an 'Estimated Funding' table (marked 5). The table lists various funding sources: Federal, Applicant, State, Local, Other, Program Income, and TOTAL, each with a corresponding input field showing \$0.00. A 'Save and Continue' button (marked 6) is located at the bottom of the form.</p>



## GMS – Applicant Procedures

### Applicant - Application Handbook Budget and Program Attachments (AP-11)

Description	Screen
<p>Budget and Program Attachments Screen: use this screen to attach the “<b>Budget Detail Worksheet</b>,” the “<b>Budget Narrative</b>” and the “<b>Other Program Attachments</b>” to the application.</p> <ol style="list-style-type: none"> <li>1) Attach the “<b>Budget Detail Worksheet</b>” by clicking “<b>Attach.</b>” Proceed to Step 4.</li> <li>2) Attach the “<b>Budget Narrative</b>” by clicking “<b>Attach.</b>” Proceed to Step 4.</li> <li>3) Attach the “<b>Other Program Attachments</b>” by clicking “<b>Attach.</b>”</li> </ol> <p><i>You must complete these steps for all three requested attachments to fully complete the application process. After you have completed attaching one file, you must return to the above steps until “Budget Detail Worksheet,” “Budget Narrative,” and “Other Program Attachments” have ALL been attached to your application. Refer to solicitation for specific guidance.</i></p> <ol style="list-style-type: none"> <li>4) Type in the directory path for the file you wish to attach; or proceed to step five below.</li> <li>5) Click on “<b>Browse.</b>” A new window will open which will allow you to search for the file.</li> </ol>	

Budget and Program Attachments Screen continued: use this screen to attach the “**Budget Detail Worksheet,**” the “**Budget Narrative**” and the “**Other Program Attachments**” to the application.

6) Locate the directory where you store the “**Budget Detail Worksheet,**” the “**Budget Narrative**” and the “**Other Program Attachments**” files.

7) Remember to sort in the drop down list marked “**File Type**” by “**All Files.**”

8) Select the appropriate file and click on “**Open.**” The file selection window will close.

9) Notice that the attachment window will appear with the directory path to the selected file visible in the window marked “**Attach here.**”

10) Click on “**Upload Your Document**” to transmit your attachment to the OJP.

The screenshot displays the 'Drug Court Grant Program Fiscal Year 2000 2000-Z166-MD-DC' application interface. The main window has a navigation bar with tabs for 'Application', 'Award', 'Reporting', 'Payments', and 'Correspondence'. The 'Application Handbook' section is titled 'Budget and Program Attachments'. The 'Overview' section states: 'This form allows you to upload the Budget Detail Worksheet, Program Narrative and other Program attachments. Click the Attach button to continue.' The 'Applicant Information' section is visible. A 'File Upload' dialog box is open, showing the 'Look in:' field set to 'My Computer' and a file list with columns for 'Name', 'Size', and 'Date'. The 'Files of type:' dropdown is set to 'All Files (\*.\*)'. The 'File name:' field is empty. The 'Open' button is highlighted. The 'Attachment Description' window is also open, showing the following text: 'Click on the Browse button to find your file. When your file is found, click on the Open button and then on the Upload Document button.' Below this text, the 'Attach here:' field contains the path 'C:\DOJ\Budget Detail.doc'. The 'Browse...' button is highlighted. The 'Upload Your Document' and 'Cancel' buttons are visible at the bottom of the window.

Budget and Program Attachments Screen continued: use this screen to attach the “**Budget Detail Worksheet,**” the “**Budget Narrative**” and the “**Other Program Attachments**” to the application.

11) To view the attached file, click the link marked “**Attachment OK.**” The file will open.

12) Remember to click on “**Save and Continue**” to save your files as part of the application.

*You must complete these steps for all three requested attachments to fully complete the application process. After you have completed attaching one file, you must return to the above steps until “Budget Detail Worksheet,” “Budget Narrative,” and “Other Program Attachments” have ALL been attached to your application. Refer to solicitation for specific guidance.*

Application Handbook **Budget and Program Attachments**

Application Award Reporting Payments Correspondence Switch to ...

Overview Applicant Information Project Information **Budget and Program Attachments** Assurances and Certifications Review SF 424 Submit Application

This form allows you to upload the Budget Detail Worksheet, Program Narrative and other Program attachments. Click the Attach button to continue.

Budget Detail Worksheet	Attachment OK 11	Attach
Budget Narrative	Attachment OK	Attach
Other Program Attachments	Attachment OK	Attach

12 Save and Continue

[Help/Frequently Asked Questions](#)  
[GMS Home](#)  
[Log Off](#)

## GMS – Applicant Procedures

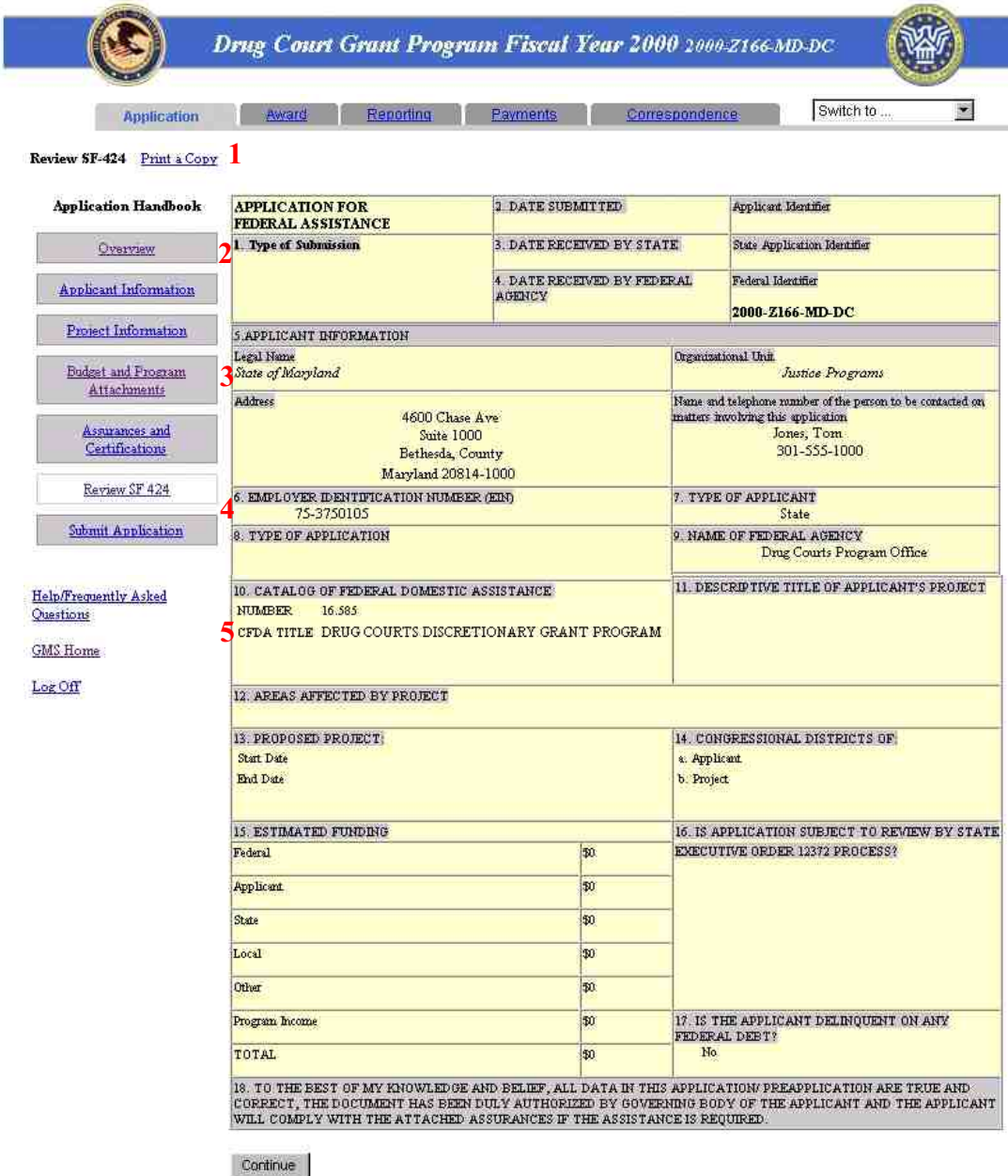
### Applicant - Application Handbook Assurances and Certifications (AP-12)

Description	Screen
<p>Assurances and Certifications: use this screen to complete the required “<b>Assurances and Certifications</b>” for this application.</p> <p>1) Click on the “<b>Assurances</b>” link and a window with the assurance statement will appear. Read the document and Click “<b>Accept</b>” at the bottom of the window in order to confirm compliance of the project with Federal statutes, regulations and requirements. You must be authorized by your organization in order to click “<b>Accept</b>.”</p> <p>2) Click on the “<b>Certifications Regarding Lobbying...</b>” link and a window with the certifications will appear. Read the document and Click “<b>Accept</b>” at the bottom of the window in order to comply with the stated certifications. You must be authorized by your organization in order to click “<b>Accept</b>.”</p> <p>3) Read the following contact information for the organization’s Authorized Representative. The Authorized Representative is the person legally authorized to enter into agreements on behalf of your agency. Review the information in the following fields and change if necessary.</p> <p>4) Read the statement and check the box if the statement is correct. The individual checking this box must be the Authorized Representative or an individual delegated the authority by the organization.</p> <p>5) Click “<b>Save and Continue</b>” when you have reviewed the “<b>Assurances and Certifications</b>” and completed this screen.</p>	<p><b>Application Handbook</b>    <b>Assurances and Certifications</b></p> <p><b>1</b> 1: <a href="#">Assurances</a>  <b>2</b> 2: <a href="#">Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters, and Drug-Free Workplace requirements.</a></p> <p>If you are an applicant for any Violence Against Women grants, this includes the Certification of Compliance with the Statutory Eligibility Requirements of the Violence Against Women Act.</p> <p><b>3</b> Prefix: Dr.</p> <p>Name Prefix (Other):</p> <p>First Name: Robert</p> <p>Last Name: Smith</p> <p>Title: Executive Director</p> <p>Address Line 1: 4500 Chase Ave</p> <p>Address Line 2: Suite 2000</p> <p>City: Bethesda</p> <p>County:</p> <p>State: Maryland</p> <p>Zip Code: 20814 -2000</p> <p>Phone: 301 -555 -1000 Ext: 300</p> <p>Fax: 301 -555 -1200</p> <p>E-mail: robertsmith@MSP.gov</p> <p><b>4</b> <input type="checkbox"/> I have examined the information provided here regarding the signing authority and certify it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority of official, to provide the information requested throughout this application system on behalf of this jurisdiction to the Local Law Enforcement Block Grants Program. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.</p> <p><b>5</b> Save and Continue</p>



## GMS – Applicant Procedures

### Applicant - Application Handbook SF-424 Review (AP-13)

Description	Screen														
<p>SF 424 Review Screen: use this screen to review the information you have supplied for the “SF-424” form. If there are areas that need correction or need to be updated, click the appropriate button on the left side of the screen.</p> <ol style="list-style-type: none"> <li>1) Click on the “<b>Print a Copy</b>” link to print a copy of the SF-424 for your records.</li> <li>2) Click on “<b>Overview</b>” link on the left side of the screen to correct inaccuracies about the “Type of Submission.”</li> <li>3) Click on “<b>Applicant Information</b>” to correct inaccuracies on your “Legal name, Organizational Unit, Address, and point-of-contact information.” The point-of-contact may be different from the authorizing official, and indicates the person with whom contact will be maintained.</li> <li>4) Click on “<b>Project Information</b>” to correct inaccuracies on your “Employer Identification Number, Type of Applicant, Type of Applications” and the “Name of Federal Agency” that you are applying for an award from.</li> <li>5) Click on “<b>Project Information</b>” to correct inaccuracies in the “Descriptive Title” for your project and the areas affected by the project.</li> </ol>	 <p>The screenshot shows the 'Drug Court Grant Program Fiscal Year 2000 2000-Z166-MD-DC' review screen. It features a navigation menu on the left with buttons for 'Application Handbook', 'Overview', 'Applicant Information', 'Project Information', 'Budget and Program Attachments', 'Assurances and Certifications', 'Review SF 424', and 'Submit Application'. The main content area displays a form with the following sections and fields:</p> <ul style="list-style-type: none"> <li><b>Application Handbook:</b> 'APPLICATION FOR FEDERAL ASSISTANCE'</li> <li><b>1. Type of Submission:</b> 1. DATE SUBMITTED, 2. DATE RECEIVED BY STATE, 3. DATE RECEIVED BY FEDERAL AGENCY, Applicant Identifier, State Application Identifier, Federal Identifier (2000-Z166-MD-DC)</li> <li><b>5. APPLICANT INFORMATION:</b> <ul style="list-style-type: none"> <li>Legal Name: State of Maryland</li> <li>Address: 4800 Chase Ave, Suite 1000, Bethesda, County, Maryland 20814-1000</li> <li>Organizational Unit: Justice Programs</li> <li>Name and telephone number of the person to be contacted on matters involving this application: Jones, Tom, 301-555-1000</li> </ul> </li> <li><b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 75-3750105</li> <li><b>7. TYPE OF APPLICANT:</b> State</li> <li><b>8. TYPE OF APPLICATION:</b> 9. NAME OF FEDERAL AGENCY: Drug Courts Program Office</li> <li><b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 16.585</li> <li><b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> CFDA TITLE DRUG COURTS DISCRETIONARY GRANT PROGRAM</li> <li><b>12. AREAS AFFECTED BY PROJECT:</b></li> <li><b>13. PROPOSED PROJECT:</b> Start Date, End Date</li> <li><b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant, b. Project</li> <li><b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Federal</td><td>\$0</td></tr> <tr><td>Applicant</td><td>\$0</td></tr> <tr><td>State</td><td>\$0</td></tr> <tr><td>Local</td><td>\$0</td></tr> <tr><td>Other</td><td>\$0</td></tr> <tr><td>Program Income</td><td>\$0</td></tr> <tr><td><b>TOTAL</b></td><td><b>\$0</b></td></tr> </table> </li> <li><b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></li> <li><b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> No</li> <li><b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.</b></li> </ul> <p>At the bottom of the screen is a 'Continue' button.</p>	Federal	\$0	Applicant	\$0	State	\$0	Local	\$0	Other	\$0	Program Income	\$0	<b>TOTAL</b>	<b>\$0</b>
Federal	\$0														
Applicant	\$0														
State	\$0														
Local	\$0														
Other	\$0														
Program Income	\$0														
<b>TOTAL</b>	<b>\$0</b>														





First Time User Registration Information continued: use this page to create a user profile and open an account in the Grants Management System.

6) Click on “**Project Information**” to modify the proposed project Start Date and End Date.

7) Click on “**Project Information**” to modify your funding request, and the answers to the questions: “**Is application subject to review by State Executive Order 12372 Process?**” and “**Is the applicant delinquent on any federal debt?**”

8) Click on “**Continue**” to save your work and to move forward in the process.


Drug Court Grant Program Fiscal Year 2000 2000-Z166-MD-DC


Application | Award | Reporting | Payments | Correspondence | Switch to ...

Review SF-424 [Print a Copy](#)

**Application Handbook**

[Overview](#)

[Applicant Information](#)

[Project Information](#)

[Budget and Program Attachments](#)

[Assurances and Certifications](#)

[Review SF 424](#)

[Submit Application](#)

[Help/Frequently Asked Questions](#)

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED	Applicant Identifier
1. Type of Submission	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
<b>2000-Z166-MD-DC</b>			
<b>5. APPLICANT INFORMATION</b>			
Legal Name <i>State of Maryland</i>		Organizational Unit <i>Justice Programs</i>	
Address 4600 Chase Ave Suite 1000 Bethesda, County Maryland 20814-1000		Name and telephone number of the person to be contacted on matters involving this application Jones, Tom 301-555-1000	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 75-3750105		7. TYPE OF APPLICANT State	
8. TYPE OF APPLICATION		9. NAME OF FEDERAL AGENCY Drug Courts Program Office	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 16.385 CFDA TITLE DRUG COURTS DISCRETIONARY GRANT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	
12. AREAS AFFECTED BY PROJECT			
13. PROPOSED PROJECT: Start Date End Date		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$0		
Applicant	\$0		
State	\$0		
Local	\$0		
Other	\$0		
Program Income	\$0		
TOTAL	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.			

6 7 8 Continue


## GMS – Applicant Procedures

### Applicant - Application Handbook Submit Application (AP-14)

Description	Screen																								
<p>Submit Application Screen: use this screen to submit your application. (NOTE: All information must be fully complete and your “User Id” must be approved by the Program Office before the application can be submitted.)</p> <p>1) Review this field that comments on the completion of your application. In this example, the Program Manager at the Program Office has not approved your access to the system. Your application will be saved but cannot be submitted until you are approved to access the system. You will be notified via email when your user id has been approved.</p> <p>2) Notice that in this example that the Project Information is incomplete. You must then complete all of required fields in the Project Information section. Click on the “<b>Incomplete</b>” link to return to the corresponding incomplete section. The system will provide you with more detailed information about the items that are incomplete.</p> <p>4) Submit your application when your “User Id” has been approved and the status of each requirement is complete.</p> <p>4) Assure that the status of each requirement is complete.</p> <p>5) Click “<b>Submit Application</b>” to send the complete application to the Program Office at OJP.</p>	<p><b>Application Handbook</b>    <b>Submit Application</b></p> <p><a href="#">Overview</a>    Your user id has not been approved by the Program Office. <b>1</b></p> <p><a href="#">Applicant Information</a>    You can <b>Submit</b> this application only when the following checklist is complete. Click on the "Incomplete" link to get more details for the corresponding incomplete item.</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Requirement</th> </tr> </thead> <tbody> <tr> <td>Complete</td> <td>Overview Information</td> </tr> <tr> <td>Complete</td> <td>Applicant Information</td> </tr> <tr> <td><b>2 Incomplete</b></td> <td>Project Information</td> </tr> <tr> <td>Complete</td> <td>Budget and Program Attachments</td> </tr> <tr> <td>Complete</td> <td>Certified to the Assurances and Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.</td> </tr> </tbody> </table> <p><a href="#">Help/Frequently Asked Questions</a>    You may not submit your application until all of the above conditions are marked as "Completed". <b>2</b></p> <p><b>Application Handbook</b>    <b>Submit Application</b></p> <p><a href="#">Overview</a>    You can <b>Submit</b> this application only when the following checklist is complete. Click on the "Incomplete" link to get more details for the corresponding incomplete item. <b>3</b></p> <table border="1"> <thead> <tr> <th>Status</th> <th>Requirement</th> </tr> </thead> <tbody> <tr> <td>Complete</td> <td>Overview Information</td> </tr> <tr> <td>Complete</td> <td>Applicant Information</td> </tr> <tr> <td><b>4 Complete</b></td> <td>Project Information</td> </tr> <tr> <td>Complete</td> <td>Budget and Program Attachments</td> </tr> <tr> <td>Complete</td> <td>Certified to the Assurances and Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.</td> </tr> </tbody> </table> <p><b>5</b> <a href="#">Submit Application</a></p>	Status	Requirement	Complete	Overview Information	Complete	Applicant Information	<b>2 Incomplete</b>	Project Information	Complete	Budget and Program Attachments	Complete	Certified to the Assurances and Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.	Status	Requirement	Complete	Overview Information	Complete	Applicant Information	<b>4 Complete</b>	Project Information	Complete	Budget and Program Attachments	Complete	Certified to the Assurances and Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.
Status	Requirement																								
Complete	Overview Information																								
Complete	Applicant Information																								
<b>2 Incomplete</b>	Project Information																								
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Complete	Certified to the Assurances and Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.																								
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Complete	Budget and Program Attachments																								
Complete	Certified to the Assurances and Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.																								


## GMS – Applicant Procedures

### Applicant - Application Handbook Application Submission Confirmation (AP-15)

Description	Screen
<p>Submission Confirmation Screen: this screen will confirm that your application has been successfully submitted to OJP. (NOTE: After the application has been submitted no changes or edits can be made to the application.)</p> <p>1) Click on the <b>“Return to GMS Home”</b> link to return to the <b>“Grant Management System Homepage.”</b> The Homepage is the page you saw when you first entered the system.</p> <p>2) Click on the <b>“Log Out”</b> link to log off of the <b>“Grants Management System.”</b></p>	 <p><b>Drug Court Grant Program Fiscal Year 2000 2000-Z166-MD-DC</b></p> <p><a href="#">Application</a> <a href="#">Award</a> <a href="#">Reporting</a> <a href="#">Payments</a> <a href="#">Correspondence</a> <input type="text" value="Switch to ..."/></p> <p>Your application for the Rural Domestic Violence and Child Victimization Enforcement Grant Program Continuation Application has been successfully submitted. You will no longer be able to edit any information submitted. However, you can log in any time to view the application information.</p> <p>You will be contacted by the Program Office when your application is processed or any other action is required by you.</p> <p><a href="#">1 Return to GMS Home</a> <a href="#">2 Log Out</a></p>

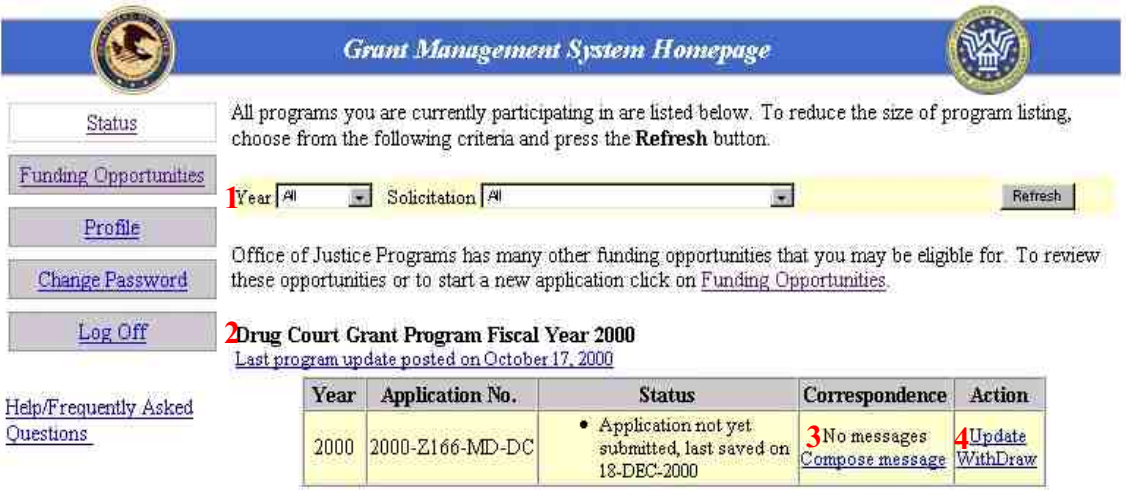
## GMS – Applicant Procedures

### Applicant - Application Handbook Correspondence (AP-16)


Description	Screen
<p>Correspondence Screen: use this screen to send and receive email to and from the Program Office. Any email sent or received becomes part of the official grant file for this application.</p> <ol style="list-style-type: none"> <li>1) View the new correspondence from the Program Office by clicking <b>“New Mail.”</b> This is also the default opening screen.</li> <li>2) View correspondence you have previously sent to the Program Office by clicking <b>“Sent Mail.”</b></li> <li>3) View old correspondence between the Program Office and yourself by clicking <b>“Old Mail.”</b></li> <li>4) View <b>“Mail, Date, Sender,”</b> and <b>“Subject”</b> in this field.</li> <li>5) Send a message to your point of contact at the Program Office by clicking <b>“Send a Message.”</b> This will open a new frame to the right of the button. The addressee is already filled in for you. You may fill in anyone you wish to <b>“cc:”</b> in the line below it.</li> <li>6) Place the text of your original message in the field marked <b>“Message.”</b></li> <li>7) Press <b>“Send”</b> to send the mail.</li> <li>8) Press <b>“Cancel”</b> to cancel the process. The mail will not be sent, you will return to the original screen, and your mail message will not be saved.</li> </ol>	 <p>The screenshot displays the 'Drug Court Grant Program Fiscal Year 2000 2000-Z166-MD-DC' interface. The top navigation bar includes 'Application', 'Award', 'Reporting', 'Payments', and 'Correspondence'. The 'Correspondence' section is active, showing 'New Email Messages' with a table of messages. The table has columns for 'Date', 'Sender', and 'Subject (Click to Read Message)'. A 'No New Emails' message is displayed. Below the table are links for 'Help/Frequently Asked Questions', 'GMS Home', and 'Log Off'. The bottom section shows the 'Send An Email Message' form with fields for 'To:', 'CC:', 'Subject:', and 'Message:'. The 'To:' field is pre-filled with 'Rural Domestic Violence and Child Victimization Enforcement Grant Program Continuation Application Office'. The 'Subject:' field is pre-filled with 'Re: Application Number 2000-X966-MD-WR'. The 'Message:' field is a large text area. At the bottom are 'Send' and 'Cancel' buttons.</p>



**GMS – Applicant Procedures**  
**Applicant - Main Screen Status Return User (AP-17)**

Description	Screen										
<p>Return User Status Screen: use this screen to review the status of the programs you are currently participating in. Click on the “<b>Status</b>” link to begin.</p> <p>1) Select the fiscal “<b>Year</b>” and the “<b>Solicitation</b>” that you want to review by using the pull down list. The system will default to “<b>All</b>” fiscal “<b>Years</b>” and “<b>All</b>” “<b>Solicitations.</b>” Click the “<b>Refresh</b>” button.</p> <p>2) The system will display all programs that match the criteria you selected above.</p> <p>3) Click “<b>Compose message</b>” on the specific application to send email to the Program Office. See Job Aid AP-16 for more information on sending email to the Program Office.</p> <p>4) Click on “<b>Update</b>” or “<b>Withdraw</b>” to modify or delete an application that has not been submitted. Click “<b>Update</b>” to review and make changes to this application. Click “<b>Withdraw</b>” to completely remove this specific application from the system. If an application has previously been submitted you will see a “<b>View</b>” link. Click “<b>View</b>” to review these applications.</p>	 <p>The screenshot shows the 'Grant Management System Homepage' with a navigation menu on the left containing links for Status, Funding Opportunities, Profile, Change Password, and Log Off. The main content area features a search filter for 'Year' and 'Solicitation', both set to 'All', with a 'Refresh' button. Below the filter, there is a section for 'Drug Court Grant Program Fiscal Year 2000' with a note that the last program update was posted on October 17, 2000. A table lists application details:</p> <table border="1" data-bbox="1150 609 1894 717"> <thead> <tr> <th>Year</th> <th>Application No.</th> <th>Status</th> <th>Correspondence</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>2000</td> <td>2000-Z166-MD-DC</td> <td>• Application not yet submitted, last saved on 13-DEC-2000</td> <td>3 No messages <a href="#">Compose message</a></td> <td>4 <a href="#">Update</a> <a href="#">Withdraw</a></td> </tr> </tbody> </table> <p>At the bottom left of the screen, there is a link for 'Help/Frequently Asked Questions'.</p>	Year	Application No.	Status	Correspondence	Action	2000	2000-Z166-MD-DC	• Application not yet submitted, last saved on 13-DEC-2000	3 No messages <a href="#">Compose message</a>	4 <a href="#">Update</a> <a href="#">Withdraw</a>
Year	Application No.	Status	Correspondence	Action							
2000	2000-Z166-MD-DC	• Application not yet submitted, last saved on 13-DEC-2000	3 No messages <a href="#">Compose message</a>	4 <a href="#">Update</a> <a href="#">Withdraw</a>							

**GMS – Applicant Procedures**  
**Applicant - Main Screen Applicant Profile (AP-18)**

Description	Screen																																																																		
<p>Applicant Profile Screen: use this screen to review the information you entered about the applicant.</p> <p>1) Review the applicant’s Federal <b>“Employer Identification Number (EIN).”</b> If it is necessary to make changes click <b>“Update Profile”</b> at the bottom of the screen to make changes.</p> <p>2) Review the <b>“Legal Name”</b> of the applicant. If it is necessary to make changes click <b>“Update Profile”</b> at the bottom of the screen. See item #7 on the following page.</p> <p>3) Review the address information for the applicant. If it is necessary to make changes click <b>“Update Profile”</b> at the bottom of the screen.</p> <p>4) Review the <b>“User Name”</b> for the person using the Grants Management System to submit this application. If it is necessary to make changes click <b>“Update Profile”</b> at the bottom of the screen.</p> <p>5) Review the Authorized Representative’s information starting with <b>“User Prefix.”</b> If it is necessary to make changes click <b>“Update Profile”</b> at the bottom of the screen.</p>	 <p><b>Profile Information</b></p> <p><b>Organization Information</b></p> <table border="1"> <tr> <td>* Employer ID Number (EIN):</td> <td>1</td> <td>22-3344656</td> </tr> <tr> <td>* Legal Name:</td> <td>2</td> <td>State of Maryland</td> </tr> <tr> <td>* Organizational Unit:</td> <td></td> <td>Maryland State Police</td> </tr> <tr> <td>* Address Line 1:</td> <td>3</td> <td>4600 Chase Ave</td> </tr> <tr> <td>Address Line 2:</td> <td></td> <td>Suite 2000</td> </tr> <tr> <td>* City:</td> <td></td> <td>Bethesda</td> </tr> <tr> <td>County:</td> <td></td> <td></td> </tr> <tr> <td>* State:</td> <td></td> <td>Maryland</td> </tr> <tr> <td>* Zip Code:</td> <td></td> <td>20814-2000</td> </tr> <tr> <td>* Type of Applicant:</td> <td></td> <td>State</td> </tr> <tr> <td>Type of Applicant (other):</td> <td></td> <td></td> </tr> <tr> <td>* Applicant Congressional District:</td> <td></td> <td>Congressional District 03, MD</td> </tr> <tr> <td>* User Name:</td> <td>4</td> <td>johnturner</td> </tr> <tr> <td colspan="3"><b>Authorized Representative:</b></td> </tr> <tr> <td>* User Prefix:</td> <td>5</td> <td>Dr.</td> </tr> <tr> <td>prefix (other):</td> <td></td> <td></td> </tr> <tr> <td>* User First Name:</td> <td></td> <td>Robert</td> </tr> <tr> <td>* User Last Name:</td> <td></td> <td>Smith</td> </tr> <tr> <td>* Title:</td> <td></td> <td>Executive Director</td> </tr> <tr> <td>* Phone Number:</td> <td></td> <td>3015551000 Ext.: 300</td> </tr> <tr> <td>Fax Number:</td> <td></td> <td>3015551200</td> </tr> <tr> <td>* User E-mail Address:</td> <td></td> <td>robertsmith@MSP.gov</td> </tr> </table>	* Employer ID Number (EIN):	1	22-3344656	* Legal Name:	2	State of Maryland	* Organizational Unit:		Maryland State Police	* Address Line 1:	3	4600 Chase Ave	Address Line 2:		Suite 2000	* City:		Bethesda	County:			* State:		Maryland	* Zip Code:		20814-2000	* Type of Applicant:		State	Type of Applicant (other):			* Applicant Congressional District:		Congressional District 03, MD	* User Name:	4	johnturner	<b>Authorized Representative:</b>			* User Prefix:	5	Dr.	prefix (other):			* User First Name:		Robert	* User Last Name:		Smith	* Title:		Executive Director	* Phone Number:		3015551000 Ext.: 300	Fax Number:		3015551200	* User E-mail Address:		robertsmith@MSP.gov
* Employer ID Number (EIN):	1	22-3344656																																																																	
* Legal Name:	2	State of Maryland																																																																	
* Organizational Unit:		Maryland State Police																																																																	
* Address Line 1:	3	4600 Chase Ave																																																																	
Address Line 2:		Suite 2000																																																																	
* City:		Bethesda																																																																	
County:																																																																			
* State:		Maryland																																																																	
* Zip Code:		20814-2000																																																																	
* Type of Applicant:		State																																																																	
Type of Applicant (other):																																																																			
* Applicant Congressional District:		Congressional District 03, MD																																																																	
* User Name:	4	johnturner																																																																	
<b>Authorized Representative:</b>																																																																			
* User Prefix:	5	Dr.																																																																	
prefix (other):																																																																			
* User First Name:		Robert																																																																	
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* Phone Number:		3015551000 Ext.: 300																																																																	
Fax Number:		3015551200																																																																	
* User E-mail Address:		robertsmith@MSP.gov																																																																	

Applicant Profile Screen continued: use this screen to review the information you entered about the applicant.

6) Review the Alternate Contact's information starting with "User Prefix." If it is necessary to make changes click "Update Profile" at the bottom of the screen.

7) Click "Update Profile" to update any information in the applicant profile. You will be taken to a screen where modifications can be made. After the modifications are complete click "Update Profile" at the bottom of the screen.



Alternate Contact:	
* User Prefix:	6 Mr.
prefix (other):	
* User First Name:	John
* User Last Name:	Turner
* Title:	Director
* Phone Number:	3015551000 Ext.: 250
Fax Number:	3015551100
* User E-mail Address:	johnturner@MSP.gov

7

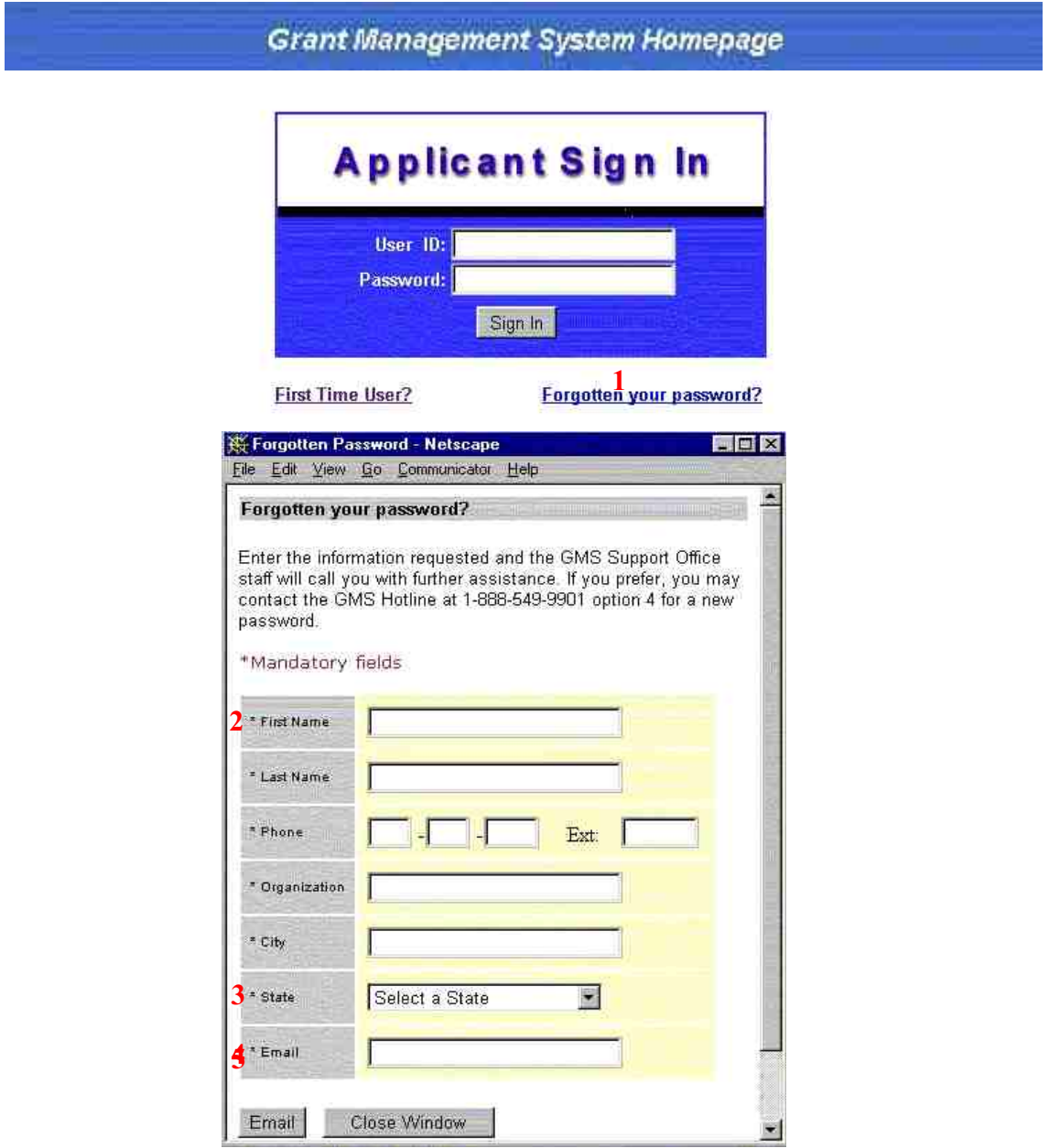
Update Profile

**GMS – Applicant Procedures**  
**Applicant - Main Screen Change Password (AP-19)**


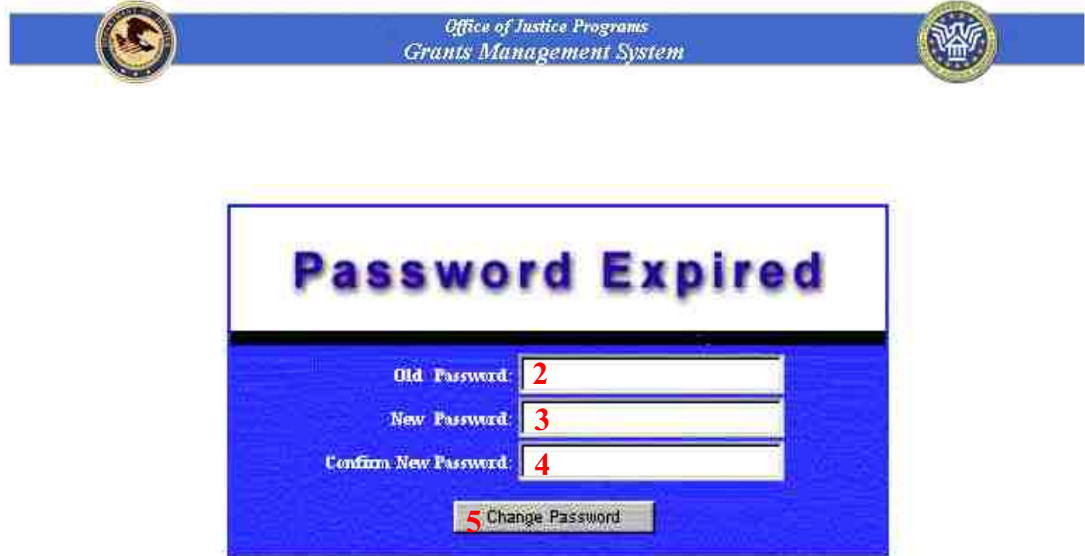
Description	Screen
<p>Change Password Screen: use this screen to change your password. Remember that the passwords are all case sensitive.</p> <ol style="list-style-type: none"> <li>1) Click on “<b>Change Password</b>” at the left of the screen.</li> <li>2) Enter your “<b>Old Password.</b>” (NOTE: the Password characters will appear on the screen as *s)</li> <li>3) Enter your “<b>New Password.</b>”(NOTE: the Password characters will appear on the screen as *s)</li> <li>4) Confirm your “<b>New Password</b>” by re-entering the Password. (NOTE: the Password characters will appear on the screen as *s)</li> <li>5) Click on “<b>Change Password</b>” to complete the process.</li> </ol>	



**GMS – Applicant Procedures**  
**Applicant - SF-424 Forgotten Password (AP-20)**

Description	Screen
<p>Forgotten Password Screen: use this screen to assist you if you have forgotten or misplaced your password.</p> <p>1) Click on the <b>“Forgotten your password?”</b> link at the bottom of the <b>“Applicant Sign In”</b> page. A new window will appear on the screen.</p> <p>2) Fill in the mandatory fields on the screen and the GMS Support Office will call you with further assistance. Or if you prefer, you may call the GMS Hotline at 1-888-549-9901.</p> <p>3) Select your State from the pull down menu.</p> <p>4) Enter your email address as it appeared on your user registration.</p> <p>5) Click the <b>“Email”</b> button to send the information to GMS and the click <b>“Close Window”</b> to close the window. Wait for GMS to contact you via telephone with your password</p>	 <p>The screenshot displays the 'Grant Management System Homepage' with a blue header. Below the header is the 'Applicant Sign In' form, which includes fields for 'User ID' and 'Password', and a 'Sign In' button. Below the sign-in form are two links: 'First Time User?' and 'Forgotten your password?'. A red number '1' is placed above the 'Forgotten your password?' link. Below the links is a screenshot of a Netscape browser window titled 'Forgotten Password - Netscape'. The browser window shows a form titled 'Forgotten your password?' with the following text: 'Enter the information requested and the GMS Support Office staff will call you with further assistance. If you prefer, you may contact the GMS Hotline at 1-888-549-9901 option 4 for a new password.' Below this text is a section for '*Mandatory fields' with the following fields: '* First Name' (with a red '2' next to it), '* Last Name', '* Phone' (with three separate boxes for area, number, and extension), '* Organization', '* City', '* State' (with a dropdown menu and a red '3' next to it), and '* Email' (with a red '4' next to it). At the bottom of the browser window are two buttons: 'Email' and 'Close Window'.</p>

**GMS – Applicant Procedures**  
**Applicant - Sign In Error Messages (AP-21)**

Description	Screen
<p>Sign In Error Message Screen: use this screen to correct errors received at login.</p> <p>1) Read the error statement that appears due to an Invalid Login Attempt. Click <b>“Go Back”</b> to return to the <b>“Applicant Sign In”</b> page and then enter the correct <b>“User ID”</b> and <b>“Password.”</b> Remember that the <b>“User ID”</b> and <b>“Password”</b> are case sensitive. You can verify your password by clicking on the <b>“Forgotten your password?”</b> link on the <b>“Applicant Sign In”</b> page. If the error still persists after entering the correct <b>“User ID”</b> and <b>“Password,”</b> please contact the Help Desk at 1-888-549-9901 or send an email to <a href="mailto:ojp@ojp.usdoj.gov">ojp@ojp.usdoj.gov</a>.</p> <p>2) Enter your current <b>“Password.”</b> To help ensure a secure system, your <b>“Password”</b> will expire every 60 days and you will be prompted to create a new <b>“Password.”</b></p> <p>3) Enter a new <b>“Password”</b> that is different from your current <b>“Password.”</b> Remember, the <b>“Password”</b> must be a minimum of 8 characters long and must not begin with a number.</p> <p>4) Confirm the new <b>“Password”</b> by reentering it in the field. Reenter exactly the same <b>“Password”</b> as you entered in the <b>“New Password”</b> field.</p> <p>5) Click on <b>“Change Password”</b> to submit the new <b>“Password”</b> and to log on to the system.</p> <p><b>* Remember to record your new password for your records. Also remember that the password is case sensitive.</b></p>	 

6) If you receive the error message pictured here, you have selected a “**User Id**” that has already been assigned in the system.

7) Click the “**Go Back**” button to return to your registration information screen and select a different “**User Id.**”



Your request cannot be processed for the following reasons:

The User Id you have chosen is already in use. Please select a new User Id. **6**

**If the error above persists, please contact the Grant Management Help desk at [ojp@ojp.usdoj.gov](mailto:ojp@ojp.usdoj.gov) or 1 888 549 9901**

**7**



# **Appendix B**

## **Sample Program Narrative**



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# Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program

## Program Narrative

The City of **[applicant city]** has identified **[\$0.00]** of training equipment to be procured as part of the Nunn-Lugar-Domenici (NLD) Domestic Preparedness Program (DPP). In preparation for the procurement of this equipment, the City of **[applicant city]** has coordinated its domestic preparedness equipment training needs with city officials representing public safety disciplines that will be required to respond to a weapons of mass destruction (WMD) incident. These officials include representatives from **[law enforcement, fire, EMS, Hazmat, etc.]**. To ensure that training and operational needs of mutual aid jurisdictions are adequately addressed, the City of **[applicant city]** has also coordinated this equipment request with other jurisdictions with which it has existing mutual aid agreements before final equipment determinations were made. Additionally, the City has identified administrative costs of **[\$0.00]** that will be incurred in implementing the NLD DPP.

### I. Overview of Impact

The City of **[applicant city]** is requesting WMD training equipment for use by the **[list the disciplines]**. This equipment will allow the City of **[applicant city]** to enhance its response capabilities to a WMD incident by training with equipment it will use in an actual WMD event. This equipment will be used for training purposes related to detection, decontamination operations and procedures, and proper use of personal protective equipment with the ultimate objective of enhancing overall operational response capabilities.

### II. Fiscal Year 2001 Administrative Budget Summary

The City of **[applicant city]** has identified administrative costs associated with the implementation of the Nunn-Lugar-Domenici Domestic Preparedness Program. The City proposes to use administrative funds in the amount of **[\$0.00]** for **[hiring of full or part-time staff or contractors to assist in data collection, coordination activities, planning meetings and/or scheduling]**, **[\$0.00]** for **[consumable office supplies]**, and **[\$0.00]** for **[other meeting related expenses]**. These funds will enable the City to better execute the assessment, training, equipment, and exercise elements of the NLD DPP.

### III. Fiscal Year 2001 Equipment Procurement Plan

Training equipment needs were based on an assessment of existing equipment within the city's first response agencies. **[The City of ..... 's F.D. and HazMat team]** will be the primary responders within the city operating within contaminated zones during WMD incidents. Existing equipment did not include sufficient **[PPE, detec, decon]** to train for operations in that capacity. Similarly, gaps in **[PPE, detec, decon]** limited training among **[P.D., EMS]** personnel for their responsibilities as **[decon/perimeter security]** during WMD incidents. The requested equipment, totaling **[\$0.00]**, will be

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used to enhance training of first responders in these vital areas. The **[applicant agency]** has coordinated equipment requests with representatives from the city's **[F.D., EMS, etc.]**. The equipment purchase process will entail gaining public approval, processing bids, and executing purchase contracts. Purchases will be made through the **[city's procurement agency]**.

### **III. Project Management Structure**

The **[agency]** has been designated by **[lead municipal authority]** as the lead agency for the equipment procurement phase of the program. Personnel from **[lead agency]** will be responsible for ordering the grant-approved equipment and ensuring that it is distributed to the appropriate agencies for training purposes. Personnel from **[lead agency]** will also be responsible for fulfilling the financial and programmatic reporting requirements of the grant and share equipment purchase information with the OSLDPS/OJP designated State Administrative Agency in the State of **[.....]**. Attached is an organizational chart reflecting the organizational structure of **[applicant organization]**.

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## **Appendix C**

### **Sample Equipment Purchase Budget Detail Worksheet**

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# Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program

## Equipment Purchase Budget Detail Worksheet

City: \_\_\_\_\_

Date: \_\_\_\_\_

Equipment Purchase Total: \_\_\_\_\_

**Instructions:**

- Indicate the Equipment Category, Item, Unit Cost, Quantity, Total Cost, and Discipline for which the equipment will be bought. Use additional pages as needed.
- Add equipment requests for all jurisdictions as appropriate, and place that total at the top of this page.

Jurisdiction of \_\_\_\_\_

Equipment Category	Item	Unit Cost	Quantity	Total Cost	Discipline
PPE					
Detection					
Decontamination					
<b>Total Jurisdictional Request:</b>					

**Fiscal Year 2001 Nunn-Lugar-Domenici Domestic**



# Preparedness Equipment Program

## Equipment Purchase Budget Detail Worksheet (Cont.)

Jurisdiction of \_\_\_\_\_

Equipment Category	Item	Unit Cost	Quantity	Total Cost	Discipline
PPE					
Detection					
Decontamination					
<b>Total Jurisdictional Request:</b>					

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# **Appendix D**

## **Application Checklist**

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## **Application Checklist**

G On-Line Application

G File Attachments:

1. Program Narrative
2. Equipment Purchase Budget Detail Worksheet

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## **Appendix E**

### **Fiscal Year 2001 Authorized Equipment Purchase List**

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## Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Program Authorized Training Equipment Purchase List

The Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program authorized training equipment purchase list was derived in part from the Standardized Equipment List (SEL) developed by the Interagency Board (IAB) for Equipment Standardization and Interoperability, and from an assortment of associated training equipment already in use by NLD DPP participants who received their equipment packages or loans through the Department of Defense.

The IAB compiled the SEL to delineate the types of equipment necessary for terrorist incident response. Because the SEL also contains lists of general use and support equipment, a more narrow list was derived from the SEL to identify the specific types of training equipment authorized for purchase under the Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program. This training equipment falls into three distinct categories: 1) personal protective equipment (PPE); 2) chemical/biological detection equipment; and, 3) decontamination equipment. A cross-section of officials representing the Public Health Service (PHS), the Federal Emergency Management Agency (FEMA), the U.S. Department of Energy (DOE), the U.S. Department of Justice (OJP and FBI), and State and local hazardous materials experts assisted in the development of this authorized equipment purchase list and in identifying unallowable items.

When using this list, Fiscal Year 2001 Nunn-Lugar-Domenici Domestic Preparedness Equipment Program participants are advised to focus on types of training equipment similar to those they would employ in responding to an actual WMD incident. Since training is an important aspect of this program, equipment purchased through this grant should be viewed as a key component of each city's WMD incident training methodology and preparations.

Authorized equipment purchases may be made in the following categories:

1. Personal Protective Equipment (PPE)
2. Chemical, Biological, or Radiological Detection Equipment
3. Decontamination Equipment

**1. Personal Protective Equipment.** Equipment that is worn to protect the individual from hazardous materials and contamination. Protection may vary and is divided into four levels based on the degree of protection afforded.

**Level A.** Selected when the greatest level of skin, respiratory, and eye protection is required. The following items constitute Level A equipment for consideration:

- Reusable or limited-use fully encapsulated chemical resistant suit ensemble
  - Butyl hoods and gloves
  - Reusable fully encapsulated training suits
  - Testing equipment for fully encapsulated suits
  - Closed circuit rebreather\* or open circuit self contained breathing apparatus (SCBA) or, when appropriate, Supplied Air Breathing Apparatus (SABA)
  - Spare cylinders for rebreathers or SCBA and service/repair kits
  - Chemical resistant gloves, including thermal, as appropriate to hazard
  - Personal Cooling System; vest or full suit with support equipment
  - Chemical Resistant Boots, steel or fiberglass toe and shank
  - Personnel Accountability System (specific to SCBA use only)
-

- 
- HAZMAT gear bag

\*Due to cost and utility of closed circuit rebreathers a full and complete justification must be provided to obtain approval to purchase the equipment.

**Level B.** Should be used when the highest level of respiratory protection is necessary but a lesser level of skin protection is required. The following constitute Level B equipment and should be considered for use:

- Hooded Chemical Resistant Clothing or Full Coverage Level B Suits
- Butyl hoods and gloves
- Closed circuit rebreather\* or open circuit SCBA or, when appropriate, SABA
- Spare cylinders for rebreathers, SCBA, or SABA, and service/repair kits
- Chemical resistant gloves, including thermal, as appropriate to hazard
- Personal Cooling System; vest or full suit with support equipment
- Chemical Resistant Boots, steel or fiberglass toe and shank
- HAZMAT gear bag

\* Due to cost and utility of closed circuit rebreathers, a full and complete justification must be provided to obtain approval to purchase the equipment.

**Level C.** Should be used when the concentration(s) and type(s) of airborne substances are known and the criteria for using air-purifying respirators are met. The following constitute Level C equipment and should be considered for use:

- Hooded Chemical Resistant Clothing
- Butyl hood and gloves
- Full Face Air Purifying Respirators with appropriate cartridges or positive pressure units (Powered Air Purifying-PAPR)
- Personal Cooling System; vest or full suit with support equipment
- Chemical Resistant Boots, steel or fiberglass toe and shank
- HAZMAT gear bag
- Emergency Escape Breathing Apparatus (EEBA) 10 minutes or longer

**Level D.** Selected when no respiratory protection and minimal skin protection is required, and the atmosphere contains no known hazard and work functions preclude splashes, immersion, or the potential for unexpected inhalation of, or contact with, hazardous levels of any chemicals.

- Escape mask for self-rescue

**2. Chemical, Biological, or Radiological Detection Equipment.** Equipment to monitor, sample, identify, and observe chemical, biological, or radiological contamination throughout area or at specific points, and those items to support detection activities.

#### **Chemical and Radiological**

- M-8 Detection Paper for Chemical Agent (weapons grade) detection
  - M-9 Detection Paper (roll) for Chemical Agent (weapons grade) detection
  - M-256 Detection Kit for Chemical Agent (weapons grade—blister: CX/HD/L; blood: AC/CK; and nerve: GB/VX) detection
  - M-256 training kit
  - Hazard Categorizing (HAZCAT) Kit
  - Point Chemical Agent Detector and Alarm
  - Stand-Off Chemical Detector, FTIR (infrared)
-



- 
- Handheld Chemical Agent Monitor with training set
  - Container Sample Transfer/Small Infectious Substance
  - Air and Liquid Detector Tube System
  - Colorimetric tube/chip kit with additional tubes/chips
  - Multigas meter
  - Combustible gas indicator
  - Photoionization Detector (PID)
  - Flame Ionization Detector (FID)
  - Radiation monitoring equipment (pancake probes and gigometer tubes)
  - Electronic Radiation Detection
  - Radiological dosage meter such as self-reading dosimeters, chargers, and film badges
  - Pesticide screening kit

#### **Biological**

- Specific Bioimmunoassay Test Kit
- Biological Sampling Kit with Aerosol Collector

**3. Decontamination Equipment.** Equipment and material used to clean, remediate, remove, or mitigate chemical or biological contamination. DOE possesses geographically dispersed capabilities to handle nuclear or radiological contamination.

#### **Chemical**

- M-295 individual decontamination kit for chemical warfare agents
  - Decontamination system for individual and mass application:
    - Decontamination system supplies
    - Water Bladder, Decontamination Shower Waste Collection
    - Trailer, Multiwater Source, and Prime Mover (must be appropriate for tier level response of Tier Three level or Tier Four level only)\*
    - Emergency Decontamination Shelters
  - Reusable Decontamination litters/roller systems
  - Reusable Extraction Litters, rollable
  - Colored/nonviewable cadaver bags (CDC standard/Non-permeable and NBC Compatible)
  - Transportation and shipping containers for contaminated clothing and equipment (requires justification for tier level use)
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## **Appendix F**

**List of State Administrative Agency (SAA)  
Points of Contact for the  
OSLDPS State Domestic Preparedness Equipment Program**

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## ALABAMA

General Willie A. Alexander  
Acting Director  
Alabama Emergency Management Agency  
5898 County Road, P.O. Drawer 2160  
Clanton, Alabama 35046-2160

**Contact:** Lee Helms  
Phone: (205) 280-2201  
Fax: (205) 280-2410  
[leeh@aema.state.al.us](mailto:leeh@aema.state.al.us)

## ALASKA

Mr. David Liebersbach  
Director  
Alaska Division of Emergency Services  
P.O. Box 5750  
Fort Richardson, Alaska 99505

**Contact:** Wayne Rush  
Phone: (907) 428-7032  
Fax: (907) 428-7009  
[wayne\\_rush@ak-prepared.com](mailto:wayne_rush@ak-prepared.com)

## ARIZONA

Mr. Michael P. Austin  
Arizona Division of Emergency Management  
5636 E. McDowell Road, Bldg. 5101  
Phoenix, Arizona 85008-3455

**Contact:** Linda Mason  
Phone: (602) 231-6218  
Fax: (602) 231-6206  
[masonl@dem.state.az.us](mailto:masonl@dem.state.az.us)

## ARKANSAS

Mr. W.R "Bud" Harper  
Director  
Arkansas Department of Emergency  
Management  
1835 South Donaghey, P.O. Box 758  
Conway, Arkansas 72003-0758

**Contact:** Jack DuBose  
Phone: (501) 730-9782  
Fax: (501) 730-9778  
[jackdubose@adem.state.ar.us](mailto:jackdubose@adem.state.ar.us)

## CALIFORNIA

Mr. Dallas Jones  
Director  
California Office of Emergency Service  
2800 Meadowview Road  
Sacramento, California 95832

Phone: (916) 262-1816  
Fax: (916) 262-2837  
[dallas\\_jones@oes.ca.gov](mailto:dallas_jones@oes.ca.gov)

## COLORADO

Mr. Tommy Grier  
Director  
Colorado Office of Emergency Management  
Camp George West  
15075 South Golden Road  
Golden, Colorado 80401

**Contact:** Greg Moser  
Phone: (303) 273-1640  
Fax: (303) 273-1795  
[greg.moser@state.oc.co.us](mailto:greg.moser@state.oc.co.us)

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