

Opportunity Title:	Fiscal Year 2012 Port Security Grant Program (PSGP)
Offering Agency:	Department of Homeland Security - FEMA
CFDA Number:	97.056
CFDA Description:	Port Security Grant Program
Opportunity Number:	DHS-12-GPD-056-000-01
Competition ID:	
Opportunity Open Date:	02/17/2012
Opportunity Close Date:	04/27/2012
Agency Contact:	Centralized Scheduling and Information Desk (CSID) Help Line askcsid@dhs.gov (800) 368-6498

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

- 1 **Enter a name for the application in the Application Filing Name field.**
 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

- 2 **Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**
 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3 **Click the "Save & Submit" button to submit your application to Grants.gov.**
 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 04/04/2012	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: 59-6000346	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Key West		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-600346	* c. Organizational DUNS: 0798648980000	
d. Address:		
* Street1: 3132 Flagler Avenue	Street2: <input type="text"/>	
* City: Key West	County/Parish: <input type="text"/>	
* State: FL: Florida	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 33041-1409	
e. Organizational Unit:		
Department Name: City of Key West	Division Name: Port	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: Sheila	
Middle Name: Frances	* Last Name: Griffin	
Suffix: <input type="text"/>	Title: Grant Writer	
Organizational Affiliation: Government Consultants, Inc.		
* Telephone Number: 850-294-6313	Fax Number: <input type="text"/>	
* Email: sheila.griffin@comcast.net		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.056

CFDA Title:

Port Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-12-GPD-056-000-01

* Title:

Fiscal Year 2012 Port Security Grant Program (PSGP)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Key West Port Security Initiative: This project will include two police boat lifts to facilitate rapid deployment to security incidents, and a dual barrier fence for increased security.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input style="width: 80px;" type="text" value="18"/>	b. Program/Project: <input style="width: 80px;" type="text" value="18"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 300px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input style="width: 80px;" type="text" value="10/01/2012"/>	* b. End Date: <input style="width: 80px;" type="text" value="12/31/2015"/>
18. Estimated Funding (\$):	
* a. Federal	<input style="width: 100px;" type="text" value="45,000.00"/>
* b. Applicant	<input style="width: 100px;" type="text" value="15,000.00"/>
* c. State	<input style="width: 100px;" type="text" value="0.00"/>
* d. Local	<input style="width: 100px;" type="text" value="0.00"/>
* e. Other	<input style="width: 100px;" type="text" value="0.00"/>
* f. Program Income	<input style="width: 100px;" type="text" value="0.00"/>
* g. TOTAL	<input style="width: 100px;" type="text" value="60,000.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 80px;" type="text"/> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input style="width: 300px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input style="width: 150px;" type="text" value="Mr."/>	* First Name: <input style="width: 300px;" type="text" value="Jim"/>
Middle Name: <input style="width: 300px;" type="text"/>	
* Last Name: <input style="width: 600px;" type="text" value="Scholl"/>	
Suffix: <input style="width: 150px;" type="text"/>	
* Title: <input style="width: 450px;" type="text" value="City Manager"/>	
* Telephone Number: <input style="width: 300px;" type="text" value="305-809-3888"/>	Fax Number: <input style="width: 300px;" type="text"/>
* Email: <input style="width: 700px;" type="text" value="Jim Scholl (jscholl@keywestcity.com)"/>	
* Signature of Authorized Representative: <input style="width: 200px;" type="text" value="Sheila Griffin"/>	* Date Signed: <input style="width: 150px;" type="text" value="04/04/2012"/>