



# ***Fiscal Year 2001 State Domestic Preparedness Equipment Program***

*Program Guidelines  
and  
Application Kit*

*Fiscal Year 2000 and 2001 Funding*

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## Foreword

The Office of the Assistant Attorney General, Office of Justice Programs (OJP) is providing funds through the Office for State and Local Domestic Preparedness Support (OSLDPS) State Domestic Preparedness Equipment Program for the purchase of specialized equipment to help enhance the capabilities of State and local units of government to respond to acts of terrorism involving chemical and biological agents, as well as radiological, nuclear, and explosive devices.

States (including the U.S. Territories, the District of Columbia and the Commonwealth of Puerto Rico) that have completed the required State-based Needs Assessment and Three-Year Statewide Domestic Preparedness Strategy are eligible to apply for continuation funding under the OSLDPS State Domestic Preparedness Equipment Program. The Fiscal Year 2001 State Domestic Preparedness Equipment Program described in this booklet provides a combined total of \$145.3 million to the States using a single solicitation to cover **both** Fiscal Year 2000 and 2001 funding allocations.

States whose Needs Assessment Data and Strategic Plans have been submitted to and approved by OSLDPS will be notified in writing of their eligibility to apply for continuation funding. Use of these grant funds must be consistent with the equipment criteria and equipment categories set forth in the first year of the program under the Fiscal Year 1999 State Domestic Preparedness Equipment Program for the 50 States, and the Fiscal Year 2000 State Domestic Preparedness Program for the District of Columbia, Guam, American Samoa, Northern Mariana Islands, U.S. Virgin Islands, and the Commonwealth of Puerto Rico, with the added benefit that these funds may be used to purchase advanced levels of first responder equipment.

I look forward to building upon the strong relationships that already been developed with you and your colleagues during the first year of this very important program. Through our combined efforts, State and local emergency response agencies will receive the funding and assistance they need to enhance their capabilities and prepare for an event that will hopefully never take place.

Sincerely,

Mary Lou Leary  
Acting Assistant Attorney General  
Office of Justice Programs

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# Contents

I.	Background	1
II.	The Fiscal Year 2001 State Domestic Preparedness Equipment Program	1
III.	Eligible Applicants and Funding Availability	2
IV.	Application Guidance	5
V.	Application Requirements	6
VI.	Program Narrative	7
VII.	Reporting Requirements	8
VIII.	Administrative Requirements	9
Appendix A	On-Line Application Instructions and Job Aid	
Appendix B	Sample Equipment Purchase Budget Detail Worksheet	
Appendix C	Application Checklist	
Appendix D	Fiscal Year 2001 Authorized Equipment Purchase List	
Appendix E	List of FBI WMD Coordinator Contacts	

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## **I. Background**

The U.S. Department of Justice (DOJ), through the Office of the Assistant Attorney General, Office of Justice Programs (OJP), in coordination with the Federal Bureau of Investigation's (FBI's) National Domestic Preparedness Office, is providing financial assistance directly to each of the Nation's 56 States and U.S. Territories through the Fiscal Year 2001 State Domestic Preparedness Equipment Program. This financial assistance is for the purchase of specialized equipment to enhance the capability of State and local agencies to respond to incidents of terrorism involving the use of chemical and biological agents, as well as radiological and explosive devices. This grant program represents the second and third year of a three year initiative to address critical national needs in the area of specialized response equipment for domestic preparedness.

The receipt of funds under OSLDPS' Fiscal Year 2001 State Domestic Preparedness Equipment Program is contingent upon the submission and approval of the State-based Needs Assessment and Three-Year Statewide Domestic Preparedness Strategy initiated in the first year of the program. Receipt of funds is also contingent upon the submission of the on-line grant application described in this booklet. States having completed the State-based Needs Assessment and Three-Year Statewide Domestic Preparedness Strategy are invited to submit a grant application, in accordance with the this grant application kit and program guidelines, for Fiscal Year 2000 and 2001 funding allocations.

## **II. The Fiscal Year 2001 State Domestic Preparedness Equipment Program**

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

The OSLDPS Fiscal Year 2001 State Domestic Preparedness Equipment Program represents two fiscal years of congressional funding authorizations in support of State and local domestic preparedness equipment purchase programs. Funding for Fiscal Year 2000 is authorized by Public Law (P.L.) 106-113. Fiscal Year 2001 funding is authorized by P. L. 106-553. Both public laws have been enacted pursuant to the U.S. Departments of Commerce, Justice, and State; the Judiciary; and related Agencies Appropriations Acts of 2000 and 2001, respectively. However, availability of funding is contingent upon completion of the State-based Needs Assessment and Three-Year Domestic Preparedness Strategy. Furthermore, States are required to allocate grant funds in accordance with their Three-Year Domestic Preparedness Strategy. States are also advised that, pursuant to House Conference Report 106-1005, 80 percent of Fiscal Year 2001 funding allocations must be provided to local communities with the greatest need. These requirements have been

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legislatively imposed by Congress so that the majority of funds are made available to meet the needs of the maximum number of communities possible, thereby ensuring first responders are properly equipped and prepared to respond to incidents of domestic terrorism involving chemical and biological agents, as well as radiological and explosive devices.

The OSLDPS Fiscal Year 2001 State Domestic Preparedness Equipment Program will provide funding to the Nation's 56 States and Territories to acquire first responder equipment in the following categories: personal protective; chemical, biological, and radiological detection; decontamination; and communications. This funding allows States and local jurisdictions to acquire more advanced levels of first responder equipment, which is a significant departure from the program's first year of funding in which States and local jurisdictions were required to purchase equipment to enhance their basic defensive capabilities. This equipment will enable the States to enhance their first response capabilities in the areas of fire, emergency medical services, hazardous materials, law enforcement, public works, public health and emergency management at the State and local levels of government.

#### **B. Unauthorized Program Expenditures**

Expenditures for equipment such as vehicles and trailers, general-use laptop computers, computer monitors and printers, and video-monitoring equipment, as well as arms and ammunition, are not allowable under this grant.

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; decontamination; and communications equipment in accordance with the Fiscal Year 2001 Authorized Equipment Purchase List (see Appendix D).

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

The Fiscal Year 2001 State Domestic Preparedness Equipment Program is primarily intended to enhance the ability of first responders to react to incidents of domestic terrorism at the local level. As such, States are encouraged to provide the majority of the funds in this program to local units of government. However, States may also use Fiscal Year 2000, and up to 20 percent of Fiscal Year 2001 funds, to support broader domestic preparedness activities, such as State first responder teams that support local units of government.

The Governor of each State has designated a State agency, also known as a State Administrative Agency (SAA), to apply for and administer the grant funds under this program. The State may elect to subgrant or award Fiscal Year 2000 and 2001 allocations directly to cities or counties within the State or to retain the funds for use at

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the State level provided that the State has complied with the 80 percent requirement for Fiscal Year 2001. Funds retained for use by the State must also benefit local units of government.

Fiscal Year 2000 and 2001 grant allocations were determined by a base amount of \$250,000 to each State, with the balance of funds being distributed on a population-share basis. State population figures were determined from July 1, 1997, U.S. Bureau of the Census data.

The table on the following page provides a breakdown of Fiscal Year 2000 and 2001 funding allocations by State and Territory.

STATE DOMESTIC PREPAREDNESS EQUIPMENT PROGRAM  
FISCAL YEAR 2000 AND 2001 FUNDING ALLOCATIONS

<u>STATE</u>	<u>FY 2000 ALLOCATION</u>	<u>FY 2001 ALLOCATION</u>	<u>TOTAL ALLOCATION</u>
ALABAMA	1,172,000	1,228,000	2,400,000
ALASKA	380,000	389,000	769,000
ARIZONA	1,239,000	1,319,000	2,558,000
ARKANSAS	788,000	821,000	1,609,000
CALIFORNIA	7,167,000	7,666,000	14,833,000
COLORADO	1,091,000	1,158,000	2,249,000
CONNECTICUT	943,000	984,000	1,927,000
DELAWARE	407,000	419,000	826,000
DIST OF COLUMBIA	*	366,000	366,000
FLORIDA	3,409,000	3,631,000	7,040,000
GEORGIA	1,868,000	1,993,000	3,861,000
HAWAII	503,000	515,000	1,018,000
IDAHO	510,000	530,000	1,040,000
ILLINOIS	2,801,000	2,964,000	5,765,000
INDIANA	1,499,000	1,580,000	3,079,000
IOWA	856,000	892,000	1,748,000
KANSAS	807,000	844,000	1,651,000
KENTUCKY	1,084,000	1,136,000	2,220,000
LOUISIANA	1,175,000	1,228,000	2,403,000
MAINE	513,000	530,000	1,043,000
MARYLAND	1,337,000	1,407,000	2,744,000
MASSACHUSETTS	1,552,000	1,632,000	3,184,000
MICHIGAN	2,329,000	2,457,000	4,786,000
MINNESOTA	1,251,000	1,318,000	2,569,000
MISSISSIPPI	833,000	869,000	1,702,000
MISSOURI	1,402,000	1,474,000	2,876,000
MONTANA	436,000	447,000	883,000
NEBRASKA	602,000	623,000	1,225,000
NEVADA	620,000	655,000	1,275,000
NEW HAMPSHIRE	501,000	519,000	1,020,000
NEW JERSEY	1,968,000	2,072,000	4,040,000
NEW MEXICO	618,000	639,000	1,257,000
NEW YORK	4,099,000	4,321,000	8,420,000
NORTH CAROLINA	1,848,000	1,962,000	3,810,000
NORTH DAKOTA	385,000	392,000	777,000
OHIO	2,624,000	2,769,000	5,393,000
OKLAHOMA	959,000	1,001,000	1,960,000
OREGON	945,000	992,000	1,937,000
PENNSYLVANIA	2,791,000	2,934,000	5,725,000
RHODE ISLAND	459,000	472,000	931,000
SOUTH CAROLINA	1,062,000	1,119,000	2,181,000
SOUTH DAKOTA	406,000	414,000	820,000
TENNESSEE	1,400,000	1,477,000	2,877,000
TEXAS	4,434,000	4,735,000	9,169,000
UTAH	695,000	727,000	1,422,000
VERMONT	375,000	383,000	758,000
VIRGINIA	1,688,000	1,788,000	3,476,000
WASHINGTON	1,455,000	1,538,000	2,993,000
WEST VIRGINIA	634,000	654,000	1,288,000
WISCONSIN	1,356,000	1,425,000	2,781,000
WYOMING	352,000	357,000	709,000
PUERTO RICO	*	1,120,000	1,120,000
VIRGIN ISLANDS	*	277,000	277,000
GUAM	*	284,000	284,000
AMERICAN SAMOA	*	187,600	187,600
N. MARIANA ISLANDS	*	92,400	92,400
Total	69,628,000	75,726,000	145,354,000

\* These states have already been invited to apply for FY 2000 funding under a separate solicitation, therefore FY 2000 allocations for these states are not included.

## 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 State 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 State 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 E).



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## 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

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 State Domestic Preparedness Equipment Program." When referring to this title, please use the following CFDA number: 16.007. 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. 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 B). This document should be attached under "Budget Detail Worksheet".

**C. Freedom of Information Act (FOIA):** The OJP Office of General Council (OGC) has determined that sensitive information submitted by State and local jurisdictions to secure funding from OSLDPS, including information about a jurisdiction's threat, risk and needs assessments (including discussions of demographics, transportation, public works, and industrial and public health infrastructures) with regard to terrorist threats and activities may not need to be disclosed because it qualifies under the terms of exemption 7(E) of the FOIA.

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Exemption 7(E) exempts from disclosure “records or information compiled for law enforcement purposes, but only to the extent that the production of such records or information... would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law.” 5 U.S.C. § 552(b)(7)(E).

OGC is aware that releasing a jurisdiction’s terrorist threat, risk and needs assessment information to the public could cause a serious threat to the citizens of the jurisdiction, and could hinder the abilities of the jurisdiction’s law enforcement and first responder officials to provide fast and effective assistance in the event of a terrorist act. The release of this information could also render these jurisdictions extremely vulnerable by providing information needed to circumvent both State and Federal law. Therefore, in OGC’s view it is appropriate that information pertaining to a jurisdiction’s infrastructure and vulnerability, as well as any threat, risk and needs assessment and strategy information, be withheld under exemption (b)(7)(E) of the FOIA. OGC has cautioned, however, that all final determinations regarding FOIA release must be made on a case-by-case basis. Furthermore, a decision by OJP to withhold information may be reviewed, upon appeal, by the Department of Justice’s Office of Information and Privacy.

Applicants should also be aware of the State and local laws and regulations concerning FOIA requirements pertaining to these types of activities. State and local laws may differ from the Federal regulations and their effects may need to be considered when reporting sensitive information in the grant application, needs assessment and strategic planning process.

## VI. Program Narrative

This section should be used to briefly update OJP on the progress of the program, describe any changes to the three-year statewide strategy and provide an overview of the State’s implementation plan for the Fiscal Year 2000 and 2001 program. Specifically, the program narrative should address the following areas:

**1. Program Implementation Status:** The State must provide a brief assessment of its progress in meeting the goals and objectives established in the Three-Year Statewide Domestic Preparedness Strategy. If there are any changes or updates to the Three-Year Statewide Strategy, this information should also be provided.

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**2. Fiscal Year 2000 and 2001 Equipment Procurement Plans:** The State must provide a brief description of how funds provided through the Fiscal Year 2001 State Domestic Preparedness Equipment Program will be allocated, and how the requested equipment will address the needs identified through the Three-Year Statewide Domestic Preparedness Strategy. Fiscal Year 2000 and 2001 funding allocations must be broken out separately. States must also clearly identify the amount of funding being provided to State versus local jurisdictions, identify these entities (State agencies or local jurisdictions), and in the case of Fiscal Year 2001 funds, demonstrate that 80 percent of these funds are being allocated to local jurisdictions.

## 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 2000 and 2001 State 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.

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**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 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 2000 State 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.

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**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 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**

**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>The screenshot shows the 'Registration Information' form. At the top, there are two logos: the Department of Justice logo on the left and the Office of Justice Programs logo on the right. The header text reads 'Office of Justice Programs Grants Management System'. Below the header, the form is titled 'Registration Information' with a note '*Mandatory fields:'. The form consists of several rows, each with a field label, a number in a red box, and an input field. The fields are: 1. *Employer ID Number (EIN): with a hyphenated input field; 2. *Legal Name: (Legal Jurisdiction Name) with a text input field; 3. *Organizational Unit with a text input field; 4. *Address Line 1: with a text input field; 5. Address Line 2: with a text input field; 6. *City: with a text input field; 7. County: with a text input field; *State: with a dropdown menu showing 'Select a State'; *Zip Code: with a hyphenated input field and a link 'Need help for ZIP+4?'; *Type of Applicant: with a dropdown menu showing 'Select a Type of Applicant'; Type of Applicant (other): with a text input field; *Name Prefix: with a dropdown menu showing 'Prefix'; Prefix: (Other): with a text input field; *User First Name: with a text input field; *User Last Name: with a text input field; *Title: with a text input field.</p>

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>	

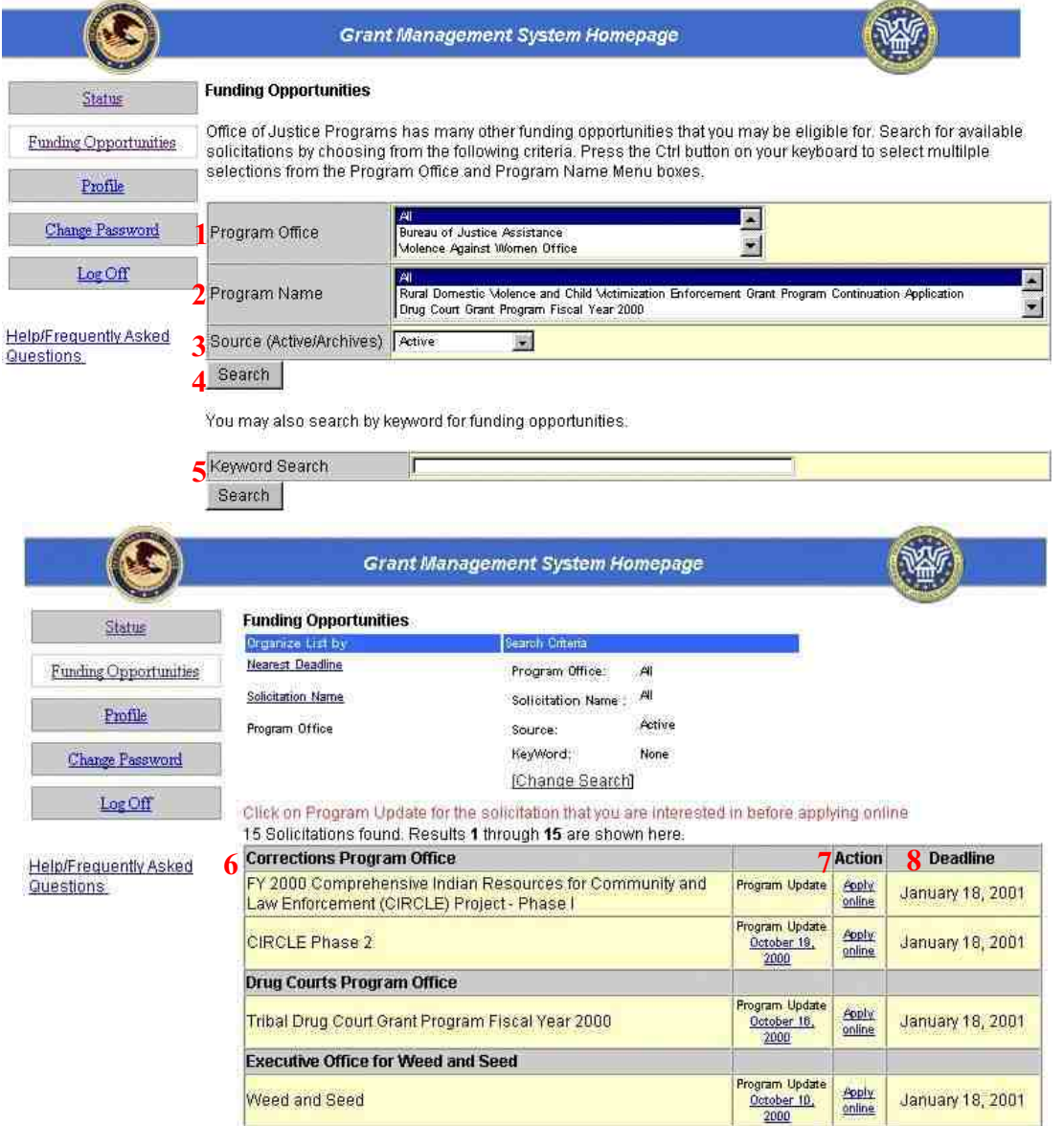
## GMS – Applicant Procedures

### 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 displays the 'Grant Management System Homepage' with a navigation menu on the left. The main content area is titled 'Funding Opportunities' and includes a search form with the following fields:</p> <ul style="list-style-type: none"> <li><b>Program Office:</b> A dropdown menu with 'All' selected.</li> <li><b>Program Name:</b> A dropdown menu with 'All' selected.</li> <li><b>Source (Active/Archives):</b> A dropdown menu with 'Active' selected.</li> <li><b>Search:</b> A button to execute the search.</li> <li><b>Keyword Search:</b> A text input field with a 'Search' button below it.</li> </ul> <p>Below the search form, there is a table of results. The table has three columns: '6 Corrections Program Office', '7 Action', and '8 Deadline'. The results are as follows:</p> <table border="1" data-bbox="1123 1112 1953 1404"> <thead> <tr> <th>6 Corrections Program Office</th> <th>7 Action</th> <th>8 Deadline</th> </tr> </thead> <tbody> <tr> <td>FY 2000 Comprehensive Indian Resources for Community and Law Enforcement (CIRCLE) Project - Phase I</td> <td>Program Update <a href="#">Apply online</a></td> <td>January 18, 2001</td> </tr> <tr> <td>CIRCLE Phase 2</td> <td>Program Update <a href="#">Apply online</a></td> <td>January 18, 2001</td> </tr> <tr> <td><b>Drug Courts Program Office</b></td> <td></td> <td></td> </tr> <tr> <td>Tribal Drug Court Grant Program Fiscal Year 2000</td> <td>Program Update <a href="#">Apply online</a></td> <td>January 18, 2001</td> </tr> <tr> <td><b>Executive Office for Weed and Seed</b></td> <td></td> <td></td> </tr> <tr> <td>Weed and Seed</td> <td>Program Update <a href="#">Apply online</a></td> <td>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	<b>Drug Courts Program Office</b>			Tribal Drug Court Grant Program Fiscal Year 2000	Program Update <a href="#">Apply online</a>	January 18, 2001	<b>Executive Office for Weed and Seed</b>			Weed and Seed	Program Update <a href="#">Apply online</a>	January 18, 2001
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																				
<b>Drug Courts Program Office</b>																						
Tribal Drug Court Grant Program Fiscal Year 2000	Program Update <a href="#">Apply online</a>	January 18, 2001																				
<b>Executive Office for Weed and Seed</b>																						
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.

The screenshot shows the Grant Management System Homepage. The top navigation bar includes the system name and two logos. On the left, there are menu buttons for Status, Funding Opportunities, Profile, Change Password, and Log Off. The main content area is titled "Funding Opportunities" and contains a search form with the following fields: Program Office (set to 9, with a dropdown menu showing Corrections Program Office and Drug Courts Program Office), Program Name (set to 10, with a dropdown menu showing All and Rural Domestic Violence and Child Victimization Enforcement Grant Program Continuation Application), and Source (Active). A "Search" button is labeled with a red "11". Below the search form, there is a text prompt: "You may also search by keyword for funding opportunities." and a "Keyword Search" input field with a "Search" button.

The second screenshot shows the search results page. It features the same navigation bar and menu buttons. The "Funding Opportunities" section has tabs for "Organize List by" and "Search Criteria". The search criteria are displayed as follows: Program Office: Drug Courts Program Office; Solicitation Name: All; Source: Active; KeyWord: None. A "[Change Search]" link is provided. A red "12" is placed next to the "Organize List by" tab. Below the criteria, there is a text prompt: "Click on Program Update for the solicitation that you are interested in before applying online" and "2 Solicitations found. Results 1 through 2 are shown here." A table displays the results:

		13 Action	14 Deadline
Drug Courts Program Office			
Drug Court Grant Program Fiscal Year 2000	Program Update <a href="#">October 17, 2000</a>	<a href="#">Apply online</a>	January 18, 2001
Tribal Drug Court Grant Program Fiscal Year 2000	Program Update <a href="#">October 16, 2000</a>	<a href="#">Apply online</a>	January 18, 2001

At the bottom left of the second screenshot, there is a "Help/Frequently Asked Questions" link.

## 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	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 to '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><b>1</b></td> <td><input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>*Employer Identification Number (EIN)</td> <td><b>2</b></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><b>3</b></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> <p><a href="#">Help/Frequently Asked Questions</a></p> <p><a href="#">GMS Home</a></p> <p><a href="#">Log Off</a></p>	*Is the applicant delinquent on any federal debt	<b>1</b>	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	*Employer Identification Number (EIN)	<b>2</b>	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:	<b>3</b>		First Name		Tom	Last Name		Jones	Phone Number		301-555-1000
*Is the applicant delinquent on any federal debt	<b>1</b>	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No																																															
*Employer Identification Number (EIN)	<b>2</b>	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:	<b>3</b>																																																
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 sections: 'Descriptive Title of Applicant's Project' (1), 'Areas Affected by Project' (2), 'Proposed Project' with 'Start Date' and 'End Date' dropdowns (3), 'Congressional Districts of Project' (4), and 'Estimated Funding' (5). The funding table lists categories like Federal, Applicant, State, Local, Other, Program Income, and TOTAL, each with a corresponding input field. A 'Save and Continue' button (6) is located at the bottom of the screen.</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.

Application Handbook: Budget and Program Attachments

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

File Upload

Look in: My Computer 6

Files of type: All Files (\*.\*) 7

Open 8

Attachment Description

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.

Browse...

Upload Your Document Cancel

Attachment Description

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.

Attach here:

C:\DOJ\Budget Detail.doc 9 Browse...

Upload Your Document Cancel

10

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	<a href="#">Attachment OK</a> <b>11</b>	Attach
Budget Narrative	<a href="#">Attachment OK</a>	Attach
Other Program Attachments	<a href="#">Attachment OK</a>	Attach

**12** Save and Continue

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

## GMS – Applicant Procedures

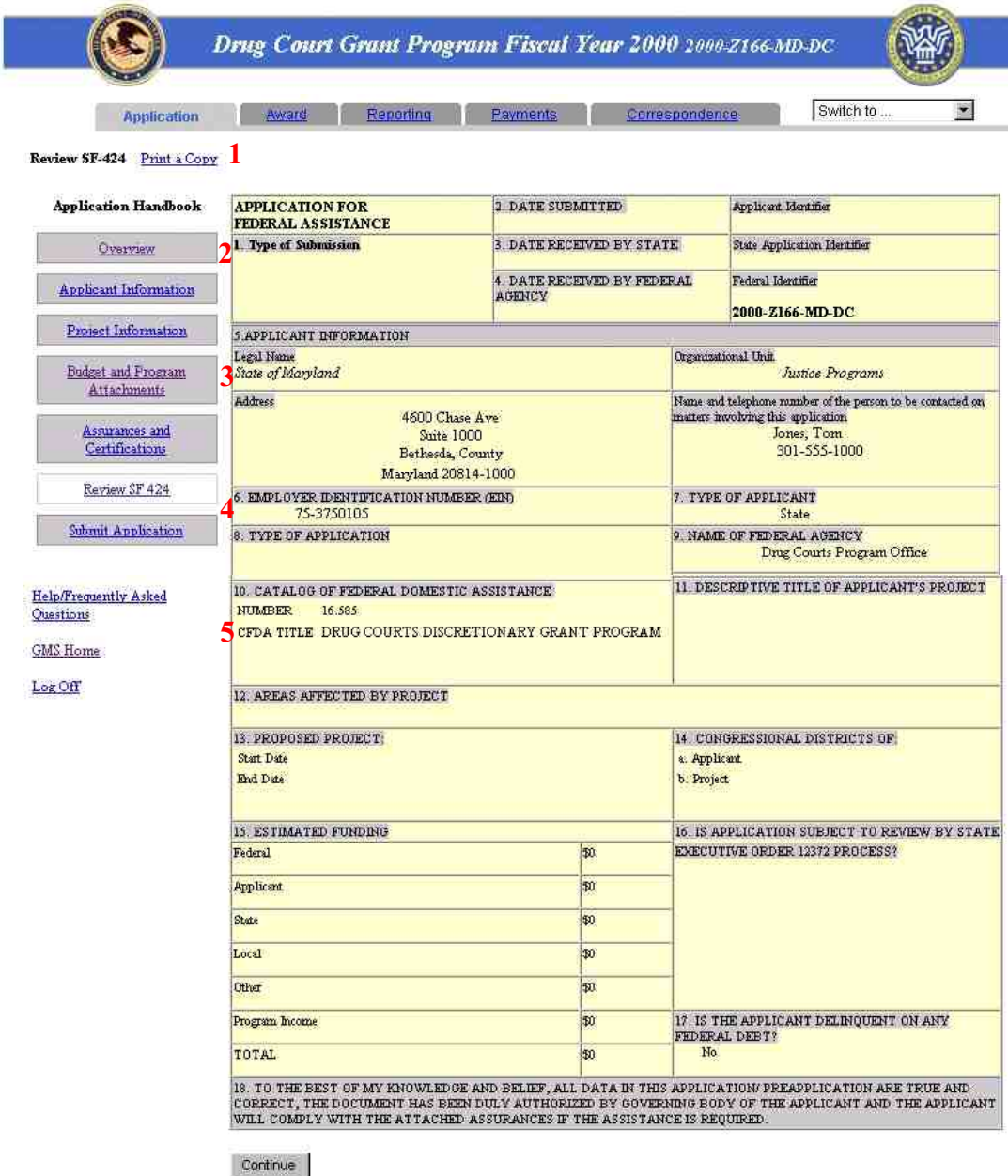
### Applicant - Application Handbook Assurances and Certifications (AP-12)

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><a href="#">Overview</a>    To the best of my knowledge and belief, all data in this application/preapplication is true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.</p> <p><a href="#">Applicant Information</a></p> <p><a href="#">Project Information</a>    Your typed name, in lieu of your signature represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the following:</p> <p><a href="#">Budget and Program Attachments</a></p> <p><a href="#">Assurances and Certifications</a>    <b>1</b> 1: <a href="#">Assurances</a></p> <p><a href="#">Review SF 424</a>    <b>2</b> 2: <a href="#">Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters, and Drug-Free Workplace requirements.</a></p> <p><a href="#">Submit Application</a>    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><a href="#">Help/Frequently Asked Questions</a></p> <p><a href="#">GMS Home</a></p> <p><a href="#">Log Off</a></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Prefix</td><td><b>3</b> Dr.</td></tr> <tr><td>Name Prefix(Other)</td><td></td></tr> <tr><td>First Name</td><td>Robert</td></tr> <tr><td>Last Name</td><td>Smith</td></tr> <tr><td>Title</td><td>Executive Director</td></tr> <tr><td>Address Line 1</td><td>4500 Chase Ave</td></tr> <tr><td>Address Line 2</td><td>Suite 2000</td></tr> <tr><td>City</td><td>Bethesda</td></tr> <tr><td>County</td><td></td></tr> <tr><td>State</td><td>Maryland</td></tr> <tr><td>Zip Code</td><td>20814 -2000</td></tr> <tr><td>Phone</td><td>301 -555 -1000    Ext: 300</td></tr> <tr><td>Fax</td><td>301 -555 -1200</td></tr> <tr><td>E-mail</td><td>robertsmith@MSP.gov</td></tr> </table> <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> <a href="#">Save and Continue</a></p>	Prefix	<b>3</b> Dr.	Name Prefix(Other)		First Name	Robert	Last Name	Smith	Title	Executive Director	Address Line 1	4500 Chase Ave	Address Line 2	Suite 2000	City	Bethesda	County		State	Maryland	Zip Code	20814 -2000	Phone	301 -555 -1000    Ext: 300	Fax	301 -555 -1200	E-mail	robertsmith@MSP.gov
Prefix	<b>3</b> Dr.																												
Name Prefix(Other)																													
First Name	Robert																												
Last Name	Smith																												
Title	Executive Director																												
Address Line 1	4500 Chase Ave																												
Address Line 2	Suite 2000																												
City	Bethesda																												
County																													
State	Maryland																												
Zip Code	20814 -2000																												
Phone	301 -555 -1000    Ext: 300																												
Fax	301 -555 -1200																												
E-mail	robertsmith@MSP.gov																												



## 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, Applicant Identifier, 2. DATE RECEIVED BY STATE, State Application Identifier, 3. DATE RECEIVED BY FEDERAL AGENCY, Federal Identifier, 2000-Z166-MD-DC</li> <li><b>5. APPLICANT INFORMATION:</b> 3. Legal Name (State of Maryland), Organizational Unit (Justice Programs), Address (4800 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)</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> Federal (\$0), Applicant (\$0), State (\$0), Local (\$0), Other (\$0), Program Income (\$0), TOTAL (\$0)</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>Additional links on the left include 'Help/Frequently Asked Questions', 'GMS Home', and 'Log Off'. A 'Continue' button is located at the bottom of the form.</p>

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](#)

[GMS Home](#)



[Log Off](#)

<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>The screenshot shows the 'Submit Application' screen with a navigation bar at the top containing 'Application', 'Award', 'Reporting', 'Payments', and 'Correspondence'. Below the navigation bar, there is a sidebar with links for 'Overview', 'Applicant Information', 'Project Information', 'Budget and Program Attachments', 'Assurances and Certifications', 'Review SR 424', and 'Submit Application'. The main content area displays a message: 'Your user id has not been approved by the Program Office.' followed by a red '1'. Below this is a checklist table with the following data:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="color: red;">2 Incomplete</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>Below the table, there is a message: 'You may not submit your application until all of the above conditions are marked as "Completed".' followed by a red '2'. At the bottom left, there is a link for 'Help/Frequently Asked Questions'.</p>  <p>The second screenshot shows the same 'Submit Application' screen, but now all requirements in the checklist table are marked as 'Complete'. The 'Project Information' row now shows 'Complete' instead of 'Incomplete'. At the bottom of the screen, the 'Submit Application' button is highlighted with a red '5'.</p>	Status	Requirement	Complete	Overview Information	Complete	Applicant Information	2 Incomplete	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												
2 Incomplete	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.												

## GMS – Applicant Procedures

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

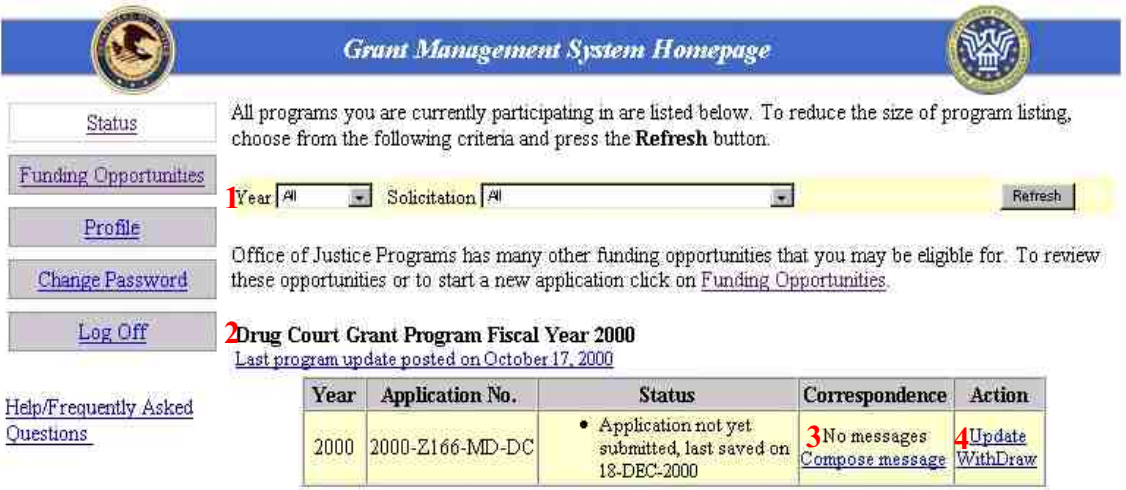
Description	Screen
<p>Submission Confirmation Screen: this screen will confirm that your application has been successfully submitted to OJP. (NOTE: After the application has been submitted no changes or edits can be made to the application.)</p> <p>1) Click on the <b>“Return to GMS Home”</b> link to 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> 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 top screenshot shows the 'New Email Messages' interface. It features a navigation bar with tabs for 'Application', 'Award', 'Reporting', 'Payments', and 'Correspondence'. Below the tabs are buttons for 'New Mail', 'Sent Mail', 'Old Mail', and 'Send a Message'. A table with columns 'Date', 'Sender', and 'Subject (Click to Read Message)' is present. A red '1' points to the 'New Mail' button, a red '2' to 'Sent Mail', and a red '3' to 'Old Mail'. A red '4' points to the 'Subject' column header. Below the table are links for 'Help/Frequently Asked Questions', 'GMS Home', and 'Log Off'.</p> <p>The bottom screenshot shows the 'Send An Email Message' form. It has the same navigation bar and buttons. A red '5' points to the 'Send a Message' button. The form fields are: 'To: Rural Domestic Violence and Child Victimization Enforcement Grant Program Continuation Application Office', 'CC: [text input]', 'Subject: Re: Application Number 2000-X966-MD-WR', and 'Message: [text area]'. A red '6' points to the 'Message' text area. At the bottom are 'Send' and 'Cancel' buttons, with a red '7' pointing to 'Send' and a red '8' pointing to 'Cancel'.</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 section with 'Year' and 'Solicitation' dropdown menus set to 'All', and a 'Refresh' button. Below this, 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 displays 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 screenshot, 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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Profile Information</th> </tr> <tr> <th colspan="2" style="text-align: left;">Organization Information</th> </tr> </thead> <tbody> <tr> <td>* Employer ID Number (EIN):</td> <td>1 22-3344656</td> </tr> <tr> <td>* Legal Name:</td> <td>2 State of Maryland</td> </tr> <tr> <td>* Organizational Unit:</td> <td>Maryland State Police</td> </tr> <tr> <td>* Address Line 1:</td> <td>3 4600 Chase Ave</td> </tr> <tr> <td>Address Line 2:</td> <td>Suite 2000</td> </tr> <tr> <td>* City:</td> <td>Bethesda</td> </tr> <tr> <td>County:</td> <td></td> </tr> <tr> <td>* State:</td> <td>Maryland</td> </tr> <tr> <td>* Zip Code:</td> <td>20814-2000</td> </tr> <tr> <td>* Type of Applicant:</td> <td>State</td> </tr> <tr> <td>Type of Applicant (other):</td> <td></td> </tr> <tr> <td>* Applicant Congressional District:</td> <td>Congressional District 03, MD</td> </tr> <tr> <td>* User Name:</td> <td>4 johntumer</td> </tr> <tr> <th colspan="2" style="text-align: left;">Authorized Representative:</th> </tr> <tr> <td>* User Prefix:</td> <td>5 Dr.</td> </tr> <tr> <td>prefix (other):</td> <td></td> </tr> <tr> <td>* User First Name:</td> <td>Robert</td> </tr> <tr> <td>* User Last Name:</td> <td>Smith</td> </tr> <tr> <td>* Title:</td> <td>Executive Director</td> </tr> <tr> <td>* Phone Number:</td> <td>3015551000 Ext.: 300</td> </tr> <tr> <td>Fax Number:</td> <td>3015551200</td> </tr> <tr> <td>* User E-mail Address:</td> <td>robertsmith@MSP.gov</td> </tr> </tbody> </table>	Profile Information		Organization Information		* 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 johntumer	Authorized Representative:		* 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
Profile Information																																																	
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County:																																																	
* State:	Maryland																																																
* Zip Code:	20814-2000																																																
* Type of Applicant:	State																																																
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* Applicant Congressional District:	Congressional District 03, MD																																																
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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

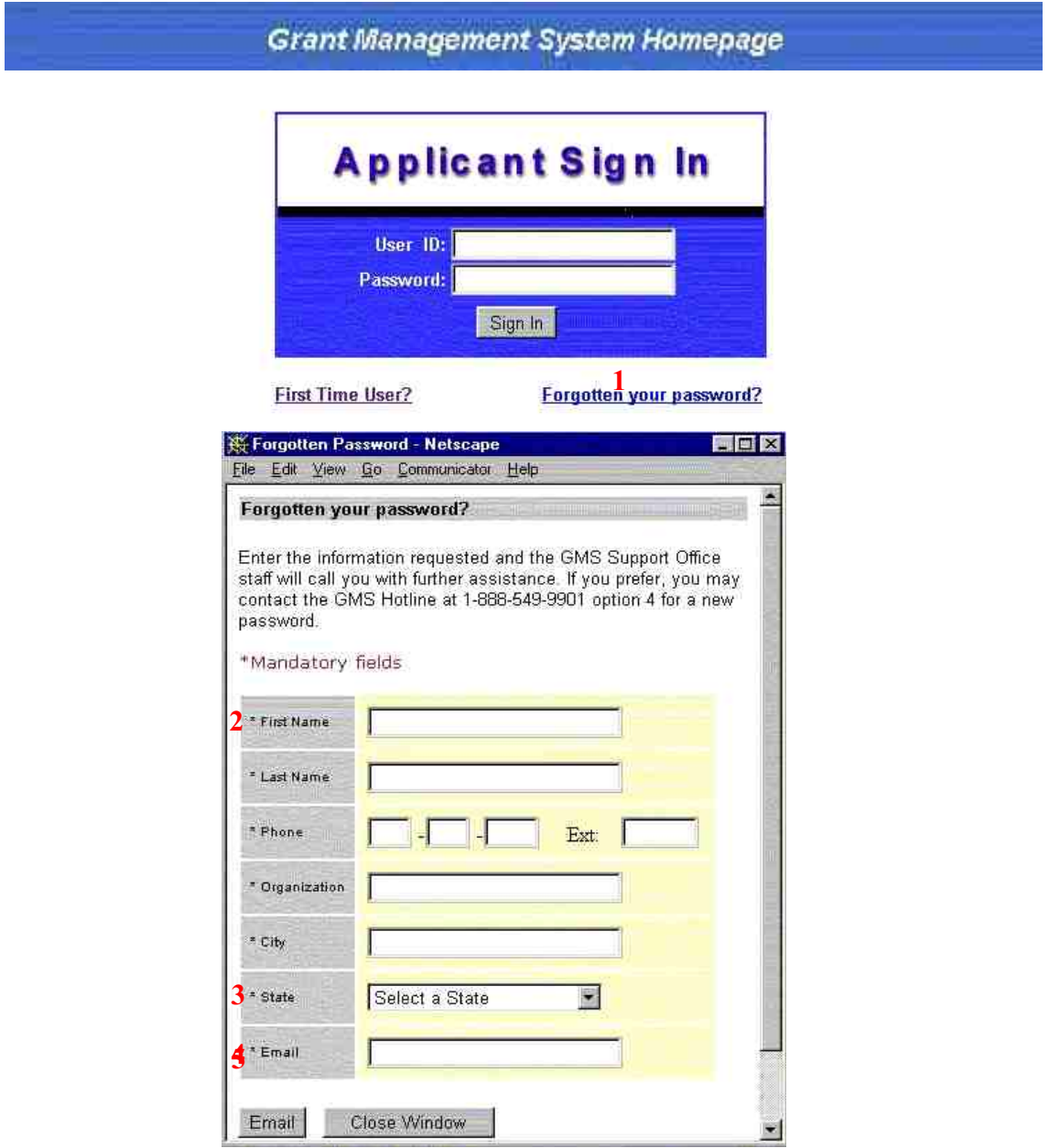
Update Profile



**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. At the top is a blue banner with the text "Grant Management System Homepage". Below this is a white box titled "Applicant Sign In" with a blue background. It contains two input fields: "User ID:" and "Password:", followed by a "Sign In" button. Below the sign in box 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 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 input boxes for area, prefix, and number), "Ext." (with one input box), "Organization", "City", "State" (a dropdown menu with "Select a State" selected, with 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**

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## **Appendix B**

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

# Equipment Purchase Budget Detail Worksheet

**Fiscal Year 2000**   

**Fiscal Year 2001**   

**State:** \_\_\_\_\_

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

**Equipment Purchase Total Cost:**

***Instructions:***

- List all local jurisdictions first, in priority ranking, on separate pages. State agencies should be listed last.
- 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 total costs of equipment requests for all jurisdictions and place that total at the top of this page.

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

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

---

Fiscal Year 2000

Fiscal Year 2001

State: \_\_\_\_\_

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

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

---

**Instructions:**

- List all local jurisdictions first, in priority ranking, on separate pages. State agencies should be listed last.
- 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 total costs of equipment requests for all jurisdictions and place that total at the top of this page.

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

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



**Appendix C**  
**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 D**

### **Fiscal Year 2000 Authorized Equipment Purchase List**

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## Fiscal Year 2000 and 2001 Authorized Equipment Purchase List

The Fiscal Year 2000 and 2001 State Domestic Preparedness Equipment Program authorized equipment purchase list was derived from the Standardized Equipment List (SEL). The SEL was developed by the Interagency Board (IAB) for Equipment Standardization and Interoperability. The IAB compiled the SEL on behalf of the National Domestic Preparedness Office (NDPO) 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 specialized equipment authorized for purchase under the Fiscal Year 2001 State Domestic Preparedness Equipment Program. This specialized equipment falls into four distinct categories: 1) personal protective equipment (PPE); 2) chemical, biological, or radiological detection equipment; 3) decontamination equipment; and, 4) communications 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.

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
4. Communications 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)

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

- 
- 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

**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

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*Note: During WMD response operations, the incident commander determines the appropriate level of personal protective equipment. As a guide, Levels A, B, and C are applicable for chemical/biological/radiological contaminated environments. Personnel entering protective postures must undergo medical monitoring prior to and after entry.*

**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
- Colormetric tube/chip kit with additional tubes/chips
- Multigas meter
- Combustible gas indicator
- Photoionization Detector (PID)
- Flame Ionization Detector (FID)
- Field Deployable Gas Chromatography/Mass Spectrometer (GC/MS)\*
- 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

\* Gas Chromatographic/Mass Spectrometers are extremely expensive to purchase, require highly trained technicians to operate, and are difficult and costly to maintain.

### **Biological**

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

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**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)

\* Grant funds may be used to purchase medical pharmaceuticals indicated with asterisks for personal protective equipment for first responders. Grantees are responsible for replenishing items after shelf-life expiration date(s).

**Biological**

- High Efficiency Particulate Attractor (HEPA) dry decontamination vacuum

**Medical:** Purchases authorized for use in decontamination operations:

- 2Pam Chloride\*
- Atropine 2mg/ml, 25ml vial\*
- Atropine Auto Injector\*
- CANA Auto Injectors\*
- Autovent 3000 multigang/portOxylator/ventilators
- Mask
- Nasopharyngeal Airway 4, 5, 6, 7, and 8mm
- Oropharyngeal Airway 50, 60, 70, 80, 90, and 100mm
- Oxygen Cylinder Super D
- Oxygen Mask With Tubing
- Oxygen Tank Regulator

\* Grant funds may be used to purchase medical pharmaceuticals indicated with asterisks for personal protective equipment for first responders. Grantees are responsible for replenishing items after shelf-life expiration date(s).

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**4. Communications Equipment.** Equipment and systems providing connectivity and electrical interoperability between local and interagency organizations to coordinate WMD response operations.

- Multichannel (UHF/VHF) encrypted radios with chargers and two extra batteries and accessories and Trickle chargers with field programming capability
- In-suit or hand-held communication systems for long-range/two-way, encrypted, voice, video, and data transmission, capable of cross-band repeat
- Computer systems designated for use in an integrated system to assist with detection and communication efforts\*
- Personnel Accountability System to alert for downed personnel (specific to SCBA use only)

\* Stand-alone general-use laptops, printers, CD-ROMs, etc., are not allowable. Allowable computer systems must be linked with integrated software packages designed specifically for chemical and/or biological agent detection and communication purposes.

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# **Appendix E**

## **List of FBI WMD Coordinator Contacts**



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## FBI WMD Coordinator Contacts

<b>Name</b>	<b>Field Office</b>	<b>Telephone Number</b>
Washburn, Eric	Albany	518-431-7332
Kuker, Kathleen	Albuquerque	505-224-2306
Lynch, Thomas	Anchorage	907-265-9547
Dempsey, Leroy	Anchorage	907-265-9566
Stewart, William	Atlanta	404-679-6247
Watson, Jon	Atlanta	404-679-3096
Barry, James T.	Baltimore	410-281-0347
Strayer, Lawrence E.	Birmingham	205-715-0254
Jernigan, David K.	Birmingham (Huntsville)	256-539-1711
Chisholm, Russ	Boston	617-223-6223
Barnes, Glenn D.	Buffalo	716-843-5229
Martinez, David	Charlotte	704-331-4564
Kaeding, Howard	Chicago	312-786-3789
Ray, Randy	Chicago	312-786-3779
Hargreaves, William	Cincinnati	513-562-5742
McGinty, Jr., Albert	Cleveland	216-622-6683
Stanton, Roger	Columbia	803-551-4361
Borelli, Donald	Dallas	214-922-7669
Strauss, Stan	Dallas	214-922-7351
Airey, Joseph	Denver	303-628-3088

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**FBI WMD Coordinator Contacts (continued)**

<b>Name</b>	<b>Field Office</b>	<b>Telephone Number</b>
Howland, Keith	Denver (Colorado Springs)	719-329-6542
Gustafson, Teresa	Detroit	313-237-4154
Thomas, Michael J. (Alt.)	Detroit	313-237-4271
Lujan, David	El Paso	915-832-5100
Schmidt, Kurt	El Paso	915-832-5000
Turner, Patrick S.	El Paso	915-832-5000
Brigante, Doug	Honolulu	808-566-4386
Landers, Jr., Benjamin	Houston	713-693-3823
Harris, Michael (Alt.)	Houston	713-693-3817
Smith, Charles G.	Indianapolis	317-639-3301
Farhart, Michael	Jackson	601-360-7760
Everett, Hank	Jacksonville	904-727-6126
Dalton, Thomas	Kansas City	816-512-8822
Spalsbury, Kent	Kansas City	816-512-8824
Sandstedt, Todd E.	Knoxville (Oak Ridge)	865-482-7122
Salvador, Robin	Las Vegas	702-383-3581
Florence, Rick	Las Vegas	702-383-3570
Smythe, Lance	Little Rock	501-228-8453
Bell, Richard	Little Rock	501-228-8513
Miles, Kevin G.	Los Angeles	310-996-3885

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**FBI WMD Coordinator Contacts (continued)**

<b>Name</b>	<b>Field Office</b>	<b>Telephone Number</b>
Baker, David	Los Angeles	310-996-3903
Lane, Kenneth D.	Louisville	502-569-3820
Rasmussen, William	Memphis	901-747-9683
Brown, J.W.	Memphis	901-747-9623
Belamy, John	Miami	305-787-6122
Powers, David	Miami	305-787-6312
Formico, Michele	Milwaukee	414-291-4280
Moriwaki, Morris	Milwaukee	414-291-4335
Felske, Jack (Alt.)	Milwaukee	414-276-4684
Brookman, Phillip T.	Minneapolis	612-376-3372
Dalziel, John A.	Minneapolis (Fargo, ND)	701-232-7241
Kouns, James "Doug"	Minneapolis (Sioux Falls, SD)	605-321-1156
McRoden, Michael	Minneapolis (Rapid City, SD)	605-343-9632
English, Charles	Mobile	334-415-3242
Richardson, Eli	Newark	973-792-7418
Kuhlmeier, Ted	New Haven	203-503-5195
Garrett, Jeff	New Orleans	504-816-3099
McGee, James	New Orleans	504-816-3007
Zinnikas, William	New York	212-384-8525
Jackolski, John	Norfolk	757-455-2631

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**FBI WMD Coordinator Contacts (continued)**

<b>Name</b>	<b>Field Office</b>	<b>Telephone Number</b>
Hartman, Greg	Norfolk	757-455-2640
Alexander, Frank	Oklahoma City	405-290-3698
Scott, Elizabeth E.	Oklahoma City	405-290-3764
Slagter, Arlyn J.	Omaha	402-492-3763
Rigopoulos, Christopher	Philadelphia	215-418-4097
LeGore, Gary	Philadelphia	717-232-8689 x-117
Gay, Christopher	Phoenix	602-650-3082
Thorlin, Philip S.	Phoenix	602-650-3089
George, Jim	Phoenix	602-650-3010
Toft, Daniel	Pittsburgh	412-456-9271
Smith, Phil	Pittsburgh	412-471-2000
Kouchi, Gerald	Portland	503-552-5223
Durham, Thomas	Portland	503-552-5346
Steiler, Thomas D.	Richmond	804-261-8024
Born, Robert	Sacramento	916-977-2222
Sheehan, Joseph (Alt.)	Sacramento	916-977-2259
Parker, Ronald W.	St. Louis	314-589-2561
Spencer, Chip	Salt Lake City	801-579-4626
Rose, Robert	San Antonio	210-978-5363
Sylvester, John T.	San Diego	858-514-5614

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**FBI WMD Coordinator Contacts (continued)**

<b>Name</b>	<b>Field Office</b>	<b>Telephone Number</b>
Lightfoot, John	San Francisco	510-251-4162
Nunez, Luis E.	San Juan	787-759-5671
Jennings, Greg	Seattle	206-262-2380
Brown, Robert	Springfield (Peoria/Central)	309-676-1922
Killham, K.	Springfield (North)	217-352-0411
Skora, Larry M.	Springfield (South)	618-624-6248
Myers, Kerry	Tampa	813-272-8069
Miller, Steve	Tampa	813-272-8039
Borchert, Christopher	Washington, D.C.	202-278-4730
Combs, Christopher	Washington, D.C.	202-278-4474