



SOUTHEAST REGIONAL HOMELAND SECURITY ADVISORY COUNCIL

PROJECT FUNDING REQUEST

All requests **must** meet the following criteria:

1. Must provide a regional benefit.
2. Must fit into a currently approved SRAC Homeland Security Plan.
3. Must address one or more of the state's homeland security goals.
4. For Exercise requests: Must follow the Homeland Security Exercise & Evaluation Program (HSEEP) best practices.

The deadline for submitting a complete SRAC Funding Request is the **20th of every month**. Request may be e-mailed to kham@srpedd.org

Project Name:

**Project Contact
Name / Phone Number / Email:**

Funding Request (\$):

Project Summary:

Project Timeline:

To the best of my knowledge, the funding being requested for equipment and/or activities in this document does not constitute supplanting.

NAME (Printed)

TITLE

ORGANIZATION

SIGNATURE

DATE



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SRAC PROJECT FUNDING REQUEST FORM

Regional Need for the Project:

*(Prevent, Protect, Mitigate, Respond, Recover)
Please identify the core capability that will be sustained or the problem that will be addressed by this project.*

Support for State Homeland Security

Strategy: *Please explain how this project supports the goals and objectives of the most recent Massachusetts State Homeland Security Strategy.*

Plan for Sustainability:

Please describe plans for sustaining this project.

Connection to Terrorism Prevention:

Please explain how this project will address the identified planning, organization, equipment, training, and exercise needs to prevent, protect against, mitigate, respond to, and recover from acts of terrorism and other catastrophic events.

Other Funding Sources: Please identify and explain any other local, state, or federal funding sources available to the applicant for similar activities/equipment.



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Project Funding Request Signatures

The funding request is to be signed by the applicant (the main point of contact for this project), applicant's department head or regional team control chief, and municipal chief executive (for equipment purchases over \$500 where the municipality will take ownership of said equipment). If there are additional letters of support, please include with your application.

APPLICANT
(Printed)

TITLE

ORGANIZATION

SIGNATURE

DATE

**DEPARTMENT HEAD/
CONTROL CHIEF**
(Printed)

TITLE

ORGANIZATION

SIGNATURE

DATE

MUNICIPAL CHIEF EXECUTIVE
(Printed)

TITLE

ORGANIZATION

SIGNATURE

DATE