2024 NCEM Capacity Building Competitive Grant (CBCG) Application

(This application is to be submitted in Salesforce)

Organization

Legal name:		
Street:		
City:		Zip Code:
County:		
EIN:		
UEID:	SAM Expiration Date:	
Point of Contact		
Name:	Title:	
Email:		Phone:
Secondary Point of Cor	ntact	
Name:	Title:	
Email:		Phone:
Project Information		
Title:		

North Carolina Department of Public Safety Division of Emergency Management (NCEM)

Abstract:

General Information (45 pts)

What is/are the gap(s) and/or priorities being addressed by this project? (10 pts)

How will this project address the gap(s) and/or priorities identified above? (25 pts)

How will this investment be sustained after the grant period? (10 pts)

FY2023 Target Priorities (25 pts)

Primary priority

How does the project support this priority?

Secondary priority

How does the project support this priority?

Project timeline milestones (20 pts) *List the major project events.*

How will you complete your project within the period of performance?

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Quarter	Milestone

1st (6/1-8/30)

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2nd (9/1 - 11/30)

3rd (12/1 - 2/28)

4th (3/1 – 4/30)

Project Budget (10 pts)

For each cost item select an activity area and then type a description and the cost.

Activity Area Description

Total Cost

For each funded activity area enter a match amount (optional).

Activity area	<u>Cost</u>	Match	Total Cost
Planning			
Organization			
Equipment			
Training			
Exercises			
Total			

Additional Information

Acknowledge the following statements:

This application includes complete and accurate information.

Submission of the project proposal does not guarantee funding.

Any person who knowingly makes a false claim or statement in connection with this application may be subject to civil or criminal penalties under 18 U.S.C. section 287, 18 U.S.C. section 1001, 31 U.S.C. section 3729 and N.C.G.S sections 1-605 through 618 (North Carolina False Claims Act).