Only one Investment worksheet (Part I) is required to support the projects that are aligned to the specific investment. If there are multiple projects under the same investment, we will require separate project forms (Part II) to be completed for each project.

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| **1. POINT OF CONTACT** |
| **Department Name:** |  |
| **Point of Contact:**  |  |
| **Phone Number:**  |  |
| **Email:** |  |
| **2. SPECIFIC INVESTMENT INFORMATION** |
| **Select an Investment Category from the drop down menu**Choose an item. |
| **Provide a short narrative related to the investment – the narrative should encompass the what, where, when, how to be accomplished with the funding being requested. How does the investment support the current capabilities – does the investment build additional capability or is it sustaining capability?**  |
| **Describe how the THIRA and SPR supports the desired capabilities.** |
| **3. INVESTMENT ALLOCATION** |
| **Program** | **Investment** **Amount** | **Amount Dedicated to Law Enforcement** | **Investment amount Dedicated for the Fusion Center** |
| **SHSP** | $  | $ | $ |

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| **4. PROJECT ALIGNMENT (Enter all the projects under this investment)** |
| **Project Number** | **Project Title** | **Project Description** | **Project Amount** |
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| **TOTAL** | **$** |

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| **3A. PROJECT DETAILS** |
| SHSP | $ <Total Cost of Project> |
| **Select best answer:**[ ]  **New Project (Never funded by either grants or OPS funds)**[ ]  **Ongoing (Previously funded by grant(s) or OPS funds.**[ ]  **Old Project (List age of project and original funding source)** |
| **Select best fit for HLS/FEMA’s 5 Mission Area (s) (see Terms list):**[ ]  **Prevention** [ ]  **Mitigation** [ ]  **Response** [ ]  **Protection** [ ]  **Recover** |
| **Is this a Regional Project? (Does project support State initiatives or collaboration with State** **Agency/Agencies)** [ ]  **Yes** [ ]  **No** |
| **Does the project support the Hawaii State Fusion Center?** [ ]  **Yes** [ ]  **No** |
| **Does this project support the FEMA Lifelines?** [ ]  **Yes** [ ]  **No** |
| **List ALL related HLS/FEMA Authorized Equipment Listing (AEL) Code(s):****(https://www.fema.gov/authorized-equipment-list)** |

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| **1. PROJECT TITLE** |
| **Project Title:**  |
| **2: PROJECT PROPOSAL NEXUS TO TERRORISM** |
| **Project Narrative:**  **Briefly describe the project in 2 – 4 paragraphs. Within this brief description include what, when, where, why, how will be accomplished.** **Briefly describe in 2 – 4 paragraphs, the project’s nexus to Terrorism/Terrorism-related Preparation (Prevention, Protection, Mitigation, Response, Recovery).**   |

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| **3B. PROJECT PHASE: PLACE AN “X” IN THE CORRESPONDING BOX** |
|[ ]  Sustaining or maintaining a core capability acquired with Federal funding |
|[ ]  Sustaining or maintaining a core capability acquired without Federal funding |
|[ ]  Developing or acquiring a new core capability (new capabilities must be deployable) |
| **Describe existing capability related to the project being requested:** |

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| **3C. PROJECT BUDGET DETAILS ( Select best fit for HLS/FEMA’s 5 Solution Area(s), known as POETE** |
| **Description** | **Solution Area (POETE) Select best fit for Solution Area(s), known as POETE** | **Core Capabilities** | **Amount ($)** | **Deployable?****Yes or No** | **Shareable?****Yes or No** |
|  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
| **Total** | **$** |  |  |

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| **3D. IF APPLICABLE, IDENTIFY IF PROJECT HAS BEEN FUNDED UNDER PREVIOUS INVESTMENT** |
| **Year** | **Investment Name** | **Last Milestone** |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |

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| **3E. SUSTAINMENT** |
| **Identify how the project will be sustained and how the capability created / enhanced by the project will continue:**  |

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| **4A. PROJECT IMPLEMENTATION** |
| **Briefly describe the project outcomes, goals and objectives. Identify the milestones for the initial two years of the project. Project Goals and Objectives:** |

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| **4B. PROJECT MILESTONES (Provide descriptions and associated key activities that lead to the milestone event over the HSGP period of performance)** **NOTE: A three-year performance period is anticipated; a two-year performance period will be imposed by the State Administrative Agency (SAA) with the third year required to be requested.**  |
| **Quarter** | **Milestone (ACTIONS/ACTIVITY)** | **Start Date** | **End Date** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |