

DOMESTIC PREPAREDNESS REGIONS 1, 2, 3
2021 SHELF PROJECT REQUEST

Eastern Branch, North Carolina Emergency Management

1.) Project Name
2.) Project Description
<i>Please provide a summary of your project in 500 characters or less. Include NIMS typing when available.</i>
4.) Total Funding Requested
\$

A. Applicant Information

Applicant	
DUNS Number	
Tax ID Number	
Registered in SAM? <i>(Registration is required)</i>	Choose an item.
Type of Organization	Choose an item. <i>(Nonprofits must provide proof of status)</i>

B. Applicant Point of Contact Information

(Primary point of contact for all communication regarding the grant, if more than one, add another box)

Name			
Agency			
Title			
Phone Work		Phone Mobile	
Mailing Address			
City		ZIP + 4	
Email			

C. MOA Signatory Information:

(Individual who has the authority to sign the grant agreement, add another box if more than one is required)

Name			
Agency:			
Title			
Phone Work		Phone Mobile	
Mailing Address <i>(must be physical address, not PO Box)</i>			
City		ZIP + 4	
Email			

B. Baseline: New or Ongoing Project

1.) Is this project new or ongoing?	Choose an item.
2.) This project will	
<input type="checkbox"/> Sustain or continue current capabilities	
<input type="checkbox"/> Complete a current project	
<input type="checkbox"/> Build or increase current capabilities (<i>Only select if the project will <u>significantly</u> increase capacity</i>)	
3.) Regionalization	
<i>Describe the regional nature of this project in 300 characters or less. How will this project be deployed/shared with other jurisdictions?</i>	
Deployable? <i>Can the project be deployed to other jurisdictions?</i>	Choose an item.
Sharable? <i>If the asset cannot be moved, can it be shared with other jurisdictions?</i>	Choose an item.