



State of Tennessee
Department of Safety and Homeland Security
Office of Homeland Security

**HOUSES OF WORSHIP SECURITY GRANT
APPLICATION**

The State of Tennessee's Houses of Worship Security Grant is a competitive grant for eligible 501(c)(3) organizations intended to fund **CONTRACTED SECURITY PERSONNEL** as defined below and in Section IV-A of this application. Applicants must demonstrate the threat and vulnerability to their organization; as well as, how this funding will address gaps and deficiencies in their current program and capabilities. Each application must be for one facility/location.

The Tennessee Office of Homeland Security has developed guidelines that helps ensure that submissions are organized in a consistent manner while addressing key data requirements. Failure to complete this application in its entirety, to include the Tennessee Department of Finance and Administration Supplier Direct Deposit Authorization and the U.S. Department of Treasury Internal Revenue Service W-9 forms, and in the prescribed format could potentially result in the rejection of the application.

Applicants must use the following naming convention when submitting their application:
FY2022_TN_HOWSG_<Organizational Name>.

Applications should be submitted by the nonprofit organization to the Tennessee Office of Homeland Security, no later than July 31, 2022, 11:59 pm (CDT) to the following email address. Homeland.Security@tn.gov Submissions received after the deadline will not be considered.

Conditions of the grant

This grant has a 10-month grant period and funds will be disbursed through a Tennessee cost reimbursement grant contract. All expenditures must be made and all required documentation for reimbursement must be submitted in a format and timeline explained in the grant contract. Failure to meet established deadlines will result in non-reimbursement of funds. All required documentation for reimbursement must be submitted to Homeland.Security@tn.gov Applicants must use the following naming convention when submitting their reimbursement documentation: FY2022_TN_HOWSG_<Organizational Name>.

The US Department of Homeland Security / Federal Emergency Management Agency's Nonprofit Security Grant Program (NSGP) does not allow federal grant funds to be used to replace funds appropriated for the same purpose. Organizations are not eligible for this grant **IF** they are receiving federal NSGP grant funding for contracted security personnel.

Organizations must utilize the contracted security personnel at the same physical address, building, facility, structure as identified in this application. No use of State grant funded contracted security personnel at secondary locations is allowable under this grant. All applicable Federal, State, and local laws regarding the use of contracted security personnel apply to all contracted security personnel paid for by this grant.

Per this grant, "Contracted Security Personnel" are defined as:

- Tennessee POST certified Law Enforcement Officers authorized by their employing Agency to provide off-duty security services, and/or
- a Tennessee licensed security guard employed by a commercial security company licensed by the State of Tennessee to provide Private Protective Services.

PART I. APPLICANT INFORMATION

LEGAL NAME OF THE ORGANIZATION

Please list the physical address of the facility.

STREET

One application per facility/location.

CITY

STATE

ZIP CODE

COUNTY

Are you the only Houses of Worship nonprofit operating in/from this facility/building? Yes No

If "No," please explain how the proposed security funding will benefit both you and the other organization(s).

Note: Only one Houses of Worship nonprofit can apply per building/facility/physical structure/address. However, the request and subsequent security funding may benefit Houses of Worship nonprofits who cohabitate/operate in/from the same location. Multiple requests for funding from the same physical address/building/facility/structure will all be deemed ineligible.

Based on your mission statement, please summarize your organization's mission, ideology, and/or beliefs.

Please state the organization's primary faith affiliation:

Jewish

Christian

Hindu

Islamic

Sikh

Buddhist

Unaffiliated/none

Other

If "Other," please describe affiliation.

Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the Internal Revenue Code (IRC) and tax-exempt under section 501(a) of the IRC. More information on tax-exempt organizations can be found at: <https://www.irs.gov/charities-non-profits/charitable-organizations>.

Is the organization eligible under the IRC to receive grant funds? Yes No

Does the organization have a Unique Entity ID (UEI) Number? Yes No

If “Yes,” please enter the UEI Number for the organization:

Applications can only be submitted with a current and valid UEI number; pending UEI numbers will not be accepted.

PART II. BACKGROUND INFORMATION

Please describe (if applicable) this location’s symbolic value as a highly recognized institution/landmark that renders the site as a possible target of criminal and/or terrorism actions.

Please select (if applicable) the event(s) (last 2 years) in which your organization has been involved:

Terrorist attack Violent crime Man-made disaster (non-terrorist) Natural disaster Other

Briefly describe the incident and how (if applicable) security personnel could have prepared, prevented, protected, responded, and/or aided in the recovery from the incident. Applicable police reports, insurance reports, etc should be added as supporting documentation as part of the organization’s application packet.

PART III. RISK

The Tennessee Office of Homeland Security defines risk as the product of three principal variables: Threat, Vulnerability, and Consequence. In the space below, describe the risk(s) faced by your organization specifically in terms of the A) Threats, B) Vulnerabilities, and C) Potential Consequences of an attack.

A) Threat: Please describe the identification and substantiation of specific threats against the organization or a closely related organization, network, or cell. *Description can include findings from a threat or risk assessment, police report(s), and/or insurance claims specific to the location being applied for including dates of specific threats. Include all applicable documentation as part of the organization’s application packet.*

B) Vulnerabilities: Please describe the organization's susceptibility to criminal and/or, terrorist activity, disaster, etc.

C) Potential Consequences: Please describe the potential negative effects on the organization's assets, systems, and/or function if damaged, destroyed, or disrupted by a criminal or terrorist action, disaster, etc.

**PART IV. CONTRACTED SECURITY PERSONNEL,
PROPOSED INVESTMENT**

Section IV-A: per this grant, "Contracted Security Personnel" are:

- **Tennessee POST certified Law Enforcement Officers authorized by their employing Agency to provide off-duty security services, and/or**
- **a Tennessee licensed security guard employed by a commercial security company licensed by the State of Tennessee to provide Private Protective Services.**

In this section, describe the number of proposed security personnel, estimated hourly rate or estimated price per individual security personnel, and their proposed usage.

Who will manage the security personnel? Include name, phone number, email address, and experience of the manager(s).

By clicking this box, I certify that the organization is NOT receiving Federal NSGP grant funding for contracted security personnel and will not be supplementing, supplanting, and/or combining Federal and State Grant funding for the same purpose.

Section IV-B: In this section, list all proposed authorized companies/organizations where security personnel will be contracted from and enter the estimated funding requested (round up to the nearest dollar).

AUTHORIZED COMPANIES/ORGANIZATIONS	ESTIMATED FUNDING REQUESTED (Round to nearest dollar)	
	Total Funding Requested:	

NONPROFIT APPLICANT CONTACT INFORMATION	
This application was written by:	
By clicking this box, I certify that I am an employee or affiliated volunteer on behalf of the nonprofit organization or have been hired by the nonprofit organization to apply on their behalf for the State of Tennessee Houses of Worship Security Grant Program.	
FULL NAME	POSITION/TITLE
EMAIL	WORK PHONE