

## **2026 AZDOHS Application Questions Draft Template:**

**NOTE:** This template has been developed for your convenience as a tool to help you draft answers to the application questions. It is not meant to be a substitute for the online grant application at <https://azdohs.gov/user>. When you are ready to submit the application, make sure that you transfer all of your responses into the correct fields in the application.

Only applications submitted through the online dashboard prior to the deadline will be accepted. Applications are due via the portal by 5:00 pm February 27, 2026.

**Arizona Department of Homeland Security  
2026 State Homeland Security Grant Application**

**REQUIRED FORMS**

The following forms must be completed one time per organization/agency prior to having access to the project application:

- Standard Data Collection
- Financial Systems Survey
- NIMS Compliance Certification

**Standard Data Collection**

**Highest Ranking Official**

Title:

Name of Highest Ranking Official:

Street Address:

City:

State:

Zip Code (Zip+4):

- What is your organization's Fiscal Year end date?

**Employer Identification**

Employer Identification Number:

Have you previously conducted business with the State using this EIN? Yes or No

DUNS Number:

Unique Entity Identifier (UEI):

**Federal Information**

- In which Congressional (Federal) District is your agency headquartered?
- Approximately how much Federal funding will your organization expend in your current Fiscal Year?

**Federal Funding Accountability and Transparency Act (FFATA) Reporting**

- Is 80% or more of your annual gross revenues from Federal Awards? Yes or No
- Do you receive \$25 million or more annually from Federal Awards? Yes or No

If you answer Yes to both questions, you will need to provide the following for the top five paid executives of your organization:

Name:

Total Compensation:

**Financial Systems Survey**

- Has your organization received a Federal or State Grant within the last two years? Yes or No
- Has your organization received funding from the Arizona Department of Homeland Security within the past two years? Yes or No
- Has your organization been audited by an independent Certified Public Accountant within the past two years? Yes or No

- Has your organization completed a Single Audit as required by 2 CFR 200 Subpart F within the past two years? Yes or No
- Does your organization undergo an annual independent audit in accordance with 2 CFR 200 Subpart F? Yes or No
- Has your organization been granted tax-exempt status by the Internal Revenue Service? Yes or No
- Does your organization have policies related to salary scales, fringe benefits, travel reimbursement & personnel policies? Yes or No
- Which of the following describes your organization's accounting system? Manual, Automated, or Combination
- How frequently do you post to the General Ledger? Daily, Weekly, Monthly or Other
  - If you selected Other, please indicate interval.
- Does the accounting system completely & accurately track the receipt & disbursements of funds by each grant or funding source? Yes or No
- Does the accounting system record actual costs compared to budgeted costs for each budget line item? Yes or No
- Are time & effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time? Yes or No
- Is your organization familiar with Federal Cost Principles (2 CFR Part 200 Subpart E)? Yes or No
- Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement? Yes or No
- Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll? Yes or No
- Are all accounting entries and payments supported by source documentation? Yes or No
- Are employee time sheets supported by appropriately approved/signed documents? Yes or No
- Does the organization maintain policies which include procedures for assuring compliance with applicable Code of Federal Regulations and terms of each grant award? Yes or No
- Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts? Yes or No
- Does the organization conduct purchases in a manner that encourages open and free competition among vendors? Yes or No
- Does the organization complete some level of cost or price analysis for every purchase? Yes or No
- Does the organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract? Yes or No
- Does the organization maintain written procurement policies and procedures? Yes or No
- Are you on the disbarred/suspended list? Yes or No

### **NIMS Compliance Certification**

- Has your jurisdiction formally adopted and/or maintained adoption of the National Incident Management System as your all-hazards incident management system for the current Fiscal Year? Yes or No
- Has your jurisdiction reviewed and revised the following types of plans to incorporate NIMS components, principles, and policies?
  - Emergency Operations Plans? Yes or No
  - Standard Operating Procedures? Yes or No
  - Standard Operation Guidelines? Yes or No
  - All Hazard Plan? Yes or No
  - Mitigation Plan? Yes or No
  - Training Plan? Yes or No
  - Continuity Plan? Yes or No
- Has your jurisdiction established (and/or have in development) the following types of mutual aid agreements, compacts, and/or assistance agreements?
  - Throughout the State/Territory? Yes or No
  - Throughout the jurisdiction? Yes or No
  - That include the Private Sector? Yes or No
  - That include NGOs? Yes or No
  - That include Tribal Nations? Yes or No

### **TRAINING**

- Have NIMS concepts and principles been incorporated into appropriate training within your jurisdiction? Yes or No
  - If Yes, you will select items.
- Has your jurisdiction implemented a training program to ensure that the appropriate emergency/incident response personnel, as identified in the NIMS Training Program, receive NIMS training in accordance with their incident management responsibilities?
- Which, if any, of the following are priorities for your jurisdiction to incorporate into training in the coming year? A list will be provided.

### **EXERCISE**

- Have NIMS concepts and principles been incorporated into appropriate exercises within your jurisdiction? Yes or No
  - If Yes, you will select items.
- Which, if any, of the following are priorities for your jurisdiction to incorporate into exercises in the coming year? A list will be provided.

### **INVENTORY/RESOURCES**

- Does your jurisdiction maintain an inventory of its response resources and assets?
- Does your jurisdiction use an interoperable tool, such as the Incident Resource Inventory System (IRIS), to inventory response resources and assets? Yes or No
- Has your jurisdiction typed and inventoried your response resources and assets consistently with available national NIMS resource typing definitions and job titles/position qualifications? Yes or No

- Does your jurisdiction have a process to determine availability of response resources and assets in accordance with national NIMS resource typing definitions and job titles/position qualifications? Yes or No
- Does your jurisdiction have a process to determine availability of response resources and assets in accordance with national NIMS resource typing definitions and job titles/position qualifications? Yes or No
- What priorities has your jurisdiction identified to enhance your implementation of NIMS in the coming year? A list will be provided.
- Does your jurisdiction have an access and re-entry plan in order to control the flow of resources and personnel into the area of an incident? Yes or No

## **Project Administration**

Project Title:

Project Description:

### *Applicant Contact*

Title:

Name:

Email:

Office Phone:

Cell Phone:

Address:

City:

State:

Zip Code (Zip+4):

### *Head of Agency Contact*

Title:

Name:

Email:

Office Phone:

### *Program Contact*

Title:

Name:

Email:

Office Phone:

Cell Phone:

### *Fiscal Contact*

Title:

Name:

Email:

Office Phone:

Cell Phone:

Address:

City:

State:

Zip Code (Zip+4):

## **Agency Demographics**

Number of sworn personnel

Enter the number of sworn personnel

Specialized Team Project Supports (Choose from those listed below)

- None
- SWAT
- EOD
- HazMat

- TRT
- Other
  - If choose other, a dropdown will appear and you must enter what type of specialized team the project supports
- Number of personnel on Specialized Team Project Supports?

**Program Initiatives**

Initiatives

Choose the initiative that most closely aligns with the scope of your requested project (initiatives available in dropdown list in online application).

Is this project a Law Enforcement Terrorism Prevention Activity (LETPA)? Yes or No

Project Type

Choose the project type that most closely aligns with the scope of your requested project (types available in dropdown list in online application).

**National Priority Areas:** In FFY2020, FEMA instituted National Priority Areas to direct funding toward areas they deemed most concerning to national security. These priorities will be updated by FEMA as threats evolve and capability gaps are closed.

For more information and examples of National Priority visit the AZDOHS website, Grant Programs, SHSGP, Guidance, Instructions & Policies section (FFY2023 National Priority Areas Examples)

Does this project support a National Priority Area?

a. If Yes, specify the National Priority Area(s) and explain how this project supports the National Priority Area.

- Enhancing the Protection of Soft Targets/Crowded Places
- Enhancing Information and Intelligence Sharing and Analysis
- Combating Domestic Violent Extremism
- Enhancing Community Preparedness and Resilience
- Enhancing Election Security
- Enhancing Cybersecurity

b. Explain how this project supports the National Priority Area you selected above.

**Threat Profile**

1. What is the terrorism threat your area faces that will be addressed by this project?
  - Active Shooter
  - Explosive Devices
  - Cyber Attack
  - Other – If this is selected, describe in detail what other terrorism threat your area faces that will be addressed by this project.
2. Explain how this project will assist your agency in preventing/protecting against/mitigating/responding to/recovering from all hazards events and threats including your chosen terrorism threat in question 1.

### **Primary Core Capability**

Select a primary core capability and related gaps your project supports.

1. What is the terrorism threat your area faces that will be addressed by this project?
2. Explain how this project will assist your agency in preventing/protecting against/mitigating/responding to/recovering from all hazards events and threats including your chosen terrorism threat in question 1.
3. Mission Area > Core Capability – A list of core capabilities organized by mission area will be provided in the application.
  - a. Capability Target > POETE > Gap – A list of items will be provided in the application.
4. What resources does your agency currently have to support the capability target selected above?
5. How will this project help your agency to achieve the capability target selected above?
6. Will your agency continue to maintain, support and sustain this capability with other funding sources if Homeland Security grant funds were no longer available?
  - a. If No, describe the reasons your agency will not continue to maintain/sustain this capability.
  - b. If Yes, what is your agency's sustainment plan for this capability?
7. Does this project support a NIMS typed resource?
  - a. If Yes, select NIMS typed resource. (A list will be provided in the application.)
8. Has your agency previously been awarded Homeland Security Grant Program (SHSGP and/or UASI) funding to support this project/capability?
  - a. If Yes, list the Subrecipient Agreement number and award amounts previously received in support of this capability.
9. Is this a multi-phased project?
  - a. If yes, describe the proposed stages of the project to include: the anticipated number of years your agency will be requesting funding for this project, breakdown of the estimated cost per year and descriptions of the project phases.
10. Will your project benefit more than just your own agency?:
  - a. List which agencies that will have a direct benefit:
  - b. Describe in detail how the agencies mentioned in question 10a will benefit:.

### **Project Activities**

PLANNED ACTIVITIES FOR QUARTER #1 (October 1 – December 31):

PLANNED ACTIVITIES FOR QUARTER #2 (January 1 – March 31):

PLANNED ACTIVITIES FOR QUARTER #3 (April 1 – June 30):

PLANNED ACTIVITIES FOR QUARTER #4 (July 1 – September 30):

### **Equipment Request**

For each equipment item being requested:

AEL #:

Equipment Requested (detailed, but not including manufacturer/model number):

Quantity Requested:

Cost per Unit:

- Provide a description of this equipment and how it will be used.
- If you are replacing grant funded equipment with this project, please describe the age and condition of the old equipment.

### **Training Request**

For each training item being requested:

Name of the requested training:

Provide a brief course description:

Backfill/Overtime:

Description:

Workshops/Conferences:

Description:

Trainers/Contractors/Consultants:

Description:

Supplies:

Description:

Travel:

Description:

### **Integrated Preparedness Plan (IPP)**

- Does your agency have an Integrated Preparedness Plan?
  - If yes, upload a copy of the IPP.

### **Exercise Request**

For each exercise item being requested:

Exercise Type:

Exercise Description:

Backfill/Overtime:

Description:

Workshops/Conferences:

Description:

Contractors/Consultants:

Description:

Supplies:

Description:

Travel:

Description:

### **Integrated Preparedness Plan**

This question will only appear if you did not answer the Integrated Preparedness Plan question on the Training Request page.

- Does your agency have an Integrated Preparedness Plan?
  - If yes, upload a copy of the IPP.

### **Planning Request**

Provide description of planning activity:

Backfill/Overtime:

Description:

Workshops/Conferences:

Description:

Staff/Contractors/Consultants:

Description:

Materials:

Description:

Travel:

Description:

### **Organization Activity Request**

Provide a description of this Organization activity:

Staff/Contractors/Consultants:

Description:

Overtime:

Description:

Operational Expenses:

Description:

### **Management and Administration**

Provide a description of your requested Management and Administration activities:

Backfill/Overtime:

Description:

Personnel/Contractor/Consultant:

Description:

Travel:

Description:

Materials:

Description:

### **Indirect Costs**

Is your agency seeking indirect costs?

Yes/No

If yes, enter rate here as a decimal. For example, enter 45.5% as 0.455. A copy of your federally approved plan must be uploaded below or emailed to your Strategic Planner.

### **Funding Priorities**

Partial Funding Details

Provide a detailed explanation of the funding priorities that will allow for meaningful progress to be made toward completion of the project. The explanation must include the amount of funding needed plus a prioritized list including item requested and minimum acceptable quantities and costs of the specific items within the solution area requests (POETE) that comprise this amount.