



California Health Center Security Grant Program (CHCSGP) - Re-Appropriation Application

Section I. Applicant Information (Not Scored)

Legal Name of the Organization (as indicated on the Federal Employer Identification Number (FEIN) letter provided by the federal Internal Revenue Service)

Physical Address of Project(s) Location

Mailing Address, if different

Telephone Number of the Organization

Email Address of the Organization

Website/URL of the Organization

Primary Point of Contact
Name, Title/Role
Telephone Number
Email Address

Secondary Point of Contact
Name, Title/Role
Telephone Number
Email Address

Organization: Provide a description of the organization's services, and proof (such as a redacted bill/invoice) of abortion services provided.

501(c)(3) tax exempt or 501(c)(3) tax exempt eligible as defined by the IRS: Section 501(c)(3) is the portion of the US Internal Revenue Code that allows for federal tax exemption of nonprofit organizations, specifically those that are considered public charities, private foundations, or private operating foundations.

Funding Requested (Maximum of \$200,000)

Section II. Risk (15 Possible Points)

The Applicant should thoroughly describe threats, vulnerabilities, and potential consequences, which necessitate funding for the proposed project(s). Explain how the funding would be utilized to minimize these risks.

A) Threats: In considering threats, the Applicant should discuss the identification and substantiation of specific threats or attacks against the organization. The Applicant should also discuss findings from risk assessments, police findings, and/or insurance claims specific to the location being applied for, including dates and specific threats.

(2,200 character max with spaces)

B) Vulnerabilities: In considering vulnerabilities, the Applicant should discuss the organization's susceptibility to destruction, incapacitation, or exploitation resulting from an act of violence and/or vandalism. These should be consistent with the Cal OES Vulnerability Assessment.

(2,200 character max with spaces)

C) Potential Consequences: In considering potential consequences, the Applicant should discuss potential negative effects on the organization's assets, systems, and/or network if damaged, destroyed, or disrupted by an act of violence and/or vandalism.

(2200 character max with spaces)

Section III. Target Hardening (15 Possible Points)

In this section, describe the proposed target hardening activities, including the total State funds requested, that address the identified threat or vulnerability. Allowable costs are focused on target hardening activities, as well as planning-related costs, contracted security personnel, and security-related training courses. Funding can also be used for the acquisition and installation of security equipment on real property (including buildings and improvements) owned or leased by the nonprofit organization, specifically in prevention of and/or in protection against the risk of an act of violence and/or vandalism.

(2,200 character max with spaces)

Target Hardening Equipment

In this section, list all target hardening equipment being proposed.

- Physical security enhancement equipment, such as reinforced doors and gates, and high-intensity lighting and alarms;
- Enclosed or covered walkways, entry canopies, or other enhancements that ensure patient privacy; and
- Inspection and screening systems, and access control.

Quantity and Description of item(s) proposed to be purchased	Vulnerability to be Addressed	Funding Requested
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Section III. Target Hardening (continued)

In this section, select Yes or No regarding applicable non-equipment related activities the organization plans to expend with award funds. Describe the activity and provide the cost estimate related to physical security enhancements of the organization.

Contracted Security Personnel: State the frequency/duration of guard service to be contracted. Limited to 50% of the total Funding Requested in Section I. Cost estimate related to physical security enhancements of the organization.

Management and Administration (M&A): M&A is limited to 5% of the total funding requested in Section I.

NOTE: In regard to changes to scope of work, due to the competitive process, changes to the scope of work may not be allowed without Cal OES prior written approval. Ensure the projects being proposed are well planned, as any funds that remain at the end of the period of performance will be disencumbered.

Activity	Description	Cost
Training		
Planning		
Management & Administration		
Contracted Security Personnel		
		TOTAL COST

Section IV. Milestones (5 Possible Points)

Provide a description and associated key activities that lead to the milestone event over the CHCSGP period of performance. Start dates should reflect the start of the associated key activities, and end dates should reflect when the milestone event will be completed. Applicants should provide no more than 10 milestones.

	Milestone	Start Date	Completion Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

V. Impact (5 Possible Points)

Explain how the organization will be safer at the end of the FY 2019 CHCSGP period of performance.

(2,200 characters max with spaces)

Section VI. Median Income for Zip Code (2 Possible Points)

Provide the median household income for the Zip Code in which the nonprofit community health center is located.

Section VII. Distance to Nearest Facility (3 Possible Points)

Enter the distance, in miles, from the nonprofit community health center to the next closest provider of abortion services.

Miles.

Applicant Certification Information

Check this box if the organization is willing to accept less than the full amount requested based on scoring and available funding. If the box is not checked, partial funding may not be given in the event that the full amount funding is not available for the project(s).

I certify that I am an employee, a volunteer, or have been hired by the aforementioned nonprofit organization to apply on their behalf for the CHCSGP.

Name, Title/Role

E-mail Address

Phone Number