

**SOUTHEAST NEBRASKA EM REGIONAL GOVERNANCE BOARD
HOMELAND SECURITY GRANT PROGRAMS**

~ REQUEST FOR FUNDING ~

County: Lancaster

Date Submitted: Feb. 17, 2015

Jurisdiction/Agency: Great Plains Chapter, Association of Threat Assessment Professionals (ATAP)

Contact Person: Joseph Wright, ATAP Great Plains Chapter President

Contact Information — Phone: 402-436-1641 **Email:** jwright@lps.org

Project Area (check one) Communications Planning Training Exercise

PET-Related Projects: DHS-Approved Non-DHS Approved

DHS Course Name/Reference No. (i.e., AWR-140, etc.):

If Training, Names of Persons Attending: Members of ATAP's Great Plains Chapter

****NOTE:** *If PET funding is being requested, this form and the NEMA PET spreadsheet form must be submitted to the Region 14 days before the next scheduled meeting **AND** at least 45 days prior to the event.*

Non- PET Project Name: ATAP National Threat Management Conference

Project Description (Equipment/Personnel/Supplies/Etc.): Planning Conference

AEL Numbers/Costs: 140.CP.01.CONF

How/why project/request supports approved regional

objectives (at least 3-4 sentences; be specific): The Southeast Region's PET project identifies core capabilities of situational assessment and threats and hazard identification. Accurate threat assessment is a necessity to prevent targeted violence through early detection and timely intervention. The Great Plains Chapter has established an active working group to effectively manage threat assessment cases. The ATAP National Conference showcases the most recent threat assessment and case management information from nationally recognized subject matter experts. Great Plains members can apply this newly acquired knowledge to ensure the Region is well prepared to handle threat assessment.

Total Funding Request (itemize by category): \$ 6,000

Grant Year: 2014

Additional Comments:

I, the undersigned contact person, understand that the above-noted funds, if approved by the Governance Board, will be the total amount of funds allocated for allowable expenses only (for allowable lodging & travel costs, see www.gsa.gov/perdiem). Any additional costs associated with this request in excess of the approved amount will be the responsibility of the requesting agency/department or those attending. I also understand that it is my responsibility to determine expenses eligible under DHS & NEMA guidelines.

Jon Sundermeier

Name

Signature

*** INVOICES/RECEIPTS MUST BE PROVIDED BEFORE ANY CLAIM IS PAID ***

Submit form to the Emergency Manager who will forward to the Secretary 14 days before the meeting

— FOR REGIONAL BOARD USE ONLY —

Grant Year: FY2014 FY2015 _____

Date Request Received: _____

Board Action Approved Denied Amount Authorized: _____ Date: _____

Signatures: _____ (chairman) _____ (Executive Board)

Comments: