



**SECTOR DELAWARE BAY**  
Area Maritime Security Committee

**Port Security Grant Program (PSGP)**  
**Investment Justification**

**I. General Information**

Port Area	Sector Delaware Bay	
Grant Program Year		
Applicant Organization		
Organization DUNS Number		
Organization Address		
Point of Contact Name Point of Contact Title Point of Contact Phone Point of Contact Email		
Accounting Contact Name Accounting Contact Phone Accounting Contact Email		
Authorizing Official Name Authorizing Official Title Authorizing Official Email		
Is applicant NIMS Compliant?*	Yes	No
Does applicant have any open notices of violation?*	Yes	No
Does applicant certify that it has received all needed authorizations to apply for this grant from governing boards or other approving bodies?	Yes	No

Project Name†	
Enter Total Project Cost††	\$
Enter non-Federal Match	%
Federal Investment	\$
Match Amount	\$

\* Reference eligibility section of grant guidance for additional information on NIMS compliance and notices of violation.

† Please keep names as simple as possible. The applicant name does not need to be included in the project name.

†† Note this total must equal the total in section V of this document as well as the totals on the Budget and NEPA checklist.

## II. Overview

II.A. Provide an overview of the port area or MTSA regulated facility/vessel	
<p>Describe the Area of Operations</p>	<p><b>COTP Zone.</b> Captain of the Port Zone in Philadelphia, Pennsylvania.</p> <p><b>Eligible Port Area.</b> The boundary of the Philadelphia Marine Inspection zone and Captain of the Port Zone starts at the New Jersey coast at 40° 18' N. latitude, thence proceeds westward to 40° 18' N. latitude, 74° 30.5' W. longitude, thence north-northwesterly to the junction of the New York, New Jersey, and Pennsylvania boundaries at Tristate; thence northwesterly along the east bank of the Delaware River to 42° 00' N. latitude; thence west along the New York-Pennsylvania boundary to 78° 55' W. longitude; thence south to 41° 00' N. latitude; thence west to 79° 00' W. longitude; thence south to the Pennsylvania-Maryland boundary; thence east to the intersection of the Maryland-Delaware boundary; thence south and east along the Maryland-Delaware boundary to the sea, including Fenwick Island Light. The offshore boundary starts at Fenwick Island Light and proceeds east along 38° 28' N. latitude to 70° 11' W. longitude; thence northwesterly along a line bearing 122T from the New Jersey Coast at 40° 18' N. latitude.</p>
<p>Physical address of property or location of owner if project is mobile.</p>	<p><b>1. Exact Location Of Project</b></p> <p>City: _____ State: _____</p> <p><b>2. Owner/Operator of infrastructure site:</b></p> <p><b>3. Applicant is a:</b> Private Entity      State/Local Agency      Consortium</p> <p><b>If Consortium, describe members:</b></p>
<p><i>For state/local or consortia, describe organization's specific roles, responsibilities, and activities in delivering layered security.</i></p> <p><i>If private entity, use N/A.</i></p>	<p><b>4. Applicant's role in providing layered protection:</b></p>

II.B. Ferry systems required information	
<p>Complete only if applying for a ferry related project.</p>	<ol style="list-style-type: none"> <li>1. Ridership data:</li> <li>2. Number of passenger miles:</li> <li>3. Number of vehicles per vessel, if any:</li> <li>4. Type of service and other important features:</li> <li>5. Geographical borders of the system and the cities and counties served:</li> <li>6. Other sources of funding being leveraged for security enhancements:</li> <li>7. System map <i>(must be included as an attachment to this document)</i>.</li> </ol>

### III. Strategic and Program Priorities

III.A. Describe the project	
<p>Provide a succinct statement summarizing this investment.</p> <p>Include only information about how the funds will be invested. Do not provide background, rationale for project or applicant information in this section. Include concise list of main items or main tasks.</p>	<p><b>Complete the following sentence.</b></p> <p>The purpose of this project is to:</p>

<b>III.B. Describe how the investment will address PSGP priorities and National priorities</b>	
<p>Place a check mark next to each of the items addressed by the project. Check all that apply.</p> <p>For each item checked, describe, in concrete terms, how the proposed investment effectively addresses the security priorities.</p>	<p><b>National Priorities</b></p> <ul style="list-style-type: none"><li>Enhancement of Maritime Domain Awareness</li><li>Enhancement of IED and CBRNE prevention, protection, response and recovery capabilities</li><li>Training and exercises</li><li>TWIC implementation projects</li></ul>

<b>III. C. Describe how the investment will address AMSP and SRMP priorities</b>	
<p>For AMSP-related projects, include section and page number.</p> <p>For SRMP-related projects, include specific gap title and page number.</p> <p><i>In concrete terms, include discussion of how project effectively meets the priority or fills the gap.</i></p>	<p><b>Complete the following sentence, being specific and concise.</b></p> <p>This project will reduce risk by:</p>

<b>III. D. Describe how the investment will address COTP priorities</b>	
<p>For COTP priorities, list by number. Refer to the specific COTP guidance.</p> <p><i>In concrete terms, include discussion of how project effectively meets the priority or fills the gap.</i></p>	<p><b>Complete the following sentence, being specific and concise.</b></p> <p>This project will reduce risk by:</p>

### IV. Impact

<b>IV.A. Cost Effectiveness</b>	
<p>Discuss how the project will reduce risk in a cost-effective manner.</p> <p>Discuss how it will reduce risk or mitigate the consequences of an event by addressing the needs and priorities identified previously.</p> <p>Describe how the investment is the most cost-effective use of the funds.</p>	<p><b>Complete the following sentence.</b></p> <p>1. This project will reduce risk by:</p>          <p><b>Complete the following sentence.</b></p> <p>2. This investment is cost effective because:</p>

IV.B. Current capabilities similar to this investment	
List the agencies or organizations within the port which have existing equipment (software, other asset, etc.) that is the same or has similar capability as the proposed project.	

**V. Funding and Implementation** *(Enter the Federal Amount only)*

V.A. Investment & Funding Plan	Federal Amount %	Cash Match %	Total
<i>Maritime Domain Awareness</i>			
<i>IED and CBRNE Prevention, Protection, Response and Recovery Capabilities</i>			
<i>Training</i>			
<i>Exercises</i>			
<i>TWIC Implementation</i>			
<i>M&amp;A</i>			
Total			

<b>V.B. Milestones</b>		
<p>Provide a high-level timeline including only milestones that are critical to the success of the project. (e.g., design/development, begin procurement, site preparations, installation, training completed by, implementation).</p> <p>Keep in mind that program period is 36 months; Factor in at least 10 months AMSC and FEMA IJ review and approval.</p> <p>For “completed by” timeframes, use months from contract signing, not from application date.</p> <p>Do not use calendar dates.</p> <p>List any relevant information that will be critical to the successful completion of the milestones.</p>	<b>Event</b>	<b>Completed by (months from contract)</b>

<b>V. C. Project Management</b>	
<p>Provide a top-level description of the tools and process that will be used to manage the project and insure it meets its goals (security enhancements, schedule, cost, quality, performance, durability).</p>	

Applicant

Project Name

<b>V. D. Sustainment</b>	
Indicate the expected life span of the investment. Describe how it will be sustained beyond the grant period.	<p><b>Life span:</b>                      months.</p> <p>Maintenance and other costs will be provided by:</p>

**C. Investment Justification Submission and File Naming Convention.**

Files should be named as follows:

SDB\_FY[Program Year] \_Applicant Name\_Project Number\_Project Name\_Document Type.pdf

Example:    SDB\_FY08\_ABC Agency\_Project1\_Video Surveillance\_IJ.pdf

              SDB\_FY09\_ABC Agency\_Project2\_Access Control\_Budget.pdf

Only include Project Number if you are submitting more than one application/Investment justification.

Use the same format for any attachments.

## Appendix

### VI. AMSC Sector Delaware Bay Required Information

**VI.A. Complete the questions below as required by AMSC Sector Delaware Bay regarding your partners.**

**Partners:** Include information on project partners. Provide company/agency/ organization name and point of contact name, phone number, and email address. Complete the chart below or use N/A if not applicable.

**Match:** Is applicant the sole provider of matching funds?      Yes      No

Add names of contributing organizations. If applicable, a Letter of Intent and/or a Memorandum of Understanding signed by all partners is required. See Instructions and Definitions to determine if this is required for your project.

Partner Organization Name	POC Name/Title	POC Phone/Email	Share (\$ / %) Use N/A if Not applicable
Total			

Indicate what role each partner will play (e.g., funding, development, project end user, etc.)	          
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Applicant

Project Name

**VI.B. Complete the questions below as required by AMSC Sector Delaware Bay regarding your previous port security grants.**

Has applicant received previous port security grants?      Yes      No

*If yes, complete chart below.*

No.	Project Name	Grant Year	Amount	Complete (Y/N)?	Related to current project (Y/N)?	Location/State	Project Type/Description (e.g., training, MDA, equip)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**VI.C. Projects Status**

If any project is still underway, please explain. Refer to project number from above chart.

Applicant

Project Name

**Authorized Representative:**

**By signing this form, I certify that all statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).**

**I AGREE**

Authorizing Official Name:

Title:

Telephone:

Email:

Signature of Authorized  
Representative:

Date Signed:

Digital signature instructions:

1. This form contains a digital signature field that must be completed.
2. To complete the electronic signature, click on the signature field.
3. If you have previously used the Adobe digital signature functionality, you will be prompted to use an existing digital certificate. Verify that it is still current and valid.
4. If you have not previously used the Adobe digital signature functionality, you will be prompted to browse for an existing digital ID or create a new one. The prompts to create a self signing digital ID in each version of Adobe Acrobat may look slightly different, but the basic functionality is the same.
5. Quick tips for the beginner:
  - a. When creating a new digital ID, look for the option to create a self signing ID.
  - b. You will be prompted to save your digital ID.
  - c. You will be prompted to enter the personal information related to your signature (name, company, email address) – make sure you verify that the information you enter is accurate.
  - d. You will be prompted for a password. Make sure that you remember the password because you will need it to sign the form.
6. Please refer to your Adobe Acrobat user manual, Adobe Acrobat help, or visit [www.adobe.com](http://www.adobe.com) for more information.