



**AREA MARITIME SECURITY COMMITTEE**  
**Sector Delaware Bay**  
**FY08 Port Security Grant Program**  
**Investment Justification**

**A. From the SF424**

Applicant Information	
Name of Organization applying for funds	
Organization DUNS Number	
Point of Contact Name Point of Contact Title Point of Contact Telephone Point of Contact Email	
Accounting Contact Name Accounting Contact Phone Accounting Contact Email	
Organization Address	
Authorizing Official Name Authorizing Official Title	
Project Name	
Federal Investment Amount	\$
Match Amount	\$
Total Investment Cost	\$

**B. Investment Justification Template**

**I. Background**

I.A. Provide a brief abstract for this Investment.	
Response Type	Narrative
Response Instructions	Provide a succinct statement summarizing this investment.
Response	

**I.B. Provide an overview of the port system in which this Investment will take place.**

**Response Type**

Narrative

**Response Instructions**

**Area of Operations:**

**COTP Zone.** Captain of the Port Zone in Philadelphia, Pennsylvania.

**Eligible Port Area.** 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.

**Point(s) of Contact for Organization.** See A. Above

**Owner/Operator is a:** Private Entity \_\_\_\_\_ State/Local Agency \_\_\_\_\_ Consortium \_\_\_\_\_

**If Consortium, describe members (ref. definition A).**

**Describe specific roles, responsibilities and activities in delivering layered protection.** *If state/local agency or consortium, include information on specific regulated entities to which you provide layered protection and the organization's specific role. If private entity, use N/A.*

**Exact Location Of Project.** *(i.e. physical address of facility being enhanced or location of owner if project is mobile)*

City: \_\_\_\_\_ State: \_\_\_\_\_

**Infrastructure.** Describe type, quantity, and significance of infrastructure to be protected. Use N/A if not applicable.

**Owner/Operator of Site:** Identify who owns or operates the infrastructure (project site), if not your own organization. If owned by your organization, use "See Above." Use N/A if not applicable.

\_\_\_\_\_

**Nature of Operations.** Provide a brief summary of the character and scope of your operations. If a port or terminal project, passenger vessel or ferry system project. Include specific data or annual statistics on type and volume of cargo, hazardous materials, passengers, number of vessels owned. Note: terminals and vessels may not use aggregated port statistics.

**Important Features.** Describe any other operational issues you deem important to the consideration of your application (e.g., interrelationship with other eligible high-risk ports). Use N/A if not applicable.



**II. Strategic and Program Priorities**

**II.A. Describe how the investment will address one or more of the national port priorities.**

Response Type	Narrative
<p><b>Response Instructions</b></p>	<p><b>Place a check mark next to each of the following addressed by the project. For each checked item, describe how, and the extent to which, the proposed investment addresses the national port security priorities. Check all that apply.</b></p> <p>_____ Enhancement of Maritime Domain Awareness (ref definition C)</p> <p>_____ Enhancement of prevention, detection, response and recovery capabilities for:</p> <p>        _____ IED attacks involving small craft or underwater swimmers</p> <p>        _____ IED attacks on passenger and/or vehicle ferries</p> <p>_____ Training and exercises</p> <p>_____ TWIC implementation projects</p>
<p><b>Response</b></p>	

**II.B. Describe how the investment will support priorities outlined in the Area Maritime Security Plan (AMSP)/Strategic Risk Management Plan (SRMP).**

Response Type	Narrative
<p><b>Response Instructions</b></p>	<p><b>Describe how the project will enhance the AMSP and/or fill gaps identified in the SRMP. List specific section(s) of the AMSP to be enhanced. If addressing the SRMP, list specific gap number and gap name.</b></p>

II.C. Describe how the investment will support any Captain of the Port/Federal Maritime Security Coordinator priorities.	
Response Type	Narrative
Response Instructions	<b>Describe how the project will support priorities outlined by the COTP/FMSC. List priorities by number and description.</b>

II.D. Describe how the investment will support one or more of the priorities of the National Preparedness Guidelines.	
Response Instructions	<p><b>Check each of the following items that are addressed by the project. For each checked item, describe how, and the extent to which, the proposed investment addresses the priority. At a minimum, the investment must support the implementation of the National Infrastructure Protection Plan. Check all that apply.</b></p> <ul style="list-style-type: none"> <li>_____ Expanding regional collaboration (ref. definition D)</li> <li>_____ Implementing the National Incident Management System and the National Response Framework</li> <li>_____ Implementing the National Infrastructure Protection Plan</li> <li>_____ Strengthening information sharing and collaboration capabilities</li> <li>_____ Enhancing interoperable communications capabilities</li> <li>_____ Strengthening CBRNE detection and response capabilities</li> </ul>



	<p><b>Discuss potential outcomes if this risk is not addressed. Explain what vulnerabilities will not be reduced or what potential consequences will not be mitigated.</b></p>
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**IV. Funding & Implementation Plan**

IV.A. Investment Funding Plan	
Response Type	Narrative
Response Instructions	<p><b>Complete the chart below to identify the amount of funding you are requesting.</b> Funds should be requested by allowable cost categories (as below). Funding requests must be reasonable and justified by direct linkages to activities outlined in this particular investment, and, applicants must provide additional information in question IV.D. indicating the funding sources and how those funds will be leveraged.</p> <p><i>Note: Investments will be evaluated on the expected impact on security relative to the amount of the investment (i.e., cost effectiveness). An itemized Budget Detail Worksheet and Budget Narrative must also be completed for this investment.</i></p>

	FY 2008 PSGP Request Total	Cash Match	Grand Total
<i>Maritime Domain Awareness</i>			
<i>Prevention, Protection, Response and Recovery Capabilities</i>			
<i>Training</i>			
<i>Exercises</i>			
<i>TWIC Implementation</i>			
<i>M&amp;A</i>			
Total			

**IV.B. Identify up to five (5) potential challenges to the effective implementation of this investment (e.g., stakeholder buy-in, sustainability, aggressive timelines).**

Response Type	Narrative
Response Instructions	<p><b>For each identified challenge, provide a brief description of how the challenge will be addressed and mitigated, and indicate a probability of occurrence (high, medium, or low). The response should focus on the implementation only; consider the necessary steps and stages that will be required for successful implementation of the investment; identify areas of possible concern or potential pitfalls in terms of investment implementation; and, explain why those areas present the greatest challenge to a successful investment implementation.</b></p>
Response	

**IV.C. Describe the management team, including roles and responsibilities, that will be accountable for the oversight and implementation of this investment, and the overall management approach they will apply for the implementation of this investment.**

Response Type	Narrative
Response Instructions	<p><b>Provide the high-level skill sets (e.g., budget execution, grant administration, geospatial expert, outreach and communication liaison) that members of the management team must possess for the successful implementation and oversight of the investment.</b></p>







Applicant Name \_\_\_\_\_

Project Name \_\_\_\_\_

	<p><b>Describe progress made on the security project this investment will be completing, if applicable. Use N/A if not applicable.</b></p>         <p><b>Reference use of prior year grant funds, if applicable. Use N/A if not applicable.</b></p>
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**C. Investment Justification Submission and File Naming Convention.**

Files should be named as follows:

Sec Del Bay\_FY08\_Applicant Name\_Project Number\_Project Name\_IJ.PDF

Example:    Sec Del Bay\_FY08\_ABC Agency\_Project1\_Video Surveillance\_IJ.pdf  
              Sec Del Bay\_FY08\_ABC Agency\_Project2\_Access Control\_IJ.pdf

Applicant Name \_\_\_\_\_

Project Name \_\_\_\_\_

### APPENDIX AMSC Sector Delaware Bay Required Information

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

<b>Response Type</b>	Narrative
<b>Response Instructions</b>	<p><b>Partners:</b> <i>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.</i></p> <p><b>Match:</b> Is applicant the sole provider of matching funds?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>Be sure to 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.</i></p>

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

	<p><b>Indicate what role each partner will play (e.g., funding, development, project end user, etc.)</b></p>
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Applicant Name \_\_\_\_\_

Project Name \_\_\_\_\_

**V.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							

**V.C. Projects Status.**

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

Applicant Name \_\_\_\_\_

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.