



Douglas A. Ducey  
GOVERNOR

# STATE OF ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS

5636 East McDowell Road  
Phoenix, Arizona 85008-3495

Training Branch (602) 464-6225  
Exercise Branch (602) 464-6514  
Grant Administration Office (602) 464-6539



Major General Kerry L. Muehlenbeck  
THE ADJUTANT GENERAL

## Funding Pre-Approval Form State Homeland Security Grant Program (SHSGP)

### INSTRUCTIONS

This form must be submitted PRIOR to the event and is required for any costs not specifically identified and approved in an Arizona Department of Homeland Security (AZDOHS) grant application. Each section must be completed and include all supporting documentation (event announcement, agenda, bulletin, cost estimates, etc.). Requests that do not provide adequate information will be returned.

**SHSGP Purpose:** “assists state, local, tribal, and territorial efforts to build, sustain, and deliver the capabilities necessary to prevent, prepare for, protect against, and respond to acts of terrorism”. ([FEMA Preparedness Grants Manual 02.19.2021](#))

#### Section 1: Requestor Information

- Must include both the Requestor and a Finance Contact information.

#### Section 2: Event Information

- Should the event date(s) change, you must notify DEMA immediately to ensure that the availability of funding is not affected due to the grant period of performance.
- The estimated number of participants is only needed if hosting the event.

#### Section 3: Estimated Expenses

- Expenses are subject to AZDOHS, Arizona Department of Emergency and Military Affairs (DEMA), and State of Arizona General Accounting Office (GAO) policies.
- All agencies must follow the State of Arizona and local procurement rules for contracting services from private vendors.
- For current State of Arizona travel rates: <https://gao.az.gov/publications/saam> Section 50. Please contact the DEMA Grants Administration with questions concerning allowable rates, [grants@azdema.gov](mailto:grants@azdema.gov).
- Contractor fees (not including travel costs or materials) exceeding \$450/day require a memo justifying an exception. The memo must be submitted along with the pre-approval request. Failure to do so will result in the reimbursement being limited to the \$450/day rate.
- Back-up documentation for the cost of each item must be included with submission of this form. For example: event brochure, vendor quote, etc.
- **Travel**
  - **Rental vehicles require additional justification:**
    - Topic 50; Section 15; Policy 4 of the State of Arizona Accounting Manual (Rented Motor Vehicles) requires travelers to seek prior approval. This includes:
      - A cost analysis between the rental vehicle and other alternative means of transportation
      - The practicability of renting a vehicle versus using other means of transportation (in certain situations subrecipients travel with extensive gear, K9 units, etc.)
    - A memo must be submitted along with the pre-approval requesting authorization to rent a vehicle.
  - **Travel Packages:**
    - Must clearly outline the cost for each item.



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- For example, an airfare and car rental package for \$700 must outline the individual cost of \$450 for airfare and \$250 for the rental car.
- **Example:**
  - Hotel @ State Rate of \$115 X 4 nights = \$460
  - Per-diem @ State Rate of \$45 X 4 days X 2 students = \$360
  - Mileage @ State Rate of \$0.445/mile Tucson Fire to Yuma- 250 miles X 2 X .445 = \$222.50
- Single purchases exceeding \$10,000 require documentation that the purchase meets with local agency/state procurement practices.

#### Section 4: Justification

- Justification must comply with the applicable the SHSGP guidance by explaining how this event will address identified Core Capability gaps listed in the Stakeholder Preparedness Review.
- A **terrorism nexus** and benefit to the agency/region/state **must** be demonstrated.
- Justification must demonstrate elements of terrorism or demonstrate a “dual-use” connection to terrorism for any activities implemented under this program that are not explicitly focused on terrorism preparedness.
- **Exercise Requests:** Exercises must be conducted in accordance with the provisions of the Homeland Security Exercise and Evaluation Program (HSEEP). **Justification must include a statement that the exercise will in fact be conducted in accordance with HSEEP guidelines. An After-Action Report (AAR) may be requested along with reimbursement documentation. If the AAR is not completed upon submission of reimbursement, the stakeholder is REQUIRED to submit the AAR to DEMA/AZDOHS within 30 days of completion.**
- Failure to adequately answer this question will result in the denial of this request.

#### Section 5: Requester Agreement

- The requester must check the box acknowledging reimbursement documentation deadline.
- Sign and email this form to the County Emergency Manager.

#### Section 6 - Section 8:

- The county will review the request and supporting documentation. If the request is supported and funding is available, the county will forward the request to DEMA.
- The DEMA POC and AZDOHS will review the request and DEMA will notify the requester via email of the status.
- Approved requests will be assigned an approval number and a copy will be emailed to the requester. The approved request showing the approval number must be submitted with the reimbursement request along with all required back-up documentation.



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<b>DEMA USE ONLY</b>
Approval #:
Function Code:

**SHSGP Funding Pre-Approval Form**

<b>1. Requestor Information</b>				
Request Date:	County:	Tribe:	Region:	
Requester Name:		Agency:		
Office Phone:	Cell:	Email:		
Address:		City:	Zip:	
Finance Contact:		Agency:		
Office Phone:	Cell:	Email:		
<b>2. Event Information</b>				
Event Type: Choose an item.	Delivery Method: Choose an item.	Exercise Type:		
Event Number and/or Name:				
Event Date(s):	Event Hours:	Estimated # of Participants:		
<b>3. Estimated Expenses</b>				
Total Estimated Expenses:				
Purpose:	Event Registration/Tuition	Contractor Fees	Books/Supplies	Rental Car Other
Explanation and Breakdown of Estimated Expenses (if request includes materials/supplies, all must be listed):				
<b>4. Justification</b>				
Mission Area:	Core Capability 1: <input type="text" value="Select"/>			
	Core Capability 2: <input type="text" value="Select"/>			
Justification (How this event will address an identified Core Capability gap listed in the SPR and demonstrate a <b>NEXUS TO TERRORISM</b> ):				



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## 5. Requester Agreement

- I have reviewed and understand the Travel Policy. <https://gao.az.gov/publications/saam> (Section 50).
- Once the event is COMPLETE, I will submit a [DEMA Reimbursement Request Form](#) containing the approval number and all required back-up documentation. (Email submission is acceptable.)
- I understand that I must submit all requested reimbursement documentation within 30 days of completion of this event.

I have read and agree to these requirements.

Printed Name:

Signature:

Date:

## 6. County Emergency Manager Review and Approval

- I have reviewed this request and the justification provided as it relates to the scope for which my grant was awarded.
- This request **addresses** **does not address** the approved scope for use of SHSGP funds.
- The county **supports** **does not support** this request.

Printed Name:

Signature:

Date:

## 7. DEMA POC

- This request **meets** **does not meet** the guidelines as prescribed by FEMA/DHS.
- This request **is** **is not** eligible for reimbursement.

Comments:

Printed Name:

Signature:

Date:

## 8. AZDOHS POC

- This request is **approved.** **denied.**
- Providing the grant funds are available for the period of performance, this program **is** **is not** eligible for reimbursement.

Comments:

Printed Name:

Signature:

Date: