Alignment and Allowability (AA) Form

The Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD) has revised the AA form to comply with new guidance from the Federal Emergency Management Agency (FEMA) for the 2014 grant and forward.

The following pages provide detailed, step-by-step instructions for use of the AA Form.

Some of the most notable changes:

- Investment projects are no longer provided by EMHSD as part of the investment. Investment projects are now provided by the regions in the project workbooks. The AA form must align to an investment project by implementing an activity identified in the investment project or a prerequisite required to implement the activity identified in the investment project.

- Identifying the zip code of where the project will be executed.

Documentation submitted without all required information will be returned to the subgrantee for completion and resubmission.

- **Part I – General Information**

1.A: Subgrantee Name: Enter the name of the organization acting as the subgrantee. The subgrantee is cited in the subgrantee grant agreement. If acting as a subgrantee on behalf of other entities, the option exists to include additional information in this line. However, the organization with which MSP/EMHSD holds a grant agreement must minimally be included here.

1.B: Region: Choose the number from the dropdown menu that corresponds with your region.

1.C: Regional Fiduciary: If the project will be funded with grant funds from a regional grant, select "yes". If the project will be funded with a non-regional grant (e.g., UASI Non-Profit Security Grant Program), select "no".

1.D: Date Sent: Enter the date that the project is submitted to MSP/EMHSD. This date should not be the date the project is developed, but when it is submitted to the EMD_HSGP mailbox.

1.E: Category: Identify if the project is a sustainment project, an enhancement project, or a new project by selecting one of the two options from the dropdown menu – "Sustaining or maintaining a current capability" or "Building a capability".

1.F: Subgrantee Point of Contact: Enter the name of the individual who serves as the subgrantee point of contact for the grant under which the project will be funded.

1.G: Subgrantee E-Mail Address: Enter the e-mail address for the individual identified in 1.F.

1.H: Subgrantee Phone Number: Enter the telephone number for the individual identified in 1.F.

1.I: Project Lead (If applicable): If different from 1.F, enter the name of the individual who serves as the project lead. Generally, the project lead will be the individual who develops the project and is most knowledgeable about the project. This information may be used if additional project information is necessary for the eligibility review.

1.J: Project Lead E-Mail Address: If applicable, enter the e-mail address of the individual identified in 1.H.

1.K: Project Lead Phone Number: If applicable, enter the telephone number of the individual identified in 1.H.

Part II – Alignment Review

2.A: Grant Year: From the dropdown menu, select the grant year from which the project will be funded. The grant year is included in the subgrantee grant agreement.

Hint: The grant year is the fiscal year (FY) associated with the federal appropriation, specific to each annual grant award, as applicable. For example, the grant year for a Homeland Security Grant Program award that was appropriated funding in the federal 2013 budget would be 2013, regardless of the current calendar or fiscal year.

2.B: Grant Program: From the dropdown menu, select the name of the grant program from which the project will be funded.

2.C: Investment Title: Select the investment title from the corresponding grant year and program to which the project aligns. Note: Identify only **<u>one</u>** investment per project.

2.D: Investment Project Number: Chose the number from the dropdown to indicate which project will be used for alignment. The investment project number and the investment project title (2.E) are based on the information provided in the project workbooks. EMHSD will provide the each region a list of their investment project numbers and investment project titles.

2.E: Investment Project Title: The investment project number (2.D) and the investment project title are based on the information provided in the project workbooks. EMHSD will provide the each region a list of their investment project numbers and investment project titles.

2.F: Local Sub-Project Identifier: This field is for the subgrantee to enter a unique sub-project identifier to track the project at the subgrantee level. (Optional.)

2.G: Investment and Investment Project Alignment: Provide a narrative description of how the project aligns to the identified investment project. The narrative should identify both to "what" part of the investment project the AAF aligns (e.g., a specific activity identified in the investment project) and "why" the AAF aligns to the investment project. The merits or benefits of the project do not establish investment project alignment and should not be included here.

Hint: The "why" should relate directly to the explanation provided for the "what" and can be as simple as stating "this is doing exactly X, as identified in the investment project" or may need to be a more comprehensive explanation describing why the project is necessary to complete the activity(ies) of the investment project. The necessary detail will be dependent upon the project.

2.H: Homeland Security Strategy (RHSS) Goal: Enter the goal from the SHSS or RHSS that is supported by the project.

2.I: Homeland Security Strategy (SHSS or RHSS) Objective: Enter the objective corresponding to the identified SHSS or RHSS goal in field 2.H that is supported by the project.

2.J: Core Capability 1: Select the core capability from the dropdown menu that is best supported by the project. Core capabilities are organized by mission area and some capabilities can span multiple mission areas. Ensure selection of the core capability under the appropriate mission area. Up to two core capabilities may be identified, however, only one is required.

2.K: Core Capability 2: Select the core capability from the dropdown menu that is best supported by the project. Core capabilities are organized by mission area and some capabilities can span multiple mission areas. Ensure selection of the core capability under the appropriate mission area. Up to two core capabilities may be identified, however, only one is required.

Part III – Allowability Review

3.A: Solution Area: Select from the dropdown menu the solution area under which the project will be funded. Allowable solution areas include: Planning, Organization, Equipment, Training, and Exercise. Management and Administration funding may also be available under some grant programs for allowable costs associated with administration of the grant program.

3.B: AEL Number: Enter the appropriate number from the Authorized Equipment List (AEL) for all equipment purchases. The AEL number should be formatted as follows: 06CP-01-MOBL. <u>If more than one AEL number is necessary, include all applicable AEL numbers in section 4.C, Detailed Description of Costs.</u>

Current AEL numbers can be found on the web-based version on the Lessons Learned Information Sharing (LLIS), located at https://www.llis.dhs.gov/knowledgebase/ael.

3.C: Detailed Description of Costs: This section should provide a narrative description of what the project will fund – i.e., what will be purchased or acquired. The narrative must relate back to the solution area identified in Section 3.A. The description should include a level of detail which provides the reviewer with a full understanding of what will be funded in order to determine allowability. Specific project costs not included in this section during the allowability review may be determined to be ineligible for reimbursement. Refer to the appropriate federal grant program guidance for additional information on allowable costs.

3.D: Quantity: Enter the quantity of the item(s) you wish to purchase (if applicable).

3.E: Unit Cost: Enter the per unit cost of the item(s) you wish to purchase (if applicable).

3.F: Total Cost: Enter the total estimated cost for the project.

Note: Actual costs will be updated at time of reimbursement. See Part V - Reimbursement Reporting for additional information.

3.G: Detailed Narrative of Intended Use / Outcome: This section should provide a narrative description of why the project is being pursued. While Section 3.C requests an itemized menu of costs associated with the project, this section is asking how the funded assets will be utilized. The intent is not to justify the quality of the project, but rather to describe its purpose – i.e., what will be produced, how it will be used, etc. For example, if requesting funds for a solution area planner, a description of the planner's responsibilities and anticipated deliverables should be provided. If equipment is being purchased, this section should explain how the equipment will be used, by whom, for what purpose and where. The merits or benefits of the project should not be included here.

Note on Training: This section must include a brief course description for all training requests. In addition, if providing meals, subgrantees must ensure they do not exceed the state or local meal allowance, whichever is less. Additional information relating to State of Michigan allowances can be found at: http://michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html.

3.H: Personnel Activity: Check "yes" if the project includes costs for personnel or contractor wages, benefits, overtime, or backfill. If no personnel costs are included in the project, check "no". See the federal grant program guidance for additional detail on allowable personnel costs.

Reminder: Subgrantees are responsible for tracking and ensuring that personnel caps are not exceeded. MSP/EMHSD tracks personnel costs at reimbursement only. Subgrantees who have reached the personnel cap will not be reimbursed for additional personnel requests.

3.I: EHP: Select "yes" if the project includes any activity, regardless of funding source, that involves construction, renovation, and/or installation of any item. If the project does not involve any of these activities, select "no".

IMPORTANT: Any project, funded in whole or in part with federal dollars, that falls into one of the above categories <u>must</u> undergo an Environmental and Historic Preservation (EHP) review <u>and receive approval</u> prior to initiation of any project activities. <u>If any project activities are initiated prior to the EHP review and approval, regardless of how they are funded, the entire project will be ineligible for reimbursement of federal grant dollars.</u>

Part IV - Training Section: Anyone requesting to use grant funds for training activities must complete this section, addressing each item detailed below, as applicable. This is only required for training requests.

4.A: Course Name:

- If the training being requested is a FEMA-approved course, enter the full course name.

- If the training is not a FEMA-approved Course, provide course name: Enter the full name of the course that is not a FEMA-approved course.

4.B: Is Training a FEMA-approved Course? If the training being requested is a FEMA-approved course, select "yes". If the course is not FEMA-approved, select "no".

4.C: Level of Training: Select from the dropdown menu the level of training that best describes the requested course.

4.D: Date of Course: Provide the anticipated date(s) of the course delivery/participation. This date will be updated based upon actual course delivery/participation at reimbursement.

4.E: Sponsoring Jurisdiction: Enter the name of the jurisdiction that is sponsoring the requested training course.

4.F: Training Discipline: Select from the dropdown menu, the primary discipline participating in the requested training[1]. Please note that additional discipline detail will be required in Part V - Reimbursement Reporting, Section 5.K Completed Activities.

4.G: Company Name: Enter the name of the company providing the requested training.

4.H: Training Provider: Enter the name of the individual who will be conducting the requested training.

4.I: Point of Contact: Enter the name of the appropriate point of contact within the company that is providing the requested training.

4.J: E-Mail: Enter the e-mail address for the identified point of contact.

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[1] Discipline information required in this section is specific to training reporting requirements included in FEMA Web-Forms and is different than the FEMA NIMS Typed Discipline reporting requirements included in Part V - Reimbursement Reporting, section 5.A Equipment & Training Reporting.

4.K: Address: Enter the company address for the identified point of contact.

4.L: Phone: Enter the telephone number for the identified point of contact.

Part V – Reimbursement Reporting

Equipment & Training Reporting: Required for equipment and training reimbursements. All equipment and training reimbursement requests must include the equipment and training reporting information with the request.

Some reimbursement requests may require multiple reimbursement reporting sheets to address Part V. This may happen if the reimbursement request includes multiple disciplines, teams, etc. receiving equipment or participating in training, or if the reimbursement request includes various equipment items. NIMS Typed Discipline, Resource and Number must be consistent with those published by FEMA's National Integration Center (NIC).

For additional information regarding NIMS Typing, please visit the FEMA Resource Management website, located at: http://www.fema.gov/resource-management#item4. The Resource Typing section on this website includes Tier 1 resource typing definitions as well as other useful reference material.

5.A: Equipment or Training: Select either equipment or training from the dropdown menu.

5.B: NIMS Typed Discipline or State/Local Discipline/Community of Interest Supported: Select the appropriate discipline from the dropdown menu. If equipment or training is not NIMS Typed, select "State/Local Other" and provide typing information in the column titled "State/Local Typed Resource Supported" and provide community of interest information in the comments section (if applicable).

5.C: NIMS Typed Resource Supported: Select the appropriate NIMS Typed Resource that is supported from the dropdown menu.

5.D: NIMS Typed Number: Select the appropriate NIMS Typed Number or other level from the dropdown menu.

5.E: # of Personnel Trained for NIMS Typed Teams: Enter correct number or N/A, as appropriate.

5.F: # of Typed Teams Trained: Enter correct number or N/A, as appropriate.

5.G: State/Local Typed Resource Supported (if applicable): Enter State/Local typing information if equipment or training is not NIMS Typed.

5.H: Typed Equipment Purchased: Enter the equipment purchased; use NIMS Type, if applicable.

5.I: Comments: include community of interest (if applicable), State/Local typing information, and any other necessary notes, as appropriate.

Project Activity Reporting: Required for **all** solution areas. All reimbursement requests must include the Project Activity Reporting information with the request. The Project Activity Reporting section includes four components: Amount Expended and Completed Activities. Follow the below instructions to complete each one:

5.J: Enter the jurisdiction or jurisdictions that will be receiving the cost listed in the AA form.

5.K: Enter the zip code(s) for the jurisdiction(s) listed in **5.J.**

5.L: Amount Expended: Enter the actual cost of the project for which reimbursement is being requested. Note: it may be necessary to include multiple reimbursement reporting sheets for some equipment purchases or training costs to comply with Part V.

5.M: Completed Activities: Provide a concise narrative of what was accomplished from this project in relation to the specific reimbursement request. Information provided should be qualitative and, where applicable, quantitative.

E.g., (equipment) purchased 5,000 mobile radios for multiple law enforcement agencies in six counties across the region. Radios are for the statewide system and replace antiquated equipment which was no longer operable.

E.g., (exercise) conducted a full scale exercise involving three jurisdictions and a total of 57 emergency response participants from fire, law enforcement, and county emergency operations center staff from each jurisdiction.

Note on Training: The Completed Activities section for training reimbursements must include the date the training took place and the total number of individuals, by discipline, who attended the training. Also, please keep in mind that if multiple disciplines participated in the training, a separate Reimbursement Reporting sheet must be completed and submitted for each NIMS Typed discipline. Reimbursement requests that do not include this information will be returned as incomplete.

Note on Reimbursements: Please be aware that reimbursement requests are also contingent upon all previously established documentation requirements for each solution area. Contact your MSP/EMHSD Financial Section point of contact for additional information.