COLORADO
Division of Homeland Security
& Emergency Management
Department of Public Safety

Colorado NSGP-Additional Funding Application 2025

Application Overview:

The State of Colorado is providing a new opportunity for funding. This funding, totaling $250,000, is specifically designated for immediate and emergent security enhancements and other security-related activities considering the tragic attack on a peaceful gathering of people outside the Boulder Courthouse on June 1, 2025. It is limited to $25,000 per applicant and all funds must be expended by December 31, 2025.

1. Legal Name of Organization:

2. UEI (Unique Entity Identifier) Number:

3. Physical address of facility (street number and name, city, state, postal code):

4. Is the organization eligible under the Internal Revenue Code (IRC) to receive NSGP funds? (Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the IRC and tax-exempt under section 501(a) of the IRC. More information on tax-exempt organizations can be found at: https://www.irs.gov/charities-non-profits/charitable-organizations.)

5. Please summarize your organization's mission, ideology, and/or beliefs.

6. Please describe (if applicable) this location's symbolic value as a highly recognized national or historic institution/landmark that renders the site a possible target of terrorism or other extremist attack.

7. Please describe the organization's role in helping your community with prevention, protection, response, and/or recovery, to terrorist attacks or natural disasters. Please include how you cooperate with local first responders, emergency management, and other relief organizations.

Project Listing:

Allowable costs include contracted security personnel, facility hardening activities, and security-related training courses and programs limited to the protection of critical infrastructure key resources. Funding can also be used for the acquisition and installation of security equipment on real property (including buildings and surrounding property) owned or leased by the nonprofit organization, specifically in prevention of and/or in protection against the risk of terrorist or other extremist attack.

Equipment, Project, or Activity	What Vulnerability does it address?	Estimated Funding Request

Implementation Plan/ Milestones:

Enter the implementation plan to meet the August 1, 2025 through December 31, 2025 period of performance.

Key Activities & Milestones	Start Date	End Date

Project Management:

Please list the individuals who will manage the project(s) and describe your organization's project management plan / approach. How will your organization deal with implementation issues?

Contact Information:

By checking this box, I certify I am an employee or affiliated volunteer on behalf of the nonprofit organization or have been hired to apply on their behalf. □

Full Name: Position Title:

Email: Work Phone:

Certification

Read each statement below and indicate such by checking the box to the left.

☐ The application information is complete and true.

☐ We understand all funds must be expended prior to December 31, 2025.

☐ We certify that proposed activities are not currently funded through other   grants or agencies. We understand that duplication of benefits is prohibited under this grant program.

☐ We understand we cannot change the application after submission to DHSEM except to remove our application from consideration.

☐ We understand that notice of intent to award from DHSEM or a signed letter of acceptance does not constitute an award. Grant activities cannot begin until we receive a fully executed Small Dollar Grant Award (SDGA) from DHSEM.

☐ We agree to follow all State financial and programmatic requirements associated with the grant including submitting timely Requests for Reimbursements (RFRs) and timely Quarterly Reports.

☐ We attest our organization cannot meet the financial needs of the application and agree awarded grant funds will not supplant our existing agency budget.

By signing and returning this certification, I attest I have read and agree to all statements above.

Fiscal officer:

Print Name & Title Signature Date:

Authorized Official:

Print Name & Title Signature Date: