SECB Grant Program Application Form

SECTION 1: APPLICANT INFORMATION		
Requesting Entity:		
Requesting Entity Point of Contact:		
Street Address:		
City, State, Zip Code:		
Telephone:	**E-mail:**	
Signature:		**Date:**
Requesting ECB/ESB Region:		
Regional ECB/ESB Grant Coordinator:		
Telephone:	**E-mail:**	
Signature:		**Date:**

SECTION 2: PROJECT DESCRIPTION

Provide a brief description of:

- The project objectives, outcomes, and/or deliverables.
- How the project will improve interoperable communication capabilities within the jurisdiction/region.
- How this project aligns with statewide, regional, and/or local needs and priorities.

Include copies of supporting documents (additional justification, event flyer, vendor proposal, etc.) as separate attachments.

Project Title:

☐ Training Event ☐ Exercise Activity ☐ Planning Activity ☐ Equipment Acquisition

SECTION 3: PROJECT ALIGNMENT WITH CURRENT SECB STRATEGIC PLAN

Identify the specific goals, strategies, and tactics listed in the current SECB Strategic Plan that this project will address.

SECTION 4: PROJECT ALIGNMENT WITH CURRENT SECB INVESTMENT HIERARCHY

Identify the specific category of the current SECB investment hierarchy that this project will address.

☐ Equipment ☐ Planning ☐ Training & Exercise

SECTION 5: PROJECT MILESTONES

Identify the key milestones related to this project.

Date	Activity

SECTION 6: PROJECT BUDGET

Include copies of supporting documents (event flyer, vendor proposal, matching fund commitment, etc.) as separate attachments.

Description	Amount
	$ 0.00
Matching Funds from Requesting Entity	
Total Project Cost	$ 0.00

SECTION 7: APPLICATION REVIEW AND APPROVAL (MN DPS-ECN USE ONLY)	
☐ Application Received by MN DPS-ECN	Date:
☐ Application Reviewed by MN DPS-ECN	Date:
☐ Application APPROVED / DENIED by MN DPS-ECN (circle one)	Date:
☐ Status Update Provided to Regional Grant Coordinator/Applicant	Date:
☐ Application Reviewed by SECB Grants Workgroup	Date:
☐ Application APPROVED / DENIED by SECB Grants Workgroup (circle one)	Date:
☐ Status Update Provided to Regional Grant Coordinator/Applicant	Date:
☐ Application Reviewed by SECB Finance Committee	Date:
☐ Application APPROVED / DENIED by SECB Finance Committee (circle one)	Date:
☐ Status Update Provided to Regional Grant Coordinator/Applicant	Date:
☐ Application Reviewed by SECB	Date:
☐ Application APPROVED / DENIED by SECB (circle one)	Date:
☐ Status Update Provided to Regional Grant Coordinator/Applicant	Date:
☐ Status Update Provided to SECB Finance Committee	Date:
NOTES	

REV. 04.09.20