OKLAHOMA OFFICE OF HOMELAND SECURITY

CYBERSECURITY GRANT PROGRAMS INVESTMENT JUSTIFICATION (IJ) TEMPLATE INTRODUCTION AND INSTRUCTIONS

PRIVACY ACT STATEMENT

AUTHORITY: Act of 2007, 6 U.S.C. §§ 605 and 606 The Homeland Security Act of 2002, as amended by Title I of the Implementing Recommendations of the 9/11 Commission), and Infrastructure Investments and Jobs Appropriations Act (Pub. L. No. 117, Section 2220A of the Homeland Security Act of 2002, as amended (Pub. L. No. 107-296) (6 U.S.C. § 665g-58).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of facilitating correspondence between the grant applicant and the Oklahoma Office of Homeland Security and the State of Oklahoma Cybersecurity Planning Committee and for determining eligibility and administration of FEMA Preparedness Grant Programs, specifically, the State and Local Cybersecurity Grant Program.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the organization from receiving grant funding.

CYBERSECURITY GRANT PROGRAMS INVESTMENT JUSTIFICATION (IJ) INSTRUCTIONS

Each sub-applicant can submit one application/investment justification per State Cybersecurity Plan objective.

The IJ Template is useful for the **Program Narrative** portion of the application.

Requirements:

- Application level: Each application must include between one (1) IJ. The IJ must be associated with one of the four objectives outlined in the NOFO and State Cybersecurity Plan. No more than four (4) IJ's can be submitted.
- **Projects:** Project-level information will vary based on the associated SLCGP objectives and sub-objectives as outlined in the NOFO and State Cybersecurity Plan.
- The State of Oklahoma Cybersecurity Planning Committee requires a quote to be attached for each request.
- Once each IJ is complete it must be submitted, along with required attachments to hsgrants@okohs.ok.gov

ELIGIBILITY

Eligible Subrecipient Entities

"Local government" is defined in 6 U.S.C. § 101(13) as:

- 1. A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a local government;
- 2. *An Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; and
- 3. A rural community, unincorporated town or village, or other public entity.
- *Although tribes are not eligible to apply directly for SLCGP funding, they may be eligible subrecipients, and can receive SLCGP funding as a local government.

Each individual SAA may determine whether and how much SLCGP funding to pass through to tribal entities. Additionally, funding will be directly available to eligible tribal entities under the Tribal Cybersecurity Grant Program.

Ineligible subrecipient entities include:

- 1. Nonprofit organizations; and
- 2. Private corporations.

| SUB-APPLICAN | T POINT OF CONTACT (POC) INFORMATION | | | |
|---|--|--|--|--|
| STATE, LOCAL, TRIBAL AGENCY: | SLT UEI Number: | | | |
| SLT POC Name: | SLT POC Title: | | | |
| SLT Address: | , | | | |
| SLT POC Phone Number: SLT POC Email A | ddress: | | | |
| PART I. BACKGROUND FOR PROJECT NARRATIVE | | | | |
| 1. A. Provide a baseline understanding of the existing influenced the development of this Investment Justific applicant jurisdiction to address these threats and ris | cybersecurity gaps, risks, and threats that the applicant entity faces which have cation (IJ). Also, please include a summary of the current capabilities within the ks. | | | |
| 1. B. Describe how this IJ and the associated project(s) addresses gaps and/or sustainment in the approved Cybersecurity Plan. | | | | |
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| PART II. SPECIFIC INVESTMENT INFORMATION | | | | |
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| 2. A. Investment Name: Provide the Investment Name: | | | | |
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| 2 B. Landston of Torres Discribertify the common discription of the New York and H. (Obiestin 1.2.2 on A). Each chiestin most house to | | | | |
| 2. B. Investment Type: Please identify the corresponding SLCGP Objective Number for this IJ (Objective 1, 2, 3 or 4). Each objective must have at least one project. Choose an item. | | | | |
| 2. C. Funding Year: Please entify the corresponding SLCGP funding year. You may select more than one. | | | | |
| 2024 – 30% Cost Share □ 2025 – 40% Cost Share □ | | | | |
| 2025 – 40% Cost Share □ | | | | |
| 2. D. Funding Year: If funding is no longer available in the year you selected are you okay with us moving your funding to the next available grant | | | | |
| year which may have a higher cost share. Choose an item. | | | | |
| 2. F. Cost Share Type: Choose an item. | | | | |
| 2. E. Describe how your agency plans to meet the cost share requirements for this grant: | | | | |
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| PART III. PROJECT INFORMATION | | | | |
| 3. A. Project Name: Provide the name(s) of the project(s). | | | | |
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| 3. B. Project(s) Alignment to the 16 Required Cybersecurity Elements as detailed in the Statewide Cybersecurity Plan: Please describe how this project(s) aligns to the cybersecurity elements in the Statewide Cybersecurity Plan on pages 13 and 14. | | | | |
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| PART IV. PROJECT IMPLEMENTATION SCHEDULE | | | | | |
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| 3. C. Please descri | be project implementation and estimated | d timeline: | | | |
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| 3. D. In this section, list all proposed equipment, projects, or activities, the vulnerability any of those items will address, and the estimated funding requested (round up to the nearest dollar) for each. AEL – Authorized Equipment List | | | | | |
| AEL Number | Equipment, Project, or Activity | Vulnerability Addressed | Estimated Cost | Estimated Cost Share | |
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| | | Total Funding Requested | | | |
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| 4. Please describe he | ow your entity plans to sustain this proje | ect once the grant funds are gone: | | | |
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| SLCGP SUB-APPLICANT CONTACT INFORMATION | | | | | |
|--|----------------|--|--|--|--|
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| This application was written by: | | | | | |
| By clicking this box, I certify that I am an employee or affiliated volunteer on behalf of the organization or have been hired by the organization to apply on their | | | | | |
| behalf for the State and Local Cyber Security Grant Program, have reviewed the SLCGP NOFO, as well as the Oklahoma Cyber-Security Plan and agree to the | | | | | |
| terms and conditions of all on behalf of the organization. FULL NAME POSITION/TITLE | | | | | |
| FOLL NAME | FOSITION/IIILE | | | | |
| | | | | | |

WORK PHONE

Milestone 2

Milestone 3

Milestone 1

EMAIL