Ada County Grant Project Application

Applicant/Jurisdiction	City or County Agency, Department or Other Organization							
Deint of Contest	Nerser			Title				
Point of Contact	Name:			Title:				
Project	Phone: Email: Project Name:							
Project								
	Requested Grant Funds \$ Applicant Cost Share \$							
	Total Project Cost \$							
Threat / Hazard /	Use info from Threat Hazard Identification Risk Assessment (THIRA), Hazard Mitigation Plan, or Hazard Vulnerability Analysis							
Vulnerability	(HVA) to describe what this capability addresses.							
vanierability								
	If "Other," please explain below.							
Mission Area	Primary:							
	Secondary:							
Core Capability	Primary Ca	pability Name (click	(for definitions):					
	Secondary	Capability Name (c	lick for definitions):					
Regional Impact	Is Capabilit	y regionally deploy	able?	Yes		No		
	Does Capat	oility have regional	impact?	Yes		No		
	Does this C	apability already e>	ist within the region	n? Yes		No	Partially	
Core Capability Target	Insert capability target as determined by THIRA process (e.g. "During the first 72 hours of an incident, conduct operations to recover 375 fatalities.").							
Preparedness		Planning Building		ling new capability?		Sustaining cu	rrent capability?	
	Organization		Building new capability?		or	Sustaining cu	rrent capability?	
	Training		Building new cap	Building new capability?		Sustaining cu	rrent capability?	
		Exercising I		Building new capability?		Sustaining current capability?		
		Equipment Building new		pability?	or	Sustaining cu	rrent capability?	
		ent - AEL Number(
	NIMS Reso	urce Type (if application	able):					
MOU Information	Relevant M	IOU in place?		Yes	No			
	If "No," the	en by what date?						
Justification	Provide na	rrative describing n	eed for capability (i.	e. how will this	project red	uce risk in your	jurisdiction?).	

Date