Print Form

DELAWARE EMERGENCY MANAGEMENT AGENCY

Project Number
***DEMA USE*:**

STATE HOMELAND SECURITY GRANT PROGRAM (SHSGP)
SUB-GRANT APPLICATION FORM

Award Amount

****Acceptance conditions:*** All equipment and/or service purchases are the responsibility of the sub-grantee and invoice(s) shall be submitted to DEMA for reimbursement.

1. Project:

2. Duration of Project (mm/dd/yyyy):

From: **TO:**

3. Description of Work:

4. Project Director:

a. Name:

b. Title:

c. Phone Number

Signature:

Date (YYYY-MM-DD)

5. Authorizing Official:

a. Name:

b. Title:

Signature:

Date (YYYY-MM-DD)

c. Phone Number

Address:

Approval Date:

Federal Funds Oligated by Agreement

Signature:

Title: