

**DELAWARE EMERGENCY MANAGEMENT
AGENCY**



***SUB-GRANT APPLICATION FOR
HOMELAND SECURITY GRANT PROGRAM (HSGP) FUNDS***

Project Number:

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:

d. Signature

e. Date (mm/dd/yyyy):

5. Authorizing Official:

a. Name:

b. Title:

c. Address:

d. Signature:

e. Date (mm/dd/yyyy):

f. Phone Number:

For DEMA Use Only

1. Approval Date:

2. Federal Funds Obligated by Agreement:

3. Signature

4. Title: