



State of Tennessee
Department of Safety and Homeland Security
Office of Homeland Security

**HOUSES OF WORSHIP SECURITY GRANT APPLICATION
(2024-2025)**

The State of Tennessee's Houses of Worship Security Grant is a competitive grant for eligible 501(c)(3) organizations intended to fund **CONTRACTED SECURITY PERSONNEL** as defined below and in Section IV-A of this application.

Applicants must demonstrate the security threat and vulnerability to their organization as well as how this funding will address gaps and deficiencies in their current security program and capabilities. Each application must be for one facility/location.

The Tennessee Office of Homeland Security has developed guidelines that helps ensure that submissions are organized in a consistent manner while addressing key data requirements. Failure to complete this application in its entirety, to include submitting a U.S. Department of Treasury Internal Revenue Service W-9 form, and in the prescribed format, could potentially result in the rejection of the application.

Applicants must use the following naming convention exactly when submitting their application: FY2025_TN_HOWSG_<Organization Name>.

Applications should be submitted by the nonprofit organization to the Tennessee Office of Homeland Security, no later than **July 12th**, 2024, 11:59 pm (CDT) to the following email address: ohs.grants@tn.gov. Submissions received after the deadline will not be considered.

The maximum grant award is \$100,000.00. Applications requesting more than \$100,000.00 will not be considered.

Conditions of the grant

This grant has a 12-month grant period and is a reimbursement grant. All expenditures must be made within the 12-month period. All documentation for reimbursement must be submitted no later than the date as indicated per the contract and according to instructions provided by the Tennessee Department of Safety and Homeland Security. Failure to meet reimbursement request deadlines will result in a non-reimbursement of funds.

The US Department of Homeland Security / Federal Emergency Management Agency's Nonprofit Security Grant Program (NSGP) does not allow federal grant funds to be used to replace funds appropriated for the same purpose. Organizations are not eligible for this grant if they are receiving federal NSGP grant funding for contracted security personnel.

Organizations must utilize the contracted security personnel at the same physical address, building, facility, structure as identified in this application. **The use of State grant-funded contracted security personnel at secondary locations is not allowable under this grant.** All applicable Federal, State, and local laws regarding the use of contracted security personnel apply to all contracted security personnel paid for by this grant.

Per this grant, "Contracted Security Personnel" are defined as:

- Tennessee POST certified Law Enforcement Officers authorized by their employing law enforcement agency to provide extra-duty security services and/or
- a Tennessee licensed security guard employed by a contract security company licensed by the State of Tennessee to provide Private Protective Services.

PART I. APPLICANT INFORMATION

LEGAL NAME OF THE ORGANIZATION				
Please list the physical address of the facility. <i>One application per facility/location.</i>	STREET			
	CITY	STATE	ZIP CODE	COUNTY

Are you the only Houses of Worship nonprofit operating in/from this facility/building? Yes No

If "No," please explain how the proposed security funding will benefit both you and the other organization(s).

Note: Only one Houses of Worship nonprofit can apply per building/facility/physical structure/address. However, the request and subsequent security funding may benefit Houses of Worship nonprofits who cohabit/operate in/from the same location. Multiple requests for funding from the same physical address/building/facility/structure will all be deemed ineligible.

Based on your mission statement, please summarize your organization's mission, ideology, and/or beliefs.

Describe how the facility at the address listed above serves as a house of worship.

Please state the organization's primary faith affiliation:

- Jewish
- Christian
- Hindu
- Islamic
- Sikh
- Buddhist
- Unaffiliated/none
- Other

If "Other," please describe the affiliation.

Eligible organizations are registered 501(c)(3) nonprofits or otherwise are organizations as described under 501(c)(3) of the Internal Revenue Code (IRC) and tax-exempt under section 501(a) of the IRC. More information on tax-exempt organizations can be found at: <https://www.irs.gov/charities-non-profits/charitable-organizations>.

Is the organization eligible under the IRC to receive grant funds? Yes No

PART II. BACKGROUND INFORMATION

Please describe (if applicable) this location's symbolic value as a highly recognized institution/landmark that renders the site as a possible target of criminal and/or terrorism actions.

Please select (if applicable) the event(s) (last 2 years) in which your organization has been involved:

- Terrorist attack Violent crime Man-made disaster (non-terrorist) Natural disaster Other

Briefly describe the incident and how (if applicable) that security personnel could have prepared, prevented, protected, responded, and/or aided in the recovery from the incident. Applicable police reports, insurance reports, etc. should be added as supporting documentation as part of the organization's application packet.

PART III. RISK

The Tennessee Office of Homeland Security defines risk as the product of three principal variables: Threat, Vulnerability, and Consequence. In the space below, describe the risk(s) faced by your organization specifically in terms of the A) Threats, B) Vulnerabilities, and C) Potential Consequences of an attack.

A) Threat: Please describe the identification and substantiation of specific threats against the organization or a closely related organization, network, or cell. Description can include findings from a threat or risk assessment, police report(s), and/or insurance claims specific to the location being applied for including dates of specific threats. Include all applicable documentation as part of the organization's application packet.

B) Vulnerabilities: Please describe the organization's susceptibility to criminal and/or, terrorist activity, disaster, etc.

C) Potential Consequences: Please describe the potential negative effects on the organization's assets, systems, and/or function if damaged, destroyed, or disrupted by a criminal or terrorist action, disaster, etc.

**PART IV. CONTRACTED SECURITY PERSONNEL,
PROPOSED INVESTMENT**

Section IV-A: per this grant, "Contracted Security Personnel" are:

- Tennessee POST certified Law Enforcement Officers authorized by their employing law enforcement Agency to provide extra-duty security services, and/or
- a Tennessee licensed security guard employed by a contract security company licensed by the State of Tennessee to provide Private Protective Services.

In this section, describe the need for personnel. Include a description of how often contract security personnel is needed, their proposed usage, and how personnel will address current security threats and vulnerabilities.

Estimated hourly rate per individual security personnel:

Estimated number of eligible security personnel hours needed during this grant term (July 1, 2024- June 30, 2025):

TOTAL FUNDING AMOUNT REQUESTED FOR THIS INVESTMENT (Not to exceed \$100,000):

Applicants are not required to submit a request based solely on the estimated hourly rate and estimated number of hours needed. If an organization is awarded 2024-2025 funding and does not expend the entire award in the grant period, eligibility for future funding may be affected. Applications requesting more than \$100,000 will not be considered.

Who will manage the security personnel? Include name, phone number, email address, and experience of the manager(s).

By clicking this box, I certify that the organization is NOT receiving Federal NSGP grant funding for contracted security personnel and will not be supplementing, supplanting, and/or combining Federal and State Grant funding for the same purpose.

NONPROFIT APPLICANT CONTACT INFORMATION

Provide applicant contact information below.

By clicking this box, I certify that I am an employee or affiliated volunteer on behalf of the nonprofit organization or have been hired by the nonprofit organization to apply on their behalf for the State of Tennessee Houses of Worship Security Grant Program.

FULL NAME	POSITION/TITLE
E-MAIL	WORK PHONE