

**Massachusetts Executive Office of Public Safety and Security  
Office of Grants and Research - Homeland Security Division  
Project Justification Template**

**Issued 8/3/10**

**Instructions:** Based on the template below, a Project Justification (PJ) must be completed for each project undertaken by a homeland security region. Projects involving interoperability and information sharing activities must also include the Interoperable Communications Investment Proposal (ICIP) section and comply with related State Interoperability Executive Committee/Office of Technology & Information Systems (SIEC/OTIS) special conditions. Please note that no project-related expenses or obligations may be incurred until written approval for the project is provided to the UASI or Council by EOPSS.

**I. Project Name and Number:** \_\_\_\_\_

**II. Homeland Security Region:** \_\_\_\_\_

**III. Anticipated Project Date Range:** \_\_\_\_\_

**IV. Project Summary:** Please address as applicable the who, what, where, when, how, & why of the project, being certain to touch on the following points.  
(1 page maximum):

- Federal funding year, source (SHSP, LETPP, or UASI), and investment justification area
- Regional need for project (e.g. capability gap/problem description)
- Goals and objectives of the project (at least one of each)
- Activities that will be undertaken to achieve project goals and objectives
- Project management and participants
- Anticipated outcomes that can be measured and how they will be measured and tracked.

**V. Project Context Summary:** Describe the context for this project including the following:  
(1 page maximum)

- Prior homeland security funding source amount/year
- Description of project status if an on-going project
- Coordination with other initiatives/stakeholders or relation to similar initiatives

**VI. Milestones:** Using the table below, please sequentially list no less than five but no more than 10 milestones for this project.

Milestones	Tasks/Activities	Start Date	Completion Date	Estimated Cost

**VII. Budget Plan by Cost Category:** Please complete the Budget Table below. Please refer to the applicable FFY HSGP Guidance for allowable costs.

<b>Planning</b>	
<b>Equipment</b>	
<b>Training</b>	
<b>Exercises</b>	
<b>Maintenance<sup>1</sup></b>	
<b>Total</b>	<b>\$</b>

<sup>1</sup> Please refer to DHS Information Bulletin #336 for further detail



**XIV. SIEC Review:** If the project entails interoperability or information sharing costs, you must also fill out the following ICIP section of this form. Please review beforehand the State Interoperability Executive Committee's (SIEC) Special Conditions documents. This section will be reviewed by the SIEC and requires its approval before the Project can be considered approved.

## ICIP Cover Sheet

### Interoperable Communications Investment Proposal

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

<b>Date Received by the SWIC:</b>		<b>Control #</b>		<b>Proposed Federal Funding Source:</b>		<b>Proposed Federal Funding Amount:</b> \$	
<b>Committee Referred to:</b>				<b>Committee Chairperson:</b>			
<b>Investment Name:</b>		<b>Applicant Organization:</b>			<b>Applicant Signature:</b>		
<b>Investment Summary</b>							
<b>Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)</b>				<input type="radio"/> <b>Governance</b> <input type="radio"/> <b>SOP</b> <input type="radio"/> <b>Technology</b>		<input type="radio"/> <b>Training &amp; Exercise</b> <input type="radio"/> <b>Usage</b>	
<b>Project Start Date:</b>		<b>Project End Date:</b>		<b>Is an Environmental &amp; Historic Preservation (EHP) review required for this project?</b>			
<b>Applicant Contact Name:</b>		<b>Phone:</b>		<b>Email:</b>		<b>Address:</b>	
<b>Review Status</b>					<b>SIEC Member Signature</b>		<b>Date</b>
Assigned to Committee							
Estimated Review Date							
Committee Recommendation to the Executive Management Committee		Approval	Denial	Amend			
Executive Management Committee Recommendation		Approval	Denial	Amend			
SIEC Recommendation		Approval	Denial	Amend			
Applicant notified of Recommendation							

**Communications Interoperability Problem Description** (Describe the communications interoperability gaps that will be addressed by this investment)

**Background/Investment Description**

**Expected Outcomes**

<b>SCIP Goal-</b> Identify each SCIP goal that this investment will support and describe how that support will be accomplished.	<b>Goal</b>	<b>Describe support</b>	
	Governance		
	SOP		
	Technology		
	Training & Exercise		
	Usage		
<b>Ownership-</b> Identify the proposed owners of all assets procured with this investment (add additional lines as needed)	<b>Organization</b>		<b>Asset Description</b>
<b>Usage Plan-</b> Describe the usage plan for the equipment / project			
<b>Disciplines-</b> <ul style="list-style-type: none"> <li>Identify each responder discipline that will enhance its communications interoperability from this investment</li> <li>Describe the interoperability enhancement</li> </ul>	<b>Discipline</b>	<b>Enhancement</b>	
Please use the following abbreviations to represent the corresponding discipline:	LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ – HAZMAT; PW - Public Works; PH - Public Health; GA – Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other		
<b>Multi- Jurisdictional Interoperability-</b> All investments must provide interoperability between two or more jurisdictions.  Identify each jurisdiction that will achieve interoperability from this investment.			