**Maryland FFY2022 SLCGP ISO Project Proposal Application[[1]](#footnote-1)**

*Please complete the following document of required information and certifications. The form must be endorsed by an approving authority prior to proposal submission.*

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| **General Proposal Information** |
| Name of Jurisdiction: |
| Recipient is a:  School Board/System  Rural Community (Caroline, Dorchester, Garrett, Kent, Queen Anne’s, Somerset, Talbot, Worcester)[[2]](#footnote-2)  A county, municipality, city, town, township, local public authority, special district, intrastate district, council of governments, regional or interstate government entity, or agency or instrumentality of a local government |
| What is the population size of your constituency? (If you are a school, please include students and staff. If you are a county, please include total population).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you also applying for funds to address operational technology cybersecurity gaps, or other needs as a separate project within the Sub-grant Project Application?  Yes  No |
| **Contact Information** |
| Project Manager Contact Name, Email and Telephone Information: |
| Financial Contact Name, Email and Telephone Information: |
| Administrative Contact Name, Email and Telephone Information: |
| Approving Local Authority (Sponsor) Contact, Email and Telephone Information: |
| Select the **Primary Contact** for updates on the application status.  Project Manager  Financial Contact  Administrative Contact  Approving Local Authority (Project Sponsor) |

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| **General Purpose Information** |
| Does your jurisdiction want to participate in the State’s Information Security Officer (ISO) Program?  Yes  No |
| Did you have a third-party cybersecurity assessment conducted within the last 12 months?  Yes  No |
| Do you require assistance with remediation efforts related to the security gaps identified from your last assessment?  Yes  No  N/A |

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| **Proposal Documents And Compliance Requirements**  *The following documents are required from the recipient as part of the proposal submission and covered by the certification below.* |
| *Please check off that you application has included the following required documents:*  Maryland FFY2022 SLCGP ISO Application (this document)  Local Consent Form  Form W-9 (if applicable)  Other Supporting Document(s) *(please check this box if you have submitted additional document(s) with your application and title the document(s) below)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Please certify that the jurisdiction and/or governing body your entity belongs to does or does not have any funding opportunities or programs that would cover the needs of the ISO Program.*  If there are other funding opportunities, please explain why the ISO Program would be needed to support your entity in the comments box.  We, the applicant, certify that there is no other source of funding or program that would satisfy the needs of the ISO Program.  We, the applicant, certify that there is some other source of funding or program that would only satisfy partial needs of the ISO Program. *(please explain in the comments box)*  We, the applicant, certify that there is another source of funding or program that would satisfy all the needs of the ISO Program but are requesting to still participate in this program. *(please explain why in the comments box)*  Comments:   |  | | --- | |  | |
| **Special Review & Certifications** |
| *Subrecipient Organization/Institution Information Federal policy requires subrecipients of federal funds to be registered in (System for Award Management) SAM*  Is subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov)  Yes  No  If NO, entities that have not registered should go to https://www.sam.gov. and follow the instructions to obtain their UEI registration.  Please Provide Your Entity’s UEI Number: |
| *Subrecipients who are municipalities and local health departments must include a completed W-9 form with their application.*  Has the required subrecipient filled out a W-9 form?  Yes  No  If NO, entities should fill out the W-9 form provided in the Maryland FFY2022 SLCGP Subrecipient Application Package. Go to www.irs.gov/FormW9 for instructions and the latest information. |
| Mailing Address: |
| Suspension, Proposed Suspension From Receiving Federal Award funds:  *Is the applicant submitter or any other employee or contractor participating in this project suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities?*  Yes (explain below)  No  Comments:   |  | | --- | |  |   The applicant certifies that their entity: *(answer all questions below)*   |  |  | | --- | --- | | is | is not presently suspended, proposed for suspension, or declared ineligible for award of federal contracts | | is | is not presently indicted for, or otherwise criminally or civilly charged by a governmental entity | | is | is not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property | | is | is not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency |   If “is”, please explain:   |  | | --- | |  | |
| **Fiscal Responsibility:** |
| The applicant certifies that its entity’s financial system is in accordance with generally accepted accounting principles. MDEM will do an RSTARS transfer of funds to DoIT. *(check all that apply):*  maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants; complies with applicable laws and regulations.  can prepare appropriate financial statements, including the schedule of expenditures of Federal awards.  Invoices   * + Vendor Name   + Date   + Amount   + Contract Cost     - Wages Justifications     - Hours Justifications     - Hour tracking     - Task Tracking     - Budget Narrative |

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| **Reporting Requirements:** |
| Subrecipients are required to submit various financial and programmatic reports as a condition of award acceptance for both sub-grant and ISO projects as described in the Maryland FFY2022 SLCGP Funding Guide. The progress report is available at: https://mdem.maryland.gov/Pages/cyber-preparedness-funding.aspx |

Please Proceed to the Recipient Certification on the Next Page.

RECIPIENT CERTIFIES THE FOLLOWING:

The information, certifications, and representations have been reviewed, and are determined to be accurate by an approving official of the recipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of entity policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. The recipient understands that any work begun and/or expenses incurred prior to execution of a subaward agreement are at the recipient’s own risk.

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Signature of Approving Authority for Award Recipient

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
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| **Do Not Edit This Section (For Application Reviewer Use Only)** |
| ***Date Received:*** |
| ***Date Reviewed by the Committee:*** |
| ***Committee Project Disposition: \_\_\_\_Approved \_\_\_\_Denied \_\_\_\_Revisions Requested*** |

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1. Applicants are encouraged to review the Maryland FFY2022 SLCGP Project Application & Budget Narrative Instruction Manual to help fill out this application. [↑](#footnote-ref-1)
2. Rural Jurisdiction as referenced in SLCGP NOFO FFY2022: Section F, Subsection 2B Rural Area Pass-through. [↑](#footnote-ref-2)