

Delaware State Local Cybersecurity Grant Program

Instructions

Fill out form with as much information as possible. Once complete or for questions email form to cybergrant@delaware.gov. Upon submitting the request form, you will receive an email confirming your submission and when the committee review meeting will be. Requestee's presence is required during the meeting to provide justification of project alignment. If an email is not received, please email cybergrant@delaware.gov for information.

Recipient Information

Agency Name:	Unique Entity Identifier (UEI) #:
Address:	Point of Contact:
City:	Title:
State:	Phone Number:
Zip:	Email:

Project Information

Project Name:		
Project Timeline	Does this project build or sustain current capabilities?	
Start:	End:	
Investment:		
Primary Core Capability:		
Does this project support a previously awarded investment?		
If yes:	Year:	Project Title:
Is this project deployable?		Is this project shareable?
Project Description (Objective, purpose, scope):		

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Budget			
Local Amount:		Rural Amount:	
State Amount:		Total Project Cost:	
Requested Amount:		Approved Amount:	
Solution Areas (POETE):	Planning:		Training:
	Organization:		Exercise:
	Equipment:		Total:
Federal Amount:		Cost Share Amount:	
Match Type/Value:		Procurement Method: <small>(State, Municipality, Co-Op Agreement)</small>	
Provide a short narrative description of the purchases to be made within this project:			
Project Justification			
What required element(s) in the cybersecurity plan is this intended to address?			
List the primary project milestones and associated timeframe within the project start/end dates: <small>(Example: XXmonth/XXyear XX% of project completion or XXmonth/XXyear {give specific detail of project step})</small>			

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Committee Preview	
DEMA Review:	
Project Number (Assigned by committee): XX(Year)-XX(Qtr)-XX(Project # f/Year)	
Municipality Allowance: (Voted on by Committee)	Municipality remaining balance:
DTI Review:	