

2022 State Homeland Security Grant Program

Combined Coversheet

Combine all sub-applicant requests within your county or tribe
on this coversheet

Type of Grant Funding: Allocation Based

County or Tribe: _ Tillamook County

Name of Primary Point of Contact for this application: __Randy B. Thorpe

Mailing Address: __201 Laurel Avenue, Tillamook, Oregon, 97141

Primary Phone Number: 503-842-3412 Secondary Phone Number 503-812-8523

Email: _ rthorpe@co.tillamook.or.us

Total Federal Funds Requested: \$ _ 32,163

Sub-Applicant Information:

Please provide agency name, total funds requested and a brief description of the project (20 words or less).

Example:

Agency Name: __Anytown Fire Department__ Total Funding Request: \$ __\$30,000__

Project Description: (20 words or less) __Updating City Emergency Plans__

1 Agency Name: _ Emergency Management Total Funding Request: \$ __ \$17,220 _

Project Description: (20 words or less) _ Mobile Solutions System will allow Emergency Management personnel to track volunteers and other responders to our training and disaster responses. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

2 Agency Name: _ South Tillamook County Emergency Volunteer Corps Total Funding Request: \$ __ 14,943 _

Project Description: (20 words or less) _ The principal component of the proposed radio stations is an ICOM IC-7300 radio mounted in a hard plastic case _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

3 Agency Name: _ Click here to enter text. Total Funding Request: \$ __ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

4 Agency Name:_ Click here to enter text. Total Funding Request: \$__ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

5 Agency Name:_ Click here to enter text. Total Funding Request: \$__ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

6 Agency Name:_ Click here to enter text. Total Funding Request: \$__ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

7 Agency Name:_ Click here to enter text. Total Funding Request: \$__ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

8 Agency Name:_ Click here to enter text. Total Funding Request: \$__ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

9 Agency Name:_ Click here to enter text. Total Funding Request: \$__ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

10 Agency Name:_ Click here to enter text. Total Funding Request: \$__ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

11 Agency Name:_ Click here to enter text. Total Funding Request: \$__ Click here to enter text. _

Project Description: (20 words or less)_ Click here to enter text. _____

[Link to Sub-Applicant Coversheet {MS-Forms}](#)

Name of Authorized Official:_____ Click here to enter text. _____ Date__ Click here to enter text. _____

This Document does not need to be signed. Please submit it as a word document, not a PDF.

If you have any questions, please Contact the SHSP grant Coordinator, Kevin Jeffries.

Kevin.jeffries@state.or.us 503-378-3661