Application for Kansas FY 2022 State and Local Cybersecurity Grant Program

Please fill out this form electronically, then print and sign it.

Name of Entity:
Address:
City:

County:

Point of Contact
Name:

Email:

Phone:

Check all that apply:

- ☐ My entity currently subscribes to CISA hygiene services.
  - ☐ Vulnerability scanning
  - ☐ Web application scanning
- ☐ My entity has started or completed the National CyberSecurity Review (NCSR)

Project Name:
Description of Project:

How does this project align with a known threats/hazards or gaps?

How does this project align with the State Cybersecurity Plan?

How will this project be sustained?

Number of entities across that state that will benefit from this project

What is the type of project:

◯ Planning ◯ Organization

◯ Equipment ◯ Training ◯ Exercise

Does this project require procurement? Yes ◯ No ◯

Is there an existing state contract that can be utilized? Yes ◯ No ◯

Total amount of funding requested:

Please provide a detailed line-item breakdown of the total amount requested for your project. This would include things purchased on contract or you expect grant funding to pay for. You may attach additional sheets in your scan as long as the sections are titled as below.

Goods:

Services:

Licenses:

Other:

Project Manager's name:

Email address:

Phone number:

Does your organization have dedicated IT staff ? Yes ◯ No ◯

If you answered "Yes," please provide the following:

IT Manager/Director's Name:

Title:

Email Address:

Phone number:

Can your entity provide the 10% match?

◯ Yes

◯ No

(If No, the State of Kansas will cover the match this year)

Please fill out this form electronically, then print and sign it. Scan the signed form and any additional pages, if used. Email the scanned form to: **KS_SLCGP@ks.gov** .

_____ _____

Signature Date