

# Fiscal Year 2024 State & Local Cybersecurity Grant Program for Local & Tribal Governments (SL) – Notice of Interest (NOI)

## Section I. Applicant Information (Not Scored)

**Local or Tribal Government Entity** (must meet the federal definition of Local Government in [6 U.S.C. §101\(13\)](#) or Tribal Government in [6 U.S.C. §665\(g\)\(a\)\(7\)](#) and be located in California)

**Physical Address of Local or Tribal Government Entity:**

Street

City

State

Zip Code

County

**Mailing Address, if different:**

Street

City

State

Zip Code

Unique Entity Identifier (UEI):

Federal Employer ID Number (FEIN):

Website/URL of the Organization:

**Authorized Agent/Tribal Chairperson Contact Information:**

Name

Title/Role

Telephone Number

Email

**Primary Point of Contact Information:**

Name

Title/Role

Telephone Number

Email

**Funding Requested** (Maximum of \$250,000)

**Please check this box if the Applicant is willing to accept less than the full amount requested based on scoring, proposal selection, and availability of grant funding:**

If partial grant funding can be accepted, please identify in whole dollars the minimum amount of grant funding that will be accepted:

**Section II. Alignment with California Cybersecurity Plan & SLCGP Objectives (40 Points Total)**

Describe the proposed project(s) and how each project will fill identified, critical cybersecurity capability gaps.

- a. Thoroughly describe the project(s) being proposed, outlining the various elements or stages involved to implement and complete the project(s), including how the project aligns with one or more of the SLCGP Objectives and implements any applicable cybersecurity best practices as outlined in the [California SLCGP Cybersecurity Plan](#). Please refer to the FY 2024 SLCGP Program Supplemental and the FY 2022 and FY 2023 NOFOs for more information and additional considerations. (2,200 characters max with spaces; 20 points)

- b. Describe how the proposed project(s) align with one or more of the 16 cybersecurity plan elements and any of the associated statewide priorities addressed in the California SLCGP Cybersecurity Plan. Please refer to the cybersecurity plan and the FY 2022 and FY 2023 NOFOs (see Appendix C, Cybersecurity Plan, Required Elements, in the NOFOs) for additional information on the cybersecurity plan elements. (2,200 characters max with spaces; 20 points)

**Section III. Impact(s) of Loss of Network Availability (40 Points Total)**

- a. Describe your organization's mission/objectives and how your network supports these. (2,200 characters max with spaces; 20 points)

- b. Describe how your network's loss of availability would impact security, economic security, public health or safety, or any combination of those matters. (2,200 characters max with spaces; 20 points)

**Section IV. Cybersecurity Posture Maturity Level (40 Points Total)**

Describe the Applicant's current cybersecurity governance, infrastructure, and capabilities and how SLCGP funding will help improve them.

- a. Describe to what degree the Applicant's current cybersecurity posture aligns with the 16 Elements of Cybersecurity as identified in the California SLCGP Cybersecurity Plan (beginning on p. 6) and how FY 2024 SLCGP funding will enhance and/or improve the existing posture. (2,200 characters max with spaces; 20 points)

- b. Describe the Applicant's current cybersecurity maturity as it relates to the functions of the National Institute of Standards and Technology Cybersecurity Framework 2.0 and how SLCGP funding will enhance and/or improve the existing cybersecurity maturity level. The Applicant should ensure the proposed project(s) is/are an appropriate match to their cybersecurity maturity level as indicated by their survey responses and address critical gaps. (2,200 characters max with spaces; 20 points)

- c. In addition to the narrative questions in this section, Applicants must complete an online survey on their organization's [cybersecurity posture maturity](#). **Upon completion of the survey, Applicants must download a copy of their responses and attach as a PDF to submit with this NOI form; proposals submitted without completing the survey may not be considered for funding.**

**Section V. Cybersecurity Gap(s) (20 Points)**

a. Describe how each proposed project will fill critical cybersecurity capability gap(s) identified by the Applicant. (2,200 characters max with spaces; 20 points)

**Section VI. Proposed Budget (20 Points)**

In this section, select Yes or No regarding applicable project related activities the organization plans to expend with grant funds. Describe the activity and provide the cost estimate related to cybersecurity enhancements of the organization. **The maximum amount available for FY22 funds is \$82,500, the maximum available for FY23 is \$167,500, for a total maximum request of \$250,000.**

**NOTE: Due to the competitive process, changes to the scope of work are not permitted.** Please ensure the projects being proposed are well planned, as any funds that remain at the end of the period of performance will be disencumbered.

Activity	Description	Cost	
		FY22	FY23
Planning <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exercise <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Management and Administration (not to exceed 5% of the total amount requested).			
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indirect Costs <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**TOTAL COSTS (FY22 + FY23)**

(This amount must match Funding Requested on Page 1)

**Section VII. Milestones (20 Points)**

Describe how the project(s) being proposed will be completed within the period of performance, including a timeline with key milestones. Start dates should reflect the start of the associated key activities and end dates should reflect when the milestone event will be completed. Applicants should provide no more than 10 milestones.

	<b>Milestone</b>	<b>Start Date</b>	<b>Completion Date</b>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section VIII. Population (Not Scored)**

Check the box if the total population of the Applicant organization (e.g., county or city population for county or city governments, enrollment for school districts, service population for special districts, tribal membership for tribal governments, etc.) is ***less than*** 50,000 individuals.

**Utilization of Additional Funds if Available (Not Scored)**

If additional funds become available, how would you utilize the funds to expand or enhance your proposed project(s)? (2,200 characters max with spaces)

**Applicant Certification Information**

Before submitting, please review your responses and ensure that they are complete, including the required survey. Submit the completed NOI, along with other required documents, via email to [StateLocalProjects@caloes.ca.gov](mailto:StateLocalProjects@caloes.ca.gov)

**IMPORTANT NOTE:** Submissions received after the deadline of Friday, September 27, 2024, 11:59 PM PST will not be accepted and will be disqualified from continuing in the competitive application process. No exceptions can be made. Please plan accordingly.

Applicant has completed the online cybersecurity posture maturity survey and downloaded a PDF copy of their responses.

I certify that the information provided, including population size, is complete and correct to the best of my knowledge.

Name, Title/Role  
E-mail Address  
Phone Number