



STATE OF MISSISSIPPI
TATE REEVES, GOVERNOR
DEPARTMENT OF PUBLIC SAFETY
SEAN J. TINDELL, COMMISSIONER

MISSISSIPPI OFFICE OF HOMELAND SECURITY HOMELAND SECURITY GRANT PROGRAM SUB-RECIPIENT GRANT AWARD

Sub-Recipient Name: Vicksburg Police Department

Project Title: Homeland Security Grant Program

Grant Period: 10/1/2025 - 9/30/2026

Date of Award: 10/1/2025

Total Amount of Award: \$31,500

Grant Number: 25LE374

In accordance with the provisions of Federal Fiscal Year 2025 Homeland Security Grant Program, the Mississippi Office of Homeland Security (MOHS), State Administrative Agency (SAA), hereby awards to the foregoing Sub-Recipient a grant in the federal amount shown above. The CFDA number is 97.067 and MOHS federal grant number is EMW-2025-SS-05001. Authorizing Authority for Program: Section 2002 of the *Homeland Security Act of 2002*, as amended (Pub. L. No. 107-296), (6 U.S.C.603).

Enclosed is a signed grant agreement obligating federal funds as outlined above. Please review the grant agreement in full, sign in the designated signature areas and return to the MOHS by **October 15, 2025**. Strict adherence to these provisions is essential to ensure compliance with applicable federal and state statutes, rules, regulations, and guidelines.

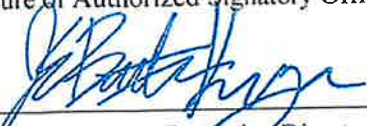
Grant funds will be disbursed to Sub-Recipients (according to the approved project budget) upon receipt of evidence that funds have been invoiced and products received and/or that funds have been expended (i.e., invoices, contracts, itemized expenses, etc.).

I certify that I understand and agree that funds will only be expended for those projects outlined in the funding amounts as individually listed above. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of the grant including special conditions and the Mississippi Department of Public Safety, Office of Homeland Security, Homeland Security Grant Program, Policies and Procedures Manual; to comply with provisions of the Act governing these funds and all other federal laws and regulations; that all information is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the applicant to these requirements; that costs incurred prior to grant application approval will result in the expenses being absorbed by the Sub-Recipient; and that all agencies involved with this project understand that all federal funds are limited to a twelve-month period.

Supplantation: The Sub-Recipient provides assurance that funds will not be used to supplant or replace local, state funds or other resources that would otherwise have been available for homeland security activities. In compliance with that mandate, I certify that the receipt of federal funds through the MOHS shall in no way supplant or replace state or local funds or other resources that would have been made available for homeland security activities.

ACCEPTANCE OF THE FEDERAL GRANT AWARD FOR THE SUB-RECIPIENT

Signature of Authorized Signatory Official



Signature of MOHS Executive Director/SAA

FY25 MISSISSIPPI OFFICE OF HOMELAND SECURITY GRANT AGREEMENT

1. Sub-Recipient's Name:
Vicksburg Police Department

Mailing Address:
820 Veto St.
Vicksburg, MS 39180

Telephone Number: 601.634.4521

E-Mail: nancya@vicksburg.org

2. Effective Date of Grant: October 1, 2025

3. Sub-Recipient Grant Number: **25LE374**

4. Grant Identifier (Funding Source & Year):
EMW-2025-SS-05001

5. Period of Performance: Start and End Dates:
October 1, 2025 - September 30, 2026

6. Subgrant Payment Method: Cost Reimbursement Method

7. CFDA # - 97.607

10. FAIN #: 646000779

8. UEI # - TKAXQ63K6UL3

11. Initial Federal Award
Date: October 1, 2025

9. Congressional District: 2nd

12. Federal Awarding Agency:
Homeland Security (800)368-6498

13. Research and Development:
___ Yes ___ X No

14. Indirect Cost Rate
Charged: \$0.00

15. The following grant funds are obligated:

A. Cost Category		B. Source of Funds	C. Match	D. Ratio%
(1) Contractual Services	\$0.00	(1) Federal \$31,500	\$0.00	100%
(2) Equipment	\$31,500	(2) State \$0.00	\$0.00	0%
(3) Commodities/Supplies	\$0.00	(3) Local \$0.00	\$0.00	0%
(4) Other	\$0.00	(4) Other \$0.00	\$0.00	0%
TOTAL:	\$31,500	Total: \$31,500	\$0.00	100%

E. Total of All Federal Grants Through MOHS to Agency:

Number of Grants:	FY22	FY23	FY24
Total Award Funding of Grants:	\$0.00	\$0.00	\$0.00

The Sub-Recipient agrees to operate the program outlined in this Grant Agreement in accordance with all provisions of this Agreement as included herein. The following sections are attached and incorporated into this Agreement: Final Approved Agreement which includes Sub-Recipient Signature Sheet; Project Description; Goals and Objectives; Implementation Schedule; Cost Summary Support Sheet; Agreement of Understanding and Compliances, and all required documentation. All policies, terms, conditions, and provisions listed in funding guidelines, grant agreement, and agreement of understanding which has been provided to Sub-Recipient, are also incorporated into this agreement, and Sub-Recipient agrees to fully comply therewith.

14. Approval from Grantee:


Signature _____ Date 10/1/25

Name: Baxter Kruger
Title: MOHS Executive Director/SAA

15. Approval from Sub-Recipient:

Signature _____ Date _____

Name: _____
Title: Authorized Signatory Official

ASSURANCE OF UNDERSTANDING REQUIREMENT FOR SUB-RECIPIENTS:

As the Authorized Official for, Vicksburg Police Department (Sub-Recipient), I certify by my signature below, that I have fully read and am cognizant of our duties and responsibilities under this requirement. I acknowledge by my signature below that I understand that the Grant Agreement is **not effective until both parties (MOHS and Authorized Signatory Official) have signed, dated, and fully executed the Grant Agreement.**

Therefore, the Agency I represent promises and will comply with all Federal, State and Mississippi Office of Homeland Security Certifications and Assurances and their conditions.

SUB-RECIPIENT:

ATTESTS:

Authorized Signatory Official's Signature:
(Sub-Recipient)

Date:

Authorized Signatory Official's Printed Name:

Organizational Title:

UEI Number: TKAXQ63K6UL3

APPROVED: STATE OF MISSISSIPPI/DEPARTMENT OF PUBLIC SAFETY/MISSISSIPPI OFFICE OF HOMELAND SECURITY

By:


Executive Director/SAA

Mississippi Office of Homeland Security

Date:

10/1/25