



Ohio Emergency Management Agency

FY2024 State and Local Cybersecurity Grant Program

Local Consent Agreement

I, Michael Vanni (**printed name**), the authorized official on behalf of _____ (**the “Local Governmental Entity”**), located at _____ (**address**)

hereby expressly consent to the State of Ohio’s State Administrative Agency (SAA), namely the Ohio Emergency Management Agency (OEMA), undertaking the following acts in accordance with the State and Local Cybersecurity Grant Program (SLCGP) for federal Fiscal Year (FY) 2024, Funding Opportunity Number DHS-24-GPD-137-00-99, as authorized by Section 2220A of the Homeland Security Act of 2002, as amended (Pub. L. No. 107-296) (6 U.S.C. § 665g(n)(2)):

- 1. Pass through items, services, capabilities, and activities in lieu of federal funding to local governments and rural areas on a statewide basis and with a minimum value of:
 - a. For local governments: \$2,626,319.00 total, or 34% of the State of Ohio's total FY2024 SLCGP federal grant award of \$7,736,398.00.
 - b. For rural areas: \$656,580.00, or 8.5% of Ohio's total FY2024 federal grant award.

- 2. Utilize FY 2024 SLCGP grant funding for the following projects approved in the State of Ohio Cybersecurity Plan on behalf and for the benefit of local governments (including rural areas):

- a. \$1,707,107.00 for Cybersecurity Training - Gateway 1
- b. \$787,895.00 for Cybersecurity Training - Gateway 2
- c. \$131,317.00 for Cybersecurity Training - Gateway 3

(Please click on the check box(es) associated with the project(s) for which your local government entity would like to participate in/benefit from.)

This consent is given freely and with the understanding that the Local Governmental Entity is receiving items, services, capabilities, and activities (e.g., hardware, software, services) in lieu of direct funding from the State of Ohio's FY 2024 SLCGP grant award. This consent is only effective for FY 2024 SLCGP federal funds and applies only to that portion of federal funding that will specifically benefit the Local Governmental Entity.

Email Address: mvanni@cityofwillowick.com

Daytime Phone Number:

Signature:

Title:

Date:

SUBMIT