

State of Arizona
Federal Fiscal Year 2022
State and Local Cybersecurity Grant Program Local
Consent Agreement



This Local Consent Agreement is made between the Arizona Department of Homeland Security (“AZDOHS”) and _____ (“Local Government Entity”), located at
 Address: _____ City: _____
 County: _____ State: AZ Zip Code: _____, and shall be effective on the date signed by the authorized official of the Local Government Entity.

By my signature below, I attest that I have the authority to sign on behalf of the Local Government Entity, and to bind the Local Government Entity to the selection below:

(Initial your selection:)

- ____ 1. The Local Government Entity does not consent to AZDOHS retaining the entity’s portion of funding as part of the Federal Fiscal Year (FFY) 2022 SLCGP, and instead prefers to receive pass-through funding.

- ____ 2. The Local Government Entity consents to AZDOHS, as Arizona’s State Administrative Agency, undertaking the following acts in accordance with the State and Local Cybersecurity Grant Program (SLCGP) for Federal Fiscal Year (FFY) 2022, Funding Opportunity Number DHS-22-137- 000-01, as authorized by Section 2220A of the Homeland Security Act of 2002, as amended (Pub. L. No. 107-296) (6 U.S.C. § 665g):
 - a. Retaining and passing through to local government entities at least 80% of the State of Arizona’s FFY 2022 SLCGP grant award of \$3,335,310.00 in the form of services and related activities; and
 - b. Utilizing the \$3,168,545.00 in SLCGP funds for FFY 2022 as follows:
 - (1) \$500,000.00 for Project 1: Cybersecurity training for administrators
 - (2) \$1,500,000.00 for Project 2: 24x7x365 Centralized State Security Operations Center
 - (3) \$1,168,545.50 for Project 3: Professional/Managed Services to support the Statewide Cyber Readiness Program

By selecting item #2 above, I agree that Local Government Entity is receiving services and related activities in lieu of funds from the SLCGP. I also agree that this Local Consent Agreement is only effective for the Federal Fiscal Year (FFY) 2022 SLCGP Funds, and this Local Consent Agreement and receipt of funds, under either selection above, are contingent upon submission and approval of a project that aligns with the State’s approved Cybersecurity Plan.

I can be contacted at (Daytime Phone Number): _____

I authorize receipt of notices at the address listed for the Local Government Entity or by email at:

LOCAL GOVERNMENT ENTITY NAME:

ARIZONA DEPARTMENT OF HOMELAND SECURITY

Signature

Name

Title

Date

Signature

Name

Title

Date