

SECTION 2

PROJECT DETAILS FOR EACH SECURITY ENHANCEMENT PROJECT

All work must be completed by November 30, 2007

(A separate Section 2 must be filled out for each proposed security enhancement project.)

Organization Name:
Facility Name:
Project Name:
Project Number:
Security Plan: Certificate of Compliance No.
Section No. (within the plan)
Page No. (within the plan)

Check applicable box

Identify Category of security enhancement project:	Check applicable box
Perimeter Security and Access Control Measures (eg. lighting, fences, gates, lowlight and infrared scanning devices, intrusion alarms, monitoring centres)	
Security and Surveillance Equipment (eg. CCTV, IRVision devices)	
Security Design Studies (eg. Security Plan, amendment to Security Plan, design for drills)	
Training (eg. Port Facility Security Officers)	
Command, Control and Communications Equipment (eg. radios, telephones, Communication Centre)	

1. Describe the security enhancement project and **provide a diagram** with exact location. Refer to Application Guidelines, Section No. 2, page no. 12 for additional information required.

2. Is this project an enhancement to a previous security enhancement project funded under the Marine Security Contribution Program. If yes, please identify the project name, Funding Round no. and the Contribution Agreement number if available.

3. Provide details on the operational effectiveness of the project. Identify other options considered, associated costs and rationale supporting the project. What is the financial /operational impact of not receiving funding for this project?

4. Provide a breakdown of the project including start and end date, milestones and estimated completion dates for each milestone.

5. Explain how your organization possesses the appropriate financial, technical and physical resources and expertise to successfully complete this project.

6. Explain the security risk impact of not implementing this security measure.

7. Explain how your organization will sustain the security enhancement project after the funding program expires.

8. Explain how the project will contribute to multiple goals (eg. contribute to safety and/or environment) or groups of entities (eg. assist other facilities or stakeholders) affected by the Security Plan.

Please complete attached Project Budget and Project Cash Flow Statement for each security enhancement project. Signature is required.

PROTECTED when completed

NAME OF APPLICANT:		Marine Security Contribution Program																
PROJECT BUDGET																		
2004-2007																		
Total Project Funding																		
EXPENSES	Project		Total Project Cost				* Requested from MSCP				Applicant Contribution				Other Sources of Funding			
	Start Date (DD-MM-YY)	End Date (DD-MM-YY)	Apr-Mar 2004-05	Apr-Mar 2005-06	Apr-Mar 2006-07	Apr-Nov 2007	Apr-Mar 2004-05	Apr-Mar 2005-06	Apr-Mar 2006-07	Apr-Nov 2007	Apr-Mar 2004-05	Apr-Mar 2005-06	Apr-Mar 2006-07	Apr-Nov 2007	Apr-Mar 2004-05	Apr-Mar 2005-06	Apr-Mar 2006-07	Apr-Nov 2007
<i>Project No.</i>																		
Equipment/Materials			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Labour			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Marine Security Contribution Program
Project Cash Flow Statement**

Annual Security Enhancement Expenditures												
	2004/05		2005-2006				2006-2007			2007-2008		
	Apr 1 - Mar 31 2004 - 2005	Apr - Jun 2005	Jul - Sep 2005	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006	Oct - Dec 2006	Jan - Mar 2007	Apr - Jun 2007	Jul - Sep 2007	Oct - Nov 2007
ACTIVITY	Actual	Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
<i>Project No.</i>												
Equipment/Materials	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Labour	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Certified by:

Name:	Signature:	Date:
Title:		

* To a maximum of 75% of eligible costs.
(Firm cost estimates required)