Virginia Information Technologies Agency

FY18

PSAP GRANT PROGRAM
PSAP EDUCATION PROGRAM
APPLICATION

VIRGINIA INFORMATION
TECHNOLOGIES AGENCY
Integrated Services Division

FY18 PSAP GRANT PROGRAM
PSAP EDUCATION PROGRAM
APPLICATION

HOW TO APPLY/DEADLINE

The PSAP Education Program grant application is available and accessible from VITA's ISP website (http://www.vita.virginia.gov/isp/default.aspx?id=8578). Upon completion of the application, it is to be submitted to your Regional Coordinator. Any supporting documentation must also be submitted along with the application.

After the close of the grant application cycle, a Grant ID and email receipt notification will be sent to the e-mail address listed on the application received.

All funding requests **must** be submitted using the PSAP Education Program grant application. Application made on the FY18 PSAP Grant Application form (Shared Services and Individual PSAP Program projects) will not be accepted. Technical assistance is available from VITA's Public Safety Communications (PSC) staff throughout the grant process. The FY18 PSAP Grant Application Cycle starts July 1, 2016 and concludes on September 30, 2016 at 5:00 pm.

ALL SECTIONS MUST BE COMPLETED IN ITS ENTIRETY OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT ACCEPTED FOR CONSIDERATION.

FY18 PSAP GRANT APPLICATION
PSAP EDUCATION PROGRAM
GRANT REQUESTS ONLY

GRANT APPLICANT PROFILE/PROJECT CONTACT

☐ INDIVIDUAL PEP GRANT ☐ MULTI-JURISDICTIONAL PEP GRANT

PSAP/HOST PSAP NAME: Click here to enter text

CONTACT TITLE: Click here to enter text

CONTACT FIRST NAME: Click here to enter text

CONTACT LAST NAME: Click here to enter text

ADDRESS 1: Click here to enter text

ADDRESS 2: Click here to enter text

CITY: Click here to enter text

ZIP CODE: Click here to enter text

CONTACT EMAIL: Click here to enter text

CONTACT PHONE NUMBER: Click here to enter text

CONTACT MOBILE NUMBER: Click here to enter text

CONTACT FAX NUMBER: Click here to enter text

REGIONAL COORDINATOR: Click to select a Regional Coordinator from the drop down list

FINANCIAL DATA

AMOUNT REQUESTED: $ Enter dollar amount in whole numbers

(NOTE: The amount requested should be a reasonable estimate of total training expenses including hotel registration, conference registration, online training registration, and/or per diem (if applicable) for all anticipated participating personnel.)

HOST PSAP AND PARTICIPATING PSAPS (if a regional PEP application)

_____	_____
_____	_____
_____	_____
_____	_____

STATE PROFESSIONAL ORGANIZATION CONFERENCES

If the primary purpose of this PEP application is to send PSAP personnel to one or more of the annual state professional organization conferences (such as those sponsored by Virginia APCO, Virginia NENA, or Virginia GIS), please complete the following:

☐ Virginia GIS Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: Click here to enter text

NUMBER OF DAYS ATTENDING: Click here to enter text

☐ Virginia APCO Fall Conference/Winter Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: Click here to enter text

NUMBER OF DAYS ATTENDING: Click here to enter text

☐ Virginia NENA Spring Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: Click here to enter text

NUMBER OF DAYS ATTENDING: Click here to enter text

☐ **By checking this box, the applicant acknowledges that the education/training is specific to 911/public safety communications and/or GIS and it will benefit E-911 and the employees and/or PSAP by using the funds to take advantage of the educational and training opportunities offered by the state professional organization chapters. The primary benefit would be continuing to educate staff with the current best practices, keep personnel current on the changing technologies, enhancements and requirements within the profession.**

OTHER EDUCATIONAL/TRAINING OPPORTUNITIES

If this application includes educational/training opportunities other than the annual state professional organization conferences, or is a regional PEP application, please complete the following. (NOTE: Additional pages may be submitted for multiple training opportunities other than the annual state professional organization conferences.)

EDUCATION/TRAINING TITLE/EVENT: Click here to enter text

DATES: Click here to enter text

LOCATION: Click here to enter text

ESTIMATED NUMBER OF PERSONNEL ATTENDING: Click here to enter text

TOTAL ESTIMATED BUDGET OF TRAINING/EVENT: **Click here to enter text**

PER DIEM REQUESTED (allowable meals only): **Click here to enter text**

COMPREHENSIVE PROJECT DESCRIPTION

Describe how the education/training is 9-1-1/public safety communications specific and how this will benefit E-911 and the employee(s) and/or PSAP.
Click here to enter text

EVALUATION

Describe the evaluation process that will be used to determine if participation in this education/training benefited the PSAP and/or supported E-911 and GIS.
Click here to enter text