



**FY18**

# **PSAP GRANT PROGRAM APPLICATION**



VIRGINIA INFORMATION  
TECHNOLOGIES AGENCY  
Integrated Services Division



## FY18 PSAP GRANT PROGRAM APPLICATION

### HOW TO APPLY/DEADLINE

The grant application is available and accessible from VITA ISP's 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, including mandatory budgets for projects (if applicable).

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 grant application. 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 APPLICABLE SECTIONS MUST BE COMPLETED IN ITS ENTIRETY OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT ACCEPTED FOR CONSIDERATION.**



## FY18 PSAP GRANT APPLICATION

### PROJECT TITLE

2T

### GRANT APPLICANT PROFILE/PROJECT CONTACT

PSAP/HOST PSAP NAME: 2T

CONTACT TITLE: 2T

CONTACT FIRST NAME: 2T

CONTACT LAST NAME: 2T

ADDRESS 1: 2T

ADDRESS 2: 2T

CITY: 2T

ZIP CODE: 2T

CONTACT EMAIL: 2T

CONTACT PHONE NUMBER: 2T

CONTACT MOBILE NUMBER: 2T

CONTACT FAX NUMBER: 2T

REGIONAL COORDINATOR:

### HOST PSAP AND PARTICIPATING PSAPS/LOCALITIES


### GRANT TYPE

Individual PSAP

Shared Services



**TIER**

- Out of Service
- Technically Outdated\*
- Not Applicable
- Non-Vendor Supported\*
- Strengthen

**If technically outdated or non-vendor supported, application MUST include age and/or version of hardware/software.**

VERSION: \_\_\_\_\_ # YEARS of HARDWARE/SOFTWARE: \_\_\_\_\_

**PRIORITY/PROJECT FOCUS**

**FINANCIAL DATA**

Amount Requested: \$ 2T

Total Project Cost: \$ 2T



## PROJECT DESCRIPTION

Provide a detailed description of the project for which funding is being sought, including the impact on operational services and consequences of not receiving funding; the relationship to local strategic and capital improvement plans; and sustainability:

2T



**PROJECT GOAL**

Describe how this project addresses locally identified need(s) and supports the Virginia 9-1-1 Comprehensive Plan:

2T

**PROJECT OBJECTIVES**

Describe the objectives that will support the goals identified above:

2T



**SHARED SERVICES (if applicable)**

Describe the relationship of the project to the participating PSAPs:

2T

Describe the intended collaborative efforts and resource sharing opportunities:

2T



**IMPLEMENTATION PLAN  
SHARED SERVICES & INDIVIDUAL PSAP APPLICATIONS:**

For each applicable phase of the project, indicate the planned completion date.

<b>PROJECT PHASE</b>	<b>PLANNED COMPLETION DATE</b>
<b>INITIATION</b> – Project concept is documented, local board or governing authority approval or endorsement is received, PSAP grant application is filed, local budgets are obtained, appropriated grant funds are approved, and budgetary estimates are obtained.	XX / XX / XX
<b>DESIGN/PLANNING</b> - Requirements are documented, components to be purchased are identified, and general design is documented.	XX / XX / XX
<b>ACQUISITION</b> - RFP (or other bid related processes) are drafted, proposals are evaluated, contract is signed, purchase orders are issued, and quotes are obtained.	XX / XX / XX
<b>IMPLEMENTATION</b> - Purchased components are delivered and installed and training is performed	XX / XX / XX
<b>TESTING/COMPLETION</b> - Performance of system/solution is validated and system/solution goes “live”	XX / XX / XX



## BUDGET AND BUDGET NARRATIVE

List the planned expenditures to be made with grant funds. Briefly explain the reason for each requested budget item and provide the basis for its cost. In addition, if contingency cost has been added, please identify the amount.

**NOTE:** In lieu of a line item breakdown, an itemized cost schedule or detailed vendor prepared quote may be submitted as an attachment, but a narrative is still required. However, budgetary quotes received from a particular vendor(s) during the application process do not commit the PSAP to use that vendor(s) once the grant is awarded.

2T

## EVALUATION

How will the project as identified in the project description be evaluated and measured for achievement and success:

2T



**CONSOLIDATION (Primary or Secondary) - (complete only if applicable)**

How would a consolidation take place and provide improved service:

2T

How should it be organized and staffed:

2T

What services should it perform:

2T

How should policies be made and changed:

2T



**CONSOLIDATION (Primary or Secondary) - (complete only if applicable) – con't**

How should it be funded:

2T

What communication changes or improvements should be made in order to better support operations:

2T