

FY12

# PSAP GRANT PROGRAM APPLICATION



VIRGINIA INFORMATION  
TECHNOLOGIES AGENCY  
Integrated Services Division  
FY12



## FY12 PSAP GRANT PROGRAM APPLICATION

### HOW TO APPLY/DEADLINE

The grant application will be available and accessible from VITA's Integrated Services Program's website (<http://www.vita.virginia.gov/isp/>). Upon completion of the application, it is to be submitted to the PSAP Grant Manager, Lisa Nicholson, at [lisa.nicholson@vita.virginia.gov](mailto:lisa.nicholson@vita.virginia.gov). Any supporting documentation must also be submitted along with the application.

After submission, the PSAP Grant Manager will assign a Grant ID and send an e-mail notification to the project contact e-mail address listed on the application received.

All funding requests must be submitted using the grant application. In addition to the grant application reference manual, technical assistance is available from VITA's Public Safety Communications (PSC) staff throughout the grant process. The FY12 PSAP Grant Application Cycle deadline is December 22, 2010 at 11:59 pm.



## FY12 PSAP GRANT APPLICATION

### PROJECT TITLE

James City County PSAP Education Program

### GRANT APPLICANT PROFILE/PROJECT CONTACT

PSAP/HOST PSAP NAME: James City County Emergency Communications Center

CONTACT TITLE: Director

CONTACT FIRST NAME: Julie

CONTACT LAST NAME: McKercher

ADDRESS 1: 3131 Forge Rd.

ADDRESS 2: [Click here to enter text](#)

CITY: Toano

ZIP CODE: 23168

CONTACT EMAIL: [jmckercher@james-city.va.us](mailto:jmckercher@james-city.va.us)

CONTACT PHONE NUMBER: 757-564-2144

CONTACT MOBILE NUMBER: 757-784-4137

CONTACT FAX NUMBER: 757-566-0842

REGIONAL COORDINATOR: Lyle Hornbaker

### HOST PSAP AND PARTICIPATING PSAPS/LOCALITIES

**James City County**

_____	_____
_____	_____
_____	_____
_____	_____

### GRANT TYPE

Individual PSAP

Regional Initiative

Consolidation

Secondary Consolidation



**GRANT PROGRAM TYPE**

- Wireless E-911 PSAP Education Program
- Continuity and Consolidation
- Enhancement

**TIER**

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- Technically Outdated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

**PROJECT FOCUS OTHER**

If "Other" selected, please specify: E-911 Statewide Education or Conference

**FINANCIAL DATA**

Amount Requested: \$ 2,000  
Total Project Cost: \$ 2,000

**STATEMENT OF NEED**



This statement should reference the relationship to the current funding priorities established by the Grant Committee and include evidence of any financial need. Additional items to discuss that referenced need should include: impact on operational services; consequences of not receiving funding; inclusion of project in a long-term or a strategic plan; and local sustainability:

[Click here to enter text](#)

Describe how the grant will be maintained and supported in the future, if applicable.

[Click here to enter text](#)

## COMPREHENSIVE PROJECT DESCRIPTION

**FOR WIRELESS E-911 PSAP EDUCATION PROGRAM GRANT REQUESTS:**

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.

The two organizations offering this training, National Emergency Number Association (NENA) and the Association of Public-Safety Communications Officials (APCO) are 9-1-1 specific associations. Their publications, training, lectures, and focus are the challenges within the 9-1-1 arena. Each conference offers a Dispatchers Track, Management Track and a Technology Track. This encompasses a wide range of information to those seeking specific training. Learning what is on the horizon within our industry is not only of benefit but a necessity.

**FOR CONTINUITY AND CONSOLIDATION OR ENHANCEMENT PROJECTS:**

Provide a thorough, concise, and complete description of the project, including an outline of the goals and objectives, implementation strategy, and a work plan.

[Click here to enter text](#)

**FOR CONTINUITY AND CONSOLIDATION OR ENHANCEMENT PROJECTS:**

**PROJECT TIMELINE** – Select each applicable phase of the project and indicate the estimated completion date. Sample activities for each phase can be found in the PSAP Grant Program Guidelines as well as on the addendum to this form.



PROJECT PHASE	ESTIMATED COMPLETION DATE
<input type="checkbox"/> <b>INITIATION</b> (Project approved by appropriate stakeholders)	XX / XX / XX
<input type="checkbox"/> <b>DESIGN/PLANNING</b> (Project, system, or solution requirements are developed)	XX / XX / XX
<input type="checkbox"/> <b>ACQUISITION</b> (Selected system or solution is procured)	XX / XX / XX
<input type="checkbox"/> <b>IMPLEMENTATION</b> (Selected system or solution is configured and installed)	XX / XX / XX
<input type="checkbox"/> <b>TESTING/COMPLETION</b> (Selected system or solution is tested and put in production)	XX / XX / XX

Identify the longevity or sustainability of the project.

[Click here to enter text](#)



Describe how this project supports the Virginia Statewide E-911 Strategic Comprehensive Plan.

[Click here to enter text](#)

**REGIONAL INITIATIVE (if applicable)**

The relationship of the initiative to the participating PSAPs:

[Click here to enter text](#)

Intended collaborative efforts:

[Click here to enter text](#)



**Resource sharing:**

Click here to enter text

**How does the initiative impacts the operational or strategic plans of the participating agencies:**

Click here to enter text

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

**How would a consolidation take place and provide improved service:**

Click here to enter text



**How should it be organized and staffed:**

Click here to enter text

**What services should it perform:**

Click here to enter text

**How should policies be made and changed:**

Click here to enter text

**How should it be funded:**

Click here to enter text



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

[Click here to enter text](#)

### **BUDGET AND BUDGET NARRATIVE**

List the planned expenditures to be made with grant funds. (NOTE: In lieu of a line item breakdown, an itemized cost schedule or detailed vendor prepared quote may be submitted as an attachment.) Briefly explain the reason for each requested budget item and provide the basis for its cost: \$1,000 for the 2011 APCO/NENA/SIEC Fall Conference registrations and lodging only. \$1,000 for the 2012 NENA/APCO Spring Conference registrations and lodging only.

### **EVALUATION**



How will the project be evaluated and measured for achievement and success:

Attendees will present a summary of the conference presentations attended to non-attendees



## FINANCIAL AND PROGRAMMATIC REPORT

### PROJECT PHASES

### SAMPLE ACTIVITIES

#### PHASE

#### SAMPLE ACTIVITIES

##### INITIATION

(Project approved by appropriate stakeholders)

- 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
- Budgetary estimates are obtained

##### DESIGN/PLANNING

(Project, system, or solution requirements are developed)

- Requirements are documented
- Components to be purchased are identified
- General design is documented

##### ACQUISITION

(Selected system or solution is procured)

- RFP (or other bid related processes) are drafted
- Proposals are evaluated
- Contract is signed
- Purchase orders are issued
- Quotes are obtained/grant funds draw down

##### IMPLEMENTATION

(Selected system or solution is configured and installed)

- Purchased components are delivered and installed
- Training is performed

##### TESTING/COMPLETION

(Selected system or solution is tested and put in production)

- Performance of system/solution is validated
- System/solution goes "live"