



PROJECT TITLE

Chesterfield County PSAP Education Program

GRANT APPLICANT PROFILE/PROJECT CONTACT

PSAP/HOST PSAP NAME: Chesterfield Emergency Communications

CONTACT TITLE: Director

CONTACT FIRST NAME: Richard

CONTACT LAST NAME: Troshak

ADDRESS 1: Chesterfield Emergency Communications

ADDRESS 2: 6610 Public Safety Way

CITY: Chesterfield

ZIP CODE: 23832

CONTACT EMAIL: troshakr@chesterfield.gov

CONTACT PHONE NUMBER: 804-706-2595

CONTACT MOBILE NUMBER: [Click here to enter text](#)

CONTACT FAX NUMBER: 804-717-6610

REGIONAL COORDINATOR: Sam Keys

HOST PSAP AND PARTICIPATING PSAPS/LOCALITIES

_____	_____
_____	_____
_____	_____
_____	_____

GRANT TYPE

- | | |
|---|--|
| <input checked="" type="checkbox"/> Individual PSAP | <input type="checkbox"/> Regional Initiative |
| <input type="checkbox"/> Consolidation | <input type="checkbox"/> Secondary Consolidation |

GRANT PROGRAM TYPE

- | | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Wireless E-911 PSAP Education Program | <input type="checkbox"/> Enhancement |
| <input type="checkbox"/> Continuity and Consolidation | |



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- Technically Outdated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 Conferences

FINANCIAL DATA

Amount Requested: \$ 2,000.00

Total Project Cost: \$ 2,000.00

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.

Our communications center is planning on using these funds for attendance to the Virginia APCO/NENA conferences. The educational classes at these conferences will enhance our employee's knowledge, skills and abilities in relation to E-911.



FOR CONTINUITY AND CONSOLIDATION OR ENHANCEMENT PROJECTS:

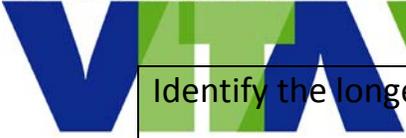
Provide a thorough, concise, and complete description of the project, including an outline of the goals and objectives, implementation strategy, and a work plan.

[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"/> INITIATION (Project approved by appropriate stakeholders)	XX / XX / XX
<input type="checkbox"/> DESIGN/PLANNING (Project, system, or solution requirements are developed)	XX / XX / XX
<input type="checkbox"/> ACQUISITION (Selected system or solution is procured)	XX / XX / XX
<input type="checkbox"/> IMPLEMENTATION (Selected system or solution is configured and installed)	XX / XX / XX
<input type="checkbox"/> TESTING/COMPLETION (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 will be allocated to the Fall Virginia APCO/NENA conference and \$1,000 allocated to the Spring Virginia NENA/APCO conference.



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

Our plan is to have the employees that attend conferences develop a summary of information obtained and then present that information to the management staff. Management staff will determine the avenue in which that information will be provided to other ECC employees.