



FY20

# PSAP GRANT PROGRAM PSAP EDUCATION PROGRAM APPLICATION





# FY20 PSAP GRANT PROGRAM PSAP EDUCATION PROGRAM (PEP) APPLICATION

## HOW TO APPLY/DEADLINE

The PEP 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 the electronic mailbox for grant applications - [psapgrants@vita.virginia.gov](mailto:psapgrants@vita.virginia.gov). Any supporting documentation must also be submitted along with the application when making your grant application submission.

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 PEP grant application. Technical assistance is available from VITA's Public Safety Communications and Regional Outreach staff throughout the grant process. The FY20 PSAP Grant Application Cycle starts July 1, 2018 and concludes on October 1, 2018 at 5:00 pm.

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



# FY20 PEP GRANT APPLICATION

## GRANT APPLICANT PROFILE/PROJECT CONTACT

INDIVIDUAL PEP GRANT

MULTI-JURISDICTIONAL PEP GRANT

PSAP/HOST PSAP NAME: **HANOVER COUNTY 911**

CONTACT TITLE: **DEPUTY DIRECTOR**

CONTACT FIRST NAME: **CHARLIE**

CONTACT LAST NAME: **UDRIET**

ADDRESS 1: **7501 LIBRARY DRIVE**

ADDRESS 2: **P.O. BOX 470**

CITY: **HANOVER**

ZIP CODE: **23069**

CONTACT EMAIL: **CWUDRIET@HANOVERCOUNTY.GOV**

CONTACT PHONE NUMBER: **804-365-6311**

CONTACT MOBILE NUMBER: **804-291-6873**

CONTACT FAX NUMBER: **804-365-6300**

REGIONAL COORDINATOR: **Brian Crumpler**

## FINANCIAL DATA

AMOUNT REQUESTED: \$ **3,000**

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

## HOST PSAP AND PARTICIPATING PSAPS (if a multi-jurisdictional PEP application)

_____	_____
_____	_____
_____	_____
_____	_____



## STATE PROFESSIONAL ORGANIZATION CONFERENCES

**If the primary purpose of this PEP application is to send PSAP and or GIS 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:

NUMBER OF DAYS ATTENDING:

Virginia APCO Fall Conference/Winter Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: **6**

NUMBER OF DAYS ATTENDING:

Virginia NENA Spring Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING:

NUMBER OF DAYS ATTENDING:

**By checking this box, the applicant acknowledges that the education/training is specific to 9-1-1 and/or GIS and it will benefit the employees and/or PSAP by using the funds to take advantage of opportunities to foster and enhance consistent knowledge and awareness of current and advancing 9-1-1 and GIS public safety communications standards, issues, procedures, practices, technologies and other relevant matters.**



## **OTHER EDUCATIONAL/TRAINING OPPORTUNITIES**

**If this application includes educational/training opportunities other than the annual state professional organization conferences, or is a multi-jurisdictional 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:**

**TOTAL ESTIMATED BUDGET OF TRAINING/EVENT:**

**PER DIEM REQUESTED (allowable meals only):**

### **COMPREHENSIVE PROJECT DESCRIPTION**

**Describe how the education/training is 9-1-1 and/or GIS specific and how it will benefit the employees and/or PSAP.**

Click here to enter text

### **EVALUATION**

**Describe the evaluation process to determine if participation in this 9-1-1/GIS education/training benefited the employees and/or PSAP.**

Click here to enter text