



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 the electronic mailbox for grant applications - 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 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

Mathews County GIS Software

GRANT APPLICANT PROFILE/PROJECT CONTACT

PSAP/HOST PSAP NAME: **Mathews County**

CONTACT TITLE: **Zoning Technician**

CONTACT FIRST NAME: **Elizabeth**

CONTACT LAST NAME: **Whitley**

ADDRESS 1: **P.O. Box 839**

ADDRESS 2: **50 Brickbat Road, Suite 208**

CITY: **Mathews**

ZIP CODE: **23109**

CONTACT EMAIL: **lwhitley@mathewscountyva.gov**

CONTACT PHONE NUMBER: **804-725-4034**

CONTACT MOBILE NUMBER: **804-694-6807**

CONTACT FAX NUMBER: **804-725-7249**

REGIONAL COORDINATOR: **Lyle Hornbaker**

HOST PSAP AND PARTICIPATING PSAPS/LOCALITIES

Mathews County

_____	_____
_____	_____
_____	_____
_____	_____

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- Technically Outdated*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If technically outdated or non-vendor supported, application MUST include age and/or version of hardware/software.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: **ArcMap 10.0** # YEARS of HARDWARE/SOFTWARE: **5 years (2011)**

PRIORITY/PROJECT FOCUS MAPPING SYSTEMS

FINANCIAL DATA

Amount Requested: \$ 15,950.00

Total Project Cost: \$ 15,950.00

Our current license has expired. A quote has been obtained from ESRI to purchase licenses plus five years of maintenance. Laptop is old and will also need replacing.



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:

Purchase ESRI ArcGIS for Desktop Basic Single User License for two users and five years of maintenance. Software is needed for all NG-911 mapping for Mathews County, to include updating road centerlines, streets, addresses, driveways, landing zones, towers, response districts and AED locations. Also to create new layers such as access points for Coast Guard medical, hazard layer, closed landfill layer and other layers, as needed by Emergency Services. All E-911 map books are created using ArcGIS. It is critical that Mathews County purchase this license, as our current license has expired and updates are necessary to facilitate in the rapid response for fire and rescue personnel.



PROJECT GOAL

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

This office is responsible for all GIS functions in Mathews County, including all updates to the E-911 maps, which are furnished to Mathews County Dispatch.

PROJECT OBJECTIVES

Describe the objectives that will support the goals identified above:

Purchase of this software will enable all updates to be made to the Mathews County E-911 maps in order that Emergency Services can respond in the most timely manner and be able to locate emergency equipment and resources.



SHARED SERVICES (if applicable)

Describe the relationship of the project to the participating PSAPs:

N/A

Describe the intended collaborative efforts and resource sharing opportunities:

N/A



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

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

PROJECT PHASE	PLANNED COMPLETION DATE
INITIATION – 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.	07 / 01 / 17
DESIGN/PLANNING - Requirements are documented, components to be purchased are identified, and general design is documented.	09 / 01 / 17
ACQUISITION - RFP (or other bid related processes) are drafted, proposals are evaluated, contract is signed, purchase orders are issued, and quotes are obtained.	01 / 01 / 18
IMPLEMENTATION - Purchased components are delivered and installed and training is performed	07 / 01 / 18
TESTING/COMPLETION - Performance of system/solution is validated and system/solution goes “live”	08 / 01 / 18



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.

2 ArcGIS for Desktop Basic Single User Licenses Version 10.4.1	\$3,500.00
2 Five-year Maintenance Agreements with ESRI	\$3,500.00
Android Device (iPhone or iPad) for collecting data	\$ 500.00
1 ArcGIS Collector Ap	\$1,000.00
1 Laptop	\$3,000.00
IT Support	\$3,000.00
Allowance for unforeseen cost increase	<u>\$1,450.00</u>
Total Request	\$15,950.00

EVALUATION

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

Through quality control checks and reports provided by the Virginia 9-1-1 Board



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

How would a consolidation take place and provide improved service:

N/A

How should it be organized and staffed:

N/A

What services should it perform:

N/

How should policies be made and changed:

N/A



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

How should it be funded:

N/A

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

N/A