

FY13

# PSAP GRANT PROGRAM APPLICATION



VIRGINIA INFORMATION  
TECHNOLOGIES AGENCY  
Integrated Services Division  
FY13



## FY13 PSAP GRANT PROGRAM APPLICATION

### HOW TO APPLY/DEADLINE

The grant application is available and accessible from VITA's Integrated Services Program's website

(<http://www.vita.virginia.gov/isp/default.aspx?id=8578>). 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, including mandatory budgets for projects (if applicable).

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. Technical assistance is available from VITA's Public Safety Communications (PSC) staff throughout the grant process. The FY13 PSAP Grant Application Cycle starts July 1, 2011 and concludes on October 31, 2011 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.**



## FY13 PSAP GRANT APPLICATION

### PROJECT TITLE

Rappahannock County Voice Recorder

### GRANT APPLICANT PROFILE/PROJECT CONTACT

PSAP/HOST PSAP NAME: Rappahannock County

CONTACT TITLE: E911 Coordinator

CONTACT FIRST NAME: Richie

CONTACT LAST NAME: Burke

ADDRESS 1: P O Box 222

ADDRESS 2: 311H Gay St

CITY: Washington

ZIP CODE: 22747

CONTACT EMAIL: rvburke@rappahannockcountyva.gov

CONTACT PHONE NUMBER: 540-675-5340

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

CONTACT FAX NUMBER: 540-675-5341

REGIONAL COORDINATOR: Sam Keys

### HOST PSAP AND PARTICIPATING PSAPS/LOCALITIES

**Rappahannock 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- Technically Outdated\*       Strengthen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

**If technically outdated or non-vendor supported, application MUST include age and/or version of hardware/software.**

VERSION: \_\_\_\_\_

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

### PROJECT FOCUS VOICE

**If "Other" selected, please specify:** [Click here to enter text](#)

### FINANCIAL DATA

Amount Requested: \$ 20000.00

Total Project Cost: \$ 20000.00

### 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, along with additional information on the impact on operational services; consequences of not receiving funding; inclusion of project in a long-term or a strategic plan; and local sustainability:

This is a replacement for an old outdated recorder that cannot be tied into our new 800mhz system. At this time we do not have funding to purchase a new recorder. We have no way to record messages transmitted on 800mhz.



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

Hopefully by local funding.

### COMPREHENSIVE PROJECT DESCRIPTION

## **WIRELESS E-911 PSAP EDUCATION PROGRAM GRANT REQUESTS ONLY:**

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.

[Click here to enter text](#)



## 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.

Replacement of Voice Recorder for the recording of all voice message from 911 phone lines and emergency radio traffic. Purchase and installation will be within 6 months of the new fiscal year if grant is awarded.

### 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 checked="" type="checkbox"/> <b>INITIATION</b> (Project approved by appropriate stakeholders)	07/06/12
<input type="checkbox"/> <b>DESIGN/PLANNING</b> (Project, system, or solution requirements are developed)	XX / XX / XX
<input checked="" type="checkbox"/> <b>ACQUISITION</b> (Selected system or solution is procured)	07/15/12
<input checked="" type="checkbox"/> <b>IMPLEMENTATION</b> (Selected system or solution is configured and installed)	01/01/13
<input checked="" type="checkbox"/> <b>TESTING/COMPLETION</b> (Selected system or solution is tested and put in production)	01/15/13



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Identify the longevity or sustainability of the project.

At least 5 Years.

Describe how this project supports the Virginia Statewide Comprehensive 9-1-1 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**

Complete grant funds would be use for purchase and installation of voice recorder.



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: 100% of grant funds will be used for purchase and installation of recorder.

**EVALUATION**

After installation of equipment, Items will be evaluated for performance as required. An invoice for all equipment and support will be forward for payment.



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

Day to day operation of the recorder by dispatchers in psap.



## 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"