

FY16

PSAP GRANT PROGRAM APPLICATION



VIRGINIA INFORMATION
TECHNOLOGIES AGENCY
Integrated Services Division



FY16 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 your Regional Coordinator. Any supporting documentation must also be submitted along with the application, including mandatory budgets for projects (if applicable).

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 FY16 PSAP Grant Application Cycle starts July 1, 2014 and concludes on September 30, 2014 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.



FY16 PSAP GRANT APPLICATION

PROJECT TITLE

CAD Workstation

GRANT APPLICANT PROFILE/PROJECT CONTACT

PSAP/HOST PSAP NAME: King William Sheriff's Office

CONTACT TITLE: Records Manager

CONTACT FIRST NAME: Loretta

CONTACT LAST NAME: Collier

ADDRESS 1: 351 Courthouse Lane

ADDRESS 2: Suite 160

CITY: King William

ZIP CODE: 23086

CONTACT EMAIL: kwsorec@kingwilliamcounty.us

CONTACT PHONE NUMBER: 804-769-0999

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

CONTACT FAX NUMBER: 804-769-0334

REGIONAL COORDINATOR: Sam Keys

HOST PSAP AND PARTICIPATING PSAPS/LOCALITIES

_____	_____
_____	_____
_____	_____
_____	_____

GRANT TYPE

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



GRANT PROGRAM TYPE

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Technically Outdated*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If technically outdated or non-vendor supported, application MUST include age and/or version of hardware/software.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

PRIORITY/PROJECT FOCUS CAD

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

FINANCIAL DATA

Amount Requested: \$ 9295

Total Project Cost: \$ 9295

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:

Funds are being requested to purchase a CAD workstation along with the software licensing. We have added a fourth call taker position which currently has an operational radio. We are in the process of adding the 911 phone system to the position. If awarded, these funds would enable the purchase of a computer as well as an additional CAD license. The current budget does not allow the funds needed to add an additional computer or the licensing fee.

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

Once the equipment has been installed any additional enhancements or costs will be covered using funds from the FY17 budget.



COMPREHENSIVE PROJECT DESCRIPTION

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

This project is intended to increase the workload capacity by adding a fully functional call taker position. This will assist the call takers with heavy call volumes during serious incidents. Our goal with this project is to increase the current dispatcher positions from three to four. This project would be implemented by purchasing, installing and testing the equipment and software.

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)	09 / 04 / 2014
<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)	07 / 01 / 2015



<input type="checkbox"/> IMPLEMENTATION (Selected system or solution is configured and installed)	08 / 01 / 2015
<input type="checkbox"/> TESTING/COMPLETION (Selected system or solution is tested and put in production)	08 / 31 / 2015

Identify the longevity or sustainability of the project.

We anticipate the equipment would need to be replaced in five years.

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

Industry standards recommend that this type of equipment being used in a 24/7 operation be replaced after five years.

SHARED SERVICES/REGIONAL INITIATIVE (if applicable)



The relationship of the initiative to the participating PSAPs:

n/a

Intended collaborative efforts:

n/a

Resource sharing:

n/a



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

n/a

CONSOLIDATION (Primary or Secondary) - (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/a

How should policies be made and changed:

n/a

How should it be funded:

n/a

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

n/a



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. 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.) 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.

\$8500 CAD Software License
\$ 359 Acer Desktop computer
\$ 150 Computer monitor
\$ 286 Microsoft Office License

Total projected cost:
\$9295

EVALUATION

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

The project will be continually evaluated through day to day use and success will be based on the functionality.



FINANCIAL AND PROGRAMMATIC REPORT

PROJECT PHASES

SAMPLE ACTIVITIES

PHASE	SAMPLE ACTIVITIES
<p>INITIATION (Project approved by appropriate stakeholders)</p>	<ul style="list-style-type: none"> • 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
<p>DESIGN/PLANNING (Project, system, or solution requirements are developed)</p>	<ul style="list-style-type: none"> • Requirements are documented • Components to be purchased are identified • General design is documented
<p>ACQUISITION (Selected system or solution is procured)</p>	<ul style="list-style-type: none"> • 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
<p>IMPLEMENTATION (Selected system or solution is configured and installed)</p>	<ul style="list-style-type: none"> • Purchased components are delivered and installed • Training is performed
<p>TESTING/COMPLETION (Selected system or solution is tested and put in production)</p>	<ul style="list-style-type: none"> • Performance of system/solution is validated • System/solution goes "live"

Item ID:	1
Vendor Part Num:	Tower only
Unit Price:	358.86
Quantity:	9
Unit of Measure:	EA
UOM Description:	each
NIGP Code:	20453
NIGP Code Description:	Microcomputers, Desktop or Tower based
Total Price:	\$3,229.74
Comments:	Acer Aspire XC-603 Desktop Computer
Delivery Date:	07/31/2014
Ship To:	L101-10-King William County-Govt 180 Horse Landing Road, King William, VA, 23086
Brand Name:	Any brand except Dell or HP
Short Name:	Desktop Computer w/ Intel Dual Core i5 Processor (Desktop Computer w/ Intel Dual Core i5 Processor (4590s)
Item Description:	
Lead Time:	0 Calendar Days After Receipt of Order (ARO)
Met Specs?	Yes
Attachments:	none

\$ 150.00 monitor
 \$ 286.00 microsoft Office License

