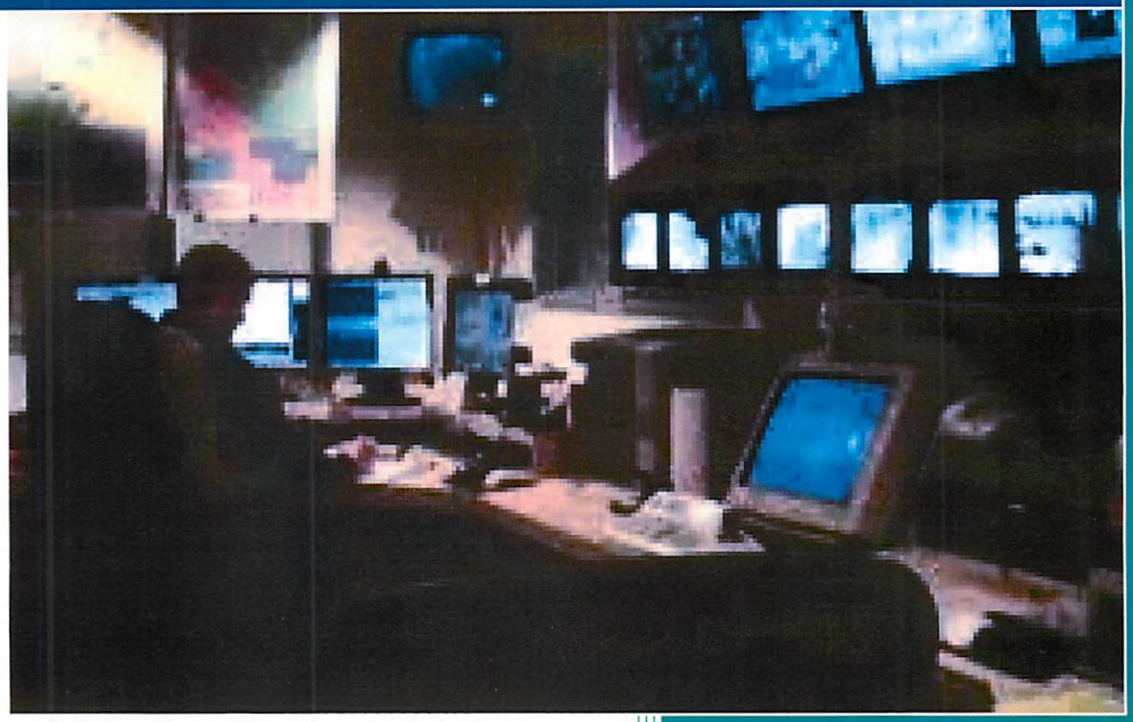
Virginia Information Technologies Agency

FY16

PSAP GRANT PROGRAM
WIRELESS EDUCATION PROGRAM
APPLICATION



VIRGINIA INFORMATION
TECHNOLOGIES AGENCY
Integrated Services Division

FY16 PSAP GRANT PROGRAM
WIRELESS E-911 PSAP EDUCATION PROGRAM
APPLICATION

HOW TO APPLY/DEADLINE

The Wireless E-911 PSAP Education Program 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.

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 Wireless E-911 PSAP Education Program grant application. Application made on the FY16 PSAP Grant Application form (Continuity, Consolidation and Enhancement projects) will not be accepted. 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 SECTIONS MUST BE COMPLETED IN ITS ENTIRETY OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT ACCEPTED FOR CONSIDERATION.

Virginia Information Technologies Agency

FY16 PSAP GRANT APPLICATION
WIRELESS E-911 PSAP EDUCATION PROGRAM
GRANT REQUESTS ONLY

GRANT APPLICANT PROFILE/PROJECT CONTACT

☒ INDIVIDUAL WEP GRANT ☐ REGIONAL WEP GRANT

PSAP/HOST PSAP NAME: Bedford County Department of E-911 Communications
CONTACT TITLE: E-911 Manager
CONTACT FIRST NAME: Jeff
CONTACT LAST NAME: Johnson
ADDRESS 1: 1345 Falling Creek Road
ADDRESS 2: Click here to enter text
CITY: Bedford
ZIP CODE: 24523
CONTACT EMAIL: j.johnson@bedfordcountyva.gov
CONTACT PHONE NUMBER: 540-587-0731
CONTACT MOBILE NUMBER: 540-537-7561
CONTACT FAX NUMBER: 540-586-7668
REGIONAL COORDINATOR: Buster Brown

FINANCIAL DATA

AMOUNT REQUESTED: $ 2,000

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

HOST PSAP AND PARTICIPATING PSAPS (if a regional WEP application)

_____ _____
_____ _____
_____ _____
_____ _____

STATE PROFESSIONAL ORGANIZATION CONFERENCES

If the primary purpose of this WEP application is to send PSAP 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: Click here to enter text

NUMBER OF DAYS ATTENDING: Click here to enter text

☒ Virginia APCO Fall Conference/Winter Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 3

NUMBER OF DAYS ATTENDING: 3

☒ Virginia NENA Spring Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 3

NUMBER OF DAYS ATTENDING: 2

☒ **By checking this box, the applicant acknowledges that the education/training is specific to 911/public safety communications and/or GIS and it will benefit E-911 and the employees and/or PSAP by ensuring each employee selected to attend the conferences will be required to attend a minimum of 90% of the offered tracks in their respective field (Dispatcher, Technical or Management), or any combination of tracks as long as it equals 90% participation per day (i.e., if a dispatcher has 7 tracks offered in a given day, they must attend 90%).**

☒ **By checking this box, the applicant acknowledges that the education/training is specific to 911/public safety communications and/or GIS and it will benefit E-911 and the employees and/or PSAP by using the funds to take advantage of the educational and training opportunities offered by the state professional organization chapters. The primary benefit would be continuing to educate staff with the current best practices, keep personnel current on the changing technologies, enhancements and requirements within the profession.**

OTHER EDUCATIONAL/TRAINING OPPORTUNITIES

If this application includes educational/training opportunities other than the annual state professional organization conferences, please complete the following:

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: Click here to enter text

TOTAL ESTIMATED BUDGET OF TRAINING/EVENT: **Click here to enter text**

PER DIEM REQUESTED (allowable meals only): Click here to enter text

COMPREHENSIVE PROJECT DESCRIPTION

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.
The funds will be used to take advantage of the educational and training opportunities offered at both the Fall and Spring APCO/NENA conferences. The number one benefit would be continuing to educate staff with the current best practices, keep personnel current on the changing technologies, enhancements and requirements within the profession.

EVALUATION

Describe the evaluation process that will be used to determine if participation in this education/training benefited the PSAP and/or supported E-911 and GIS.
Attendees will be required to present a summary of the conference presentations attended to the employees who are unable to attend.

OUT OF STATE TRAVEL WAIVER REQUEST

If this grant application is for out of state education/training opportunities or includes any part of the funds to be used for out of state education/training opportunities, please complete the following in its entirety.

EDUCATION/TRAINING EVENT: Click here to enter text

DEPARTURE DATE: Click here to enter text

RETURN DATE: Click here to enter text

LOCATION: Click here to enter text

ESTIMATED NUMBER OF PERSONNEL ATTENDING: Click here to enter text

TOTAL ESTIMATED BUDGET FOR EVENT: Click here to enter text

CONFERENCE/TRAINING: Click here to enter text

LODGING: Click here to enter text

MEALS AND INCIDENTALS: Click here to enter text

TOTAL COST OF TRIP REIMBURSABLE THROUGH THE WEP GRANT: Click here to enter text

REASON FOR OUT OF STATE TRAVEL WAIVER REQUEST (INCLUDING COMPREHENSIVE TRAINING DESCRIPTION AND EVALUATION PROCESS): Click here to enter text

MANAGING DEPARTMENT HEAD APPROVAL RECEIVED BY:

Click here to enter text **DATE**: Click here to enter text