



**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 the PSAP Grant Manager, Lisa Nicholson, at [lisa.nicholson@vita.virginia.gov](mailto:lisa.nicholson@vita.virginia.gov).

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 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.**



# 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: Page County ECC

CONTACT TITLE: Grant Specialist

CONTACT FIRST NAME: Tina

CONTACT LAST NAME: Sumpter

ADDRESS 1: 108 South Court Street

ADDRESS 2: 1T

CITY: Luray

ZIP CODE: 22835

CONTACT EMAIL: grants@pagesheriff.com

CONTACT PHONE NUMBER: 540-743-6571

CONTACT MOBILE NUMBER: 1T

CONTACT FAX NUMBER: 540-743-1252

REGIONAL COORDINATOR: Amy Ozeki

## FINANCIAL DATA

AMOUNT REQUESTED: \$ 2,000.00

(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: 2

NUMBER OF DAYS ATTENDING: 3

Virginia APCO Fall Conference/Winter Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 2

NUMBER OF DAYS ATTENDING: 3

Virginia NENA Spring Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 2

NUMBER OF DAYS ATTENDING: 3

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:** n/a

**DATES:** n/a

**LOCATION:** n/a

**ESTIMATED NUMBER OF PERSONNEL ATTENDING:** n/a

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

**PER DIEM REQUESTED (allowable meals only):** n/a

#### **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.**

n/a

#### **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.**

n/a



**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:** n/a

**DEPARTURE DATE:** n/a

**RETURN DATE:** n/a

**LOCATION:** n/a

**ESTIMATED NUMBER OF PERSONNEL ATTENDING:** n/a

**TOTAL ESTIMATED BUDGET FOR EVENT:** n/a

**CONFERENCE/TRAINING:** n/a

**LODGING:** n/a

**MEALS AND INCIDENTALS:** n/a

**TOTAL COST OF TRIP REIMBURSABLE THROUGH THE WEP GRANT:** n/a

**REASON FOR OUT OF STATE TRAVEL WAIVER REQUEST (INCLUDING COMPREHENSIVE TRAINING DESCRIPTION AND EVALUATION PROCESS):** n/a

**MANAGING DEPARTMENT HEAD APPROVAL RECEIVED BY:**

n/a

**DATE:** n/a