



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: Stafford Sheriff's Office

CONTACT TITLE: ECC Director

CONTACT FIRST NAME: Carol

CONTACT LAST NAME: Adams

ADDRESS 1: P.O. Box 189

ADDRESS 2: [Click here to enter text](#)

CITY: Stafford

ZIP CODE: 22555

CONTACT EMAIL: cadams@staffordcountyva.gov

CONTACT PHONE NUMBER: 540-658-4712

CONTACT MOBILE NUMBER: 540-295-7814

CONTACT FAX NUMBER: 540-658-4299

REGIONAL COORDINATOR: Brian Crumpler

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: [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: 5

NUMBER OF DAYS ATTENDING: 3.5

Virginia NENA Spring Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 5

NUMBER OF DAYS ATTENDING: 2.5

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.

Click here to enter text

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.

Click here to enter text



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](#)