



FY17

PSAP GRANT PROGRAM APPLICATION



VIRGINIA INFORMATION
TECHNOLOGIES AGENCY
Integrated Services Division



FY17 PSAP GRANT PROGRAM APPLICATION

HOW TO APPLY/DEADLINE

The grant application is available and accessible from VITA ISP'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 FY17 PSAP Grant Application Cycle starts July 1, 2015 and concludes on September 30, 2015 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.



FY17 PSAP GRANT APPLICATION

PROJECT TITLE

Time Server Replacement

GRANT APPLICANT PROFILE/PROJECT CONTACT

PSAP/HOST PSAP NAME: Clarke County Sheriff's Office

CONTACT TITLE: ECC Director

CONTACT FIRST NAME: Pamela

CONTACT LAST NAME: Hess

ADDRESS 1: 100 N. Church St.

ADDRESS 2: 2T

CITY: Berryville

ZIP CODE: 22611

CONTACT EMAIL: phess@clarkecounty.gov

CONTACT PHONE NUMBER: 540-955-5106

CONTACT MOBILE NUMBER: 540-303-7033

CONTACT FAX NUMBER: 540-955-4111

REGIONAL COORDINATOR: Amy Ozeki

HOST PSAP AND PARTICIPATING PSAPS/LOCALITIES

_____	_____
_____	_____
_____	_____
_____	_____

GRANT TYPE

Individual PSAP

Shared Services



TIER

- | | |
|--|--|
| <input type="checkbox"/> Out of Service | <input type="checkbox"/> Non-Vendor Supported* |
| <input type="checkbox"/> Technically Outdated* | <input checked="" type="checkbox"/> Strengthen |
| <input type="checkbox"/> Not Applicable | |

If technically outdated or non-vendor supported, application MUST include age and/or version of hardware/software.

VERSION: spectracom Net Clock Model 9183 & Ethernet time server
YEARS of HARDWARE/SOFTWARE: 8

PRIORITY/PROJECT FOCUS CALL HANDLING EQUIPMENT

If "Other" selected, please specify: Time Synchronization

FINANCIAL DATA

Amount Requested: \$ 8,237.50

Total Project Cost: \$ 8,237.50

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:

As we have expanded our equipment it has become imperative to upgrade our existing time server. We have been advised that our current version can no longer have updates done or be expanded. We are seeking to replace our non-supported equipment with a newer version that is expandable to fit our current and future



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

Clarke County will maintain and support any equipment received with grant funds to the end of support or life of the equipment.

COMPREHENSIVE PROJECT DESCRIPTION

Identify the longevity or sustainability of the project.

The equipment purchased as part of this project should be able to remain in service until the manufacture no longer supports the equipment or it becomes antiquated.



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

This project ensures continuity of service that we are currently providing by replacing outdated equipment and provides for future upgrades.

SHARED SERVICES (if applicable)

The relationship of the project to the participating PSAPs:

N/A

Intended collaborative efforts:

N/A



Resource sharing:

N/A

How does the project impact the operational or strategic plans of the participating agencies:

N/A

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 involves replacing our existing time server. We will replace our existing equipment with a unit that has up to date functionality with room for expansion. Our objective of time continuity between all of our equipment will be satisfied with this purchase. In conjunction with our IT Director we have specified what our needs are and have obtained a quote. Once the equipment is received IT will direct the installation and bring all equipment in line on the time server. Once we have confirmed that it functions within our specifications the project will be closed out.



**PROJECT TIMELINE FOR
SHARED SERVICES & INDIVIDUAL PSAP APPLICATIONS:**

For each applicable phase of the project, indicate the estimated completion date. Sample activities for each phase are included.

PROJECT PHASE	ESTIMATED COMPLETION DATE
<input checked="" type="checkbox"/> INITIATION (Project approved by appropriate stakeholders) Sample activities: 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, and budgetary estimates are obtained	09/15/2015
<input checked="" type="checkbox"/> DESIGN/PLANNING (Project, system, or solution requirements are developed) Sample activities: requirements are documented, components to be purchased are identified, and general design is documented	09/01/2015
<input checked="" type="checkbox"/> ACQUISITION (Selected system or solution is procured) Sample activities: RFP (or other bid related processes) are drafted, proposals are evaluated, contract is signed, purchase orders are issued, and quotes are obtained	07/01/2016
<input checked="" type="checkbox"/> IMPLEMENTATION (Selected system or solution is configured and installed) Sample activities: purchased components are delivered and installed and training is performed	08/01/2016
<input checked="" type="checkbox"/> TESTING/COMPLETION (Selected system or solution is tested and put in production) Sample activities: performance of system/solution is validated and system/solution goes "live"	09/30/2016



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.

See Attached Quote: all optional items currently exist and are in need of replacement.

EVALUATION

How will the project be evaluated and measured for achievement and success:
This project will be successful by synchronizing all of our equipment to one single time source.



CONSOLIDATION (Primary or Secondary) - (complete only 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