



FY17

# PSAP GRANT PROGRAM APPLICATION





## 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

Text to 9-1-1 Implementation

### GRANT APPLICANT PROFILE/PROJECT CONTACT

PSAP/HOST PSAP NAME: FRANKLIN COUNTY 9-1-1 CENTER

CONTACT TITLE: DIRECTOR

CONTACT FIRST NAME: CW

CONTACT LAST NAME: THOMAS

ADDRESS 1: 70 EAST COURT ST

ADDRESS 2: 2T

CITY: ROCKY MOUNT

ZIP CODE: 24151

CONTACT EMAIL: cw.thomas@franklincountyva.gov

CONTACT PHONE NUMBER: 540-352-5739

CONTACT MOBILE NUMBER:

CONTACT FAX NUMBER: 540-483-3023

REGIONAL COORDINATOR: Tim Addington

### 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 Technically Outdated*     | 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 type="checkbox"/> Strengthen            |
| <input checked="" type="checkbox"/> 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**If technically outdated or non-vendor supported, application MUST include age and/or version of hardware/software.**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** TEXT-TO-911

**If "Other" selected, please specify:** 2T

## FINANCIAL DATA

Amount Requested: \$ 12,000

Total Project Cost: \$ 12,000

## 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:

The Text to 9-1-1 Subcommittee and 911 Services Board have recognized the importance of pursuing Text to 9-1-1 solutions. Like the deployment of Phase II wireless it would have not been possible without support from the board. Funding for initial Text to 9-1-1 is not funded locally, however the opportunity to bring this ability to the deaf and hard of hearing community and others that cannot speak for safety reasons can now be a reality. In rural areas many times a text will go through when voice will not.



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

In accordance with the Text to 9-1-1 subcommittee recommendations this project is a onetime purchase for the installation and subsequent recurring costs. Maintenance costs for 5 years have been included with this proposal.

## **COMPREHENSIVE PROJECT DESCRIPTION**

Identify the longevity or sustainability of the project.

Text to 9-1-1 has been identified as a future means of emergency call for assistance. Lessons learned from the deployment and subsequent training will increase the benefits and continuity of the project. Text to 9-1-1 will become a normal operating procedure just as wireless 9-1-1 has become in the past 10 years. This individual project will augment a possible regional shared services grant if approved.



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

**GOAL 1: FORMALIZE BASELINE LEVELS OF SERVICE AND CAPABILITIES THAT MEET PUBLIC EXPECTATIONS**

Emerging technology such as the NPSBN, NG9-1-1, Text-to-9-1-1, and CAD-to-CAD are opening floodgates for new sources of information to flow into PSAPs.

**GOAL 3: ALLOCATE FUNDING FOR FUTURE STATE AND REGIONAL PSAP INITIATIVES TO MAINTAIN AND IMPROVE SERVICE**

This project as an individual project will blend with the possible regional project and will benefit not only the individual PSAP but maximize efficiencies.

**SHARED SERVICES (if applicable)**

The relationship of the project to the participating PSAPs:

2T

Intended collaborative efforts:

2T



Resource sharing:

2T

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

2T

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

2T



**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 type="checkbox"/> <b>INITIATION</b> (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	<b>09 / 30 / 16</b>
<input type="checkbox"/> <b>DESIGN/PLANNING</b> (Project, system, or solution requirements are developed)  Sample activities: requirements are documented, components to be purchased are identified, and general design is documented	<b>12 / 31 / 16</b>
<input type="checkbox"/> <b>ACQUISITION</b> (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	<b>02 / 01 / 17</b>
<input type="checkbox"/> <b>IMPLEMENTATION</b> (Selected system or solution is configured and installed)  Sample activities: purchased components are delivered and installed and training is performed	<b>01 / 31 / 18</b>
<input type="checkbox"/> <b>TESTING/COMPLETION</b> (Selected system or solution is tested and put in production)  Sample activities: performance of system/solution is validated and system/solution goes "live"	<b>03 / 31 / 18</b>



## 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.

2T

Text to 9-1-1 one time fees and 5 years' service \$12,000

Total project \$12,000

## EVALUATION

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

Common milestones will be established, in addition to goals that will be used to evaluate the progress achieved and the overall success of the project. The project will be monitored along with periodic meetings between the jurisdiction and the vendor(s). Final testing and completion will be based on specifications and goals.



**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

<b><i>PSAP Size</i></b>	<b><i>Set Up Fee (OTF)</i></b>	<b><i>Monthly Integrated Fee</i></b>	<b><i>Intrado Monthly Transport Service</i></b>	
1-4 Positions	\$3,125.00	\$125	\$150	
5-10 Positions	\$5,125.00	\$325	\$150	
11+ Positions	\$11,425.00	\$950	\$150	