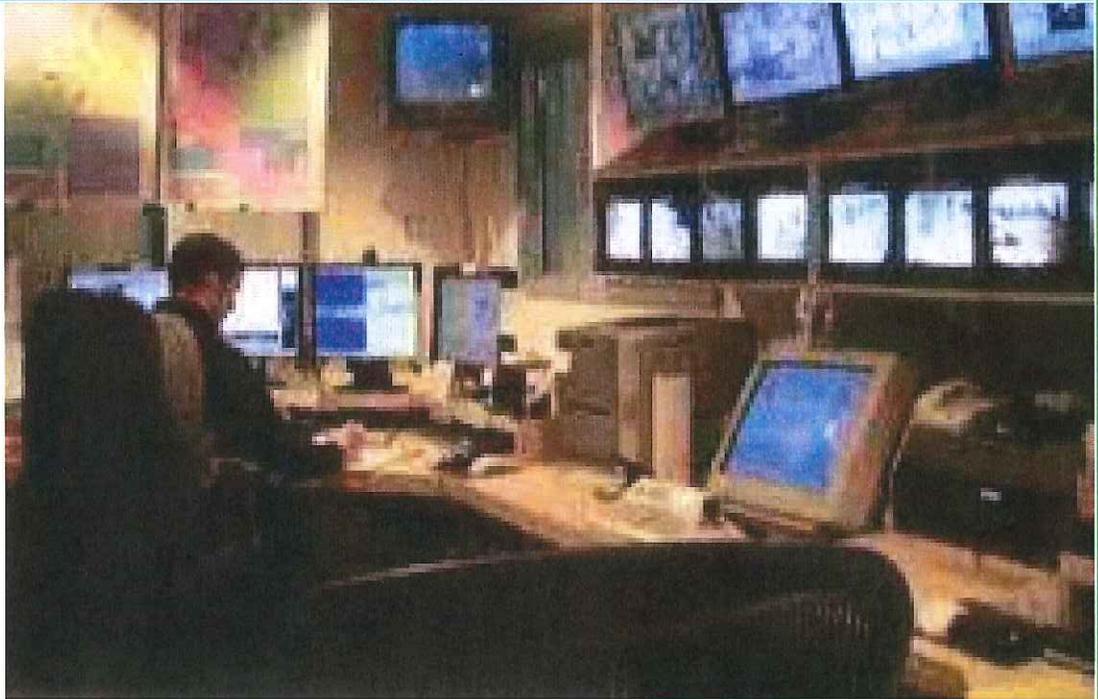




**FY17**

**PSAP GRANT PROGRAM  
PSAP EDUCATION PROGRAM  
APPLICATION**



VIRGINIA INFORMATION  
TECHNOLOGIES AGENCY  
Integrated Services Division



## **FY17 PSAP GRANT PROGRAM PSAP EDUCATION PROGRAM APPLICATION**

### **HOW TO APPLY/DEADLINE**

The PSAP Education Program grant application is available and accessible from VITA's ISP 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 PSAP Education Program grant application. Application made on the FY17 PSAP Grant Application form (Shared Services and Individual PSAP Program projects) will not be accepted. 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 SECTIONS MUST BE COMPLETED IN ITS ENTIRETY OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT ACCEPTED FOR CONSIDERATION.**



# FY17 PSAP GRANT APPLICATION PSAP EDUCATION PROGRAM GRANT REQUESTS ONLY

## GRANT APPLICANT PROFILE/PROJECT CONTACT

INDIVIDUAL PEP GRANT

MULTI-JURISDICTIONAL PEP GRANT

PSAP/HOST PSAP NAME: Greensville County  
CONTACT TITLE: Building/Fire Official  
CONTACT FIRST NAME: Charles  
CONTACT LAST NAME: Veliky  
ADDRESS 1: 174 Uriah Branch Way  
ADDRESS 2: Click here to enter text  
CITY: Emporia  
ZIP CODE: 23847  
CONTACT EMAIL: mveliky@greensvillecountyva.gov  
CONTACT PHONE NUMBER: 434-348-4232  
CONTACT MOBILE NUMBER: 434-637-1413  
CONTACT FAX NUMBER: 434-348-0696  
REGIONAL COORDINATOR: Lyle Hornbaker

## FINANCIAL DATA

AMOUNT REQUESTED: \$ 2000.00

(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 PEP application)

**Greensville County Sheriff's Office**

_____	_____
_____	_____
_____	_____
_____	_____



### STATE PROFESSIONAL ORGANIZATION CONFERENCES

**If the primary purpose of this PEP 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: [Click here to enter text](#)

NUMBER OF DAYS ATTENDING: [Click here to enter text](#)

X  Virginia NENA Spring Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 2

NUMBER OF DAYS ATTENDING: Full Conference (Dates TBA)

X  **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, or is a regional PEP application, please complete the following. (NOTE: Additional pages may be submitted for multiple training opportunities other than the annual state professional organization conferences.)**

**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.**

### **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