**North Carolina 911 Board Grant Application**

PSAP Grant Fiscal Year 2021

**The 2021 Grant Application has been created in Microsoft Word for ease of completion. It is recommended that you download this Application into Microsoft Word so that you may be able to enter, cut, paste and edit as needed.**

**\*\*\*This Application is NOT compatible with IPad, Apple products or apps. It requires ‘Active X Interaction’.\*\*\***

**There are no character limitations to the amount of data you can enter into a free text screen. Once the visible field is full the screen will begin to scroll. Do not submit an Application until you are sure that you will not need to change it. Do not convert the Application to a PDF format. Attachments must be submitted** **in either MS Word, MS Excel, or Adobe PDF format and reference which question (i.e. number) the attachment accompanies.**

**After an Application is completed and submitted, it may NOT be modified by the applicant. If there are questions after the submission, the applicant will be required to contact and work with 911 Board staff to make those modifications.**

**This is a competitive grant process. All applicants must answer all questions in the “General Information” section. Then, each applicant should complete one detailed section that applies to their selected Priority Category. If your project does not align to one of the Board’s 3 Priorities, complete the “Other Grant Requests” section.**

**Each of the questions are weighted differently and scored. Scoring is based on the content of the answer to the question asked. Scoring is not based on the length of the answer.**

**Once completed, the Application along with any accompanying documents must be emailed to** [**911comments@its.nc.gov**](mailto:911comments@its.nc.gov)**. Applications will only be accepted via email. Any Application received from the U.S. Postal Service, fax or other media will NOT be accepted. The deadline for filing is midnight, Monday, June 1, 2020. NO APPLICATIONS WILL BE ACCEPTED AFTER THAT DATE. If you have any questions, please contact Pokey Harris at** [**pokey.harris@nc.gov**](mailto:pokey.harris@nc.gov) **or phone at 919-754-6621.**

Once you have submitted the Application including all necessary attachments, you will receive a reply email within 24 hours advising that the Grant Application has been received. If you DO NOT receive the confirmation email within 24 hours, please contact Pokey Harris at [pokey.harris@nc.gov](mailto:pokey.harris@nc.gov) or call 919-754-6621. It is the responsibility of the applicant to verify receipt of the submission if the 24-hour time period lapses and you have not received confirmation.

**General Information**

Applicant PSAP Name [Select]

Project Title 

Project Director 

Project Contact 

Project Contact Title 

Address 





Phone 

Email 

|  |
| --- |
| ***Attendance at the 2021 PSAP Grant Program Workshop held on March 24, 2020, was required for any and all grant applicants. If more than one PSAP/locality is participating in a joint/collaborative Application, all PSAPs/localities involved were required to attend the workshop. Please list the name, title, and PSAP/locality of each attendee.***  Click or tap here to enter text. |

The NC 911 Board has established 3 priorities for the 2021 Grant Cycle:

1. NG911 Expenditures
2. Regional Initiatives with Focus on Consolidations
3. Replacing End of Life Equipment

Please indicate the Priority that reflects your grant request. If your project does not align to one of the listed Board priorities, please indicate Other. The detailed section that you complete later will match the Priority that you select here.

[Select]

Please indicate the project cost and sources of funds:

|  |
| --- |
| ***Total Project Cost $*** Click or tap here to enter text. |
| *General Funds Provided by the PSAP Applicant(s)/Jurisdiction(s) $*Click or tap here to enter text. |
| *911 Fund Balance to be Applied to this Project (911 Eligible Expenses) $*Click or tap here to enter text. |
| *911 Annual Distribution to be Applied to this Project (911 Eligible Expenses) $*Click or tap here to enter text. |
| *Potential Requested Amount via Reconsideration (911 Eligible Expenses) $*Click or tap here to enter text. |
| *Amount Requested via 2021 PSAP Grant Application (Non-Eligible Expenses)$*Click or tap here to enter text. |
| *Balance Remaining (****Should be Zero) $*** Click or tap here to enter text. |

***\*The above referenced project cost and sources of funds must be clearly identified as to how the funds will be utilized in the project overview to be completed in the appropriate grant priority section.***

**The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2, and the 20 least distressed as Tier 3. Please select your PSAP or group of PSAPs tier ranking based on the NC Department of Commerce 2020 Tier Designation in the drop-down box (if you are involved in a multi-jurisdictional grant application and the jurisdictions have different Tier designations, use the lower Tier designation):**

***[Select]***

**For all questions below, “You” or “Your” refers to the Applicant PSAP(s) requesting the grant.**

1. Has the Revenue/Expenditure Report for FY19 been submitted and approved

by the NC 911 Board Fiscal Staff for the applicant PSAP?\*

[Select]

**\*If you have not received approval for your FY19 report, please e-mail Marsha Tapler at** [**marsha.tapler@nc.gov**](mailto:marsha.tapler@nc.gov) **(copying your Regional Coordinator) no later than Friday, April 3, 2020, to arrange a date and time for a report review appointment. Please include three (3) dates and times you are available to meet via phone and Microsoft Teams Meeting (if applicable) between the dates of April 8 and May 20. In order to process any outstanding reports, your initial review will have to be scheduled no later than May 20. Please keep in mind that review appointments will be on a first-come first-served basis Staff will coordinate with you working briskly and diligently to ensure the report is finalized by the grant submission date of June 1, 2020.**

1. Do you have an approved and implemented backup plan? Provide details of

your current backup plan if your Grant Application contains a Regional Initiative.

[Select]

1. If the answer to #2 above is NO, please explain in detail why the backup plan

has not been approved and/or implemented. Has the NC 911 Board or Board Staff been notified of this status? Please provide details.

Click or tap here to enter text.

YOUR NEXT STEP:

Please proceed to the

Grant Priority Section

that matches the priority

indicated above.

This is the only section

that will need to be completed after this point.

**Priority 1:**

**NG911 Expenditures**

Project Overview and Timeline

1. Provide an overview of your project and how it relates to NG911. Please

include why it is not already funded under NG911.

Click or tap here to enter text.

5. What is your project timeline, implementation plan, and estimated completion date? Questions to consider: How does it fit within your PSAP’s place in the NG911 schedule? Does this project need to be completed before your PSAP transitions to the ESInet?

Click or tap here to enter text.

Compatibility

6. If you plan to purchase equipment or infrastructure with this project, please identify how it will interface with your existing equipment or infrastructure or if you will need to make a change to make the interface compatible.

Click or tap here to enter text.

***7. Please provide a copy of your PSAP's long-term or strategic technology plan and identify how the project fits within it. This plan is required for consideration of your Grant Application.***

***Click or tap here to enter text.***

8. Provide a detailed list of each expenditure in the project with its cost, if the cost is one-time or recurring, and why each item is needed. Identify cost categories using the table in the General Information section and provide a detailed list of each cost identified.

Click or tap here to enter text.

***9. If the project will have ongoing expenses, such as monthly or annual recurring charges, identify how the project will be sustained in the future without additional 911 Grant Program funding.***

***Click or tap here to enter text.***

***10. What are the consequences of not receiving this funding?***

***Click or tap here to enter text.***

All Applications must include evaluation information. The final report at the end of the project shall include an evaluation demonstrating that the equipment or services funded by the grant have been purchased, installed/implemented, and are performing as expected.

11. What are your benchmarks to achieve your project’s goals and objectives? How do you plan to measure progress against those benchmarks? As an example, if you plan for the project to take 8 months, how do you plan to keep it on time?

Click or tap here to enter text.

12. Describe how project status evaluations will be conducted and how you will collect and present the data, including performance parameters.

Click or tap here to enter text.

**Priority 2:**

**Regional Initiative**

**Regional initiative enhancement/replacement projects are regional approaches which provide for shared use of the components that support 911 and ultimately NG911, such as equipment, resources, and/or co-location of technology. Such projects may involve two or more primary PSAPs**

PSAP Consolidation:

Two or more PSAPs consolidate into one operating entity.

PSAP Colocation:

Two or more PSAPs will be housed separately in the same building and are operated under separate governance or authority.

Primary PSAP Serving as Backup:

One primary PSAP that also functions as a backup for one or more PSAPs housed elsewhere.

**Please select the type of regional initiative.**

***[Select]***

Project Overview and Timeline

4. Provide an overview of your project. What is your project timeline, implementation plan, and estimated completion date? List all PSAPs that will participate in this project and the agreed relationships. Provide evidence that clearly identifies Interlocal Agreements (ILAs) between all participating PSAPs indicating each PSAP’s responsibilities to the project, how they will collaborate, and how resources are to be shared will be completed prior to a grant agreement being executed should this project be awarded.

Click or tap here to enter text.

5. How will this project improve the operational and/or strategic plans of the participating agencies? Please provide a copy of your PSAP's long-term or strategic technology plan and identify how the project fits within it. This plan is required for consideration of your Grant Application. How will this project improve efficiency and operating cost savings? How will it improve service to the community? As an example, PSAPs 1 and 2 currently have combined operating budgets of $600K. By consolidating, we expect our combined operating budget to be $400K, resulting in $200K in savings per year.

Click or tap here to enter text.

6. How will daily operations change with this project? What inter-communication changes or improvement between local governments are needed? Describe who will be the managing entity, how will operational decisions will be made, and how will the organizational structure and staffing change? Include the number of seats and how many are approved per Board Staff.

Click or tap here to enter text.

7. Discuss the sustainability of this regional project during the proposed term

of the project, and for the foreseeable future. What are the challenges?

***Click or tap here to enter text.***

8. Provide a detailed list of each expenditure in the project with its cost, if the cost is one-time or recurring, and why each is needed. Include what equipment will be reused and what will be a new purchase. How will you ensure that all old and new equipment/software/infrastructure will be compatible? Identify cost categories using the table in the General Information section and provide a detailed list of each cost identified.

Click or tap here to enter text.

***9. If the project will have ongoing expenses, such as monthly or annual recurring charges, identify how the project will be sustained in the future without additional 911 Grant Program funding.***

***Click or tap here to enter text.***

***10. What are the consequences of not receiving this funding?***

***Click or tap here to enter text.***

All Applications must include evaluation information. The final report at the end of the project shall include an evaluation demonstrating that the equipment or services funded by the grant have been purchased, installed/implemented, and are performing as expected.

11. What are your benchmarks to achieve your project’s goals and objectives? How do you plan to measure progress against those benchmarks? As an example, if you plan for the project to take 8 months, how do you plan to keep it on time?

***Click or tap here to enter text.***

12. Describe how project status evaluations will be conducted and how you will collect and present the data, including performance parameters.

Click or tap here to enter text.

**Priority 3:**

**End of Life Equipment**

Project Overview and Timeline

4. Provide an overview of your project and how it relates to replacement of End of Life Equipment. Provide documentation from the vendor that the equipment is end of Life.

Click or tap here to enter text.

5. What is your project timeline, implementation plan, and estimated completion date?

Click or tap here to enter text.

Compatibility

6. If you plan to purchase equipment or infrastructure with this project, please identify how it will interface with your existing equipment or infrastructure or if you will need to make a change to make the interface compatible.

Click or tap here to enter text.

***7. Please provide a copy of your PSAP's long-term or strategic technology plan and identify how the project fits within it. This plan is required for consideration of your Grant Application.***

***Click or tap here to enter text.***

8. Provide a detailed list of each expenditure in the project with its cost, if the cost is one-time or recurring, and why each is needed. Identify cost categories using the table in the General Information section and provide a detailed list of each cost identified.

Click or tap here to enter text.

***9. If the project will have ongoing expenses, such as monthly or annual recurring charges, identify how the project will be sustained in the future without additional 911 Grant Program funding.***

***Click or tap here to enter text.***

***10. What are the consequences of not receiving this funding?***

***Click or tap here to enter text.***

All Applications must include evaluation information. The final report at the end of the project shall include an evaluation demonstrating that the equipment or services funded by the grant have been purchased, installed/implemented, and are performing as expected.

11. What are your benchmarks to achieve your project’s goals and objectives? How do you plan to measure progress against those benchmarks? As an example, if you plan for the project to take 8 months, how do you plan to keep it on time?

Click or tap here to enter text.

12. Describe how project status evaluations will be conducted and how you will collect and present the data, including performance parameters.

Click or tap here to enter text.

**Other Grant Requests**

Project Overview and Timeline

4. Provide an overview of your project.

Click or tap here to enter text.

5. What is your project timeline, implementation plan, and estimated completion date?

Click or tap here to enter text.

Compatibility

6. If you plan to purchase equipment or infrastructure with this project, please identify how it will interface with your existing equipment or infrastructure or if you will need to make a change to make the interface compatible.

Click or tap here to enter text.

***7. Please provide a copy of your PSAP's long-term or strategic technology plan and identify how the project fits within it. This plan is required for consideration of your Grant Application.***

***Click or tap here to enter text.***

8. Provide a detailed list of each expenditure in the project with its cost, if the cost is one-time or recurring, and why each is needed. Include what equipment will be reused and what will be a new purchase. Identify cost categories using the table in the General Information section and provide a detailed list of each cost identified.

Click or tap here to enter text.

***9. If the project will have ongoing expenses, such as monthly or annual recurring***

***charges, identify how the project will be sustained in the future without***

***additional 911 Grant Program funding.***

***Click or tap here to enter text.***

***10. What are the consequences of not receiving this funding?***

***Click or tap here to enter text.***

All Applications must include evaluation information. The final report at the end of the project shall include an evaluation demonstrating that the equipment or services funded by the grant have been purchased, installed/implemented, and are performing as expected.

10. What are your benchmarks to achieve your project’s goals and objectives? How do you plan to measure progress against those benchmarks? As an example, if you plan for the project to take 8 months, how do you plan to keep it on time?

Click or tap here to enter text.

11. Describe how project status evaluations will be conducted and how you will collect and present the data, including performance parameters.

Click or tap here to enter text.