## **North Carolina 911 Board Grant Application**

The 2017 Grant Application has been created in Microsoft Word for ease of completion. An NCID <u>IS NOT</u> required for downloading, completing or submitting this application.

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 data will begin to scroll. Do not submit an application until you are sure that you will not need to change it. 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 accomplish those modifications. All attachments submitted must be in either MS Word, MS Excel or Adobe pdf format and reference which question (ie: number) the attachment accompanies.

This is a competitive grant process. After the "General Information, there are 25 questions that <u>must</u> be answered by all applicants plus an additional 7 questions that must be completed for those agencies seeking a consolidation grant. Each of the 32 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 <a href="mailto:911comments@its.nc.gov">911comments@its.nc.gov</a>. 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 6, 2016. If you have any questions, please contact Richard Taylor at <a href="mailto:Richard.taylor@nc.gov">Richard.taylor@nc.gov</a> or by phone at 919-754-6624.

#### **General Information**

Project Title	
Grant Fiscal Year - 2017	
Project Director	
Project Contact	
Project Contact Title	
Address	
Phone	-

Fmail	

Three types of grants are available, as described below. In the box following these descriptions, please select the Grant Type which most appropriately fits your request.

- Consolidation A consolidation project involves combining one or more PSAPs with a primary PSAP with an integrated management structure that serves the same populations and jurisdictions previously served by offering grant funding for both PSAP costs authorized under G.S. 143B-1406(e) and costs not authorized under G.S. 143B-1406(e) to include construction costs.
- Individual PSAP Enhancement/Replacement the relocation costs of primary PSAPs, or capital expenditures that enhance the 911 system, including costs not authorized under G.S. 143B-1406(e) and construction costs.
- Regional Initiative Enhancement/Replacement Regional initiatives are regional approaches which provide for shared use of the components that support E-911, such as equipment, resources, and/or co-location of technology. Such initiatives comprise projects involving two or more primary PSAPs or a primary PSAP with approved secondary PSAPs. Costs of relocation of primary PSAPs, or capital expenditures that enhance the 911 system, including costs not authorized under G.S. 143B-1406(e) and construction costs.

Grant Type [Select]

PSAP Name [Select]

1. Has the Revenue/Expenditure Report for FY15 been completed and approved by the NC 911 Board Fiscal staff for the applicant PSAP?

[Select]

2. Has the applicant PSAP submitted a plan and secured the means for 911 call-taking in the event 911 calls cannot be received and processed in the primary PSAP (backup plan)?

[Select]

3. If the answer to #2 above is yes, does the PSAP have the means to implement the plan before 7/1/16?

[Select]

4. If plan implementation will not occur before July 1, 2016, has an extension been requested?

[Select]

# **Project Description**

Required for all grant types, this should be a thorough, concise, and complete description of the proposed project.

## 5. Please outline project goals and objectives.

Click or tap here to enter text.

<u>6. Please provide an implementation strategy and work plan, including a timeline.</u> Click or tap here to enter text.

7. Please identify the interface or compatibility between existing equipment and/or software and that which you intend to purchase.

## **Statement of Need**

Required for all grant types, this statement should reference the relationship of the grant project to NCGS §143b-1407(b) and the current funding priorities established by the Grant Policy and Procedures and include evidence of any financial need.

8. Please indicate how your PSAP or group of PSAPs meets the statutory criterion of serving a rural or high cost area.

Click or tap here to enter text.

<u>9. Please identify funding priorities, their impact on operational services, and consequences of not receiving funding.</u>

Click or tap here to enter text.

10. Please provide a copy of your PSAP's long-term or strategic technology plan and identify how the project fits within it.

Click or tap here to enter text.

11. Please identify the likelihood of completing the project utilizing your 911 fund balance and the percentage of grant funding being requested in relation to total project costs.

Click or tap here to enter text.

# Regional Initiative Enhancement/Replacement Project

Required for all Regional Initiative Enhancement/Replacement project types. Regional initiative enhancement/replacement projects are regional approaches which provide for shared use of the components that support E-911, such as equipment, resources, and/or co-location of technology. Such projects may involve two or more primary PSAPs.

12. What is the relationship of participating PSAPs to the initiative? Provide MOUs between PSAPs identifying each participant PSAP's responsibilities to the project.

Click or tap here to enter text.

13. Identify intended collaborative efforts between participating PSAPs.

Click or tap here to enter text.

14. Identify how resource sharing will take place.

Click or tap here to enter text.

15. Indicate how the initiative impacts the operational or strategic plans of the participating agencies.

**NOTE:** The following section on "Consolidation Project Plan" is ONLY required if your type of grant is a "Consolidation". If your project IS NOT a Consolidation, proceed to question # 23 to complete the grant application.

- 16. Indicate how a consolidation would take place and improve service Click or tap here to enter text.
- 17. Indicate how the consolidated PSAP should be organized and staffed Click or tap here to enter text.
- **18.** Indicate what services the consolidated PSAP should perform Click or tap here to enter text.
- 19. Indicate how consolidated PSAP policies should be made and changed Click or tap here to enter text.
- **20.** Indicate how the consolidated PSAP should be funded exclusive of grant funding Click or tap here to enter text.
- 21. Indicate what changes or improvements should be made to inter-communications among the local governments participating in the consolidation in order to better support operations.

Click or tap here to enter text.

22. Discuss sustainability of the consolidation project during the proposed term of the project, and for the foreseeable future.

### **FINANCIAL DATA**

#### 23. Current 911 Fund Balance

Click or tap here to enter text.

#### 24. Amount Requested

Click or tap here to enter text.

#### 25. Total Project Cost

Click or tap here to enter text.

# **Budget and Budget Narrative**

A budget and budget narrative must be supplied for all types of projects, as well as a copy of the applicant agency's approved FY 2016 PSAP budget.

#### 26. List planned expenditures

Click or tap here to enter text.

# 27. Provide a budget narrative that briefly explains the reason for each requested budget item.

28. State how you will follow applicable procurement law, rules, and policies.

Click or tap here to enter text.

29. If the project will have ongoing expenses, such as monthly recurring charges, describe plans and specific sources for future/long-term funding and demonstrate how the project will be sustained in the future without additional 911 Grant Program funding.

Click or tap here to enter text.

### **Evaluation**

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

30. Explain how your evaluation will measure the achievement of the goals and objectives identified in the Project Description with a timeline for meeting short, intermediate, and long term goals.

Click or tap here to enter text.

31. Describe how evaluations will be conducted, including performance parameters which must be met in order to meet acceptance criteria.

Click or tap here to enter text.

32. Identify how data will be collected and presented

Click or tap here to enter text.

Once you are satisfied with your application, please email the completed application along with all attachments to <a href="mailto:911comments@its.nc.gov">911comments@its.nc.gov</a> The deadline

# for filing is midnight, Monday, June 6, 2016. **NO APPLICATIONS WILL BE ACCEPTED AFTER THAT DATE**

Once you have submitted the application including all necessary attachments, you will receive a reply email within 24 hours advising you that the grant application has been received. If you **DO NOT** receive the confirmation email within 24 hours, please contact Richard Taylor <a href="mailto:Richard.taylor@nc.gov">Richard.taylor@nc.gov</a> or call 919-754-6624